

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

William Frank Davis, M.D.

Case No.: 800-2021-084335

Physician's and Surgeon's  
Certificate No. G 69230

Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on May 15, 2025.

IT IS SO ORDERED: April 15, 2025.

MEDICAL BOARD OF CALIFORNIA

*Michelle A. Bholat, MD*

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Michelle A. Bholat, M.D., Chair  
Panel A

1 ROB BONTA  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 LEANNA E. SHIELDS  
6 Deputy Attorney General  
7 State Bar No. 239872  
600 West Broadway, Suite 1800  
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8 | *Attorneys for Complainant*

**BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

12 || In the Matter of the Accusation Against:

| Case No. 800-2021-084335

13 WILLIAM FRANK DAVIS, M.D.  
999 N. Tustin Ave., Suite 115  
14 Santa Ana, CA 92705-3528

OAH No. 2024080438

15 Physician's and Surgeon's Certificate No. G  
69230.

## STIPULATED SETTLEMENT AND DISCIPLINARY ORDER

**Respondent.**

19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

## PARTIES

22       1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
23 California (Board). He brought this action solely in his official capacity and is represented in this  
24 matter by Rob Bonta, Attorney General of the State of California, by LeAnna E. Shields, Deputy  
25 Attorney General.

26       2.    Respondent William Frank Davis, M.D. (Respondent) is represented in this  
27 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road  
28 Irvine, CA 92620.

1       3. On or about July 23, 1990, the Board issued Physician's and Surgeon's Certificate No.  
2 G 69230 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at  
3 all times relevant to the charges brought in Accusation No. 800-2021-084335, and will expire on  
4 July 31, 2026, unless renewed.

## **JURISDICTION**

6       4. On or about July 11, 2024, Accusation No. 800-2021-084335 was filed before the  
7 Board and is currently pending against Respondent. On or about July 11, 2024, a true and correct  
8 copy of the Accusation and all other statutorily required documents were properly served on  
9 Respondent. Respondent timely filed his Notice of Defense contesting the Accusation. A true  
10 and correct copy of Accusation No. 800-2021-084335 is attached as Exhibit A and incorporated  
11 herein by reference.

## **ADVISEMENT AND WAIVERS**

13       5. Respondent has carefully read, fully discussed with counsel, and fully understands the  
14 charges and allegations in Accusation No. 800-2021-084335. Respondent has also carefully read,  
15 fully discussed with his counsel, and fully understands the effects of this Stipulated Settlement  
16 and Disciplinary Order.

17       6.    Respondent is fully aware of his legal rights in this matter, including the right to a  
18 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
19 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
20 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
21 documents; the right to reconsideration and court review of an adverse decision; and all other  
22 rights accorded by the California Administrative Procedure Act and other applicable laws.

23       7. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently  
24 waives and gives up each and every right set forth above.

## **CULPABILITY**

26        8. Respondent agrees that, at an administrative hearing, Complainant could establish a  
27 *prima facie* case with respect to the charges and allegations in Accusation No. 800-2021-084335,  
28           ///

1 and agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. G 69230 to  
2 discipline.

3 9. Respondent further agrees that if he ever petitions for early termination or  
4 modification of probation, or if an accusation and/or petition to revoke probation is filed against  
5 him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-  
6 084335 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such  
7 proceeding.

8 10. Respondent agrees that his Physician's and Surgeon's Certificate No. G 69230 is  
9 subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the  
10 Disciplinary Order below.

11 **CONTINGENCY**

12 11. This stipulation shall be subject to approval by the Medical Board of California.  
13 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
14 Board of California may communicate directly with the Board regarding this stipulation and  
15 settlement, without notice to or participation by Respondent or his counsel. By signing the  
16 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
17 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
18 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
19 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
20 action between the parties, and the Board shall not be disqualified from further action by having  
21 considered this matter.

22 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
23 be an integrated writing representing the complete, final and exclusive embodiment of the  
24 agreement of the parties in this above-entitled matter.

25 13. Respondent agrees that if he ever petitions for early termination or modification of  
26 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
27 Board, all of the charges and allegations contained in Accusation No. 800-2021-084335 shall be

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1 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any  
2 other licensing proceeding involving Respondent in the State of California.

3       14. The parties understand and agree that Portable Document Format (PDF) and facsimile  
4 copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile  
5 signatures thereto, shall have the same force and effect as the originals.

6        15. In consideration of the foregoing admissions and stipulations, the parties agree that  
7 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
8 enter the following Disciplinary Order:

## DISCIPLINARY ORDER

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 69230 issued  
11 to Respondent William Frank Davis, M.D., is hereby revoked. However, the revocation is stayed  
12 and Respondent is placed on probation for four (4) years on the following terms and conditions:

13       1. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
14       Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
15       for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
16       per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
17       correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
18       educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
19       the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
20       completion of each course, the Board or its designee may administer an examination to test  
21       Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
22       hours of CME of which 40 hours were in satisfaction of this condition.

23       2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
24 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
25 advance by the Board or its designee. Respondent shall provide the approved course provider  
26 with any information and documents that the approved course provider may deem pertinent.  
27 Respondent shall participate in and successfully complete the classroom component of the course  
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The medical  
2 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
3 Medical Education (CME) requirements for renewal of licensure.

4 A medical record keeping course taken after the acts that gave rise to the charges in the  
5 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
6 or its designee, be accepted towards the fulfillment of this condition if the course would have  
7 been approved by the Board or its designee had the course been taken after the effective date of  
8 this Decision.

9 Respondent shall submit a certification of successful completion to the Board or its  
10 designee not later than 15 calendar days after successfully completing the course, or not later than  
11 15 calendar days after the effective date of the Decision, whichever is later.

12 3. **CLINICAL COMPETENCE ASSESSMENT PROGRAM.** Within 60 calendar days  
13 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
14 program approved in advance by the Board or its designee. Respondent shall successfully  
15 complete the program not later than six (6) months after Respondent's initial enrollment unless  
16 the Board or its designee agrees in writing to an extension of that time.

17 The program shall consist of a comprehensive assessment of Respondent's physical and  
18 mental health and the six general domains of clinical competence as defined by the Accreditation  
19 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
20 Respondent's current or intended area of practice. The program shall take into account data  
21 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
22 Accusation(s), and any other information that the Board or its designee deems relevant. The  
23 program shall require Respondent's on-site participation as determined by the program for the  
24 assessment and clinical education and evaluation. Respondent shall pay all expenses associated  
25 with the clinical competence assessment program.

26 At the end of the evaluation, the program will submit a report to the Board or its designee  
27 which unequivocally states whether the Respondent has demonstrated the ability to practice  
28 safely and independently. Based on Respondent's performance on the clinical competence

1 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
2 scope and length of any additional educational or clinical training, evaluation or treatment for any  
3 medical condition or psychological condition, or anything else affecting Respondent's practice of  
4 medicine. Respondent shall comply with the program's recommendations.

5 Determination as to whether Respondent successfully completed the clinical competence  
6 assessment program is solely within the program's jurisdiction.

7 If Respondent fails to enroll, participate in, or successfully complete the clinical  
8 competence assessment program within the designated time period, Respondent shall receive a  
9 notification from the Board or its designee to cease the practice of medicine within three (3)  
10 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
11 until enrollment or participation in the outstanding portions of the clinical competence assessment  
12 program have been completed. If the Respondent did not successfully complete the clinical  
13 competence assessment program, the Respondent shall not resume the practice of medicine until a  
14 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
15 cessation of practice shall not apply to the reduction of the probationary time period.]

16 4. **MONITORING - PRACTICE.** Within 30 calendar days of the effective date of this  
17 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
18 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
19 licenses are valid and in good standing, and who are preferably American Board of Medical  
20 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
21 relationship with Respondent, or other relationship that could reasonably be expected to  
22 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
23 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
24 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

25 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
26 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
27 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed  
28 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role

1 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
2 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
3 signed statement for approval by the Board or its designee.

4 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
5 probation, Respondent's medical practice shall be monitored by the approved monitor.

6 Respondent shall make all records available for immediate inspection and copying on the  
7 premises by the monitor at all times during business hours and shall retain the records for the  
8 entire term of probation.

9 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
10 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
11 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
12 shall cease the practice of medicine until a monitor is approved to provide monitoring  
13 responsibility.

14 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
15 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
16 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
17 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
18 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
19 preceding quarter.

20 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
21 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
22 name and qualifications of a replacement monitor who will be assuming that responsibility within  
23 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
24 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
25 notification from the Board or its designee to cease the practice of medicine within three (3)  
26 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
27 replacement monitor is approved and assumes monitoring responsibility.

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1        In lieu of a monitor, Respondent may participate in a professional enhancement program  
2        approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
3        review, semi-annual practice assessment, and semi-annual review of professional growth and  
4        education. Respondent shall participate in the professional enhancement program at Respondent's  
5        expense during the term of probation.

6        5.        NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
7        Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
8        Chief Executive Officer at every hospital where privileges or membership are extended to  
9        Respondent, at any other facility where Respondent engages in the practice of medicine,  
10       including all physician and locum tenens registries or other similar agencies, and to the Chief  
11       Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
12       Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
13       calendar days.

14       This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

15       6.        SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
16       NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
17       advanced practice nurses.

18       7.        OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
19       governing the practice of medicine in California and remain in full compliance with any court  
20       ordered criminal probation, payments, and other orders.

21       8.        INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
22       ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
23       limited to, expert review, legal reviews, and investigation(s), as applicable, in the amount of  
24       \$31,500.00 (thirty-one thousand and five hundred dollars). Costs shall be payable to the Medical  
25       Board of California. Failure to pay such costs shall be considered a violation of probation.

26       Payment must be made in full within 30 calendar days of the effective date of the Order, or  
27       by a payment plan approved by the Medical Board of California. Any and all requests for a  
28       payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with

1 the payment plan shall be considered a violation of probation.

2 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility  
3 to repay investigation and enforcement costs, including expert review costs.

4 9. **QUARTERLY DECLARATIONS.** Respondent shall submit quarterly declarations  
5 under penalty of perjury on forms provided by the Board, stating whether there has been  
6 compliance with all the conditions of probation.

7 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
8 of the preceding quarter.

9 10. **GENERAL PROBATION REQUIREMENTS.**

10 **Compliance with Probation Unit**

11 Respondent shall comply with the Board's probation unit.

12 **Address Changes**

13 Respondent shall, at all times, keep the Board informed of Respondent's business and  
14 residence addresses, email address (if available), and telephone number. Changes of such  
15 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
16 circumstances shall a post office box serve as an address of record, except as allowed by Business  
17 and Professions Code section 2021, subdivision (b).

18 **Place of Practice**

19 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
20 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
21 facility.

22 **License Renewal**

23 Respondent shall maintain a current and renewed California physician's and surgeon's  
24 license.

25 **Travel or Residence Outside California**

26 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
27 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
28 (30) calendar days.

1           In the event Respondent should leave the State of California to reside or to practice  
2           Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
3           departure and return.

4           11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
5           available in person upon request for interviews either at Respondent's place of business or at the  
6           probation unit office, with or without prior notice throughout the term of probation.

7           12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
8           its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
9           30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
10          defined as any period of time Respondent is not practicing medicine as defined in Business and  
11          Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
12          patient care, clinical activity or teaching, or other activity as approved by the Board. If  
13          Respondent resides in California and is considered to be in non-practice, Respondent shall  
14          comply with all terms and conditions of probation. All time spent in an intensive training  
15          program which has been approved by the Board or its designee shall not be considered non-  
16          practice and does not relieve Respondent from complying with all the terms and conditions of  
17          probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
18          on probation with the medical licensing authority of that state or jurisdiction shall not be  
19          considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
20          period of non-practice.

21           In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
22          months, Respondent shall successfully complete the Federation of State Medical Board's Special  
23          Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
24          that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
25          Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

26           Respondent's period of non-practice while on probation shall not exceed two (2) years.

27           Periods of non-practice will not apply to the reduction of the probationary term.

28           Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the  
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
3 General Probation Requirements; and Quarterly Declarations.

4       13. COMPLETION OF PROBATION. Respondent shall comply with all financial  
5 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
6 completion of probation. This term does not include cost recovery, which is due within 30  
7 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
8 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
9 shall be fully restored.

10       14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
11 of probation is a violation of probation. If Respondent violates probation in any respect, the  
12 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
13 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
14 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
15 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
16 the matter is final.

17       15. LICENSE SURRENDER. Following the effective date of this Decision, if  
18 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
19 the terms and conditions of probation, Respondent may request to surrender his or her license.  
20 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
21 determining whether or not to grant the request, or to take any other action deemed appropriate  
22 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
23 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
24 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
25 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
26 application shall be treated as a petition for reinstatement of a revoked certificate.

27       16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
28 with probation monitoring each and every year of probation, as designated by the Board, which

1 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
2 California and delivered to the Board or its designee no later than January 31 of each calendar  
3 year.

4       17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
5 a new license or certification, or petition for reinstatement of a license, by any other health care  
6 licensing action agency in the State of California, all of the charges and allegations contained in  
7 Accusation No. 800-2021-084335 shall be deemed to be true, correct, and admitted by  
8 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
9 restrict license.

## **ACCEPTANCE**

11 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
12 discussed it with my attorney, Raymond J. McMahon, Esq. I fully understand the stipulation and  
13 the effect it will have on my Physician's and Surgeon's Certificate No. G 69230. I enter into this  
14 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree  
15 to be bound by the Decision and Order of the Medical Board of California.

17 DATED: Feb 21, 2025

WILLIAM FRANK DAVIS, M.D.  
*Respondent*

19 I have read and fully discussed with Respondent William Frank Davis, M.D., the terms and  
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
21 I approve its form and content.

23 DATED: February 21, 2025

**RAYMOND J. MCMAHON, ESQ.**  
*Attorney for Respondent*

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**ENDORSEMENT**

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: 02/21/2025

Respectfully submitted,

ROB BONTA  
Attorney General of California  
MATTHEW M. DAVIS  
Supervising Deputy Attorney General

LEANNA E. SHIELDS  
Deputy Attorney General  
*Attorneys for Complainant*

SD2024801347  
84967064

**Exhibit A**

**Accusation No. 800-2021-084335**

1 ROB BONTA  
2 Attorney General of California  
3 MATTHEW M. DAVIS  
4 Supervising Deputy Attorney General  
5 LEANNA E. SHIELDS  
6 Deputy Attorney General  
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*Attorneys for Complainant*

BEFORE THE  
MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2021-084335

14 WILLIAM FRANK DAVIS, M.D.  
999 N. Tustin Ave., Suite 115  
15 Santa Ana, CA 92705-3528

## ACCUSATION

16 Physician's and Surgeon's Certificate  
No. G 69230,

**Respondent.**

20 Complainant alleges:

## PARTIES

22       1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as  
23 the Executive Director of the Medical Board of California, Department of Consumer Affairs  
24 (Board).

25       2. On or about July 23, 1990, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. G 69230 to William Frank Davis, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on July 31, 2026, unless renewed.

## JURISDICTION

2       3. This Accusation is brought before the Board, under the authority of the following  
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise  
4 indicated.

5 4. Section 2227 of the Code states:

9 (1) Have his or her license revoked upon order of the board.

10 (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

12 (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

15 (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

20 5. Section 2234 of the Code, states, in pertinent part:

21           The board shall take action against any licensee who is charged with  
22           unprofessional conduct. In addition to other provisions of this article, unprofessional  
conduct includes, but is not limited to, the following:

23

24 (b) Gross negligence.

1

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

6

7       6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain  
8 adequate and accurate records relating to the provision of services to their patients constitutes  
9 unprofessional conduct.

## COST RECOVERY

11       7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
12 administrative law judge to direct a licensee found to have committed a violation or violations of  
13 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
14 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
15 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
16 included in a stipulated settlement.

## **FACTUAL ALLEGATIONS**

18 || Patient A<sup>1</sup>

19       8. On or about December 6, 2018, Patient A, a then 21-year-old male, was brought to  
20 OC Global emergency department as a trauma activation after sustaining multiple complex  
21 injuries from being pinned beneath a vehicle as a result of a motor vehicle versus pedestrian  
22 accident. According to records, Patient A sustained severe injuries including, but not limited to,  
23 multiple fractures in his bilateral lower extremities with extensive soft tissue damage.

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1 For patient privacy purposes, patients' true names are not used in this instant Accusation  
2 to maintain patient confidentiality. The patient identities are known to Respondent or will be  
3 disclosed to Respondent upon receipt of a duly issued request for discovery in accordance with  
4 Government Code section 11507.6.

1       9. According to records, Patient A sustained several fractures of his right lower  
2 extremity including, but not limited to, a closed comminuted supracondylar fracture of his femur  
3 and an open segmental fracture of his tibia with 100% displacement.

4       10. According to records, Patient A sustained several fractures of his left lower extremity  
5 including, but not limited to, an open mid shaft tibial fracture with 100% displacement, a vertical  
6 fracture through his medial malleolus, and a transverse fibular fracture at the joint level.

7       11. According to records, a CAT scan arteriogram (CTA)<sup>2</sup> of Patient A's right lower  
8 extremity demonstrated an abnormality of the right popliteal artery for which there is no further  
9 follow up by Respondent documented during the non-operative management of this vascular  
10 injury including, but not limited to, no documented performance of an ankle brachial index, no  
11 further imaging with duplex ultrasound, no follow up CTA, and no pulse exam, to assess Patient  
12 A's right foot perfusion.

13       12. From on or about December 6, 2018, through on or about January 28, 2019,  
14 throughout Patient A's stay at OC Global Medical Center, Respondent was Patient A's attending  
15 physician and trauma surgeon, who performed numerous procedures on Patient A and  
16 coordinated Patient A's care with other physicians.

17       13. On or about December 24, 2018, at approximately 2:29 p.m., Patient A underwent a  
18 surgical procedure by an orthopedic surgeon to have the right tibial external fixator removed, and  
19 open reduction and internal fixation (ORIF) of the right tibial shaft and tibial plateau.

20       14. On or about December 24, 2018, at approximately 3:00 p.m., according to records,  
21 Patient A's bilateral pedal pulses were documented by nursing as weak and Patient A reported a  
22 pain score of 10 out of 10.

23       15. On or about December 24, 2018, at approximately 3:25 p.m., according to records,  
24 Patient A continued to report a pain score of 10 out of 10 in his right lower extremity. According  
25 to records, Patient A's right lower extremity was cold to touch.

26 \_\_\_\_\_  
27       27 CTA (computed tomography angiogram) is a procedure in which contrast material is  
28 injected into the blood vessels and CT scanning is used to help diagnose and evaluate blood  
vessel conditions.

1       16. On or about December 24, 2018, at approximately 5:45 p.m., according to records,  
2 Patient A's right foot was cold and pale, and despite 10 to 15 minutes of using an ultrasound  
3 probe, Patient A still had no detectable arterial blood flow in his right lower extremity.

4       17. On or about December 24, 2018, at approximately 6:00 p.m., according to records,  
5 Respondent was notified and ordered a CTA of Patient A's right lower extremity. However,  
6 Respondent did not document his reason for ordering a CTA.

7       18. On or about December 24, 2018, at approximately 6:44 p.m., according to records,  
8 the CTA procedure noted a filling defect in the right popliteal artery and ultrasound confirmed  
9 what appeared to be a focal segmental occlusion of Patient A's right popliteal artery.

10       19. On or about December 24, 2018, at approximately 6:50 p.m., according to records,  
11 Patient A had no sensation in his right toes, his skin was cold to touch, and still no pedal pulses  
12 were appreciated with the Doppler in Patient A's right lower extremity.

13       20. On or about December 24, 2018, at approximately 8:00 p.m., according to records,  
14 Patient A's right lower extremity was numb without any sensation and still without any  
15 appreciable pulses.

16       21. On or about December 25, 2018, at approximately 12:44 a.m., according to records,  
17 Patient A underwent an interventional radiology procedure ordered by Respondent, however,  
18 Respondent did not document his reason for requesting this consultation with interventional  
19 radiology rather than performing a primary or definite repair of Patient A's right popliteal artery  
20 at that time. Interventional radiology also determined Patient A's right popliteal artery was  
21 totally occluded at the joint line and found it could not be crossed with a wire.

22       22. On or about December 25, 2018, at approximately 2:41 a.m., according to records,  
23 Patient A's right lower extremity was evaluated by ultrasound, which determined there was no  
24 flow in Patient A's right foot consistent with the CTA performed earlier.

25       23. On or about December 25, 2018, at approximately 2:57 a.m., Respondent brought  
26 Patient A to the operating room for exploration of Patient A's right popliteal artery and popliteal  
27 vein. During this procedure, Respondent documented his operative findings regarding the injury  
28 to the right popliteal artery as being a "through and through comminution from a screw or pin."

1 According to records, Respondent performed a thrombectomy and implanted a vascular shunt in  
2 Patient A's right popliteal artery with a plan to bring Patient A back to the operating room in 48  
3 hours for definitive repair.

4 24. On or about December 25, 2018, at approximately 7:40 a.m., Respondent brought  
5 Patient A to the operating room for further exploration of Patient A's right popliteal artery after a  
6 determination of further thrombosis in the right popliteal artery shunt and persistent ischemia of  
7 Patient A's right lower extremity. During this procedure, according to records, Patient A was  
8 placed in a prone position for Respondent to take a posterior approach to remove the vascular  
9 shunt in Patient A's right popliteal artery and to perform end-to-end anastomosis of Patient A's  
10 right popliteal artery.

11 25. On or about December 25, 2018, at approximately 7:22 p.m., after determination of  
12 further occlusion, Respondent again brought Patient A to the operating room to perform further  
13 exploration of Patient A's right popliteal artery. During this procedure, according to records,  
14 Patient A was again placed in a prone position for Respondent to take a posterior approach as  
15 Respondent attempted to complete a definitive repair of Patient A's right popliteal artery repair  
16 with a reversed left greater saphenous vein reversed into position graft.

17 26. On or about December 26, 2018, Respondent performed a through-knee amputation  
18 of Patient A's right lower extremity after several unsuccessful attempts to restore perfusion to  
19 Patient A's right lower extremity.

20 **Patient B**

21 27. On or about July 6, 2020, Patient B, a then 42-year-old male, presented for treatment  
22 with Respondent with complaints of pain in his right lower extremity. According to records,  
23 Patient B had a medical history of varicose venous disease with a past surgical history of multiple  
24 phlebectomies. According to records, Respondent planned to perform radiofrequency ablation of  
25 the right greater saphenous vein with multiple stab phlebectomies.

26 28. On or about November 30, 2020, Patient B was evaluated and cleared for surgery.

27 29. On or about December 2, 2020, Respondent performed the procedure on Patient B as  
28 scheduled. According to records, Respondent documented this procedure as performing

1 radiofrequency ablation of Patient B's right greater saphenous vein with multiple stab  
2 phlebectomies.

3 30. On or about December 3, 2020, Patient B complained of severe pain, numbness and  
4 tingling sensation, in his right lower extremity. Upon examination, Patient B's right lower  
5 extremity was cool to touch and slightly cyanotic without pedal or popliteal pulses.

6 31. On or about December 3, 2020, Patient B was admitted for emergent right lower  
7 extremity thromboembolectomy and possible fasciotomy and angiograms. According to imaging  
8 studies, it was determined Patient B's right superficial femoral artery was occluded and Patient B  
9 underwent numerous surgical procedures by another physician to revascularize and restore  
10 perfusion to his right lower extremity.

11 32. During the revascularization procedures, it was discovered that Respondent had  
12 ligated Patient B's proximal superficial femoral artery, rather than Patient B's greater saphenous  
13 vein.

14 **FIRST CAUSE FOR DISCIPLINE**

15 (Gross Negligence)

16 33. Respondent has subjected his Physician's and Surgeon's Certificate No. G 69230 to  
17 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
18 the Code, in that Respondent committed gross negligence in his care and treatment of Patients A  
19 and B, as more particularly alleged hereinafter.

20 **Patient A**

21 34. Paragraphs 8 through 26, above, are hereby incorporated by reference and realleged  
22 as if fully set forth herein.

23 35. Upon demonstrated abnormality of Patient A's right popliteal artery as revealed by  
24 the CTA on or about December 6, 2018, Respondent failed to perform a complete evaluation and  
25 assessment of Patient A's right lower extremity to determine adequate perfusion including, but  
26 not limited to, further imaging with duplex ultrasound, follow up CTA, pulse exam, or ankle  
27 brachial index.

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1       36. Respondent failed to timely perform surgical repair of Patient A's right lower  
2 extremity waiting until approximately 2:57 a.m. on December 25, 2018, to operate on Patient A,  
3 resulting in a significant delay in revascularization of Patient A's right lower extremity.

4       37. Respondent failed to timely perform definitive repair of Patient A's right popliteal  
5 artery, choosing instead to initially place a vascular shunt.

6       38. Respondent failed to properly perform a repair of Patient A's right popliteal artery by  
7 placing Patient A in the prone position to take posterior approaches to Patient A's popliteal artery  
8 despite extensive thrombus encountered on previous explorations of Patient A's popliteal artery.

9       Patient B

10      39. Paragraphs 27 through 32, above, are hereby incorporated by reference and realleged  
11 as if fully set forth herein.

12      40. Respondent failed to properly identify Patient B's greater saphenous vein when he  
13 ligated Patient B's superficial femoral artery rather than Patient B's greater saphenous vein, and  
14 failed to ligate the branches at the saphenofemoral junction.

15       SECOND CAUSE FOR DISCIPLINE

16       (Repeated Negligent Acts)

17      41. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
18 G 69230 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
19 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and  
20 treatment of Patients A and B, as more particularly alleged hereinafter.

21      42. Paragraphs 8 through 40, above, are hereby incorporated by reference and realleged  
22 as if fully set forth herein.

23      43. Respondent failed to document his reasons for ordering a CTA and interventional  
24 radiology of Patient A's right lower extremity on December 24, 2018, rather than performing  
25 primary or definitive repair of Patient A's right popliteal artery when Patient A's right lower  
26 extremity had no dopplerable pulses resulting in a significant delay in the revascularization of  
27 Patient A's right lower extremity.

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### THIRD CAUSE FOR DISCIPLINE

**(Inadequate and/or Inaccurate Records)**

3       44. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
4       G 69230 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
5       Code, in that Respondent failed to maintain adequate and/or accurate records as more particularly  
6       alleged in paragraphs 8 through 43, above, which are hereby incorporated by reference and  
7       realleged as if fully set forth herein.

## **DISCIPLINARY CONSIDERATIONS**

9       45. To determine the degree of discipline, if any, to be imposed on Respondent,  
10 Complainant alleges that on or about December 29, 2022, in a prior disciplinary action before the  
11 Medical Board of California, Case No. 800-2019-063118, Respondent's Physician's and  
12 Surgeon's Certificate No. G 69230 was issued a public letter of reprimand for proceeding to  
13 surgery without performing a pre-operative work-up of additional possible etiologies in violation  
14 of section 2234 of the Code. That decision is now final and is incorporated by reference as if  
15 fully set forth herein.

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## PRAYER.

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

4       1. Revoking or suspending Physician's and Surgeon's Certificate No. G 69230, issued  
5                    to Respondent William Frank Davis, M.D.;

6       2. Revoking, suspending or denying approval of Respondent William Frank Davis,  
7                    M.D.'s authority to supervise physician assistants and advanced practice nurses;

8       3. Ordering Respondent William Frank Davis, M.D., to pay the Board the costs of the  
9                    investigation and enforcement of this case, and if placed on probation, the costs of  
10                   probation monitoring; and

11       4. Taking such other and further action as deemed necessary and proper.

DATED: JUL 11 2024

*W. J. Vargese for*  
REJI VARGHESE  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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