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

In the Matter of the Accusation Against: Patricia Ann Ahearn, M.D. Physician's and Surgeon's Certificate No. G 54979 Respondent.	Case No.: 800-2022-093961

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 June 6, 2025.

IT IS SO ORDERED: May 8, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
KAROLYN M. WESTFALL
Deputy Attorney General
State Bar No. 234540
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9465
Facsimile: (619) 645-2061
E-mail: Karolyn.Westfall@doj.ca.gov

Attorneys for Complainant

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

In the Matter of the Accusation Against: **PATRICIA ANN AHEARN, M.D.** **30230 Rancho Viejo Rd Ste 200** **San Juan Capistrano, CA 92675-1585** **Physician's and Surgeon's Certificate No. G 54979,** Respondent.	Case No. 800-2022-093961 OAH No. 2024110373 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney General.

///

///

2. Respondent Patricia Ann Ahearn, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: Doyle Schafer McMahon, LLP, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about June 24, 1985, the Board issued Physician's and Surgeon's Certificate No. G 54979 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-093961, and will expire on March 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-093961 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on October 17, 2024. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2022-093961 is attached hereto as Exhibit A and is incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-093961. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

///

CULPABILITY

9. Respondent admits that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2022-093961, and agrees that she has thereby subjected her Physician's and Surgeon's Certificate No. G 54979 to disciplinary action.

10. Respondent further agrees that if an accusation is filed against her in the future before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2022-093961, shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California or elsewhere.

11. Respondent agrees that her Physician's and Surgeon's Certificate No. G 54979 is subject to discipline, and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

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

///

14. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2022-093961 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 54979 issued to Respondent Patricia Ann Ahearn, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years from the effective date of the Decision on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 30 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 30 hours were in satisfaction of this condition.

///

///

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

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

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

///

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

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

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

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

///

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

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

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

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

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

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

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

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

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

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of $20,400.00 (twenty thousand four hundred dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs.

///

///

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

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

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

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

17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-093961 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 3/27/2025

PATRICIA ANN AHEARN, M.D.
Respondent

I have read and fully discussed with Respondent Patricia Ann Ahearn, M.D., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: March 28, 2025

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

///

///

///

///

///

///

///

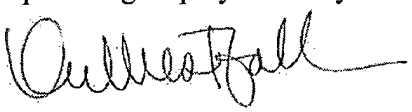
ENDORSEMENT

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

DATED: 3/28/25

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



KAROLYN M. WESTFALL
Deputy Attorney General
Attorneys for Complainant

SD2024802852
85022747.docx

Exhibit A

Accusation No. 800-2022-093961

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
KAROLYN M. WESTFALL
Deputy Attorney General
State Bar No. 234540
600 West Broadway, Suite 1800
San Diego, CA 92101
P.O. Box 85266
San Diego, CA 92186-5266
Telephone: (619) 738-9465
Facsimile: (619) 645-2061

Attorneys for Complainant

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

In the Matter of the Accusation Against: **PATRICIA ANN AHEARN, M.D.** **30230 Rancho Viejo Rd Ste 200** **San Juan Capistrano, CA 92675-1585** **Physician's and Surgeon's Certificate No. G 54979,** Respondent.	Case No. 800-2022-093961 **ACCUSATION**

PARTIES

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

2. On or about June 24, 1985, the Medical Board issued Physician's and Surgeon's Certificate No. G 54979 to Patricia Ann Ahearn, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on March 31, 2025, unless renewed.

///

JURISDICTION

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

4. Section 2227 of the Code states, in pertinent part:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (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.
>
> ...

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

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
>
> (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. Section 2228.1 of the Code states, in pertinent part:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

...

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

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

8. Section 741 of the Code states, in pertinent part:

(a) Notwithstanding any other law, when prescribing an opioid or benzodiazepine medication to a patient, a prescriber shall do the following:

(1) Offer the patient a prescription for naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression when one or more of the following conditions are present:

(A) The prescription dosage for the patient is 90 or more morphine milligram equivalents of an opioid medication per day.

(B) An opioid medication is prescribed within a year from the date a prescription for benzodiazepine has been dispensed to the patient.

(C) The patient presents with an increased risk for opioid overdose, including a patient with a history of opioid overdose, a patient with a history of opioid use disorder, or a patient at risk for returning to a high dose of opioid medication to which the patient is no longer tolerant.

(2) Consistent with the existing standard of care, provide education to the patient on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression.

(3) Consistent with the existing standard of care, provide education on opioid overdose prevention and the use of naloxone hydrochloride or another drug approved by the United States Food and Drug Administration for the complete or partial reversal of opioid-induced respiratory depression to one or more persons designated by the patient, or, for a patient who is a minor, to the minor's parent or guardian.

(b) A prescriber is not required to provide the education specified in paragraphs (2) or (3) of subdivision (a) if the patient receiving the prescription declines the education or has received the education within the past 24 months.

...

9. Health and Safety Code § 11165.4 states, in pertinent part:

(a) (1) (A) (i) A health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance shall consult the patient activity report or information from the patient activity report obtained by the CURES database to review a patient's controlled substance history for the past 12 months before prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient for the first time and at least once every six months thereafter if the prescriber renews the prescription and the substance remains part of the treatment of the patient.

(ii) If a health care practitioner authorized to prescribe, order, administer, or furnish a controlled substance is not required, pursuant to an exemption described in subdivision (c), to consult the patient activity report from the CURES database the first time the health care practitioner prescribes, orders, administers, or furnishes a controlled substance to a patient, the health care practitioner shall consult the patient activity report from the CURES database to review the patient's controlled substance history before subsequently prescribing a Schedule II, Schedule III, or Schedule IV controlled substance to the patient and at least once every six months thereafter if the substance remains part of the treatment of the patient.

(iii) A health care practitioner who did not directly access the CURES database to perform the required review of the controlled substance use report shall document in the patient's medical record that they reviewed the CURES database generated report within 24 hours of the controlled substance prescription that was provided to them by another authorized user of the CURES database.

(B) For purposes of this paragraph, "first time" means the initial occurrence in which a health care practitioner, in their role as a health care practitioner, intends to prescribe, order, administer, or furnish a Schedule II, Schedule III, or Schedule IV controlled substance to a patient and has not previously prescribed a controlled substance to the patient.

(2) A health care practitioner shall review a patient's controlled substance history that has been obtained from the CURES database no earlier than 24 hours, or the previous business day, before the health care practitioner prescribes, orders, administers, or furnishes a Schedule II, Schedule III, or Schedule IV controlled substance to the patient.

...

COST RECOVERY

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent has subjected her Physician's and Surgeon's Certificate No. G 54979 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that she committed gross negligence in her care and treatment of Patients A, B, C, D, and E,[1] as more particularly alleged hereinafter:

PATIENT A

12. In or around 1989,[2] Respondent began providing care and treatment to Patient A as her primary care physician. Patient A had a long medical history that included arthritis in her knees, hips, feet, and lumbar with radiculopathy, and multiple surgeries and joint replacements. Over the years, Respondent provided care and treatment to Patient A for pain, anxiety, depression, and insomnia.

13. On or about September 30, 2019, Patient A underwent an MRI of the cervical spine that revealed multi-level degenerative changes with significant neural foraminal stenoses, predominantly on the left side.

14. On or about January 8, 2020, Patient A presented to Respondent for a clinical visit. At that time, Patient A was approximately seventy years old and complained of right sciatica pain and worsening right knee pain one year after a total knee replacement. Respondent noted Patient

[1] To protect the privacy of the patients involved, the patients' names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

[2] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

A's anxiety disorder was stable on benzodiazepines. At that time, Respondent diagnosed Patient A with multiple conditions, including but not limited to, chronic pain, spondylosis of the lumbar and cervical regions, insomnia, anxiety disorder, opioid dependence, and sedative, hypnotic or anxiolytic dependence. At the conclusion of the visit, Respondent maintained Patient A on a monthly medication regimen that included alprazolam,[3] oxycodone-acetaminophen,[4] Oxycontin,[5] and zolpidem.[6]

15. Between on or about January 8, 2020, and on or about May 24, 2023, Patient A presented to Respondent for approximately twelve (12) clinical visits. Throughout that time, Respondent maintained Patient A on monthly prescriptions of alprazolam, oxycodone-acetaminophen, Oxycontin, and zolpidem.

16. On or about March 30, 2022, Patient A presented to Respondent for a phone visit. Patient A had not had an in-person visit with Respondent since approximately August 25, 2021, and this was Patient A's only visit with Respondent in 2022.

17. On or about May 24, 2023, Patient A presented to Respondent for a phone visit. Patient A had not met with Respondent in over one year since her phone visit on or about March 30, 2022. At this visit, Patient A reported having recently fallen four times, and that she had been without Percocet for two weeks because the pharmacy was unable to fill her prescription. Despite those disclosures, Respondent did not discuss and/or document a discussion with Patient A

///

---

[3] Alprazolam (brand name Xanax) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat anxiety and panic disorders.

[4] Oxycodone-acetaminophen (brand name Percocet) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

[5] Oxycontin (brand name for oxycodone) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

[6] Zolpidem (brand name Ambien) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a sedative medication used to treat insomnia.

regarding the known fall risks associated with her combined medications, or of potential problems that can occur with a sudden dose reduction.

18. Between on or about January 8, 2020, and on or about May 24, 2023, Respondent did not order any urine drug screens for Patient A, did not obtain a pain management agreement, did not discuss and/or document a discussion with Patient A regarding the risks and benefits of controlled substances, did not discuss and/or document a discussion with Patient A regarding the risks and benefits of chronic opiates combined with benzodiazepines, did not recommend or prescribe naloxone, did not document or incorporate her findings from CURES[7] reports, and did not discuss and/or document any discussion about Patient A's treatment with any other physician specialists.

19. Respondent committed gross negligence in her care and treatment of Patient A by regularly prescribing controlled substances to Patient A for several years without maintaining adequate frequency of visits, failing to order any urine drug screens, failing to obtain a pain management agreement, failing to discuss and/or document a discussion with Patient A regarding the risks and benefits of controlled substances, failing to discuss and/or document a discussion with Patient A regarding the risks and benefits of chronic opiates combined with benzodiazepines, failing to recommend or prescribe naloxone, failing to document or incorporate her findings from CURES reports, and failing to discuss and/or document any discussion about Patient A's treatment with any other physician specialists.

PATIENT B

20. In or around 2014, Respondent began providing care and treatment to Patient B as her primary care physician. Patient B was a high school student at that time and had a medical history that included fibromyalgia onset in childhood, pain, fatigue, sleep disorder, and migraine headaches. Patient B was being followed by a psychiatrist for a mood disorder and had been

///

[7] CURES is the Controlled Substances Utilization Review and Evaluation System (CURES), a database maintained by the Department of Justice of Schedule II, III, IV, and V controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement.

prescribed various medications including clonazepam.[8] Over the years, Respondent provided care and treatment to Patient B for pain, anxiety, depression, and insomnia, that included regular prescriptions for clonazepam, Norco,[9] tramadol,[10] and Percocet.

21. On or about December 21, 2017, Patient B presented to Respondent for a clinical visit. At that time Patient B was approximately twenty-three years old and complained of bilateral earache and throat pain. Patient B's chart note for this date includes vital signs, but does not include a review of systems, physical examination, assessment, or plan. This was Patient B's first visit with Respondent in over one year and her only visit with Respondent in 2017.

22. On or about June 29, 2018, Patient B presented to Respondent for a clinical visit. Patient B was unemployed at that time due to her various disabilities. Respondent noted that Patient B was having difficulty getting refills of Norco and had gone into withdrawal when she ran out in the past. Patient B informed Respondent that she had recently seen a rheumatologist and had an upcoming appointment with a sleep specialist. At that time, Respondent diagnosed Patient B with fibromyalgia, chronic pain syndrome, chronic fatigue, sleep disorder, and chronic interstitial cystitis without hematuria. At the conclusion of the visit, Respondent maintained Patient B on prescriptions of Norco and clonazepam. This was Patient B's only visit with Respondent in 2018.

23. On or about January 22, 2019, Patient B presented to Respondent for an annual wellness visit. Patient B informed Respondent that the pharmacy would not fill her Norco, so she had been without that medication for a few weeks, but her pain was not worse. At this visit, Respondent added attention deficit hyperactivity disorder (ADHD), dyslexia, and generalized

---

[8] Clonazepam (brand name Klonopin) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat anxiety and panic disorders.

[9] Norco (brand name for hydrocodone-acetaminophen) is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

[10] Tramadol (brand name Ultram) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

anxiety disorder to Patient B's problem list, but did not identify the basis for those diagnoses in Patient B's chart. At the conclusion of the visit, Respondent prescribed Patient B Vyvanse.[11] This was Patient B's only visit with Respondent in 2019.

24. Between on or about January 8, 2020, and on or about January 11, 2023, Patient B presented to Respondent for approximately four (4) clinical visits. All four visits were telehealth visits that did not include a complete physical exam, and no visits occurred in 2021. Throughout that time, Respondent maintained Patient B on regular prescriptions of Percocet, clonazepam, and tramadol.

25. Between on or about January 8, 2020, and on or about January 11, 2023, Respondent did not order any urine drug screens for Patient B, did not obtain a pain management agreement, did not discuss and/or document a discussion with Patient B regarding the risks and benefits of controlled substances, did not discuss and/or document a discussion with Patient B regarding the risks and benefits of chronic opiates combined with benzodiazepines, did not recommend or prescribe naloxone, did not document or incorporate her findings from CURES reports, and did not discuss and/or document any discussion about Patient B's treatment with any other physician specialists.

26. Respondent committed gross negligence in her care and treatment of Patient B by regularly prescribing controlled substances to Patient B for several years without maintaining adequate frequency of visits, failing to order any urine drug screens, failing to obtain a pain management agreement, failing to discuss and/or document a discussion with Patient B regarding the risks and benefits of controlled substances, failing to discuss and/or document a discussion with Patient B regarding the risks and benefits of chronic opiates combined with benzodiazepines, failing to recommend or prescribe naloxone, failing to document or incorporate her findings from CURES reports, and failing to discuss and/or document any discussion about Patient B's treatment with any other physician specialists.

///

[11] Vyvanse (brand name for lisdexamfetamine) is a stimulant medication used to treat ADHD and binge-eating disorder. It is a dangerous drug pursuant to section 4022 of the Code.

PATIENT C

27. In or around 1995, Respondent began providing care and treatment to Patient C as her primary care physician. Patient C had a long medical history that included cervical and lumbar arthritis, transverse myelitis, and fibromyalgia. Over the years, Respondent provided care and treatment to Patient C for chronic pain, muscle spasm, anxiety, depression, and obstructive sleep apnea.

28. On or about November 29, 2017, Patient C presented to Respondent for a clinical visit. At that time, Patient C was approximately fifty-five years old, and Respondent noted that Patient C had chronic pain due to transverse myelitis[12] and cervical spondylosis with myelopathy. Respondent also noted that Patient C had been using a fentanyl[13] patch every two days for pain with good relief for over ten years, but did not indicate why the fentanyl patch was being changed every two days instead of three. Patient C's documented treatment goals at that time were to manage her pain to a level of 3 to 4 most of the time, and to continue walking activity, increasing distance and duration as tolerated. Respondent further noted that Patient C's treatment was expected to last indefinitely because Patient C's condition was permanent. Respondent reviewed an opioid agreement with Patient C on that day and planned to obtain a urine screen, to be repeated yearly.[14]

29. On or about February 6, 2020, Patient C presented to Respondent for a clinical visit. At that time, Respondent diagnosed Patient C with multiple conditions, including but not limited to, chronic pain syndrome, long term use of opiate analgesic, fibromyalgia, obstructive sleep

///

///

///

---

[12] Transverse myelitis is a rare neurological condition wherein a section of the spinal cord is inflamed, causing pain, weakness, sensory problems, and dysfunction of the body.

[13] Fentanyl is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

[14] Patient C's medical records did not contain an opioid agreement or a urine screen result.

apnea, and polyneuropathies. At the conclusion of the visit, Respondent maintained Patient C on a monthly medication regimen that included carisoprodol,[15] alprazolam, fentanyl, and Nucynta.[16]

30. On or about July 30, 2020, Patient C presented to Respondent for a clinical visit, with complaints of worsening sciatica pain radiating down her left leg. At the conclusion of the visit, Respondent added oxycodone to Patient C's medication regimen.

31. Between on or about February 6, 2020, and on or about June 6, 2023, Patient C presented to Respondent for approximately twelve (12) clinical visits, which did not include any visits in 2021 and 2022. Throughout that time, Respondent maintained Patient C on regular prescriptions of carisoprodol, alprazolam, fentanyl, Nucynta, and oxycodone (added in July 2020).

32. On or about January 13, 2023, Patient C presented to Respondent for a clinical visit. At this visit, Patient C informed Respondent that she was using less of her medications, but continued to fill them every thirty days to maintain a supply and reserve in case the pharmacy ran out of stock. Respondent cautioned Patient C about this and recommended she only fill the medications she needed, but she maintained Patient C on her same medication regimen.

33. Between on or about February 6, 2020, and on or about June 6, 2023, Respondent did not document a comprehensive plan of care identifying which medications were prescribed for which diagnoses, did not order any urine drug screens for Patient C, did not review or obtain an updated pain management agreement, did not discuss and/or document a discussion with Patient C regarding the risks and benefits of controlled substances, did not discuss and/or document a discussion with Patient C regarding the risks and benefits of chronic opiates combined with benzodiazepines, did not discuss and/or document a discussion with Patient C regarding

///

---

[15] Carisoprodol (brand name Soma) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, and a dangerous drug pursuant to section 4022 of the Code. It is a muscle relaxant medication used to treat pain.

[16] Nucynta (brand name for tapentadol) is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

naloxone, did not document or incorporate her findings from CURES reports, and did not discuss and/or document any discussion about Patient C's treatment with any other physician specialists.

34. Respondent committed gross negligence in her care and treatment of Patient C by regularly prescribing controlled substances to Patient C for several years without documenting a comprehensive plan of care identifying which medications were prescribed for which diagnoses, failing to order any urine drug screens for Patient C, failing to review or obtain an updated pain management agreement, failing to discuss and/or document a discussion with Patient C regarding the risks and benefits of controlled substances, failing to discuss and/or document a discussion with Patient C regarding the risks and benefits of chronic opiates combined with benzodiazepines, failing to discuss and/or document a discussion with Patient C regarding naloxone, failing to document or incorporate her findings from CURES reports, and failing to discuss and/or document any discussion about Patient C's treatment with any other physician specialists.

PATIENT D

35. In or around 1995, Respondent began providing care and treatment to Patient D as her primary care physician. Patient D had a history of injury from a fall resulting in a fracture to both heels, and a compression fracture to her thoracic lumbar spine requiring surgery. Over the years, Respondent provided care and treatment to Patient D for chronic pain, obstructive sleep apnea, insomnia, depression, chronic fatigue, and migraines.

36. On or about August 1, 2019, Patient D presented to Respondent for a clinical visit. At this visit, Patient D was sixty-four years old and complained of general malaise, progressive fatigue, non-migraine headaches, generalized myalgias, anxiety, nausea, and worsening sleep issues. Respondent noted Patient D's symptoms were persistent with an unclear cause. At the conclusion of the visit, Respondent maintained Patient D on her medication regimen that included Oxycontin, butalbital,[17] modafinil,[18] and Norco.

[17] Butalbital (brand name Fiorinal) is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (c), and a dangerous drug pursuant to section 4022 of the Code. It is a barbiturate medication used to treat headaches.

[18] Modafinil (brand name Provigil) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a stimulant medication used to treat sleep disorders.

37. On or about March 16, 2021, Patient D presented to Respondent for an annual wellness visit. At this visit, Patient D informed Respondent that she was "doing ok," and that she "sees neuro for Botox for migraines which has helped." At the conclusion of the visit, Respondent maintained Patient D on her medication regimen and added lorazepam[19] as needed for panic attacks. No other information was obtained and/or documented regarding Patient D's panic attacks at that visit or any visit thereafter.

38. On or about May 7, 2021, Patient D presented to Respondent for a telehealth visit. At this visit, Patient D reported the medication was helping with her chronic pain and she has not required a change in her dose in several years. At the conclusion of the visit, Respondent maintained Patient D on her same medication regimen.

39. On or about July 13, 2021, Patient D presented to Respondent for a clinical visit. At this visit, Patient D reported persistent chronic pain, but that she had been able to successfully wean off long-acting oxycodone. No other information was obtained and/or documented regarding how or why Patient D had self-weaned this medication.

40. Between or about August 1, 2019, and or about February 13, 2023, Patient D presented to Respondent for approximately ten (10) clinical visits, which included only one visit in 2022. Throughout that time, Respondent maintained Patient D on regular prescriptions of butalbital, modafinil, Norco, lorazepam (beginning in March 2021) and Oxycontin (until May 2021).

41. Between or about August 1, 2019, and or about February 13, 2023, Respondent did not order any urine drug screens for Patient D, did not obtain a pain management agreement, did not discuss and/or document a discussion with Patient D regarding the risks and benefits of controlled substances, did not discuss and/or document a discussion with Patient D regarding the risks and benefits of chronic opiates combined with benzodiazepines, did not discuss and/or document a discussion with Patient D regarding naloxone, did not document or incorporate her

///

[19] Lorazepam (brand name Ativan) is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to section 4022 of the Code. It is a benzodiazepine medication used to treat anxiety.

findings from CURES reports, and did not discuss and/or document any discussion about Patient D's treatment with any other physician specialists.

42. Respondent committed gross negligence in her care and treatment of Patient D by regularly prescribing controlled substances to Patient D for several years and failing to order any urine drug screens, failing to obtain a pain management agreement, failing to discuss and/or document a discussion with Patient D regarding the risks and benefits of controlled substances, failing to discuss and/or document a discussion with Patient D regarding the risks and benefits of chronic opiates combined with benzodiazepines, failing to discuss and/or document a discussion with Patient D regarding naloxone, failing to document or incorporate her findings from CURES reports, and failing to discuss and/or document any discussion about Patient D's treatment with any other physician specialists.

PATIENT E

43. In or around 2014, Respondent began providing care and treatment to Patient E as her primary care physician. Patient E was a retired security guard with a medical history that included lumbar spine disease. Patient E had previously been followed by pain management for chronic pain and radiculopathy. Over the years, Respondent provided care and treatment to Patient E for chronic pain and anxiety.

44. On or about February 3, 2021, Patient E presented to Respondent for a telehealth visit. At this visit, Patient E was sixty-six years old and complained of feeling anxious over current events, poor sleep, financial issues, and worsening back pain. Patient E informed Respondent that she had run out of lorazepam three weeks earlier because she had been taking 3 to 4 tabs per day. Respondent cautioned Patient E regarding dependency potential with lorazepam and suggested a self-referral to behavioral health. Respondent diagnosed Patient E with chronic pain syndrome, long term use of opiates, lumbar spondylosis, generalized anxiety disorder, and sedative hypnotic or anxiolytic dependence. At the conclusion of the visit,

///

///

///

Respondent prescribed Patient E lorazepam, morphine sulfate,[20] MS Contin (morphine sulfate extended release), and Norco.

45. On or about October 13, 2021, Patient E presented to Respondent for a telehealth visit. At this visit, Respondent recommended Patient E cut back on morphine, but did not discuss and/or document which morphine medication or specific directions on how to wean this medication.

46. On or about April 13, 2022, Patient E presented to Respondent for a telehealth visit. At this visit, Patient E reported taking morphine for severe pain and Norco for moderate pain, and asked for a refill of Norco and lorazepam. At the conclusion of the visit, Respondent prescribed Patient E lorazepam, morphine sulfate, MS Contin, and Norco.

47. On or about June 29, 2022, Patient E presented to Respondent for a telehealth visit. Respondent did not discuss and/or document a discussion with Patient E regarding her use of Norco at this visit or any visit thereafter, despite Patient E having not filled Norco since February 2022. At the conclusion of the visit, Respondent prescribed Patient E lorazepam, morphine sulfate, and MS Contin.

48. On or about December 21, 2022, Patient E presented to Respondent for a telehealth visit. At this visit, Respondent recommended Patient E gradually wean from long-acting morphine, but did not discuss and/or document specific directions on how to wean this medication.

49. Between or about February 3, 2021, and or about December 21, 2022, Patient E presented to Respondent for approximately twelve (12) clinical visits. All twelve visits were telehealth visits that did not include a physical exam. Throughout that time, Respondent maintained Patient E on regular prescriptions of lorazepam, morphine sulfate, MS Contin, and Norco (until February 2022).

50. Between or about February 3, 2021, and or about December 21, 2022, Respondent did not order any urine drug screens for Patient E, did not obtain a pain management agreement,

[20] Morphine sulfate is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

did not discuss and/or document a discussion with Patient E regarding the risks and benefits of controlled substances, did not discuss and/or document a discussion with Patient E regarding the risks and benefits of chronic opiates combined with benzodiazepines, did not discuss and/or document a discussion with Patient E regarding naloxone, did not document or incorporate her findings from CURES reports, and did not discuss and/or document any discussion about Patient E's treatment with any other physician specialists.

51. Respondent committed gross negligence in her care and treatment of Patient E by regularly prescribing controlled substances to Patient E for several years without having any in-person visits or completing a physical exam, and failing to order any urine drug screens for Patient E, failing to obtain a pain management agreement, failing to discuss and/or document a discussion with Patient E regarding the risks and benefits of controlled substances, failing to discuss and/or document a discussion with Patient E regarding the risks and benefits of chronic opiates combined with benzodiazepines, failing to discuss and/or document a discussion with Patient E regarding naloxone, failing to document or incorporate her findings from CURES reports, and failing to discuss and/or document any discussion about Patient E's treatment with any other physician specialists.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

52. Respondent has further subjected her Physician's and Surgeon's Certificate No. G 54979 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in her care and treatment of Patients A, B, C, D, and E, as more particularly alleged in paragraphs 11 through 51, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

53. Respondent has further subjected her Physician's and Surgeon's Certificate No. G 54979 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding her care and

treatment of Patients A, B, C, D, and E, as more particularly alleged in paragraphs 11 through 51, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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:

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 54979, issued to Respondent Patricia Ann Ahearn, M.D.;

2. Revoking, suspending or denying approval of Respondent Patricia Ann Ahearn, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Patricia Ann Ahearn, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;

4. Ordering Respondent Patricia Ann Ahearn, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and

5. Taking such other and further action as deemed necessary and proper.

DATED: OCT 17 2024

for

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SD2024802852
84728136.docx