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

In the Matter of the Accusation Against: Gadson John Johnson, M.D. Physician's and Surgeon's Certificate No. A 100422 Respondent.	Case No.: 800-2021-083622

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 January 12, 2026.

IT IS SO ORDERED: December 11, 2025.

MEDICAL BOARD OF CALIFORNIA

Veling Tsai, M.D., Chair
Panel A

ROB BONTA
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ALEXANDRA M. ALVAREZ
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **GADSON JOHN JOHNSON, M.D.** **701 Santa Monica Blvd., Suite 230** **Santa Monica, CA 90401** **Physician's and Surgeon's Certificate No. A 100422,** Respondent.	Case No. 800-2021-083622 OAH No. 2025030239 **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 Christine A. Rhee, Deputy Attorney General.

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2. Respondent Gadson John Johnson, M.D. (Respondent), is represented in this proceeding by attorney John A. Mills, Esq., and T. Nancy Lam, Esq., whose address is: 1100 Glendon Avenue, 14th Floor, Los Angeles, CA 90024-3518.

3. On or about June 13, 2007, the Board issued Physician's and Surgeon's Certificate No. A 100422 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. 800-2021-083622, and will expire on October 31, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-083622 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 December 3, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2021-083622 is attached as Exhibit A and 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. 800-2021-083622. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his 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 him; the right to present evidence and to testify on his 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 had the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth, above.

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CULPABILITY

9. Respondent recognizes that the charges and allegations in Accusation No. 800-2021-083622, if proven at hearing, constitutes cause for imposing discipline upon his license. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges and allegations in Accusation No. 800-2021-083622, and those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2021-083622 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and agrees to be bound by the Board's probationary terms 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 his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his 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.

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ADDITIONAL PROVISIONS

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. The parties understand and agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as the originals.

15. 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. A 100422 issued to Respondent Gadson John Johnson, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years from the effective date of this Decision and Order, 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 20 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 45 hours of CME of which 20 hours were in satisfaction of this condition.

2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that

meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. 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.

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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.

4. 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.

5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is limited to supervising a total of two physician assistants and/or advanced practice nurses, at any given time in whatever combination.

6. 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.

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review and legal review, in the amount of $33,334.50 (thirty-three thousand, three hundred and thirty-four dollars and fifty 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.

8. 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.

9. 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.

10. 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.

11. 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's 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.

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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.

12. 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.

13. 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.

14. 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.

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15. 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.

16. 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. 800-2021-083622 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, John Alfred Mills, 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: 07/28/25

GADSON JOHN JOHNSON, M.D.
Respondent

I have read and fully discussed with Respondent Gadson John Johnson, 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: 07/30/2025

JOHN ALFRED MILLS, 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: July 31, 2025

Respectfully submitted,

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

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2021-083622

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

In the Matter of the Accusation Against: **GADSON JOHN JOHNSON, M.D.** **701 Santa Monica Blvd., Suite 230** **Santa Monica, CA 90401** **Physician's and Surgeon's Certificate No. A 100422,** Respondent.	Case No. 800-2021-083622 **A C C U S A T I O N**

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 13, 2007, the Medical Board issued Physician's and Surgeon's Certificate No. A 100422 to Gadson John Johnson, 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 October 31, 2026, unless renewed.

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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:
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> ...
>
> (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 2266 of the Code states that 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.

COST RECOVERY

7. 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
(Repeated Negligent Acts)

8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 100422 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, and C,[1] as more particularly alleged hereafter:

Patient A

9. On or about February 4, 2022, Patient A, a 42-year-old male, was admitted to a hospital in Anaheim, California, for a femur fracture. According to a psychiatric consultation on or about February 18, 2022, by A.R., M.D., Patient A had a long history of mental illness, with a past medical history including intermittent explosive disorder, mental retardation, and obsessive-compulsive disorder. A.R., M.D., documented that Patient A was a poor historian, and that his insight and judgment were grossly impaired. A.R., M.D., diagnosed Patient A with an intellectual

[1] The patients' names have been omitted to protect their privacy. Respondent is aware of the patients' identities.

disability and intermittent explosive disorder. A.R., M.D., recommended that Patient A continue taking Celexa[2] for his mood-related symptoms and Risperdal[3] to decrease Patient A's agitation and aggression.

10. On or about March 5, 2022, Respondent, a psychiatrist, first encountered Patient A at the hospital in Anaheim, California. In his psychiatric consultation, which included 20 minutes of time spent with Patient A, Respondent noted that Patient A appeared very confused and disorganized. Respondent documented that he reviewed Patient A's chart and that Patient A's pertinent medical history included a history of mental retardation and psychosis. Parts of Respondent's note for this consultation are difficult to understand, including the portion describing Patient A's mental status.[4] Respondent's treatment plan was to continue Patient A's existing medication regimen which included Lamictal,[5] Celexa, Cogentin,[6] melatonin, and Risperdal.

11. On or about March 6, 2022, Respondent saw Patient A for a second time at the hospital. Respondent noted that Patient A continued to have some confusion and disorganized thought process, mood lability, and racing thoughts. Respondent diagnosed Patient A with schizoaffective disorder, bipolar type, without providing documentation substantiating that diagnosis. His plan was for Patient A to continue taking Lamictal, Celexa, Cogentin, melatonin, and Risperdal.

12. Following Patient A's hospitalization in February/March 2022, Patient A was admitted to Country Villa Plaza Nursing Center (CVPNC), a skilled nursing facility, from

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[2] Celexa, brand name for citalopram, is an anti-depressant.

[3] Risperdal, brand name for risperidone, is an antipsychotic used to treat schizophrenia, bipolar disorder, and some autism symptoms.

[4] "Mental status admission 42-year-old male with complaints of disheveled attitude irritable agitated affect flat

"Poor does not Plan the last 4 presidents mood depressed anxious motor activity psychomotor retardation attention plans for continued use of service: Orientation x2 present

"X1 not time place and situation speech nonsensical thought process disorganized logical insight of the support

"Major events or tomorrow current with manic features…

"This patient 'regained his insight into his physical and psychiatric condition March 15, 2012."

[5] Lamictal, brand name for lamotrigine, is an anticonvulsant used to treat seizures.

[6] Cogentin, brand name for benztropine, is an anti-tremor medication used to treat symptoms caused by Parkinson's disease.

approximately June 2022 to January 2023. While at CVPNC, Respondent continued to supervise Patient A's psychiatric care.

13. Respondent committed repeated negligent acts in the care and treatment of Patient A which includes, but is not limited to, assessing Patient A with schizoaffective disorder, bipolar type, without conducting and/or documenting an adequate evaluation that supported that diagnosis, and failing to document an adequate and understandable medical record for the psychiatric consultation on March 5, 2022.

Patient B

14. On or about October 30, 2020, Respondent saw and evaluated Patient B, a 68-year-old female who had been hospitalized for altered mental status, confusion, and worsening anxiety and agitation. Patient B's psychotropic medication regimen at hospital admission were Neurontin,[7] Remeron,[8] Provigil,[9] and Aricept.[10] Respondent noted that Patient B was a poor historian and that she was confused and making nonsensical statements. For the mental status examination, Respondent documented that Patient B's attitude was irritable and agitated, her affect was labile, and her mood was depressed and anxious. He documented that she had psychomotor agitation, her speech was slurred, and her thought process was disorganized and illogical. Respondent wrote that Patient B had a past psychiatric history of paranoid schizophrenia. He diagnosed Patient B with paranoid schizophrenia with acute exacerbation, and recommended that Patient B continue taking her current medications and that Depakote[11] and Seroquel[12] be added.

15. On or about November 1, 2020, Respondent saw Patient B at the hospital and provided 20 minutes of reality-based supporting psychotherapy. His diagnosis in this note changed from paranoid schizophrenia to schizoaffective disorder, bipolar type. Respondent failed

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[7] Neurontin, brand name for gabapentin, is an anticonvulsant and nerve pain medication.
[8] Remeron, brand name for mirtazapine, is an anti-depressant.
[9] Provigil, brand name for modafinil, is a stimulant used to treat narcolepsy.
[10] Aricept, brand name for donepezil, is a cognition-enhancing medication used to treat Alzheimer's disease.
[11] Depakote, brand name for valproate, is an anticonvulsant used to treat seizures and bipolar disorder.
[12] Seroquel, brand name for quetiapine, is an antipsychotic used to treat schizophrenia, bipolar disorder, and depression.

to explain in this note his reasoning for changing Patient B's diagnosis. His treatment plan was for Patient B to continue taking Depakote, Provigil, and Seroquel.

16. On or about November 5, 2020, Respondent saw Patient B again at the hospital. Despite the previously documented encounters on October 30, 2020, and November 1, 2020, this note for an encounter on November 5, 2020, is labeled as an initial psychiatric evaluation. Respondent documented that Patient B initially presented at the hospital with delusions and agitation. He noted that during her hospitalization, Patient B had been having violent reactions towards hospital staff. He noted that Patient B had a history of prior psychiatric admissions and a history of paranoid schizophrenia with acute exacerbation. For the mental status examination, Respondent documented that Patient B had auditory hallucinations and paranoid delusions. Respondent's diagnosis for Patient B continued to be schizoaffective disorder, bipolar type.

17. On or about November 19, 2020, Respondent saw Patient B at her bedside and provided 20 minutes of reality-based supportive psychotherapy. He noted that Patient B was still very irritable, agitated, confused, disorganized, and her mood was labile. Respondent documented that Patient B had feelings of hopelessness and helplessness. He diagnosed Patient B with major depressive disorder, severe, recurrent with psychotic features, without providing adequate justification for this new diagnosis.

18. On or about November 24, 2020, Respondent saw Patient B at her bedside and provided 20 minutes of reality-based supportive psychotherapy. He noted that Patient B continued to have depression, confusion, mood debility, low energy, poor appetite, loss of interest in activity, and feelings of helplessness, hopelessness. Respondent's diagnosis at this encounter was schizoaffective disorder, bipolar type.

19. On or about November 26, 2020, Respondent saw Patient B at her bedside and provided 20 minutes of reality-based supportive psychotherapy. He noted that Patient B continued to be depressed and confused, and was combative with staff. His diagnosis was schizoaffective disorder, bipolar type, and his treatment plan was to increase Patient B's Seroquel dose.

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20. On or about November 28, 2020, Respondent saw Patient B at her bedside and provided 20 minutes of reality-based supportive psychotherapy. Patient B's symptoms were unchanged. Respondent's diagnosis, however, reverted back to paranoid schizophrenia with acute exacerbation.

21. On or about November 29, 2020, Respondent saw Patient B at her bedside and provided 20 minutes of reality-based supportive psychotherapy. Respondent noted that Patient B had altered mental status, confusion, and disorganized thought process. He documented that Patient B had suicidal ideation and intended to overdose on her medications. Respondent's documented diagnosis was major depressive disorder, severe, recurrent with psychotic features.

22. Following Patient B's hospitalization in October/November 2020, Patient B was admitted to CVPNC from approximately April 2021 through January 2023. While at CVPNC, Respondent continued to supervise Patient B's psychiatric care.

23. Respondent committed a negligent act in the care and treatment of Patient B which includes, but is not limited to, diagnosing Patient B with paranoid schizophrenia, schizoaffective disorder, bipolar type, and major depressive disorder without conducting and/or documenting an adequate evaluation to determine whether those diagnoses were present or appropriate.

Patient C

24. On or about February 1, 2022, Patient C, a 69-year-old male, was admitted to a hospital in La Palma, California, for joint swelling. On or about February 3, 2022, Respondent saw Patient C in the hospital for a psychiatric evaluation and provided 20 minutes of cognitive behavioral therapy. Respondent noted that Patient C had a history of paranoid schizophrenia, and the reason for the psychiatric evaluation was to rule out depression with psychotic features. Respondent documented that Patient C had some confusion and some disorganized thought process. He noted that Patient C's psychotropic medications at the time of his hospital admission were Lexapro and Seroquel. In the mental status examination, Respondent documented that Patient C appeared irritable, agitated, depressed, and anxious. He also noted that Patient C had a guarded and restricted affect, poor attention span, and a disorganized and illogical thought process. Respondent diagnosed Patient C with paranoid schizophrenia with acute exacerbation.

25. Following Patient C's hospitalization in February 2022, Patient C was admitted to CVPNC from approximately September 2022 through January 2023. While at CVPNC, Respondent continued to supervise Patient C's psychiatric care.

26. Respondent committed a negligent act in the care and treatment of Patient C which includes, but is not limited to, diagnosing Patient C with paranoid schizophrenia without conducting and/or documenting an adequate evaluation to substantiate the diagnosis.

SECOND CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

27. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 100422 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records for Patients A, B, and C, as more particularly alleged in paragraphs 9 through 25, above, which are hereby incorporated by reference and re-alleged 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. A 100422, issued to Respondent Gadson John Johnson, M.D.;

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

3. Ordering Respondent Gadson John Johnson, 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; and

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

DATED: DEC 03 2024

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

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