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

In the Matter of the Accusation Against: Angel Hernan Gomez-Garcia, M.D. Physician's and Surgeon's Certificate No. A 52635 Respondent.	Case No.: 800-2022-087105 [Consolidated with Case No. 800-2022-086604]

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 15, 2026.

IT IS SO ORDERED: December 16, 2025.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Chair
Panel A

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Angel Hernan Gomez-Garcia, M.D.** **3531 Federal Avenue** **Los Angeles, CA 90066** **Physician's and Surgeon's Certificate No. A 52635,** Respondent.	Case No. 800-2022-087105 OAH No. 2024080111.1 [Consolidated with Case No. 800-2022-086604, OAH No. 2025050998] **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 Rosemary F. Luzon, Deputy Attorney General.

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2. Respondent Angel Hernan Gomez-Garcia, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: SCHAFER McMAHON, LLP, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about December 8, 1993, the Board issued Physician's and Surgeon's Certificate No. A 52635 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. 800-2022-087105 and Accusation No. 800-2022-086604, and will expire on October 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-087105 and Accusation No. 800-2022-086604 were filed before the Board, and are currently pending against Respondent. Accusation No. 800-2022-087105 and Accusation No. 800-2022-086604, and all other statutorily required documents, were properly served on Respondent on May 2, 2024, and March 5, 2025, respectively, at his address of record. Respondent timely filed his Notice of Defense contesting the Accusations.

5. A true and correct copy of Accusation No. 800-2022-087105 and Accusation No. 800-2022-086604 are attached as Exhibits A and B, respectively, and incorporated by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-087105 and Accusation No. 800-2022-086604. 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 Accusations; 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, having been fully advised of same by his attorney, Raymond J. McMahon, Esq.

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 does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in Accusation No. 800-2022-087105 and Accusation No. 800-2022-086604, a true and correct copy of which is attached hereto as Exhibits A and B, respectively, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 52635 to disciplinary action.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-087105 and Accusation No. 800-2022-086604 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.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 52635 is subject to discipline and 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 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.

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 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.

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 52635 issued to Respondent Angel Hernan Gomez-Garcia, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for six (6) 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 45 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, including in the areas of liposuction technique and best surgical practices, pre-operative planning, post-operative complications and triaging, and documentation, 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 70 hours of CME of which 45 hours were in satisfaction of this condition.

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2. 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 Accusations, 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. 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.

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A professionalism program taken after the acts that gave rise to the charges in the Accusations, 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.

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 for a minimum of three (3) and no more than five (5) days 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(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees

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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(s) 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 Accusations 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 $60,948.40 (sixty thousand nine hundred forty-eight dollars and forty 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;

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General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

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 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. 800-2022-087105 and Accusation No. 800-2022-086604 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 No. A 52635. 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: 9/22/25

ANGEL HERNAN GOMEZ-GARCIA, M.D.
Respondent

I have read and fully discussed with Respondent Angel Hernan Gomez-Garcia, 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: September 22, 2025

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 9/23/2025

Respectfully submitted,

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

ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No.: 800-2022-087105

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Angel Hernan Gomez-Garcia, M.D.** **3531 Federal Avenue** **Los Angeles, CA 90066** **Physician's and Surgeon's Certificate No. A 52635,** Respondent.	Case No. 800-2022-087105 **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 December 8, 1993, the Board issued Physician's and Surgeon's Certificate No. A 52635 to Angel Hernan Gomez-Garcia, 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, 2025, 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 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

5. Section 2227 of the Code states:

> (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:
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> (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.
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> . . .

6. Section 2234 of the Code states:

> 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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> . . .
>
> (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.

. . .

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.

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 52635 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A, as more particularly alleged hereinafter:[1]

10. In or about 2021, Respondent performed both cosmetic surgical services and patient consultations at Latina MedSpa, which was located in Huntington Park, California.

11. On or about April 23, 2021, Patient A went to Latina MedSpa and completed a patient registration form. On the patient registration form, Patient A stated that she wanted a gluteal augmentation. Patient A provided her personal information and answered questions about her medical history. Patient A signed and dated the patient registration form, which was included in her medical chart. Patient A's medical chart, however, did not include any consultation note from Respondent regarding this visit.

12. On or about July 12, 2021, Patient A had a consultation with Respondent at Latina MedSpa. According to the History and Physical, Patient A wanted a gluteal fat transfer and abdominoplasty. Respondent's diagnoses included abdominal and back lipodystrophy.

[1] References to "Patient A" herein are used to protect patient privacy.

Respondent recommended an abdominoplasty, liposuction of the abdomen and back, and fat transfer to the buttocks.

13. On or about August 13, 2021, Patient A had pre-operative laboratory testing done. The results showed a normal hemoglobin and hematocrit with low red blood cell indices (MCH and MCHC), indicating iron deficiency.

14. On or about September 13, 2021, Patient A underwent surgery with Respondent. The surgery took place at the Southern California Surgery Center in Huntington Park, California. Prior to the surgery, a Deep Vein Thrombosis (DVT) Prophylaxis Orders form was processed by an R.N. However, Respondent did not complete or sign the form.

15. The surgery started at 10:40 a.m. and ended at 3:15 p.m. At approximately 10:15 a.m., Patient A was administered 2 grams of Ancef.[2] Patient A was not administered Ancef again during the surgery. At approximately 10:15 a.m. and 10:30 a.m., respectively, Patient A was also administered a total of 10 mg of dexamethasone.[3]

16. According to the Operative Report, the procedures performed included suction-assisted lipectomy of the abdomen and back, fat transfer to the buttocks, and abdominoplasty. During the liposuction procedure, the upper abdomen, flanks, and lower abdomen were first infiltrated with 2,500 cc of tumescent fluid. The tumescent fluid consisted of 1,000 cc of lactated ringers, with 2 cc of epinephrine and 25 cc of lidocaine. A total of 2,000 cc of lipoaspirate was then extracted from the upper abdomen, flanks, and lower abdomen areas utilizing 3.5 mm and 4.0 mm Mercedes cannulas. Patient A was subsequently turned to the prone position and the back was infiltrated with an additional 2,000 cc of tumescent fluid. An additional 2,500 cc of lipoaspirate was extracted from the upper and lower back. The buttocks were infiltrated with a total of 2,000 cc of fat, approximately 1,000 cc in each buttock. Lastly, the abdominoplasty was performed. During the surgery, Patient A lost approximately 250 cc of blood.

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[2] Ancef (cefazolin) is an antibiotic used to treat a wide variety of bacterial infections. It may be used before and during certain surgeries to help prevent infection.

[3] Dexamethasone (Decadron) is a corticosteroid commonly used to reduce post-operative swelling and inflammation.

17. Notwithstanding the use of tumescent fluid during the surgery, the Operative Note and the corresponding surgical records did not document the formula for the tumescent fluid used, specifically the amount of lidocaine contained in the tumescent fluid. Nor did the Operative Note and the corresponding surgical records document the volume of fat contained in the lipoaspirate extracted.

18. At approximately 3:30 p.m., Patient A was extubated and taken to the Recovery Room in stable condition. Patient A was assessed to have an Aldrete score[4] of "7" on arrival and "10" at the time of discharge. Patient A continued to be in stable condition and was discharged into the care of her family members at approximately 5:40 p.m.

19. Patient A's post-operative medications included, *inter alia*, Keflex[5] and Medrol Dosepak,[6] which Respondent prescribed. However, post-operative iron supplementation was not recommended.

20. On the evening of Patient A's discharge, Patient A's family members observed her complaining of dizziness, thirst, and pain. They described Patient A as seeming delusional and complaining of worsening pain, thirst, and feeling faint and hot. Patient A had no appetite, could not eat anything, and was vomiting blood.

21. The next day, on or about September 14, 2021, Patient A's family members called Respondent's office. According to the progress notes of an initial call and subsequent call with Patient A's family members, they reported that Patient A felt unwell and complained of vomiting blood, nausea, and inability to walk. Later that night, Patient A's family members observed Patient A's pain worsening and she began to exhibit signs of chest pain and difficulty breathing. Patient A began to lose consciousness and became unresponsive. Patient A's family members called 911, but they could not get through. After Patient A's family members attempted to drive Patient A to the hospital, they saw a nearby fire station and pulled into the driveway for

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[4] The Aldrete score evaluates a patient's recovery and readiness for transfer from the post-anesthesia care unit.

[5] Keflex (cephalexin) is a cephalosporin antibiotic prescribed to treat bacterial infections.

[6] Medrol Dosepak is a corticosteroid medication used to treat inflammation (swelling), among other conditions.

immediate assistance. Paramedics at the fire station attempted to resuscitate Patient A, but they were unsuccessful. On or about September 15, 2021, at approximately 12:44 a.m., Patient A was pronounced dead.

22. On or about September 17, 2021, an autopsy was performed. According to the autopsy report, the cause of Patient A's death was "sequelae of small bowel perforation due to intraoperative injury of small bowel." The anatomic summary stated the following:

I. Status post liposuction and abdominoplasty.

II. Peritonitis.

A. Approximately 500 cc of brown fluid stool in the abdominal cavity.

B. A pair of perforating defects to the duodenum, each measuring 2 mm, located 1.5 cm apart.

23. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

A. During Patient A's liposuction procedure, Respondent perforated Patient A's small bowel.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

24. Respondent has subjected his Physician's and Surgeon's Certificate No. A 52635 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 Patient A, as more particularly alleged hereinafter:

25. Paragraphs 10 through 23, above, are hereby incorporated by reference and realleged as if fully set forth herein.

26. Respondent committed repeated negligent acts in his care and treatment of Patient A, which included, but were not limited to, the following:

A. During Patient A's liposuction procedure, Respondent perforated Patient A's small bowel.

B. Respondent failed to document the formulation of the tumescent fluid used during the liposuction surgery on Patient A, specifically the amount of lidocaine contained in the tumescent fluid, as required by California Code of Regulations, title 16, section 1356.6.

C. Respondent failed to document the volume of fat contained in the lipoaspirate extracted during the liposuction surgery on Patient A, as required by California Code of Regulations, title 16, section 1356.6.

D. Respondent failed to administer a second dose of intravenous antibiotics to Patient A after four hours of surgery time.

E. Respondent prescribed oral antibiotics (Keflex) to Patient A for post-operative use without indication.

F. Respondent prescribed steroids (Medrol DosePak) to Patient A for post-operative use without indication.

G. Respondent failed to document a consultation note regarding his encounter with Patient A on or about April 23, 2021, at Latina MedSpa.

H. Respondent failed to complete and sign the Deep Vein Thrombosis (DVT) Prophylaxis Orders form.

I. Respondent failed to recommend post-operative iron supplementation to Patient A, notwithstanding Patient A's pre-operative test results indicating iron deficiency, the volume of blood loss during the surgery, and the known decrease of hemoglobin levels associated with liposuction procedures.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

27. Respondent has subjected his Physician's and Surgeon's Certificate No. A 52635 to disciplinary action under sections 2227 and 2234 of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 10 through 23, 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. A 52635, issued to Respondent Angel Hernan Gomez-Garcia, M.D.;

2. Revoking, suspending or denying approval of Respondent Angel Hernan Gomez-Garcia, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Angel Hernan Gomez-Garcia, 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. Taking such other and further action as deemed necessary and proper.

DATED: MAY 02 2024

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

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Exhibit B

Accusation No. 800-2022-086604

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

In the Matter of the Accusation Against: **Angel Hernan Gomez-Garcia, M.D.** **3531 Federal Avenue** **Los Angeles, CA 90066** **Physician's and Surgeon's Certificate No. A 52635,** Respondent.	Case No. 800-2022-086604 **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 December 8, 1993, the Board issued Physician's and Surgeon's Certificate No. A 52635 to Angel Hernan Gomez-Garcia, 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, 2025, 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 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

5. Section 2227 of the Code states:

> (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.
>
> . . .

6. Section 2234 of the Code states:

> 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:
>
> . . .
>
> (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.

. . .

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.

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 52635 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A, as more particularly alleged hereinafter:[1]

10. On or about February 2, 2021, Patient A had an initial consultation with Respondent at the Beverly Surgery Center in Los Angeles, California. Respondent prepared a History and Physical Note for this consultation visit, which he signed and dated the same day. The History and Physical Note was handwritten by Respondent, substantially illegible, and sparse.

11. In the Chief Complaint/History of Present Illness section, Respondent wrote: "I want BBL."[2] In the Past Medical History section, Respondent circled "No" for past heart murmurs and "No" for past artificial joint. He also noted "G3/P3" to indicate that Patient A had three kids. However, Respondent did not document any other past medical history, including any past surgical history. Respondent noted Patient A's vital signs, including her weight, but he did not

[1] References to "Patient A" herein are used to protect patient privacy.

[2] "BBL" is the acronym for "Brazilian Butt Lift," which is a surgical procedure to enlarge the buttocks that involves harvesting fat using liposuction and then transferring the fat to the subcutaneous fat layer of the buttocks.

note her height or BMI. In the Physical Examination section, Respondent checked off normal skin on physical examination, however, he did not note any scars on Patient A. No other physical examinations were documented, including any examination of the heart, lungs, abdomen, flanks, or back. In the Diagnosis and Plan sections, Respondent's diagnosis was abdominal lumbar lipodystrophy and his plan was liposuction of the abdomen and back, with fat transfer to the buttocks. Respondent did not document any informed consent discussion with Patient A regarding the planned procedures.

12. The same day, on or about February 2, 2021, Patient A completed a Pre-Anesthesia Information form. In the Operations section, the form asked what operations she had in the past and if she experienced any complications. Patient A wrote in Spanish: "apendise," followed by "de una ernia en el obligo[.]"[3]

13. Importantly, the History and Physical Note completed by Respondent failed to note or reference any prior appendectomy, abdominal scar resulting therefrom, prior hernias, or any abdominal examinations performed by Respondent to assess the presence of hernias.

14. On or about March 15, 2021, Patient A saw a primary care physician to obtain clearance for the surgery. Patient A was diagnosed with type 2 diabetes mellitus and noted to be on metformin, and her ECG and labs were normal. Patient A was cleared for surgery.

15. On or about the morning of March 23, 2021, Patient A underwent surgery with Respondent at the Beverly Surgery Center. The procedures performed included liposuction of the abdomen and back, and fat transfer to the buttocks. A total of 5.8 liters of aspirate was extracted, with 5.5 liters of tumescent fluid infused. A total of 2400 cc of fat was transferred to the buttocks, with 1200 cc transferred to each buttock. Respondent noted that Patient A tolerated the procedure very well and went to the recovery room in good and stable condition. At approximately 12:50 p.m., Patient A was discharged home in satisfactory condition.

16. On or about the day of surgery, at approximately 6:25 a.m., an attending nurse completed a Pre-Operative Nursing Assessment form. The Prior Surgeries section of the form included the following notation: "Umbilical Hernia, Ovarian Cysts on [right] side." At

[3] The English translation of this statement is: "appendix" and "of a hernia in the navel."

approximately 6:30 a.m., the attending anesthesiologist completed a Pre- and Post- Anesthetic Evaluation form. The Past Surgery History section of the form included the following notations: "appendectomy," "umb hernia," and "[r]ight ovarian cyst[.]"

17. The same day, on or about March 23, 2021, Patient A also completed a Consent to Procedure form and an Informed Consent to Anesthesia form, among other documents. On or about March 29, 2022, after the commencement of the Board's investigation, Respondent provided the Board with a copy of a form entitled, "Informed Consent – Fat Transfer Procedures, Fat Grafts, and Injections – BUTTOCK." The form was incomplete, it was not signed, initialed, or dated by Patient A, and it was not signed or dated by Respondent. Respondent's medical chart for Patient A did not include any such form, whether signed or otherwise.

18. Respondent completed three Operative Notes for Patient A's surgery. Two of the Operative Notes, which Respondent completed on or about the day of surgery, were handwritten and sparse. The first handwritten Operative Note included the following information: pre-operative diagnosis ("Abdominal & back lipodystrophy"), post-operative diagnosis ("same"), anesthesia ("General" checked), primary procedure performed ("liposuction of abdomen and back" and "fat transfer to buttocks"), estimated blood loss ("moderate"), specimen ("N/A" checked), complications ("None" checked), condition to recovery ("stable"), and surgeon's notes ("tumescent fluid: 5500 cc," "aspiration fluid: 5800 cc," and "transfer fluid: 2400[,] R 1200 cc L 1200 cc"). The second handwritten Operative Note, entitled "Progress Notes – Day of Procedure," repeated the same information as the first handwritten Operative Note.

19. Approximately three months after Patient A's surgery, on or about June 15, 2021, Respondent dictated his third Operative Note, which was typewritten the following day. The typed Operative Note incorporated information from the History and Physical Note, which Respondent had completed for the initial consultation visit that took place approximately five months earlier on or about February 2, 2021. Similar to the History and Physical Note, the typed Operative Note lacked any notes or details regarding past surgical history, prior hernias, or any abdominal examinations performed to assess the presence of hernias. However, the typed Operative Note now included details that were not included in the History and Physical Note.

First, the Operative Note stated that a physical examination of the heart, lungs, and abdomen was performed. Second, the Operative Note stated: "The patient presented an abdominal scar in the right lower quadrant which was secondary to previous appendectomy like the patient said." Third, the Operative Note stated that, at the time of the consultation visit, Respondent explained the risks, complications, and benefits of the recommended procedures to Patient A, and that Patient A agreed to proceed with the surgery. It also stated that Respondent had another informed consent discussion with Patient A on the day of surgery.

20. On or about March 27, 2021, Patient A had a follow-up visit at Respondent's office. She did not see Respondent during this visit. According to the progress notes for this visit, Patient A complained of continuing pain at the level of "4/10." She was scheduled to see Respondent on or about March 31, 2021. Respondent co-signed this progress note, indicating that he read the note and spoke with the patient.

21. On or about March 31, 2021, Patient A saw Respondent for a post-operative consultation. On or about the same day, Respondent handwrote his progress notes for this visit. He noted that Patient A felt weak and had difficulty breathing, and he advised her to go to the emergency room. Respondent did not document performing any cardiac, pulmonary, or abdominal examination of Patient A.

22. Approximately six months later, on or about September 15, 2021, Respondent dictated a post-operative note for this visit, which was typewritten the following day. In the typed post-operative note, Respondent stated that, "[a]fter examination and taking the vital signs," he advised Patient A to go to the emergency room for hydration. The typed post-operative note did not specify what type of examination Respondent performed. However, during his interview with the Board's investigators, Respondent stated that he did not perform any physical examination of Patient A, including an abdominal examination. He stated, "I examined her and she was...pale so I thought that she needed hydration[.]" Respondent noted that Patient A's vital signs were otherwise normal. He believed that she was dehydrated, but not "actually in distress." No ambulance was called for Patient A during the visit.

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23. On or about the late evening of March 31, 2021, Patient A was brought by ambulance to the emergency room with complaints of weakness and abdominal pain. She was diagnosed with sepsis, perforation of the intestine, respiratory failure, and peritoneal abscess, among other conditions. A CT scan showed a "[s]mall amount of free intraperitoneal gas raising suspicion for hollow viscus perforation," possibly also "secondary to recent intra-abdominal surgery." The CT scan also showed "[l]oosely organized gas and fluid-filled collection in the right lower quadrant of the abdomen adjacent to the distal small bowel and ascending colon," as well as "[t]iny locules of subcutaneous gas along the midline of the upper anterior abdominal wall and diffuse subcutaneous stranding throughout the abdominal wall probably related to recent surgery." Patient A underwent multiple emergency procedures, including an exploratory laparotomy, enterorrhaphy of multiple perforations, colorrhaphy, drainage of peritoneal abscess, enterolysis, and extensive peritoneal irrigation and drainage. Patient A was hospitalized for the next three weeks and was discharged on or about April 21, 2021.

24. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, the following:

A. Despite the existence of abdominal scarring and possible hernia, Respondent performed liposuction on Patient A's abdomen without having any pre-operative plan in place, including, *inter alia*, an informed consent discussion with Patient A and accurate, complete, and timely documentation.

B. Respondent failed to perform and maintain an appropriate and detailed History and Physical Note prior to Patient A's surgery.

C. Respondent failed to include and detail any informed consent discussion with Patient A in his History and Physical Note dated February 2, 2021.

D. Respondent failed to dictate his Operative Note until on or about June 15, 2021, approximately three months after Patient A's surgery.

E. Respondent failed to document performing a cardiac and pulmonary examination on Patient A prior to surgery.

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F. Despite performing liposuction on Patient A's abdomen, Respondent failed to document the history or presence of hernias and scars on Patient A prior to surgery.

G. During Respondent's post-operative consultation visit with Patient A on or about March 31, 2021, Respondent failed to identify Patient A as critically ill, triage Patient A, and act in an emergent manner, and Respondent failed to accurately and timely document this visit.

H. Respondent's June 15, 2021, Operative Note was improper and inaccurate in that it included history and physical examination notes from his prior visit with Patient A occurring several months earlier, it added new notes that were never previously documented by Respondent, and it failed to include material information and assessments regarding Patient A's history and condition.

I. Respondent failed to have a complete informed consent discussion with Patient A prior to surgery.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

25. Respondent has subjected his Physician's and Surgeon's Certificate No. A 52635 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 Patient A, as more particularly alleged hereinafter:

26. Paragraphs 10 through 24, above, are hereby incorporated by reference and realleged as if fully set forth herein.

27. Respondent committed repeated negligent acts in his care and treatment of Patient A, which included, but were not limited to, the following:

A. Despite the existence of abdominal scarring and possible hernia, Respondent performed liposuction on Patient A's abdomen without having any pre-operative plan in place, including, *inter alia*, an informed consent discussion with Patient A and accurate, complete, and timely documentation.

B. Respondent failed to perform and maintain an appropriate and detailed History and Physical Note prior to Patient A's surgery.

C. Respondent failed to include and detail any informed consent discussion with Patient A in his History and Physical Note dated February 2, 2021.

D. Respondent failed to dictate his Operative Note until on or about June 15, 2021, approximately three months after Patient A's surgery.

E. Respondent failed to document performing a cardiac and pulmonary examination on Patient A prior to surgery.

F. Despite performing liposuction on Patient A's abdomen, Respondent failed to document the history or presence of hernias and scars on Patient A prior to surgery.

G. During Respondent's post-operative consultation visit with Patient A on or about March 31, 2021, Respondent failed to identify Patient A as critically ill, triage Patient A, and act in an emergent manner, and Respondent failed to accurately and timely document this visit.

H. Respondent's June 15, 2021, Operative Note was improper and inaccurate in that it included history and physical examination notes from his prior visit with Patient A occurring several months earlier, it added new notes that were never previously documented by Respondent, and it failed to include material information and assessments regarding Patient A's history and condition.

I. Respondent failed to have a complete informed consent discussion with Patient A prior to surgery.

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THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

28. Respondent has subjected his Physician's and Surgeon's Certificate No. A 52635 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 regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 10 through 24, 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. A 52635, issued to Respondent Angel Hernan Gomez-Garcia, M.D.;

2. Revoking, suspending or denying approval of Respondent Angel Hernan Gomez-Garcia, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Angel Hernan Gomez-Garcia, 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

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

DATED: MAR 0 5 2025

for

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

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