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BEFORE THE
PODIATRIC MEDICAL BOARD

DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **Norris Morrison, DPM** **High Desert Limb Salvage Institute** **18225 CA-18** **Apple Valley, CA 92307** **Doctor of Podiatric Medicine** **Certificate No. 5319,** Respondent.	Case No. 500-2023-001416; 500-2023-001418 **ACCUSATION**

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs (Board).

2. On or about October 26, 2016, the Medical Board issued Doctor of Podiatric Medicine Certificate No. 5319 to Norris Morrison, D.P.M. (Respondent). The Podiatric License was in full force and effect at all times relevant to the charges brought herein and will expire on July 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 2222 of the Code states:

> The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.
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> The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

5. 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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> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
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> (b) Gross negligence.
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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.
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> (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.
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> (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.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

(f) Any action or conduct that would have warranted the denial of a certificate.

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board no later than 30 calendar days after being notified by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

(h) Any action of the licensee, or another person acting on behalf of the licensee, intended to cause their patient or their patient's authorized representative to rescind consent to release the patient's medical records to the board or the Department of Consumer Affairs, Health Quality Investigation Unit.

(i) Dissuading, intimidating, or tampering with a patient, witness, or any person in an attempt to prevent them from reporting or testifying about a licensee.

6. 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

7. Section 2497.5 of the Code states:

(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the 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.

(e)(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 those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

8. Unprofessional conduct under Business and Professions Code section 2234 is conduct Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FACTUAL ALLEGATIONS

Patient A[1]

9. On or about May 26, 2018,[2] Patient A initially presented to Respondent, and was treated for diabetic nails, planta fasciitis,[3] and nerve pain. At that time, Patient A was a twenty-six (26) year-old female.

10. In or around June and July of 2018, Patient A had follow-up visits with Respondent, who prescribed Norco[4] for her nerve pain.

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[1] References are made to "Patient A" in order to protect patient privacy.

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

[3] Plantar fasciitis is a common, often chronic, cause of heel pain, characterized by stabbing pain on the bottom of the foot, especially during the first steps in the morning or after rest.

[4] Hydrocodone APAP (Vicodin®, Lortab® and Norco®) is a hydrocodone combination of hydrocodone bitartrate and acetaminophen which was formerly a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to Business and Professions Code section 4022. On August 22, 2014, the DEA published a final rule rescheduling hydrocodone combination products (HCPs) to schedule II of the Controlled Substances Act, which became effective October 6, 2014. Schedule II controlled substances are substances that have a currently accepted medical use in the United States, but also have a high potential for abuse, and the abuse of which may lead to severe psychological or physical dependence. When properly prescribed and indicated, it is used for the treatment of moderate to severe pain. In addition to the potential for psychological and physical dependence there is also the risk of acute liver failure which has resulted in a black box warning being issued (continued...)

11. On or about August 21, 2018, Patient A returned to Respondent complaining of plantar fasciitis and ankle plain. Respondent referred Patient A to a pain management specialist for additional care of nerve pain. Patient A was treated with oral and topical medications, night splints, and exercises for the plantar fasciitis and ankle pain.

12. On or about May 4, 2019, Patient A returned to Respondent. Respondent failed to sign the medical records for this visit until on or about August 17, 2019.

13. On or about August 24, 2019, Patient A returned to Respondent, complaining of chronic foot pain, extending to the plantar fascia, bunions, heel and arch pain. According to the medical records, a cam walker[5] was dispensed, and bunion surgery[6] was discussed. Respondent failed to sign the medical records for this visit until on or about September 23, 2019.

14. The medical records dated September 12, 2019 indicated diagnoses for Patient A, but Patient A was not seen on this date.

Patient B[7]

February 10, 2021 Visit

15. On or about February 10, 2021, Patient B, a previous patient of Respondent, returned to Respondent, with a chief complaint of Type II diabetes,[8] pain in both feet, onychomycosis[9] of

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by the Federal Drug Administration (FDA). The FDA black box warning provides that "Acetaminophen has been associated with cases of acute liver failure, at times resulting in liver transplant and death. Most of the cases of liver injury are associated with use of the acetaminophen at doses that exceed 4000 milligrams per day, and often involve more than one acetaminophen containing product."

[5] A CAM walker is an immobilization device that is used to treat a variety of lower leg injuries such as ankle fractures and severe ankle sprains.

[6] Bunion surgery (bunionectomy) treats painful big toe joint deformities by realigning bones, ligaments, and tendons, often through osteotomy (cutting /shifting bone) or arthrodesis (joint fusion).

[7] References are made to "Patient B" in order to protect patient privacy.

[8] Type 2 diabetes is a chronic condition where the body resists insulin or fails to produce enough, causing high blood sugar.

[9] Onychomycosis is a common fungal infection of the toenails, often caused by dermatophytes, which leads to thickened, discolored (white/yellow), and brittle nails. Dermatophytes are a group of specialized, filamentous fungi – primarily from the Trichophyton, Microsporum, and Epidermophyton genera – that cause superficial infections by digesting keratin in skin, hair, and nails.

toenails, diabetic foot ulcer,[10] acquired keratoderma,[11] peripheral vascular disease,[12] and knee pain. At that time, Patient B was a seventy (70) year-old female.

16. According to History and Present Illness section of the medical records, Patient B returned for treatment of a left foot ulceration, but was receiving treatment with debridement[13] and antibiotic ointment at another health care provider. The medical records stated, among other things, "She [Patient B] presented with a left foot ulceration over 6 months duration with pain and drainage from the area." The medical records also stated, among other things, "The non healing wound has failed conservative therapy including offloading and topical antibiotic cream. She [Patient B] presents for limb salvage wound care of the left foot, diabetic ulcer." The medical records also state, among other things, that there are no signs of infection to the ulcer.

17. According to the medical records, specifically, Review of Systems Section, Patient B has muscle aches, joint pain, and swelling of the extremity with numbness and tingling.

18. According to the "Physical Examination" section of the medical records, posterior tibial[14] and dorsalis pedis pulses[15] were diminished +1/4 bilateral pedal edema,[16] varicosities[17]

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[10] A diabetic foot ulcer is an open sore or wound, commonly on the bottom of the foot, affecting about 15% of people with diabetes due to neuropathy, poor circulation, and pressure.

[11] Acquired keratoderma is a non-hereditary skin condition characterized by abnormal, excessive thickening of the palms and soles, usually developing later in life.

[12] Peripheral Vascular Disease (PVD) is a slow, progressive circulation disorder caused by narrowed or blocked blood vessels outside the heart – most commonly in the legs and feet – due to atherosclerosis. Atherosclerosis is the slow silent buildup of plaque – fats, cholesterol, and calcium – within artery walls, causing them to thicken, harden, and narrow.

[13] Debridement is the medical removal of dead, damaged, or infected tissue, as well as foreign debris, from a wound to promote healing and prevent infection.

[14] Posterior tibial refers to structures located on the back of the lower leg, specifically the tibialis posterior muscle and its tendon, which are vital for supporting the arch of the foot, turning the foot inward (inversion), and aiding in pushing off while walking.

[15] Doralis pedis artery (or dorsal artery of the foot) is a major blood vessel that supplies oxygenated blood to the dorsal (top) surface of the foot.

[16] Bilateral pedal edema is the swelling of both feet and ankles caused by fluid retention (edema) in tissues, often indicating underlying systemic issues like heart failure, kidney disease, liver cirrhosis, or venous insufficiency.

(continued...)

and slow capillary refill were noted.[18] Antalgic gait[19] is also noted. In addition, tenderness of the great toe MTP,[20] first metatarsal[21] and second metatarsal[22] were indicated. Sensation was deceased at the nerves involving the ankle and foot. An abrasion and "LEFT FOOT SUB 5TH MET- HEAD DIABETIC ULCER MEASURING 3.5 X 4.2 X 2.9 CM" were noted.

19. Respondent's treatment of Patient B consisted of a membrane wrap.[23] The note under membrane wrap states that there were no signs of infection. An offloading device[24] was also dispensed. According to the medical records, the instructions were to keep the area clean and dry, monitor diet and glucose daily, follow up in one week and obtain aerobic and anerobic cultures.

20. During the February 10, 2021 visit, Respondent kissed Patient B's foot, without Patient B's consent.

21. On or about February 16, 2021, Patient B presented to Pioneers Memorial Hospital for infection and cellulitis[25] and was transferred to Desert Regional Hospital on or about February 17, 2021.

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[17] Varicosity refers to the state of veins being abnormally swollen, dilated, and twisted, often appearing as blue or dark purple bulging cords on the legs.

[18] Slow capillary refill indicates poor blood circulation (peripheral perfusion) where blood takes longer to return to tissues after pressure is applied.

[19] Antalgic gait is a painful limp characterized by a shortened stance phase on the affected leg, where the patient reduces weight-bearing time to avoid discomfort.

[20] The great toe MTP (metatarsophalangeal) joint is the critical hinge joint at the base of the big toe connecting it to the foot.

[21] The first metatarsal is the shortest, thickest, and the strongest of the five metatarsal bones in the foot, connecting the ankle to the big toe.

[22] The second metatarsal is the long bone in the midfoot connecting the second toe to the cuneiform bones, often the longest and most stable metatarsal.

[23] Membrane wrap is a human amniotic tissue allograft used as a protective covering for wounds, chronic ulcers, and surgical sites.

[24] Offloading devices are specialized footwear, casts, and orthotics designed to reduce pressure, friction, and mechanical stress on specific areas of the foot, primarily for treating diabetic foot ulcers.

[25] Cellulitis is a common, potentially serious bacterial skin infection that affects the dermis and subcutaneous tissues, causing red, hot, swollen, and tender skin.

22. On or about February 19, 2021, Dr. B.J. at Desert Regional Hospital performed an incision and drainage on Patient B. Three days later, a 5th metatarsal head resection[26] was performed on Patient B. Patient B was discharged on or about February 22, 2021.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

23. Respondent has further subjected his Podiatrist License No. 5319 to disciplinary action under section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and/or treatment of Patient A and Patient B, as more particularly alleged hereinafter.

24. Paragraphs 9 through 22, above, are hereby incorporated by reference and realleged as if fully set forth herein.

25. Respondent committed repeated negligent acts in his care and/or treatment of Patient A and Patient B, including, but not limited to:

a. Respondent failed to maintain adequate and accurate records documenting his care and/or treatment of Patient A;

a. Respondent failed to maintain adequate and accurate records documenting his care and/or treatment of Patient B; and

b. Respondent inappropriately kissed Patient B's foot, without Patient B's consent.

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[26] Fifth metatarsal head resection (or partial resection) is a surgical procedure to correct a tailor's bunion by removing the prominent bony bump on the outer side of the foot near the little toe. A tailor's bunion is a painful bony prominence on the outside of the foot at the base of the fifth (little) toe.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and/or Accurate Records)

26. Respondent has further subjected his Podiatrist License No. 5319 to disciplinary action under section 2266, of the Code, in that Respondent failed to maintain adequate and/or accurate records in his care and treatment of Patients A and B, as more particularly alleged in paragraphs 9 through 22, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

27. Respondent has further subjected his Podiatrist License No. 5319 to disciplinary action under section 2234, of the Code, in that Respondent engaged in conduct which breached the rules or ethical code of the medical profession or which was unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, in his care and treatment of Patients A and B, as more particularly alleged in paragraphs 9 through 26, 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 Podiatric Medical Board issue a decision:

1. Revoking or suspending Podiatric License No. 5319, issued to Respondent Norris Morrison, D.P.M.;

2. Ordering Respondent Norris Morrison, D.P.M. to pay the Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

3. Ordering Respondent Norris Morrison, D.P.M., if placed on probation, to pay the costs of probation monitoring; and

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

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DATED: APR 2 7 2026

BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California
Complainant