

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

In the Matter of the Second Amended
Accusation Against

Anna R. Gevorgyan, M.D.

Physician's and Surgeon's
License No. A104829

Respondent.

Case No. 800-2017-030511

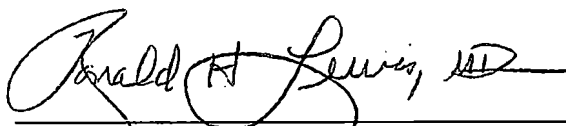
DECISION

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 October 2, 2020.

IT IS SO ORDERED: September 4, 2020.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 GIOVANNI F. MEJIA
Deputy Attorney General
4 State Bar No. 309951
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9072
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

13 In the Matter of the Second Amended
14 Accusation Against:

Case No. 800-2017-030511
OAH No. 2019050545

15 **ANNA R. GEVORGYAN, M.D.**
201 Covina Avenue #10
16 Long Beach, CA 90803-1843

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17 **Physician's and Surgeon's Certificate**
18 **No. A 104829,**

19 Respondent.

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

22 **PARTIES**

23 1. William Prasifka (Complainant) is the current Executive Director of the Medical
24 Board of California (Board). This action was previously brought by Kimberly Kirchmeyer and
25 Christine J. Lally solely in their prior official capacities as Executive Director and Interim
26 Executive Director, respectively, of the Board. Complainant is represented in this matter by
27 Xavier Becerra, Attorney General of the State of California, by Giovanni F. Mejia, Deputy
28 Attorney General.

1 production of documents; the right to reconsideration and court review of an adverse decision;
2 and all other rights accorded by the California Administrative Procedure Act and other applicable
3 laws.

4 10. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
5 every right set forth above.

6 **CULPABILITY**

7 11. Respondent agrees that, at an administrative hearing, Complainant could establish a
8 prima facie case with respect to the charges and allegations in Second Amended Accusation
9 No. 800-2017-030511, and Respondent hereby gives up her right to contest those charges.

10 12. Respondent agrees that if she ever petitions for early termination or modification of
11 probation, or if an accusation and/or petition to revoke probation is filed against her before the
12 Board, all of the charges and allegations contained in Second Amended Accusation No. 800-
13 2017-030511 shall be deemed true, correct and fully admitted by respondent for purposes of any
14 such proceeding or any other licensing proceeding involving Respondent in the State of
15 California.

16 13. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
17 discipline and she agrees to be bound by the Board's probationary terms as set forth in the
18 Disciplinary Order below.

19 **CONTINGENCY**

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

1 Respondent further agrees that should this Stipulated Settlement and Disciplinary Order be
2 rejected for any reason by the Board, Respondent will assert no claim that the Board, or any
3 member thereof, was prejudiced by review, discussion and/or consideration of this Stipulated
4 Settlement and Disciplinary Order, or of any matter or matters related hereto.

5 **ADDITIONAL PROVISIONS**

6 15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to
7 be an integrated writing representing the complete, final and exclusive embodiment of the
8 agreements of the parties in the above-entitled matter.

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

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

15 **DISCIPLINARY ORDER**

16 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 104829 issued
17 to Respondent Anna R. Gevorgyan, M.D. is revoked. However, the revocation is stayed and
18 Respondent is placed on probation for thirty-five (35) months on the following terms and
19 conditions:

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

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1 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
2 hours of CME of which 40 hours were in satisfaction of this condition.

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

12 A medical record keeping course taken after the acts that gave rise to the charges in the
13 Second Amended Accusation, but prior to the effective date of the Decision may, in the sole
14 discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the
15 course would have been approved by the Board or its designee had the course been taken after the
16 effective date of this Decision.

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
21 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
22 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
23 Respondent shall participate in and successfully complete that program. Respondent shall provide
24 any information and documents that the program may deem pertinent. Respondent shall
25 successfully complete the classroom component of the program not later than six (6) months after
26 Respondent's initial enrollment, and the longitudinal component of the program not later than the
27 time specified by the program, but no later than one (1) year after attending the classroom

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1 component. The professionalism program shall be at Respondent's expense and shall be in
2 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

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

14 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
15 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
16 name and qualifications of a replacement monitor who will be assuming that responsibility within
17 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
18 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
19 notification from the Board or its designee to cease the practice of medicine within three (3)
20 calendar days after being so notified. Respondent shall cease the practice of medicine until a
21 replacement monitor is approved and assumes monitoring responsibility.

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

27 5. PROHIBITED PRACTICE. During probation, Respondent is prohibited from holding
28 a majority interest or being a sole proprietor, partner, officer, director, or manager in any business

1 that offers elective cosmetic surgery, as defined by Business and Professions Code
2 section 2259.8, subdivision (d).

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

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

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

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

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

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

23 10. GENERAL PROBATION REQUIREMENTS.

24 Compliance with Probation Unit

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

26 Address Changes

27 Respondent shall, at all times, keep the Board informed of Respondent's business and
28 residence addresses, email address (if available), and telephone number. Changes of such

1 addresses shall be immediately communicated in writing to the Board or its designee. Under no
2 circumstances shall a post office box serve as an address of record, except as allowed by Business
3 and Professions Code section 2021, subdivision (b).

4 Place of Practice

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

8 License Renewal

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

11 Travel or Residence Outside California

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

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

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

21 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
22 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
23 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
24 defined as any period of time Respondent is not practicing medicine as defined in Business and
25 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
26 patient care, clinical activity or teaching, or other activity as approved by the Board. If
27 Respondent resides in California and is considered to be in non-practice, Respondent shall
28 comply with all terms and conditions of probation. All time spent in an intensive training program

1 which has been approved by the Board or its designee shall not be considered non-practice and
2 does not relieve Respondent from complying with all the terms and conditions of probation.
3 Practicing medicine in another state of the United States or Federal jurisdiction while on
4 probation with the medical licensing authority of that state or jurisdiction shall not be considered
5 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-
6 practice.

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

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

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

14 Periods of non-practice for a Respondent residing outside of California will relieve
15 Respondent of the responsibility to comply with the probationary terms and conditions with the
16 exception of this condition and the following terms and conditions of probation: Obey All Laws;
17 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
18 Controlled Substances; and Biological Fluid Testing..

19 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
20 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
21 completion of probation. Upon successful completion of probation, Respondent's certificate shall
22 be fully restored.

23 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
24 of probation is a violation of probation. If Respondent violates probation in any respect, the
25 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
26 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
27 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have

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1 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
2 the matter is final.

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

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

18 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a
19 new license or certification, or petition for reinstatement of a license, by any other health care
20 licensing action agency in the State of California, all of the charges and allegations contained in
21 Second Amended Accusation No. 800-2017-030511 shall be deemed to be true, correct, and
22 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
23 seeking to deny or restrict license.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney(s), Peter R. Osinoff, Esq. and/or Derek F. O'Relly-Jones, Esq. I
4 understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate.
5 I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and
6 intelligently, and agree to be bound by the Decision and Order of the Medical Board of
7 California.

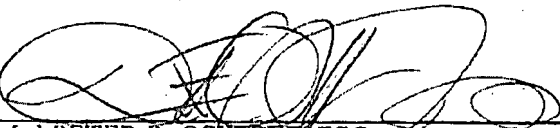
8
9 DATED: 7.3.20



ANNA R. GEVORGYAN, M.D.
Respondent

11 I have read and fully discussed with Respondent Anna R. Gevorgyan, M.D. the terms and
12 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
13 I approve its form and content.

14 DATED: 07.03.2020




 PETER R. OSINOFF, ESQ.
 DEREK F. O'RELLEY-JONES, ESQ.
Attorney for Respondent

17 ENDORSEMENT

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

20
21 DATED: 7/3/2020

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



GIOVANNI F. MEJIA
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Second Amended Accusation No. 800-2017-030511

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 GIOVANNI F. MEJIA
Deputy Attorney General
4 State Bar No. 309951
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9072
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

9

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
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14 In the Matter of the Second Amended
Accusation Against:
15 **ANNA R. GEVORGYAN, M.D.**
201 Covina Ave. #10
16 Long Beach, CA 90803
17 **Physician's and Surgeon's Certificate**
18 **No. A 104829,**
19
20 Respondent.

Case No. 800-2017-030511
OAH No. 2019050545
SECOND AMENDED ACCUSATION

21 Complainant alleges:

22 **PARTIES**

- 23 1. Christine J. Lally (complainant) brings this Second Amended Accusation solely in her
24 official capacity as the Interim Executive Director of the Medical Board of California (Board).
- 25 2. On or about July 11, 2008, the Board issued Physician's and Surgeon's Certificate
26 No. A 104829 to Anna R. Gevorgyan, M.D. (respondent). The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will
28 expire on June 30, 2020, unless renewed.

JURISDICTION

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3. This Second Amended 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 2004 of the Code states, in pertinent part:

“The board shall have the responsibility for the following:

“(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

“... ”

“(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

“(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

“... ”

5. 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.

“... ”

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

3 “...”

4 6. Section 2228 of the Code states, in pertinent parts:

5 “The authority of the board or the California Board of Podiatric Medicine to
6 discipline a licensee by placing him or her on probation includes, but is not limited to,
7 the following:

8 “(a) Requiring the licensee to obtain additional professional training and to
9 pass an examination upon the completion of the training. The examination may be
10 written or oral, or both, and may be a practical or clinical examination, or both, at the
11 option of the board or the administrative law judge.

12 “...”

13 “(c) Restricting or limiting the extent, scope, or type of practice of the licensee,
14 including requiring notice to applicable patients that the licensee is unable to perform
15 the indicated treatment, where appropriate.

16 “...”

17 7. Section 2234 of the Code, states, in pertinent parts:

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

21 “(a) Violating or attempting to violate, directly or indirectly, assisting in or
22 abetting the violation of, or conspiring to violate any provision of this chapter.

23 “...”

24 “(c) Repeated negligent acts. To be repeated, there must be two or more
25 negligent acts or omissions. An initial negligent act or omission followed by a
26 separate and distinct departure from the applicable standard of care shall constitute
27 repeated negligent acts.

28 “...”

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8. Section 2259.8 of the Code states, in pertinent parts:

“(a) Notwithstanding any other provision of law, an elective cosmetic surgery procedure may not be performed on a patient unless the patient has received, within 30 days prior to the elective cosmetic surgery procedure, and confirmed as up-to-date on the day of the procedure, an appropriate physical examination by, and written clearance for the procedure from, any of the following:

“(1) The physician and surgeon who will be performing the surgery.
“... ”

“(3) A certified nurse practitioner, in accordance with a certified nurse practitioner’s scope of practice, unless limited by protocols or a delegation agreement.

“... ”

“(b) The physical examination described in subdivision (a) shall include the taking of an appropriate medical history.

“(c) An appropriate medical history and physical examination done on the day of the procedure shall be presumed to be in compliance with subdivisions (a) and (b).

“(d) ‘Elective cosmetic surgery’ means an elective surgery that is performed to alter or reshape normal structures of the body in order to improve the patient’s appearance, including, but not limited to, liposuction and elective facial cosmetic surgery.

“... ”

9. Section 2264 of the Code states:

“The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct.”

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- 1 G. There were no vital signs recorded during or after the surgery.
- 2 H. On or about August 4, 2016, Patient A returned to respondent's office.
- 3 Patient A had a seroma in the lower abdomen which was confirmed with ultrasound.
- 4 The patient's medical records kept at respondent's clinic did not clearly show whether
- 5 the seroma was incised and drained or aspirated, but the fluid was removed with one
- 6 of these methods and the cavity was irrigated with hydrogen peroxide.
- 7 I. Respondent committed negligent acts in her care and treatment of Patient A,
- 8 which included, but were not limited to, the following:
- 9 (1) Failing to keep track of pulse oximetry, pulse and blood pressure, and the
- 10 volumes of fluids going in and out of Patient A during the liposuction on or about
- 11 July 26, 2016.
- 12 (2) Failing to obtain and maintain a pre-operative workup of Patient A prior to and
- 13 on the day of the surgery that took place on July 26, 2016, i.e. failing to obtain and
- 14 maintain an adequate patient history and physical examination.
- 15 (3) Failing to maintain adequate and accurate records, i.e. the absence or
- 16 inadequacy of pertinent records pertaining to the surgery and recovery of Patient A.

17 Patient B

- 18 J. On or about April 27, 2017, Patient B presented to Second Street Medical Spa
- 19 (Second Street) in or around Long Beach, California. During this visit, Patient B
- 20 received treatment involving the use of one or more laser or radiofrequency devices
- 21 that was administered by at least one individual that did not hold an active medical
- 22 doctor, doctor of osteopathic medicine, nurse practitioner, physician assistant, or
- 23 registered nurse license.
- 24 K. No prior evaluation including, but not limited to, a history and physical
- 25 examination of Patient B was conducted, or documented as having been conducted,
- 26 by a duly licensed medical doctor or doctor of osteopathic medicine, or nurse
- 27 practitioner or physician assistant in accordance with his or her scope of practice, for

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any laser or radiofrequency treatment received by Patient B at Second Street on or about April 27, 2017.

L. Respondent failed to maintain medical records for any treatment received by Patient B at Second Street on or about April 27, 2017.

M. On or about May 24, 2017, Patient B presented to respondent at Bixby. Among other things, respondent documented in a progress note for Patient B's May 24, 2017 visit that Patient B was being seen after multiple complaints for the treatment rendered at Second Street on or about April 27, 2017.

N. On at least one occasion at or subsequent to Patient B's May 24, 2017 appointment with Respondent, Patient B received laser or radiofrequency treatment at Bixby administered by a person that was not a duly licensed medical doctor or doctor of osteopathic medicine, or a physician assistant or registered nurse practicing in accordance with his or her scope of practice.

O. On at least one occasion subsequent to Patient B's May 24, 2017 appointment with Respondent, Patient B received laser or radiofrequency treatment at Montrose Regenerative Cosmetic & Laser Center ("Montrose") in or around Montrose, California administered by a person that was not a duly licensed medical doctor or doctor of osteopathic medicine, or a physician assistant or registered nurse practicing in accordance with his or her scope of practice.

P. On at least one occasion on or subsequent to April 27, 2017, respondent failed to maintain adequate records for treatment rendered to Patient B at Second Street, Bixby or Montrose, or any combination thereof, including, but not limited to, failing to adequately document a history and physical exam prior to treatment, the date and time of a treatment, the treatment rendered, the signature and degree of the person rendering a treatment, or the type of machine being used for a laser or radiofrequency treatment with the settings and number of passes.

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Q. At all times relevant to the medical care or treatment rendered to Patient B at Second Street, respondent was an officer, director, manager or owner, or any combination thereof, of Second Street.

R. At all times relevant to the medical care or treatment rendered to Patient B at Bixby, respondent was an officer, director, manager or owner, or any combination thereof, of Bixby.

S. At all times relevant to the medical care or treatment rendered to Patient B at Montrose, respondent was an officer, director, manager or owner, or any combination thereof, of Montrose.

T. Respondent committed negligent acts in her care and treatment of Patient B including, but not limited to, the following:

(1) Permitting, or failing to take adequate steps to prevent, the administration of one or more laser or radiofrequency treatments to Patient B by persons at Second Street, Bixby or Montrose, or any combination thereof, that did not hold an active medical doctor, doctor of osteopathic medicine, registered nurse, nurse practitioner, or physician assistant license.

(2) Permitting, or failing to take adequate steps to prevent, the administration of one or more laser or radiofrequency treatments to Patient B at Second Street without prior evaluation including, but not limited to, a history and physical exam, of Patient B by a duly licensed medical doctor or doctor of osteopathic medicine, or a nurse practitioner or physician assistant in accordance with his or her scope of practice.

(3) Failing to maintain adequate and accurate records for Patient B including, but not limited to, failing to maintain records for any treatment received by Patient B at Second Street on or about April 27, 2017, and failing to maintain adequate records for Patient B's subsequent appointments at Bixby or Montrose.

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SECOND CAUSE FOR DISCIPLINE

**(Failure to Provide an Appropriate Physical Examination and
Written Clearance for the Elective Cosmetic Surgery Procedure)**

12. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 104829 to disciplinary action under sections 2227 and 2259.8, as defined by section 2234, subdivision (a), of the Code, in that Patient A or Patient B, or both, did not receive an appropriate physical examination by and written clearance from a licensed physician and surgeon, or a certified nurse practitioner or physician assistant in accordance with his or her scope of practice, within 30 days prior to an elective cosmetic surgery procedure as more particularly alleged in paragraph 11, above, which is hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

13. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 104829 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that she failed to maintain adequate and accurate records regarding her care and treatment of Patient A or Patient B, or both, as more particularly alleged in paragraph 11, above, which is hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

**(The Employing, Directly or Indirectly, the Aiding, or the Abetting of Any Unlicensed
Person to Engage in the Practice of Medicine)**

14. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 104829 to disciplinary action under sections 2227 and 2264 of the Code in that she employed, directly or indirectly, aided, or abetted one or more unlicensed persons to engage in the practice of medicine with Patient B or any other mode of treating the sick or afflicted which required a license to practice as more particularly alleged in paragraph 11, above, which is hereby incorporated by reference and realleged as if fully set forth herein.

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct)**

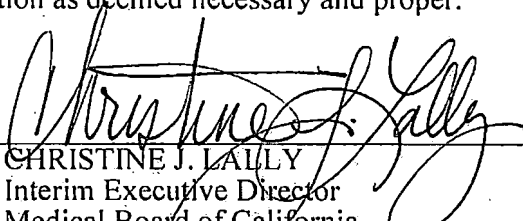
3 15. Respondent has further subjected her Physician's and Surgeon's Certificate No.
4 A 104829 to disciplinary action under sections 2227 and 2234, of the Code, in that she has
5 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct
6 which is unbecoming a member in good standing of the medical profession, and which
7 demonstrates an unfitness to practice medicine, as more particularly alleged in
8 paragraphs 11 through 14, above, which are hereby incorporated by reference and realleged as if
9 fully set forth herein.

10 **PRAYER**

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

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 104829, issued
14 to respondent Anna R. Gevorgyan, M.D.;
- 15 2. Revoking, suspending or denying approval of respondent Anna R. Gevorgyan,
16 M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and
17 advanced practice nurses;
- 18 3. Ordering respondent Anna R. Gevorgyan, M.D., to pay the Medical Board of
19 California the costs of probation monitoring, if placed on probation; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21
22 DATED: MAR 18 2020


23 CHRISTINE J. LALLY
24 Interim Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 *Complainant*