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

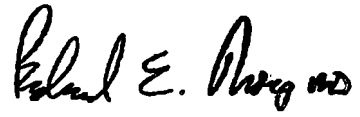
In the Matter of the Accusation Against: **Mohammed Zakhireh, M.D.** Physician's and Surgeon's Certificate No. A 61113 Respondent.	Case No. 800-2018-042087

ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN DECISION

On its own motion, the Medical Board of California (hereafter "Board") finds that there are clerical errors in the Decision of the above-entitled matter, and that such clerical errors shall be corrected.

IT IS HEREBY ORDERED that the Decision in the above-entitled matter be and is hereby amended and corrected nunc pro tunc as of the date of entry of the Order to reflect that Respondent's name is *Mohammed Zakhireh, M.D.*; the Chair of Panel B is *Richard E. Thorp, M.D.*; and the Effective Date of the Decision and Order is *November 12, 2021*.

October 15, 2021



Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Accusation Against: Mohammad Zakhireh, M.D. Physician's & Surgeon's Certificate No A 61113, Respondent.	Case No. 800-2018-042087

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 November 13, 2021.

IT IS SO ORDERED October 14, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorpe, Chair
Panel B

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
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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: MOHAMMED ZAKHIREH, M.D. Cosmetic Surgery Institute 73710 Alessandro Drive Palm Desert, CA 92260 Physician's and Surgeon's Certificate No. A 61113, Respondent.	Case No. 800-2018-042087 OAH No. 2021030952 **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. William Prasifka (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 Rebecca L. Smith, Deputy Attorney General.

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2. Mohammed Zakhireh, M.D. (Respondent) is represented in this proceeding by attorney Jeffrey G. Keane, whose address is 74770 Highway 111, Suite 201, Indian Wells, California 92210.

3. On or about October 25, 1996, the Board issued Physician's and Surgeon's Certificate No. A 61113 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. 800-2018-042087, and will expire on August 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-042087 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 24, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-042087 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-042087. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-042087, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. 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. 800-2018-042087, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 61113 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the imposition of discipline by the Board 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.

13. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 61113 issued to Respondent Mohammed Zakhireh, M.D., M.D. is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4), with the following attendant terms and conditions.

A. PUBLIC REPRIMAND.

This Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient 1 as set forth in Accusation No. 800-2018-042087, is as follows:

> In 2015, you committed acts constituting negligence and a failure to maintain adequate and accurate medical records in violation of Business and Professions Code sections 2234, subdivision (c), and 2266, in your care and treatment of Patient 1, by failing to properly document the initial consultation with the patient and by failing to conduct and/or document an appropriate patient consent for surgery.

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

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

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

If Respondent fails to enroll, participate in, or successfully complete the medical record keeping course 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. Respondent shall not resume the practice of medicine until enrollment or participation in the medical record keeping course has been completed. Failure to successfully complete the medical record keeping course outlined above shall constitute unprofessional conduct and is grounds for further disciplinary action.

ACCEPTANCE

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

DATED: 8/2/21

MOHAMMED ZAKHIREH, M.D.
Respondent

I have read and fully discussed with Respondent Mohammed Zakhireh, 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: 8.2.21

JEFFREY G. KEANE
Attorney for Respondent

ENDORSEMENT

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

DATED: August 4, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-042087

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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:	Case No. 800-2018-042087
MOHAMMED ZAKHIREH, M.D. Cosmetic Surgery Institute 73710 Alessandro Drive Palm Desert, CA 92260 Physician's and Surgeon's Certificate No. A 61113, Respondent.	**A C C U S A T I O N**

PARTIES

1. William Prasifka (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 October 25, 1996, the Board issued Physician's and Surgeon's Certificate Number A 61113 to Mohammed Zakhireh, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2021, unless renewed.

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JURISDICTION

3. This Accusation is brought before the Board under the authority of the following provisions of the California Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(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.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

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.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

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:

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(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. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

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.

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FACTUAL SUMMARY

8. On May 14, 2015, Patient 1,[1] a 52-year-old female, presented to Respondent, a plastic surgeon, for a breast augmentation consultation. She was noted to have previously had implants placed submuscularly and sought a reduction and lift. Respondent noted that the patient's bra size was 36DD and that she did not have a history of breast cancer. Upon examination of the patient's breasts, Respondent noted bilateral ptotic hypermastia (excessive enlargement) without palpable masses. His plan was a mastopexy (breast lift) to balance out the patient's body to possibly a C cup.

9. On May 24, 2015, Patient 1 e-mailed a picture of breasts to Respondent's patient coordinator, B.B. Patient 1 stated that the picture depicted the surgical results that her husband wanted and that her husband was also interested in the breast being rounded on the top. Patient 1 stated that the size she wanted, as previously discussed, was a C+ or D-. Patient 1 requested that B.B. provide the picture to Respondent.

10. On May 26, 2015, B.B. e-mailed Patient 1 confirmation that she would share the picture with Respondent. On May 28, 2015, Patient 1 e-mailed B.B. thanking her for showing the picture to Respondent and again stated that she would like her breasts size reduced from DD to a C + or D-.

11. In the summary of Patient 1's care and treatment that Respondent provided to the Board, he stated that after Patient 1 e-mailed the breast picture and expressed her breast size wishes, Respondent explained to the patient that she had abundant breast tissue, her implants were small and to put any size of implants back in, even the smallest 200 cc implants, would make her a full D. Respondent further stated to the Board that he advised Patient 1 that he would size her on the table during surgery and his primary goal, with or without implants, would be to attempt to achieve the look of the picture the patient provided. Respondent also claimed that the patient agreed that if he could achieve the results without implants, she would prefer not to have foreign material in her breasts. He further claimed that the patient again reiterated that she did

[1] For privacy purposes, the patient in this Accusation is referred to as Patient 1, with the identity of the patient disclosed to Respondent in discovery.

not want to be any bigger than the breasts depicted in the picture she had provided. This discussion was not documented in Patient 1's medical records.

12. Patient 1 filled out a Health Questionnaire, dated June 24, 2015, listing her current medications: Plaquenil (an autoimmune disease medication), Amitriptyline (antidepressant), Synthroid (hypothyroid medication), and Temazepam (sleep aid). She denied being a current or former smoker and noted that she is allergic to penicillin and Sulfa.

13. On June 25, 2015, Patient 1 executed an authorization for surgery for removal and replacement of old implants with silicone as well as breast augmentation/reduction/lift.

14. The consent form signed by the patient does not reference the patient's desired breast size or the option of not replacing the patient's old implants at the time of the removal surgery. That same day, the patient was given a quote for surgery which included the cost of silicone implants and mastopexy/augmentation. The patient paid for the surgery and implants.

15. On June 27, 2015, Respondent was provided a note from family practitioner, Dr. K.B., that stated that Patient 1 was cleared for surgery.

16. In an e-mail to Respondent's patient coordinator, B.B., dated July 8, 2015, Patient 1 stated that she had follow up questions regarding her upcoming July 24, 2015 surgery, including a request to let Respondent know that Patient 1 decided on a D size for her implants, as a C cup would be "too much of a letdown for [her]."

17. On July 20, 2015, Patient 1 again e-mailed the photo previously emailed for shape and indicated that she was excited about her upcoming surgery.

18. On July 24, 2015, Respondent documented that he performed a physical examination. He noted that Patient 1 had ptotic hypermastia for which he proposed the explant of her bilateral breast implants, capsulectomy versus capsulotomy,[2] replace silicone implants and mastopexy. He noted that the patient had been medically cleared for surgery by Dr. K.B. There is no documentation of any discussions regarding the patient's desired breast size or the option of not replacing the patient's old implants at the time of the removal surgery.

[2] Capsulectomy is the surgical removal of scar tissue or capsule that has become thickened and hardened around a breast implant. In a capsulotomy, the capsule is opened and is partially removed or released to create more space for the implant.

19. On July 24, 2015, Respondent removed Patient 1's saline 300 cc implants and performed a mastopexy. In his operative report, Respondent noted he did not place new implants because the patient had adequate breast tissue to achieve the result she had expressed prior to surgery. Specifically, Respondent stated "[t]he patient wants to have the implants removed and wants to be a C cup after mastopexy to balance her body." He further noted that the implant capsules were left in place due to concerns about blood supply to the nipple areolar complexes. Drains were not placed during the procedure. One gram of Ancef (an antibiotic) was administered during the procedure.

20. In the summary of care Respondent provided to the Board, he stated that the patient was informed in recovery that implants were not placed and that she was pleased. This was not documented in the patient's medical records.[3]

21. On July 25, 2015, Respondent noted that he spoke with Patient 1 via telephone and reviewed photographs of the patient's breasts sent to him which showed excellent healing. Respondent also noted that Patient 1 complained that she was beginning to feel pain around the breasts. She was instructed to medicate ahead of pain and take pain medication routinely for 1 to 3 days. She was told that she could shower and should return to see Respondent on July 27th.

22. On August 4, 2015, Respondent noted that the patient had "excellent healing" and instructed her to return in 4 weeks or as needed.

23. On August 19, 2015, Respondent noted that the patient "looks great." A residual stitch was removed. At that visit, the patient was instructed to return in one month.

24. On August 26, 2015, the patient e-mailed Respondent stating that her left breast had some draining over the last few days and she was concerned about infection. She requested to see Respondent.

25. Respondent saw Patient 1 the following morning, August 27, 2015, at which time Respondent noted that the patient had a left inframammary fold (IMF) T-junction opening of 2

[3] As of September 17, 2015, when Patient 1 was seen in the Wound Care Clinic at Eisenhower Medical Center, she reported that she had new implants placed on July 24, 2015. On September 29, 2015, Respondent reimbursed Patient 1 for the implants that were not placed during the July 24, 2015 surgery.

centimeters and a right nipple areola complex, one-half centimeter opening at 6 o'clock. She also had bilateral lower erythema. The wounds and her nostrils were cultured to rule out Methicillin-resistant staphylococcus aureus (MRSA). Patient 1 was given antibiotics (Ciprofloxacin and Doxycycline).

26. On August 31, 2015, Respondent received the patient's culture results. The right and left breasts grew out beta hemolytic streptococcus sensitive to Penicillin and Ampicillin. The culture from her nose grew out heavy Klebsiella. Upon examination, Respondent noted that the patient's IMFs were still inflamed and draining serosanguineous fluid. Respondent recommended removing the capsule. Patient 1 executed a consent for bilateral breast capsulectomy versus capsulotomy and drain placement. That same day, Respondent performed an incision and drainage of bilateral seroma pockets with bilateral capsulectomy. Respondent noted that there was no evidence of infection or inflammation. Seroma inside the capsules was drained. Bilateral formal capsulectomy was performed. Drains were placed and Ciproflacillin, an antibiotic, was given during the procedure. Following the procedure, the patient was transferred to the recovery room in stable condition.

27. On September 8, 2015, Respondent removed the patient's four drains. He noted that the patient was healing well with no signs or symptoms of infection. Sterile gauze was placed over the drain sites. The patient was instructed to rest, keep arm motion to a minimum and return in a week.

28. On September 11, 2015, Respondent noted that the patient was in the care of infectious disease specialists, Drs. V.P. and S.P., who had started the patient on intravenous antibiotic, Rocephin, that day for onset of redness and warmth on the distal bilateral breasts.

29. Patient 1 presented to Respondent on October 1, 2015. Upon examination, Respondent noted that the breasts were clean, dry and symmetric with no erythema. Patient 1 complained of pain and Respondent prescribed pain medication to address her complaints. Patient 1 told Respondent that she was still flushing the left IMF as instructed by the wound clinic. Respondent advised the patient to discontinue the flushing as fluid was being pushed into the pocket preventing healing. Respondent instructed Patient 1 to place Vaseline gauze on the

IMF and return in one week. Patient 1 had no further care and treatment by Respondent. Patient 1 continued her wound care treatment with Dr. V.P. By October 15, 2015, Dr. V.P. noted that the patient's local infection of the skin and subcutaneous tissue was improving and she was instructed to return as needed.

30. Patient 1 eventually underwent placement of 500 cc silicone implants by another plastic surgeon, Dr. M.S.[4]

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

31. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he engaged in repeated acts of negligence in the care and treatment of Patient 1. The circumstances are as follows:

32. Complainant refers to and, by this reference, incorporates herein, paragraphs 8 through 30, above, as though fully set forth herein.

33. The standard of care requires that a physician maintain accurate, legible, timely, and complete medical records regarding patient evaluation, physical examination, assessment and plan, therapy, and follow-up.

34. At the time of Respondent's initial consultation with Patient 1, he failed to document the different options discussed with the patient as well as her breast augmentation preferences. Respondent noted "C cup" in Patient 1's chart, which implies a reduction in breast size either by placing smaller implants or not placing implants at all. The different options discussed with the patient as well as her choice should have been included in the records. The patient sent several e-mails to Respondent's office regarding breast size. Respondent stated to the Board that after he received the patient's exemplar picture and size requests, he discussed breast size with the patient as well as the possibility of not placing implants at the time of her surgery. There is no documentation of any such discussions. This is a simple departure from the standard of care.

35. When recommending a surgical procedure, the standard of care requires that a physician discuss the risks and benefits of the proposed procedure, as well as possible alternative

[4] The implants were 200 cc larger than the saline ones removed by Respondent.

courses of treatment. An important option that must be discussed when performing cosmetic procedures is to "Do Nothing." The discussions should be documented in the patient's medical records.

36. Respondent failed to conduct and/or document an appropriate patient consent for surgery. Respondent stated that he was able to achieve the patient's aesthetic goal during the surgery without the placement of implants and chose not to insert the implants during the operation. There is no documentation of preoperative discussions with the patient about her aesthetic goals other than his plan to balance out the patient's body to possibly a C cup. Respondent should have discussed the patient's aesthetic goals with her and whether those goals included breast implants. The patient paid for the implants prior to the surgery. The consent executed by the patient was for the removal and replacement of implants. If the patient was consented for the possibility of not placing implants, the consent should have reflected the "possible" placement of implants. This would have documented the preoperative discussion with the patient and her understanding of the decision process. There was no documentation of Respondent's post operative discussion with the patient regarding implants not being placed.

37. Respondent's acts and/or omissions as set forth in 8 through 36, above, whether proven individually, jointly, or in any combination thereof, constitute repeated acts of negligence pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate Records)

38. Respondent's license is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate records concerning the care and treatment of Patient 1. The circumstances are as follows:

39. Complainant refers to and, by this reference, incorporates Paragraphs 8 through 37, above, as though set forth fully 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 Number A 61113, issued to Mohammed Zakhireh, M.D.;

2. Revoking, suspending or denying approval of Mohammed Zakhireh, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Mohammed Zakhireh, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: FEB 24 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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