

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

In the Matter of the Accusation
Against:

Celeste Lim Amaya, M.D.

Physician's and Surgeon's
Certificate No. A 68073

Respondent.

Case No. 800-2018-048061

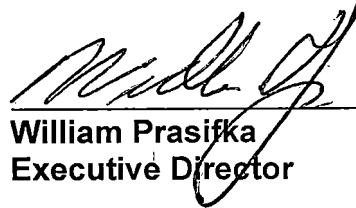
DECISION

The attached Stipulated Surrender of License and 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 11, 2021.

IT IS SO ORDERED November 4, 2021.

MEDICAL BOARD OF CALIFORNIA



William Prasifka
Executive Director

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 WENDY WIDLUS
Deputy Attorney General
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8

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

13 In the Matter of the Accusation Against:

14 CELESTE LIM AMAYA, M.D.

15 74000 County Club Drive, Suite J-1
16 Palm Desert, CA 92660

17 Physician's and Surgeon's Certificate A 68073,
18 Respondent.

Case No. 800-2018-048061

OAH No. 2021040189

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

19
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 Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Wendy Widlus, Deputy
26 Attorney General.

27 2. Celeste Lim Amaya, M.D. (Respondent) is represented in this proceeding by attorney
28 Arthur J. Travieso, whose address is: Rallo Travieso, A Law Corporation, 400 North

1 Tustin Avenue, Suite 340, Santa Ana, CA 92705.

2 3. On April 16, 1999, the Board issued Physician's and Surgeon's Certificate No. A
3 68073 to Celeste Lim Amaya, M.D. (Respondent). That license was in full force and effect at all
4 times relevant to the charges brought in Accusation No. 800-2018-048061 and will expire on
5 October 31, 2022, unless renewed.

6 **JURISDICTION**

7 4. Accusation No. 800-2018-048061 was filed before the Board and is currently pending
8 against Respondent. The Accusation and all other statutorily required documents were properly
9 served on Respondent on March, 2021. Respondent timely filed her Notice of Defense contesting
10 the Accusation. A copy of Accusation No. 800-2018-048061 is attached as Exhibit A and is
11 incorporated by reference.

12 **ADVISEMENT AND WAIVERS**

13 5. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2018-048061. Respondent also has carefully read,
15 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License
16 and Order.

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

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

25 **CULPABILITY**

26 8. Respondent understands that the charges and allegations in Accusation No. 800-2018-
27 048061, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and
28 Surgeon's Certificate.

1 \$133,000 and proof of payment of full restitution to patient [REDACTED] (or, in the event of her
2 demise, to her estate) will be submitted to the Medical Board of California for Medical Board of
3 California review of same prior to Respondent filing a Petition for Reinstatement with the
4 Medical Board of California.

5 15. If the above conditions are met, the Medical Board of California will agree pursuant
6 to California Business and Professions Code section 2307 (b)(1) that Respondent may apply for
7 reinstatement in two years, rather than the minimum three years the statute references.

8 16. In consideration of the foregoing admissions and stipulations, the parties agree that
9 the Board may, without further notice or formal proceeding, pursuant to Business and Professions
10 Code section 2224 (b), issue and enter the following Order:

11 **ORDER**

12 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 68073,
13 issued to Respondent Celeste Lim Amaya, M.D., is surrendered and accepted by the Board.

14 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the
15 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
16 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
17 of Respondent's license history with the Board.

18 2. Respondent shall lose all rights and privileges as a medical doctor in California as of
19 the effective date of the Board's Decision and Order.

20 3. Respondent shall cause to be delivered to the Board her pocket license and, if one was
21 issued, her wall certificate on or before the effective date of the Decision and Order.

22 4. If Respondent ever files an application for licensure or a petition for reinstatement in
23 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must
24 comply with all the laws, regulations and procedures for reinstatement of a revoked or
25 surrendered license in effect at the time the petition is filed, and all of the charges and allegations
26 contained in Accusation No. 800-2018-048061 shall be deemed to be true, correct and admitted by
27 Respondent when the Board determines whether to grant or deny the petition.

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DATED: October 21, 2021

Respectfully submitted,
ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Wendy Widlus
WENDY WIDLUS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-048061

1 XAVIER BECERRA
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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2018-048061

13 **Celeste Lim Amaya, M.D.**
14 **74000 Country Club Drive**
Suite J-1
Palm Desert, CA 92660

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 68073,**

17 Respondent.

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21 **PARTIES**

22 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
23 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
24 (Board).

25 2. On or about April 16, 1999, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 68073 to Celeste Lim Amaya, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on October 31, 2022, unless renewed.

1 **JURISDICTION**

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper.

9 5. Section 2234 of the Code, states:

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

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

14 (b) Gross negligence.

15 (c) Repeated negligent acts. To be repeated, there must be two or more
16 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.

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

19 (2) When the standard of care requires a change in the diagnosis, act, or
20 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
21 licensee's conduct departs from the applicable standard of care, each departure
constitutes a separate and distinct breach of the standard of care.

22 (d) Incompetence.

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

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

26 (g) The failure by a certificate holder, in the absence of good cause, to attend
27 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.

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1 **FACTUAL ALLEGATIONS**

2 6. The Board received a report of suspected dependent adult/elder abuse from the
3 Riverside County Department of Social Services Adult Protective Services (DSSAPS) which
4 stated Respondent borrowed more than \$140,000 from 93 year old Patient 1,¹ and refused to
5 repay Patient 1.

6 7. The Board referred the matter to the Division of Investigation Health Quality
7 Investigation Unit (HQIU) for investigation. The HQIU investigator (Investigator) conducted
8 interviews with Patient 1 and other witnesses, obtained certified medical records for Patient 1,
9 bank records and emails between Patient 1, Respondent, and Respondent's husband, and
10 interviewed Respondent regarding the allegations.

11 8. On August 11, 2019, the Investigator interviewed Patient 1 at her home. Patient 1
12 told the Investigator she began seeing Respondent in approximately 2002 or 2003. Patient 1 told
13 the Investigator she had a very good relationship with Respondent and was close to both
14 Respondent and Respondent's husband. Patient 1 told the Investigator that Respondent would
15 come by Patient 1's home to visit with her.

16 9. Patient 1 told the Investigator that in March 2014, Respondent came to Patient 1 and
17 asked to borrow \$30,000. Respondent did not explain why she needed to borrow the money.
18 Patient 1 wrote a check for \$30,000 for Respondent and Respondent paid Patient 1 back the
19 following month.

20 10. Patient 1 told the Investigator that in September of 2014, Respondent asked to borrow
21 \$50,000 and Patient 1 lent Respondent \$50,000 in cash. Patient 1 stated that this was a loan
22 which Respondent agreed to repay.

23 11. Patient 1 told the Investigator that in December of 2014, Respondent asked Patient 1
24 to borrow \$50,000. Patient 1 agreed to loan Respondent \$50,000 and wrote Respondent a check
25 for that amount.

26 12. Patient 1 told the Investigator that in February or March of 2015, Respondent asked
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28 ¹ Numbers are used to refer to the name of the patient and letters are used to refer to witnesses to protect
privacy rights. The names will be provided to Respondent upon written request for discovery.

1 Patient 1 to lend her \$30,000. Patient 1 agreed to loan Respondent \$30,000 and wrote a check to
2 Respondent for that amount.

3 13. The following month, Respondent asked Patient 1 for another \$30,000 loan. Patient 1
4 told Respondent that she would only be able to lend her \$10,000, as Patient 1's savings were
5 becoming low, and Patient 1 wrote Respondent a check for \$10,000.

6 14. Patient 1 told the Investigator that she contacted Respondent multiple times about
7 getting her money back. Respondent responded with various excuses about why she could not
8 yet pay Patient 1 back.

9 15. Respondent's husband sent Patient 1 emails to explain why Respondent could not
10 afford to pay Patient 1 back yet.

11 16. At the end of the interview Patient 1 told the Investigator she had not spoken to
12 Respondent in approximately six months. Patient 1 told the Investigator Respondent had repaid
13 approximately \$3,000 of the \$140,000 Patient 1 loaned to her.

14 17. During the interview, Patient 1 provided the Investigator with a ledger which showed
15 the dates, amounts, and method of disbursement of the loans she made to Respondent.

16 18. The ledger revealed that on September 26, 2015, Patient 1 wrote check number 1021
17 to Respondent for a loan in the amount of \$50,000.

18 19. The ledger showed that in November 2015, Patient 1 loaned Respondent \$50,000 in
19 cash.

20 20. The ledger showed that on December 28, 2015, Patient 1 wrote check number 1022 to
21 Respondent for a loan in the amount of \$30,000.

22 21. Patient 1 provided the Investigator with a copy of a check written out to Respondent
23 from Patient 1 for a loan in the amount of \$30,000 dated December 28, 2015. The information
24 from Patient 1 showed that Patient 1 had loaned Respondent a total of \$130,000 by the end of
25 2015.

26 22. Patient 1 wrote a \$10,000 check from her Merrill Lynch account in March 2016, for a
27 loan in the amount of \$10,000.

28 23. Patient 1 loaned Respondent a total of \$140,000 by the end of March 2016.

1 24. Patient 1's ledger revealed that on October 28, 2016, Respondent repaid Patient 1
2 \$5,000, and repaid \$500 on November 24, 2016, which left the loan repayment balance at
3 \$134,500.

4 25. Patient 1's ledger revealed Respondent made the following loan payments: on
5 September 7, 2017, Respondent wrote Patient 1 a check in the amount of \$300; on September 16,
6 2017, Respondent wrote Patient 1 a check in the amount of \$300.00; on September 27, 2017,
7 Respondent wrote Patient 1 a check in the amount of \$300.00; on October 10, 2017, Respondent
8 wrote Patient 1 a check in the amount of \$300.00; on October 20, 2017, Respondent wrote Patient
9 1 a check in the amount of \$300.00; on November 21, 2017, Respondent wrote Patient 1 a check
10 in the amount of \$300.00; on January 15, 2018, Respondent wrote Patient 1 a check in the amount
11 of \$300.00; on January 24, 2018, Respondent wrote Patient 1 a check in the amount of \$500.00;
12 and on March 10, 2018, Respondent wrote Patient 1 a check in the amount of \$300.00. These
13 repayments totaled \$2,900 of the \$140,000 Patient 1 loaned to Respondent which left a balance of
14 \$131,600 still due and owing to Patient 1.

15 26. On October 15, 2019, the Investigator identified a potential witness who had
16 submitted the complaint to the Board regarding Respondent's conduct. Witness A told the
17 Investigator Patient 1 complained to Witness A's mother about Respondent's conduct. Witness
18 A's mother works at the country club at which Patient 1 is a member.

19 27. On October 16, 2019, the Investigator went to the country club and interviewed
20 Witness A's mother, Witness B. Witness B stated she had been employed as the accounts
21 receivable supervisor at the country club since 1992, and met Patient 1 when she was first hired.
22 In early 2000 Witness B's friendship with Patient 1 grew closer. Witness B keeps in contact with
23 Patient 1 daily, and sees her about once a week in person to check on her because of Patient 1's
24 advanced age.

25 28. Witness B told the Investigator that in 2015 she noticed that Patient 1 was showing
26 signs of stress. Patient 1 made little comments to Witness B about Respondent not paying Patient
27 1 back. Witness B told the Investigator she did not feel comfortable asking Patient 1 for more
28 details because it seemed to upset Patient 1 to talk about it. After six months passed, Witness B

1 finally asked Patient 1 what was going on.

2 29. Patient 1 explained to Witness B that Respondent asked to borrow money every now
3 and then and Patient 1 would write her a check for money. Patient 1 told Witness B Respondent
4 had borrowed over \$140,000 and was refusing to pay her back. Witness B became upset and told
5 Patient 1 she needed to tell the police. Patient 1 refused to notify the police because she said she
6 did not want to get involved with the court system.

7 30. Witness B shared this information with her daughter, Witness A, who is a health care
8 professional, and Witness A decided to file a complaint with the Board on behalf of Patient 1.

9 31. On or about December 16, 2019, the Investigator received Patient 1's certified
10 medical records which confirm Respondent's doctor/patient relationship. Multiple visits by
11 Patient 1 to Respondent appeared to begin May 16, 2014, prior to the first check written by
12 Patient 1 to Respondent in September 2015.

13 32. On or about May 11, 2020, the Investigator conducted a phone interview with
14 Respondent during which Respondent confirmed she provided medical care and treatment to
15 Patient 1.

16 33. Respondent stated Patient 1 first became her patient in 2001. Respondent stated she
17 saw Patient 1 frequently as Patient 1 often would make five to ten appointments a year.
18 Respondent stated she also made home visits to patients in her practice as some patients cannot
19 get out to see her.

20 34. Respondent stated she no longer had a relationship with Patient 1 and last saw Patient
21 1 on February 10, 2017, for a regular appointment. Respondent stated Patient 1 started to
22 "harass" Respondent and her husband, Miguel, who is Respondent's office manager, after Patient
23 1's last appointment.

24 35. When the Investigator asked if Respondent had ever asked to borrow money from
25 Patient 1 Respondent stated "not me." Respondent said her husband spoke to Patient 1 regarding
26 payment for administering IV² fluids to Patient 1's dog. Respondent stated her husband knows

27 _____
28 ² "IV" is the abbreviation for an intravenous device used to deliver electrolyte solutions, medicines, and
nutrients.

1 Patient 1 personally as well as from his work as Respondent's practice manager. Respondent
2 stated her husband would help Patient 1 around the house and take care of Patient 1's dog.

3 36. Respondent stated she offered to help with Patient 1's dog's IV because both
4 Respondent and her husband had administered IV's to their own pets. Respondent said once her
5 husband asked Patient 1 to reimburse him for helping with the dog's IV, Patient 1 changed, did
6 not want to talk to her husband anymore, and threatened Respondent.

7 37. Respondent stated she did not give as much attention to other patients regarding
8 issues unrelated to healthcare as both she and her husband did to Patient 1. The Investigator
9 asked Respondent why she felt she had to help Patient 1 with things other than healthcare.
10 Respondent stated neither she nor her husband had a grandmother.

11 38. Respondent stated she is not sure why Patient 1 would say she loaned money to
12 Respondent or her husband and that Patient 1 is lying about that. The Investigator then asked
13 Respondent about the email correspondence between Respondent, her husband, and Patient 1
14 regarding repaying Patient 1, refinancing a house and cashing out equity. Respondent said she
15 was not sure what the email correspondence was and to contact her husband about it.

16 39. The Investigator read an email from Respondent to Patient 1 which said, "I can't wait
17 to be able to give you back what you so generously gave." Respondent said the email was written
18 from her to her husband and not to Patient 1. The Investigator told Respondent the email started
19 with "Dear Ms. [Patient 1]" but Respondent insisted she wrote the email to her husband.

20 40. Respondent told the Investigator she had never tried to refinance a house or sell a
21 house because she does not know how to do it. The Investigator asked Respondent about another
22 property she owned with regard to the refinancing. Respondent stated she did not know anything
23 about that and her husband had that information.

24 41. On or about June 19, 2020, the Investigator conducted a phone interview with Patient
25 1. During that interview Patient 1 stated she made four total payments to Respondent as follows:
26 one payment in late 2014, and three separate payments in 2015. These payment amounts were as
27 follows: \$50,000, \$50,000, \$30,000 and \$10,000.

28 42. Patient 1 said Respondent and her husband came over three or four times. Patient 1

1 said Respondent's husband may have done a few things for Patient 1 around her home but none
2 of the things he did were close to being worth \$140,000.

3 43. The Investigator asked what Respondent and her husband did for Patient 1's dog.
4 Patient 1 stated Respondent's husband and Respondent came over to Patient 1's home
5 approximately four times to give her dog IV fluids. Patient 1 stated her veterinarian's office girl
6 would come over to give the IV fluids, but she paid every single time for that. The Investigator
7 asked Patient 1 if Respondent, her husband, or Patient 1 brought up payment for giving the dog
8 IVs and Patient 1 said it was Respondent. Patient 1 stated Respondent came to her and asked to
9 borrow money and it was Respondent who would receive the checks.

10 STANDARD OF CARE

11 44. Business and Professions Code section 2234, subdivision (e), defines unprofessional
12 conduct as conduct which includes but is not limited to the commission of any act involving
13 dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a
14 physician and surgeon.

15 45. The American Medical Association Code of Medical Ethics provides guidelines
16 regarding the standard of care for physicians to whom a patient offers a gift:

17 Patient-Physician Relationships

18 The practice of medicine, and its embodiment in the clinical encounter
19 between a patient and a physician, is fundamentally a moral activity that arises from
20 the imperative to care for patients and to alleviate suffering. The relationship between
21 a patient and a physician is based on trust, which gives rise to physicians' ethical
22 responsibility to place patients' welfare above the physician's own self-interest or
23 obligations to others, to use sound medical judgment on patients' behalf, and to
24 advocate for their patients' welfare. . .

25 Physicians to whom a patient offers a gift should:

26 (a) Be sensitive to the gift's value relative to the patient's or physician's means.
27 Physicians should decline gifts that are disproportionately or inappropriately large, or
28 when the physician would be uncomfortable to have colleagues know the gift had
been accepted

46. The standard of care for physicians is violated when a physician who solicits loans
from an elderly patient fails to reimburse the loan.

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Departures from the Standard of Care

47. Respondent demonstrated an extreme departure from the standard of care in her care and treatment of Patient 1 when she solicited loans totaling \$170,000 from Patient 1 over a three-year period and repaid only \$38,400.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

(Bus. & Prof. Code, § 2234, subd. (b))

48. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that Respondent was grossly negligent when she solicited loans of \$170,000 from Patient 1 throughout her care and treatment of Patient 1. The allegations contained in paragraphs 6 through 47, inclusive above, are incorporated herein by reference as if fully set forth.

SECOND CAUSE FOR DISCIPLINE

(Dishonest or Corrupt Acts)

(Bus. & Prof. Code, § 2234, subd. (e))

49. Respondent is subject to disciplinary action under section 2234, subdivision (e), of the Code in that she committed dishonest and corrupt practices in the care and treatment of Patient 1. The allegations contained in paragraphs 6 through 47, inclusive, are incorporated herein by reference as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

(Bus. & Prof. Code, § 2234)

50. Respondent is subject to disciplinary action under section 2234 of the Code in that she committed general unprofessional conduct. The circumstances are as follows:

51. The facts and circumstances set forth in paragraphs 6 through 49 are incorporated by reference as if set forth in full 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:

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1. Revoking or suspending Physician's and Surgeon's Certificate Number A 68073, issued to Celeste Lim Amaya, M.D.;
2. Revoking, suspending or denying approval of Celeste Lim Amaya, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Celeste Lim Amaya, M.D., if placed on probation, to pay the Board the costs of probation monitoring;
4. Ordering Celeste Lim Amaya, M.D. to pay full restitution to Patient 1 for monies due and owing; and
5. Taking such other and further action as deemed necessary and proper.

DATED: MAR 11 2021



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

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