

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

In the Matter of the Accusation
Against:

Alfred Bernard Johnson, M.D.

Physician's and Surgeon's
Certificate No. G 88950

Respondent.

Case No.: 800-2018-047469

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 December 24, 2021.

IT IS SO ORDERED: November 24, 2021.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 SARAH J. JACOBS
Deputy Attorney General
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7 *Attorneys for Complainant*

8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
11
12

13 In the Matter of the Accusation Against:

14 **ALFRED BERNARD JOHNSON, M.D.**
15 **315 Mercy Avenue, Suite 400**
Merced, CA 95340

16 **Physician's and Surgeon's Certificate No. G**
17 **88950**

18 Respondent.

Case No. 800-2018-047469

OAH No. 2020110634

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

19
20 In the interest of a prompt and speedy settlement of this matter, consistent with the public
21 interest and the responsibility of the Medical Board of California of the Department of Consumer
22 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
23 which will be submitted to the Board for approval and adoption as the final disposition of the
24 Accusation.

25 **PARTIES**

26 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
27 California (Board). He brought this action solely in his official capacity and is represented in this
28

1 matter by Rob Bonta, Attorney General of the State of California, by Sarah J. Jacobs, Deputy
2 Attorney General.

3 2. Respondent Alfred Bernard Johnson, M.D. (Respondent) is represented in this
4 proceeding by attorney Gregory Abrams, whose address is: 6045 Shirley Drive, Oakland, CA
5 94611.

6 3. On or about June 1, 2011, the Board issued Physician's and Surgeon's Certificate No.
7 G 88950 to Alfred Bernard Johnson, M.D. (Respondent). The Physician's and Surgeon's
8 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
9 No. 800-2018-047469, and will expire on December 31, 2022, unless renewed.

10 **JURISDICTION**

11 4. Accusation No. 800-2018-047469 was filed before the Board, and is currently
12 pending against Respondent. The Accusation and all other statutorily required documents were
13 properly served on Respondent on September 18, 2020. Respondent timely filed his Notice of
14 Defense contesting the Accusation.

15 5. A copy of Accusation No. 800-2018-047469 is attached as Exhibit A and
16 incorporated herein by reference.

17 **ADVISEMENT AND WAIVERS**

18 6. Respondent has carefully read, fully discussed with counsel, and understands the
19 charges and allegations in Accusation No. 800-2018-047469. Respondent has also carefully read,
20 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
21 Disciplinary Order.

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

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

3 **CULPABILITY**

4 9. Respondent does not contest that, at an administrative hearing, complainant could
5 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
6 2018-047469, a true and correct copy of which is attached hereto as Exhibit A, and that he has
7 thereby subjected his Physician's and Surgeon's Certificate, No. G 88950 to disciplinary action.

8 10. Respondent agrees that if he ever petitions for early termination or modification of
9 probation, or if an accusation and/or petition to revoke probation is filed against him before the
10 Board, all of the charges and allegations contained in Accusation No. 800-2016-020833 shall be
11 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
12 any other licensing proceeding involving respondent in the State of California.

13 11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
14 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
15 Disciplinary Order below.

16 **CONTINGENCY**

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

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 88950 issued
9 to Respondent Alfred Bernard Johnson, M.D. is revoked. However, the revocation is stayed and
10 Respondent is placed on probation for four (4) years on the following terms and conditions:

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

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

25 Respondent shall submit a certification of successful completion to the Board or its
26 designee not later than 15 calendar days after successfully completing the course, or not later than
27 15 calendar days after the effective date of the Decision, whichever is later.

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

10 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
11 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
12 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
13 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
14 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
15 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
16 signed statement for approval by the Board or its designee.

17 Within 60 calendar days of the effective date of this Decision, and continuing throughout
18 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
19 make all records available for immediate inspection and copying on the premises by the monitor
20 at all times during business hours and shall retain the records for the entire term of probation.

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

26 The monitor(s) shall submit a quarterly written report to the Board or its designee which
27 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
28 are within the standards of practice of medicine, and whether Respondent is practicing medicine

1 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
2 that the monitor submits the quarterly written reports to the Board or its designee within 10
3 calendar days after the end of the preceding quarter.

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
6 name and qualifications of a replacement monitor who will be assuming that responsibility within
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
9 notification from the Board or its designee to cease the practice of medicine within three (3)
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a
11 replacement monitor is approved and assumes monitoring responsibility.

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

17 3. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
18 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
19 where: 1) Respondent merely shares office space with another physician but is not affiliated for
20 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
21 location.

22 If Respondent fails to establish a practice with another physician or secure employment in
23 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
24 Respondent shall receive a notification from the Board or its designee to cease the practice of
25 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
26 practice until an appropriate practice setting is established.

27 If, during the course of the probation, the Respondent's practice setting changes and the
28 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent

1 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
2 If Respondent fails to establish a practice with another physician or secure employment in an
3 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
4 shall receive a notification from the Board or its designee to cease the practice of medicine within
5 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
6 appropriate practice setting is established.

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

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

16 5. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
17 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
18 advanced practice nurses.

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

22 7. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
23 under penalty of perjury on forms provided by the Board, stating whether there has been
24 compliance with all the conditions of probation.

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

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1 8. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

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

4 Address Changes

5 Respondent shall, at all times, keep the Board informed of Respondent's business and
6 residence addresses, email address (if available), and telephone number. Changes of such
7 addresses shall be immediately communicated in writing to the Board or its designee. Under no
8 circumstances shall a post office box serve as an address of record, except as allowed by Business
9 and Professions Code section 2021, subdivision (b).

10 Place of Practice

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

14 License Renewal

15 Respondent shall maintain a current and renewed California physician's and surgeon's
16 license.

17 Travel or Residence Outside California

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

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

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

27 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

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

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

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

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

25 11. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. Upon successful completion of probation, Respondent's certificate shall
28 be fully restored.

1 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
2 of probation is a violation of probation. If Respondent violates probation in any respect, the
3 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
4 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
5 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
6 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
7 the matter is final.

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

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

23 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
24 a new license or certification, or petition for reinstatement of a license, by any other health care
25 licensing action agency in the State of California, all of the charges and allegations contained in
26 Accusation No. 800-2018-047469 shall be deemed to be true, correct, and admitted by
27 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
28 restrict license.


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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Gregory Abrams. 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: 7/15/2021 
ALFRED BERNARD JOHNSON, M.D.
Respondent

I have read and fully discussed with Respondent Alfred Bernard Johnson, 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: 7/15/2021 
GREGORY ABRAMS
Attorney for Respondent

ENDORSEMENT

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

DATED: 7/16/2021


Respectfully submitted,
ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

SARAH J. JACOBS
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2018-047469

1 XAVIER BECERRA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 SARAH J. JACOBS
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2018-047469

13 **Alfred Bernard Johnson, M.D.**
14 **315 Mercy Avenue, Suite 400**
Merced, CA 95340

ACCUSATION

15 **Physician's and Surgeon's Certificate**
16 **No. G 88950,**

17 Respondent.

18
19 **PARTIES**

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

23 2. On or about June 1, 2011, the Medical Board issued Physician's and Surgeon's
24 Certificate No. G 88950 to Alfred Bernard Johnson, M.D. (Respondent). Physician's and
25 Surgeon's Certificate No. G 88950 was in full force and effect at all times relevant to the charges
26 brought herein and will expire on December 31, 2020, unless renewed.

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JURISDICTION

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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 states, in pertinent part:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

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

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22 5. Section 2234 of the Code, states, in pertinent part:

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

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

28 (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

1 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

2 licensee's conduct departs from the applicable standard of care, each departure
3 constitutes a separate and distinct breach of the standard of care.

....

4 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
5 adequate and accurate records relating to the provision of services to their patients constitutes
6 unprofessional conduct.

7 **FIRST CAUSE FOR DISCIPLINE**
8 **(Gross Negligence)**

9 7. Respondent has subjected his Physician's and Surgeon's Certificate No. G 88950 to
10 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
11 the Code, in that he committed gross negligence in his care and treatment of Patient A,¹ as more
12 particularly alleged hereafter:

13 8. On or about June 23, 2018, Patient A, a 38-year old paraplegic male, presented to the
14 hospital with emesis and black, tarry stools. On or about June 24, 2018, the patient underwent an
15 esophagogastroduodenoscopy, a procedure that examines the esophagus, stomach and first
16 portion of the duodenum (small intestine) using a long flexible tube with a camera. The
17 procedure showed a nonbleeding duodenal ulcer in the duodenal bulb. On or about June 26,
18 2018, Patient A was discharged.

19 9. On or about June 27, 2018, Patient A returned to the hospital with a recurrence of the
20 gastrointestinal bleed and hemodynamic instability, or abnormal or unstable blood pressure. His
21 symptoms included hematemesis, vomiting blood. On or about the same day, Respondent
22 provided a surgical consult. His plan was for a robotic truncal vagotomy, a surgical operation in
23 which one or more branches of the vagus nerve are cut, and then a pyloroplasty, a surgical
24 procedure to widen the opening in the pylorus, or the lower part of the stomach.

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28 ¹ Letters are used to protect the patients' privacy. Respondent is aware of the patients' identities.

1 10. On or about June 27, 2018, Respondent performed the planned surgeries. His
2 documented intraoperative findings included numerous dark blood clots in the stomach. There
3 were no complications noted for the procedures.

4 11. On post-operative day three, Patient A developed tachycardia, acute abdominal pain,
5 an elevated white blood cell count (WBC), and fever. On or about June 30, 2018, a CT scan of
6 Patient A's abdomen showed a large pneumoperitoneum, presence of air or gas in the abdominal
7 cavity, possibly indicating perforation.

8 12. On or about June 30, 2018, another physician performed a diagnostic laparotomy on
9 Patient A. The physician noted a five to six millimeter (mm) dehiscence, a surgical complication
10 where the ends of a wound no longer meet at the pyloroplasty line. During this procedure, the
11 pyloroplasty was oversewn with a Graham patch² repair. Patient A had post-operative acute
12 respiratory failure requiring intubation, and was sent to the Intensive Care Unit (ICU).

13 13. From on or about July 1, 2018 through July 8, 2018, Patient A had pneumonia. He
14 underwent multiple bronchoscopies, wherein a scope was inserted into the lungs through the nose
15 or mouth to treat blockages; his left lung completely collapsed.

16 14. On or about July 5, 2018, Patient A was extubated.

17 15. On or about July 8, 2018, Patient A started bleeding again. Respondent performed an
18 exploratory laparotomy on Patient A due to the bleeding duodenal ulcer and hemodynamic
19 changes. He performed an antrectomy, surgical removal of the antrum of the stomach and a
20 Billroth II gastrojejunostomy.³ In his operative report, Respondent noted "a large vessel at the
21 posterior aspect of the ulcer bed within the duodenal bulb, which was densely adherent to the
22 head of the pancreas."

23 16. From on or about July 8, 2018 through July 14, 2018, Patient A continued to recover
24 in the hospital. On or about July 14, 2018, Patient A's operative drains were draining bilious
25 material, suggesting a possible enteric leak of the duodenal bulb. On or about the same day,
26

27 ² A Graham patch is a surgical technique that is used to close duodenal perforations.

28 ³ A Billroth II gastrojejunostomy is the partial removal of the stomach where the greater
curvature of the stomach is connected to the first part of the jejunum in an end-to-end
anastomosis.

1 another physician performed another exploratory laparotomy on Patient A to repair a perforation
2 and oversee the duodenal ulcer. The physician found a leak in the proximal duodenal suture line
3 from the surgery on July 8, 2018.

4 17. From on or about July 14, 2018 through July 30, 2018, Patient A suffered post-
5 operative complications that included line sepsis and clostridium difficile. On or about July 30,
6 2018, Patient A was discharged to a long-term acute care facility.

7 18. Respondent committed gross negligence in his care and treatment of Patient A which
8 includes, but is not limited to, the following:

9 a. Respondent failed to properly identify and address Patient A's life-threatening
10 ongoing and future risk of gastrointestinal hemorrhage; and

11 b. Respondent inappropriately opted for a robotic approach for the initial
12 vagotomy and pyloroplasty which led to the dehiscence at the pyloroplasty line.

13 **SECOND CAUSE FOR DISCIPLINE**
14 **(Repeated Negligent Acts)**

15 19. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
16 88950 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
17 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
18 treatment of Patients A, B, and C, as more particularly alleged hereafter:

19 **Patient A**

20 20. Paragraphs 8 through 19, above, are hereby incorporated by reference and re-alleged
21 as if fully set forth herein.

22 **Patient B**

23 21. On or about June 13, 2018, Patient B, a 57-year old female, presented to the
24 emergency department for abdominal pain and nausea. Patient B had a history of surgical hernia
25 repair, hypertension, and pulmonary embolism. A CT scan of her abdomen and pelvis showed
26 pronounced small bowel distention, suggesting a small bowel obstruction. Patient B was
27 admitted to the hospital for further treatment.

28

1 22. On or about June 13, 2018, Respondent examined Patient B for a surgical consult. He
2 noted that Patient B had an open Roux-en-Y gastric bypass in the past with some complications in
3 the immediate post-operative period. Patient B had recovered and was fine for a number of years
4 until she received blunt trauma to the abdomen in a car accident. Following the accident, Patient
5 B noticed that her abdomen was swelling. Respondent documented that the abdominal CT scan
6 showed a small bowel obstruction and a large recurrent ventral hernia. His plan was to perform a
7 robotic ventral hernia repair.

8 23. From on or about June 14, 2018 through June 17, 2018, Patient B was monitored at
9 the hospital. The medication prescribed to treat her pulmonary embolism was discontinued and
10 she was placed on IV fluids and clear liquids.

11 24. On or about June 18, 2018, Respondent performed the planned surgery. In his
12 operative report, he noted a 15 x 10 centimeter (cm) midline fascial defect. He also documented
13 that the transverse colon was densely incarcerated and that there were multiple adhesions or scar
14 tissues between the omentum, small bowel, and anterior abdominal wall. Respondent dissected
15 the adhesions using robotic shears and electrocautery. He identified the fascial defect, found
16 additional loops of transverse colon that were incarcerated within the fascial defect, then released
17 the colon from the skin of the anterior abdominal wall. Respondent tried to start fascial closure,
18 but due to difficulties, decided to convert the procedure from robotic to open. Following the
19 procedure, Patient B was transferred to the Post-Anesthesia Care Unit.

20 25. From on or about June 19, 2018 through June 22, 2018, Patient B had a relatively
21 uneventful recovery in the hospital. Respondent cleared her for discharge and Patient B left the
22 hospital on or about June 22, 2018.

23 26. One week later, on or about June 29, 2018, Patient B returned to the hospital. She
24 complained of generalized abdominal pain, nausea, vomiting, diarrhea and chills for two days. A
25 CT scan of her abdomen taken that day showed increasing distention of the small bowel loops in
26 the left abdomen, consistent with a small bowel obstruction with fecalization of intraluminal
27 contents suggesting a high-grade closed loop obstruction. The CT scan also showed two small
28 subcutaneous fluid collections near the surgical incision and a larger intraperitoneal collection,

1 possibly a hematoma⁴ and/or abscess. Patient B was admitted to the hospital for further
2 treatment.

3 27. On or about June 29, 2018, Respondent saw Patient B in the hospital. He noted the
4 CT scan findings and his plan was for conservative treatment through fluid hydration, analgesics
5 and clear liquids.

6 28. From on or about June 30, 2018 through July 4, 2018, Patient B continued to get
7 better. On or about July 4, 2018, another abdominal CT scan showed two fluid collection areas
8 that appeared to be seromas⁵ or hematomas. On or about the same day, 190 milliliters (mL) of
9 fluid were removed by CT-guided needle placement along the left anterior aspect of the lower
10 abdomen and pelvis. Patient B was discharged from the hospital on or about the same day.

11 29. Twelve days later, on or about July 16, 2018, Patient B returned to the hospital. She
12 complained of three days of abdominal pain and chills. An abdominal CT scan showed a post-
13 procedural intra-abdominal abscess. Patient B was admitted to the hospital on or about the same
14 day.

15 30. On or about July 17, 2018, Patient B underwent a procedure in which a drainage
16 catheter was placed in the abdominal wall fluid collection with CT guidance. Approximately 60
17 mL of fluid was removed and sent to the lab.

18 31. On or about July 18, 2018, Respondent saw Patient B in the hospital. He noted no
19 evidence of obstruction or intra-abdominal fluid and a normal WBC. He wrote that Patient B was
20 cleared for discharge once the catheter was discontinued by radiology.

21 32. Respondent committed a negligent act in his care and treatment of Patient B which
22 includes, but is not limited to, opting for a robotic approach for a semi-urgent hernia repair given
23 Respondent's inexperience with robotic techniques.

24 Patient C

25 33. On or about May 31, 2018, Patient C, a 58-year old female, presented to the hospital
26 with increasing abdominal pain and swelling. She had a significant surgical history of an
27

28 ⁴ A hematoma is localized bleeding outside of blood vessels.

⁵ A seroma is a collection of fluid that builds up under the skin's surface.

1 umbilical hernia repair approximately 15 years prior and reported worsening pain. An abdominal
2 CT scan showed a large left peri-umbilical hernia containing a long segment of non-obstructed
3 small bowel. Patient C was admitted to the hospital for further treatment.

4 34. On or about May 31, 2018, Respondent evaluated Patient C. Respondent scheduled
5 Patient C for a robotic ventral hernia repair the next morning. On about the same day, Patient C
6 received cardiac clearance for surgery.

7 35. On or about June 1, 2018, Respondent performed the surgical procedure on Patient C.
8 In his operative report, he noted a seven centimeter left peri-umbilical fascial defect with
9 extensive incarceration of the omentum and dense omental adhesions to the anterior abdominal
10 wall surrounding the defect. Respondent took down the adhesions using endoscopic scissors and
11 electrocautery. He reduced the omentum from the defect, closed the defect with sutures, and
12 placed mesh in the peritoneal cavity.

13 36. Following the procedure, Patient C had an unremarkable post-operative recovery, and
14 was discharged from the hospital on or about June 2, 2018.

15 37. On or about June 28, 2018, Patient C returned to the hospital. She complained of skin
16 warmth, redness, swelling, cough, and vomiting clear liquid. Patient C reported that she had seen
17 Respondent in his office on or about June 26, 2018. An abdominal CT scan showed a loculated
18 abscess extending deep within the mesh and intra-abdominal cavity. Patient C was admitted to
19 the hospital for further treatment.

20 38. On or about June 28, 2018, Respondent saw Patient C in the hospital. He noted that
21 Patient C had worsening pain starting the day prior and noted the CT scan results. His assessment
22 was a possible infected seroma, a collection of fluid that builds up under the surface of the skin.
23 His plan was to continue IV antibiotics and to drain the fluid.

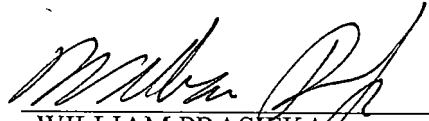
24 39. On or about June 29, 2018, Patient C refused to submit to a CT-guided abscess
25 drainage because of anxiety. She eventually agreed to a bedside aspiration which was done by
26 Respondent on or about the same day. Respondent drained approximately 100 mL of pink,
27 purulent fluid which was sent to the lab.

28

1 3. Ordering Respondent Alfred Bernard Johnson, M.D., if placed on probation, to pay
2 the Board the costs of probation monitoring; and

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

4
5 DATED: SEP 18 2020


6 WILLIAM PRASIFKA
7 Executive Director
8 Medical Board of California
9 Department of Consumer Affairs
10 State of California
11 *Complainant*

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