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

In the Matter of the Accusation Against: Glenda Darlene Goodwin, M.D. Physician's and Surgeon's Certificate No. A 71660 Respondent.	Case No.: 800-2019-061872

DECISION

The attached Stipulated Settlement 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 March 25, 2022.

IT IS SO ORDERED: February 23, 2022.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
JOHN S. GATSCHET
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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. 800-2019-061872
GLENDA DARLENE GOODWIN, M.D. 2335 American River Drive, Suite 402 Sacramento, CA 95825-7065	OAH No. 2021030048
Physician's and Surgeon's Certificate No. A 71660	**STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**
Respondent.	

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 John S. Gatschet, Deputy Attorney General.

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2. Respondent Glenda Darlene Goodwin, M.D. ("Respondent") is represented in this proceeding by attorney Patricia H. Perry, whose address is:

Patricia H. Perry, Esq.
Bradley, Curley, Barrabee & Kowalski, P.C.
1100 Larkspur Landing Circle, Suite 350
Larkspur, CA 94939

3. On or about May 15, 2000, the Board issued Physician's and Surgeon's Certificate No. A 71660 to Respondent. The certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-061872, and will expire on October 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-061872 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 January 27, 2021. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-061872 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. 800-2019-061872. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-061872, a true and correct copy of which is attached hereto as Exhibit A, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

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

RESERVATION

12. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

13. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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

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action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

14. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2019-061872 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

15. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 71660 issued to Respondent Glenda Darlene Goodwin, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

1. **EDUCATION COURSE**. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. **MEDICAL RECORD KEEPING COURSE**. Within 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 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. **PROFESSIONALISM PROGRAM (ETHICS COURSE)**. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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A professionalism program 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 program would have been approved by the Board or its designee had the program 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 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. **MONITORING - PRACTICE/BILLING**. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent may choose to use a practice monitor to satisfy the practice monitor condition that the Board has previously approved to monitor Respondent's practice so long as the Board, in its discretion, approves the use of the prior practice monitor and the proposed practice monitor remains in good standing with the Board. Respondent shall pay all monitoring costs.

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

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

Following, the first year of probation, Respondent's practice monitor shall provide a final report to the Board indicating, in their discretion, whether Respondent is able to safely practice medicine without a practice monitor. Should the Board learn from the practice monitor that Respondent is not safe to practice medicine safely without a monitor, Respondent may be determined by the Board to be in violation of probation and the Board may take any action it deems to necessary to protect the public, including bringing a petition to revoke probation and/or extending the practice monitor condition through the length of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, 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 cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

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

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, 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 cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

Respondent may choose to select the same person to both monitor Respondent's practice, conduct in-person clinical training and clinical proctoring as set forth in the prohibited practice condition exception for laser hair removal. If Respondent chooses to use the same person, Respondent shall notify their probation monitor of that decision and the probation monitor, in their sole discretion, will determine if that person is qualified to both monitor Respondent's practice and proctor Respondent on laser hair removal techniques. The Board recognizes that use of the same person to both perform practice monitoring and proctoring in laser hair removal increases public safety by ensuring that Respondent's clinical skills comply with her charting skills.

5. **PROHIBITED PRACTICE**. During probation, Respondent is prohibited from performing cosmetic laser procedures[1], prohibited from supervising anyone performing cosmetic laser procedures and/or prohibited from directly profiting in any way from the performance of cosmetic laser procedures being done by her or someone under her supervision. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from performing cosmetic laser procedures. Any new patients must be provided this notification at the time of their initial appointment if they request a cosmetic laser procedure. This practice prohibition shall not prevent Respondent from performing laser

[1] Cosmetic Laser Procedure includes, but is not limited to, any cosmetic procedure that uses a laser to provide clinical treatment both electively and acutely. Cosmetic Laser Procedure includes ablative lasers such as the carbon dioxide laser, the erbium laser and combination systems. Cosmetic Laser Procedure also includes nonablative lasers such as IPL (Intense Pulsed Light) devices

hair removal as specifically set forth in the paragraphs entitled "Exemption to Practice Prohibition." This practice prohibition may be terminated as specifically set forth in the paragraphs entitled "Procedure for Termination of Practice Prohibition."

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

EXEMPTION TO PRACTICE PROHIBITION - Laser Hair Removal

The practice prohibition and its notifications shall not apply to cosmetic laser hair removal[2] subject to the following terms and conditions related to the exemption to the practice prohibition.

Within 60 days of the effective date of the Order and Decision, Respondent agrees to submit a training and proctoring plan to her probation monitor in order to comply with the exemption to the practice prohibition that allows for her to perform laser hair removal procedures. Respondent's failure to submit and/or receive approval from the Board for an in-person training program as set forth below within 60 days of the effective date of the Order and Decision shall result in the waiver of the Exemption to Practice Restriction by Respondent and Respondent shall not perform laser hair removal procedures as long as the practice prohibition is in place.

Respondent's training plan shall set forth a licensed physician and surgeon in good standing with the Board who is adequately trained and/or certified in laser hair removal and who will agree to provide four hours of in-person clinical instruction in laser hair removal to Respondent. The proposed clinical instruction shall include patient selection, medical record documentation, use of

[2] Cosmetic Laser Hair Removal refers to a noninvasive laser technique that uses highly concentrated light to penetrate hair follicles and inhibit further growth. It is the Board's understanding that the Respondent uses the Alma Soprano laser for this procedure and that laser device is covered by this exemption.

the hair removal laser, treatment of possible complications from the hair removal laser, and education in how the hair removal laser works. The in-person clinical training can be performed in the Respondent's clinic with the use of Respondent's equipment at the discretion of the training physician. The in-person clinical trainer can be but does not have to be the same person as the Respondent's practice monitor. The Respondent shall be responsible for paying all in-person clinical training costs.

Upon approval of Respondent's training and proctoring plan, the Board, in its sole discretion may allow Respondent to move forward with her in-person clinical training plan related to laser hair removal. Respondent shall complete the in-person clinical training within 30 days of receiving approval from the Board to move forward with her in-person laser hair removal clinical training program. Following conclusion of the four-hour training, the in-person clinical trainer shall submit a report to the Board setting forth what was taught to the Respondent, and whether Respondent successfully completed the training. Respondent shall remain solely responsible for the report to be submitted to the Board. Failure to submit the in-person clinical training report within 30 days of receiving approval from the Board to move forward with in-person training shall result in the waiver of the Exemption to Practice Restriction by Respondent and Respondent shall not perform laser hair removal procedures as long as the practice prohibition is part of her probation terms.

Following the in-person clinical training, Respondent shall schedule fifteen (15) laser hair removal procedures for the same in-person clinical training physician to proctor as Respondent performs laser hair removal. As noted above, the proctor may also serve as Respondent's practice monitor. Respondent shall inform patients that the proctoring physician is proctoring the procedure as additional training and education and obtain necessary waivers of consent from the patients for the proctor to perform their role as a clinical proctor and for the Medical Board to review patient records as necessary for the review of the clinical proctoring process. Following approval of Respondent's clinical proctor and proctoring plan, the clinical proctor shall provide reports on a quarterly basis to the Board that sets forth a brief summary of Respondent's progress on proctoring, the types of case that were proctored, and the outcomes of the proctored cases.

The clinical proctor shall notify the Board of any complications that occurred for any of the proctored cases and whether the complications are related to the Respondent's performance of the laser hair removal procedures. Respondent shall remain solely responsible for the costs of the clinical proctor and for ensuring that the clinical proctor's reports are submitted to the Board on a quarterly basis. Failure to complete the fifteen (15) proctored cases within one year from the effective date of the decision and/or ensure submission of the quarterly proctoring reports shall result in the waiver of the Exemption to Practice Restriction by Respondent and Respondent shall not perform laser hair removal procedures as long as the practice prohibition is in place.

Following the completion of fifteen (15) proctoring cases, the clinical proctor shall provide a final report to the Board detailing the training the Respondent received and whether the proctoring was completed successfully. The clinical proctor, in their sole discretion, will determine whether Respondent successfully completed or unsuccessfully completed proctoring and make a recommendation on whether Respondent should be allowed to continue performing laser hair removal as an exemption to the practice prohibition. If the Board, based on the recommendation of the proctor, determines that Respondent has successfully completed the in-person education and proctoring requirement, the exemption to the practice prohibition allowing for Respondent to perform laser hair removal shall become permanent and Respondent shall be able to perform laser hair removal through the duration of probation. If the Board, based on the recommendation of the proctor, determines the in-person education and proctoring was not successfully completed, the Board shall notify Respondent that completion of the proctoring was unsuccessful and the exemption to perform laser hair removal shall immediately terminate. Following the termination of the exemption due to unsuccessful completion, Respondent will be prohibited from performing laser hair removal as part of the practice prohibition.

PROCEDURE FOR TERMINATION OF PRACTICE PROHIBITION

Respondent may apply in writing to the Medical Board to have this practice prohibition held in abeyance during her period of probation. Before the Medical Board, in its sole discretion, determines whether to hold the Prohibited Practice term in abeyance, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee and

successfully complete the program. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The assessment will include the use and operation of cosmetic lasers. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent, after applying for permission to lift this practice restriction, fails to enroll, participate in, or successfully complete the clinical competence assessment program 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. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the

Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

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

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

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

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

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

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

10. **GENERAL PROBATION REQUIREMENTS**.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

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Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

12. **NON-PRACTICE WHILE ON PROBATION**. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month

in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; and Quarterly Declarations.

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

14. **VIOLATION OF PROBATION**. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to

Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

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

17. **FUTURE ADMISSIONS CLAUSE**. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-061872 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or 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, Patricia H. Perry. 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: 11/02/2021

GLENDA DARLENE GOODWIN, M.D.
Respondent

I have read and fully discussed with Respondent Glenda Darlene Goodwin, 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: 11/2/21

PATRICIA H. PERRY
Attorney for Respondent

ENDORSEMENT

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

DATED: 11/2/21

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

JOHN S. GATSCHET
Deputy Attorney General
Attorneys for Complainant

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Version 11.2.21 Proposed Settlement Goodwin.docx

Attachment: Accusation 800-2019-061872

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

In the Matter of the Accusation Against: **Glenda Darlene Goodwin, M.D.** **2335 American River Drive, Suite 402** **Sacramento, CA 95825-7065** **Physician's and Surgeon's Certificate No. A 71660,** Respondent.	Case No. 800-2019-061872 **ACCUSATION**

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 May 15, 2000, the Medical Board issued Physician's and Surgeon's Certificate Number A 71660 to Glenda Darlene Goodwin, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2021, unless renewed.

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JURISDICTION

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

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

5. Section 2234 of the Code, states:

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

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

7. Section 2272 of the Code states: Any advertising of the practice of medicine in which the licensee fails to use his or her own name or approved fictitious name constitutes unprofessional conduct.

8. Section 2285 of the Code states:

The use of any fictitious, false, or assumed name, or any name other than his or her own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of his or her practice without a fictitious-name permit obtained pursuant to Section 2415 constitutes unprofessional conduct. This section shall not apply to the following:

(a) Licensees who are employed by a partnership, a group, or a professional corporation that holds a fictitious name permit.

(b) Licensees who contract with, are employed by, or are on the staff of, any clinic licensed by the State Department of Health Services under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code.

(c) An outpatient surgery setting granted a certificate of accreditation from an accreditation agency approved by the medical board.

(d) Any medical school approved by the division or a faculty practice plan connected with the medical school.

9. Section 2415 of the Code states:

(a) Any physician and surgeon or any doctor of podiatric medicine, as the case may be, who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 2285 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious-name permit issued by the Division of Licensing, or, in the case of doctors of podiatric medicine, the California Board of Podiatric Medicine, under the provisions of this section.

(b) The division or the board shall issue a fictitious-name permit authorizing the holder thereof to use the name specified in the permit in connection with his, her, or its practice if the division or the board finds to its satisfaction that:

(1) The applicant or applicants or shareholders of the professional corporation hold valid and current licenses as physicians and surgeons or doctors of podiatric medicine, as the case may be.

(2) The professional practice of the applicant or applicants is wholly owned and entirely controlled by the applicant or applicants.

(3) The name under which the applicant or applicants propose to practice is not deceptive, misleading, or confusing.

(c) Each permit shall be accompanied by a notice that shall be displayed in a location readily visible to patients and staff. The notice shall be displayed at each place of business identified in the permit.

(d) This section shall not apply to licensees who contract with, are employed by, or are on the staff of, any clinic licensed by the State Department of Health Care Services under Chapter 1 (commencing with Section 1200) of Division 2 of the Health and Safety Code or any medical school approved by the division or a faculty practice plan connected with that medical school.

(e) Fictitious-name permits issued under this section shall be subject to Article 19 (commencing with Section 2421) pertaining to renewal of licenses.

(f) The division or the board may revoke or suspend any permit issued if it finds that the holder or holders of the permit are not in compliance with the provisions of this section or any regulations adopted pursuant to this section. A proceeding to revoke or suspend a fictitious-name permit shall be conducted in accordance with Section 2230 .

(g) A fictitious-name permit issued to any licensee in a sole practice is automatically revoked in the event the licensee's certificate to practice medicine or podiatric medicine is revoked.

(h) The division or the board may delegate to the executive director, or to another official of the board, its authority to review and approve applications for fictitious-name permits and to issue those permits.

(i) The California Board of Podiatric Medicine shall administer and enforce this section as to doctors of podiatric medicine and shall adopt and administer regulations specifying appropriate podiatric medical name designations.

FACTUAL ALLEGATIONS

Practice Information

10. Respondent is the Medical Director of Beyond Aesthetics, an office specializing in aesthetic medicine. Respondent advertises her practice by the name of Beyond Aesthetics.

11. The State of California, Secretary of State's database shows that Beyond Aesthetics is a professional corporation registered to another physician located in Southern California. The Medical Board of California issued a fictitious name permit for Beyond Aesthetics in Southern

California on December 31, 2015. That permit does not expire until December 31, 2021. Respondent is in no way affiliated with this practice.

12. On or about October 30, 2019, the Secretary of State's database listed Respondent as the Chief Financial and Executive Officer of "Beyond Physical Medicine & Rehabilitation".

13. The Medical Board of California issued a fictitious name permit for Beyond Physical Medicine & Rehabilitation on or about March 29, 2015. As of January 30, 2020, that permit was delinquent with an expiration date of March 31, 2015.

Patient A[1]

14. On or about April 11, 2019, Patient A presented to Beyond Aesthetics for complaints of scarring and unwanted hair. During that consultation, Patient A filled out a Health Questionnaire, as well as The Fitzpatrick Skin-Type Chart, a questionnaire used to categorize different skin types. Based on her responses, Patient A's skin type was classified as a "Type 3: Sun sensitive skin, sometimes burns, slowly tans to light brown. Example: Darker Caucasians."

15. From on or about April 30, 2019, through October 22, 2019, Patient A received four laser hair removal treatments from Respondent. During this same period, Patient A also received facials with dermaplaning from the esthetician and partner at Beyond Aesthetics.

16. The medical records for Patient A include a "Laser Treatment Record" which details: date of treatment, treatment area, hand piece, fluence, pulse duration, total energy delivered, post care instructions, notes, and the provider. The Laser Treatment Record for Patient A lists her as having Skin Type II as opposed to Skin Type III.

17. On or about November 8, 2019, Patient A presented for "Laser360" with Respondent. Prior to the treatment, Patient A was directed to cleanse her face with baby wipes and an unknown liquid. Patient A took these items to a restroom located outside of the office and used by all the tenants in the building. After returning, the esthetician put some numbing cream on Patient A's face. While Patient A's face was prepared for the procedure, Patient A signed two consent forms: "Harmony Skin Rejuvenation Consent Form" and "Harmony Pixel Consent

[1] To protect the privacy of all patients involved, patient names have not been included in this pleading. Respondent is aware of the identity of all patients referred herein.

Form". During the procedure, Patient A complained of extreme discomfort and pain. Reportedly, Respondent dismissed the discomfort as a normal level of pain for that type of treatment.

18. The medical notes for the procedure held on or about November 8, 2019, document IPL (intense pulsed light therapy) to the face at fluence 7, 1 pass at 12 ms, IPL at fluence 13, 1 pass at 12 ms, followed by iPixel fluence 800, med pulse duration, 3 passes. According to the medical notes, Patient A tolerated the treatment well. After the procedure, Respondent gave post care instructions and applied Aquaphor to Patient A's face.

19. After the treatment, Patient A felt pain and discomfort. Beginning on or about November 9, 2019, Patient A communicated her issues with the esthetician via text messaging. Patient A described her face as "oozing", "yellow" and "crusty".

20. On or about November 10, 2019, Patient A sent a photograph of her face to the esthetician to inquire whether her face looked normal. The esthetician advised Patient A to continue putting Aquaphor on her face.

21. On or about November 11, 2019, Patient A sent another photograph of her face to the esthetician. Patient A complained her face was "way worse, so swollen and painful." Patient A explained that due to her discomfort, she used a different cream (Vanicream) than what was recommended. The esthetician assured Patient A that her experience was normal. The esthetician also advised against using Vanicream.

22. On or about November 12, 2019, Patient A sent a text message to the esthetician to seek advice about continued issues with her face. Patient A stated her face was still "bubbling pretty badly." Patient A also complained of pain. Patient A asked, "It's normal to blister like this?" The esthetician replied with, "Yes dr said do not pop let it heal just apply acophor (sp) on it ice it. Dr said you should of never put vani cream might if irritated it I think it has hydroquinone in which can not be used." The esthetician then suggested Patient A return to the office the following day to ease her concerns.

23. In the evening hours on or about November 12, 2019, Patient A had a phone consultation with a dermatologist. Based on photographs, the dermatologist prescribed

valacyclovir and Keflex to cover for possible viral and bacterial infections. A further follow-up was scheduled for the following day.

24. On or about November 13, 2019, Patient A sought follow-up treatment from Respondent. Respondent noted moderate redness and pustules on Patient A's face and attributed the findings to Patient A's failure to comply with post-procedure instructions. Respondent advised a series of facials and scrubs with the esthetician, gave Patient A some make-up, provided a medical release from work, and recommended follow-up evaluation in two weeks. During this appointment, Respondent learned for the first time about Patient A's ethnic background.

25. After meeting with Respondent on or about November 13, 2019, Patient A followed up with the dermatologist she spoke with the night before. The dermatologist diagnosed Patient A with acute facial burns secondary to IPL and recommended antibiotics, antivirals, prescription topical medications and a referral to another specialist who could correct Patient A's scars.

26. On or about December 11, 2019, Respondent sought treatment from a board-certified dermatologist. Patient A discussed a treatment plan to decrease the scars left from the procedure with Respondent. That treatment plan was to last for several months.

27. On or about April 13, 2020, Respondent was interviewed by an investigator with the Division of Investigation (DOI). Respondent admitted she did not document Patient A's procedure on November 8, 2019. However, Respondent recalls speaking with Patient A to discuss the procedure and aftercare instructions. Prior to beginning the procedure, Respondent believed Patient A's background was Armenian and Caucasian. Since ethnicity is relevant to determine the appropriate degree of laser treatment, Respondent based her degree of treatment on the information she received from Patient A. Subsequent to the treatment, Respondent realized Patient A was not Armenian and Caucasian but rather Armenian and Native American. Despite this additional information, Respondent believes she treated Patient A appropriately. Respondent feels Patient A suffered complications as a result of applying Vanicream to her face, thus not following aftercare instructions. When questioned about the name Beyond Aesthetics, Respondent agreed that the corporate name for her business is Beyond Physical Medicine &

Rehabilitation. Respondent contends she filed a fictitious name permit with the city but did not realize her permit had expired with the Medical Board of California.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligence)

28. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts during the care and treatment of Patient A. The circumstances are set forth in paragraphs 14 through 27, and those paragraphs are incorporated by reference as if fully set forth herein. Additional circumstances are as follows:

29. Respondent committed the following negligent acts during the care and treatment of Patient A.

a) Failing to perform a thorough history and physical exam prior to treatment;

b) Failing to ensure the surgical site was properly cleaned prior to treatment;

c) Failing to adequately document Patient A's medical records;

d) Failing to avoid and manage laser complications.

SECOND CAUSE FOR DISCIPLINE

(Inadequate Medical Record Keeping)

30. Respondent's license is subject to disciplinary action under section 2266 of the Code in that she failed to adequately and accurately maintain medical records. The circumstances are set forth in paragraphs 14 through 27, above, which are incorporated here by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

31. Respondent's license is further subject to disciplinary action under section 2227, 2234, 2272 and 2285 of the Code in that she has engaged in conduct which breached the rules of ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 30, above, which are hereby incorporated by reference as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

32. To determine the degree of discipline, if any, to be imposed on Respondent Glenda Darlene Goodwin, M.D., Complainant alleges that on or about May 19, 2006, an Accusation was filed against Respondent resulting in a Decision which was effective on April 12, 2007, and which states that a PUBLIC REPRIMAND will be issued. Said reprimand was issued on July 8, 2008. That decision is now final and is incorporated by reference as if fully set forth herein.

33. Additionally, on or about June 12, 2015, in a prior disciplinary action titled In the Matter of the Third Amended Accusation Against Glenda Darlene Goodwin, M.D. before the Medical Board of California, in Case No. 02-2010-211071, Respondent's license was revoked, the revocation was stayed and Respondent was placed on 5 years' probation for committing gross negligence, repeated negligent acts, unprofessional conduct and failing to maintain adequate medical records. That Decision is now final and is incorporated by reference as if fully set forth herein.

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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 No. A 71660, issued to Glenda Darlene Goodwin, M.D.;

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

3. Ordering Glenda Darlene Goodwin, 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: JAN 27 2021

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

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Corrected Accusation.docx