

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

In the Matter of the First Amended  
Accusation Against:

Fombe Ndiforchu, M.D.

Physician's and Surgeon's  
Certificate No. A 26721

Respondent.

Case No. 800-2019-058350

**DECISION**

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 16, 2022.

IT IS SO ORDERED March 9, 2022.

MEDICAL BOARD OF CALIFORNIA



\_\_\_\_\_  
William Prasifka  
Executive Director

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
4 State Bar No. 179733  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
Telephone: (213) 269-6475  
6 Facsimile: (916) 731-2117  
*Attorneys for Complainant*  
7

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

11 In the Matter of the First Amended Accusation  
12 Against:

Case No. 800-2019-058350

13 FOMBE NDIFORCHU, M.D.  
14 454 East Carson Plaza Drive, Suite 110  
Carson, CA 90746

OAH No. 2022010552

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

15 Physician's and Surgeon's Certificate  
16 No. A 26721,

17 Respondent.

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

20 **PARTIES**

21 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
22 California (Board). He brought this action solely in his official capacity and is represented in this  
23 matter by Rob Bonta, Attorney General of the State of California, by Rebecca L. Smith, Deputy  
24 Attorney General.

25 2. Fombe Ndiforchu, M.D. (Respondent) is represented in this proceeding by attorneys  
26 Peter R. Osinoff and Carolyn W. Lindholm, whose address is 355 South Grand Avenue, Suite  
27 1750, Los Angeles, CA 90071-1562.

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1 CULPABILITY

2 8. Respondent understands that the charges and allegations in First Amended  
3 Accusation No. 800-2019-058350, if proven at a hearing, constitute cause for imposing discipline  
4 upon his Physician's and Surgeon's Certificate.

5 9. For the purpose of resolving the First Amended Accusation without the expense and  
6 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could  
7 establish a factual basis for the charges in the First Amended Accusation and that those charges  
8 constitute cause for discipline. Respondent hereby gives up his right to contest that cause for  
9 discipline exists based on those charges.

10 10. Respondent understands that by signing this stipulation he enables the Board to issue  
11 an order accepting the surrender of his Physician's and Surgeon's Certificate without further  
12 process.

13 CONTINGENCY

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

23 12. The parties understand and agree that Portable Document Format (PDF) and facsimile  
24 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures  
25 thereto, shall have the same force and effect as the originals.

26 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
27 the Board may, without further notice or formal proceeding, issue and enter the following Order:

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**ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 26721, issued to Respondent Fombe Ndiforchu, M.D., is surrendered and accepted by the Board.

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

2. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Board's Decision and Order.

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2019-058350 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of \$2,670.00 prior to issuance of a new or reinstated license.

6. 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 agency in the State of California, all of the charges and allegations contained in First Amended Accusation, No. 800-2019-058350 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 licensure.

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1 ACCEPTANCE


2 I have carefully read the above Stipulated Surrender of License and Order and have fully  
3 discussed it with my attorneys Peter R. Osinoff and Carolyn W. Lindholm. I understand the  
4 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this  
5 Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to  
6 be bound by the Decision and Order of the Medical Board of California.

7  
8 DATED: 3/3/2022

  
FOMBE NDIFORCHU, M.D.  
Respondent

10 I have read and fully discussed with Respondent Fombe Ndiforchu, M.D. the terms and  
11 conditions and other matters contained in this Stipulated Surrender of License and Order. I  
12 approve its form and content.

13 DATED: 3/3/2022

  
PETER R. OSINOFF  
CAROLYN W. LINDHOLM,  
Attorney for Respondent

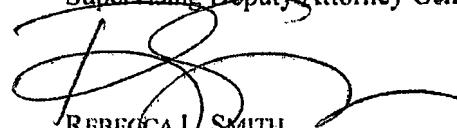
16 ENDORSEMENT

17 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
18 for consideration by the Medical Board of California of the Department of Consumer Affairs.

19 DATED: 3/4/2022

20 Respectfully submitted,

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

  
23 REBECCA L. SMITH  
24 Deputy Attorney General  
25 Attorneys for Complainant  
26

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**Exhibit A**

**First Amended Accusation No. 800-2019-058350**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 REBECCA L. SMITH  
Deputy Attorney General  
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8 **BEFORE THE**  
**MEDICAL BOARD OF CALIFORNIA**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

10  
11 In the Matter of the First Amended  
Accusation Against:

Case No. 800-2019-058350

12 **FOMBE NDIFORCHU, M.D.**  
13 **454 East Carson Plaza Drive, Suite 110**  
**Carson, CA 90746-3231**

**FIRST AMENDED ACCUSATION**

14 **Physician's and Surgeon's Certificate**  
15 **No. A 26721,**  
Respondent.

16  
17  
18 **PARTIES**

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

22 2. On or about June 23, 1975, the Board issued Physician's and Surgeon's  
23 Certificate Number A 26721 to Fombe Ndiforchu, M.D. (Respondent). That license was in full  
24 force and effect at all times relevant to the charges brought herein and will expire on January 31,  
25 2023, unless renewed.

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1 JURISDICTION

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

5 4. Section 2004 of the Code states:

6 The board shall have the responsibility for the following:

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

9 (b) The administration and hearing of disciplinary actions.

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

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

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

14 (f) Approving undergraduate and graduate medical education programs.

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

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

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

19 5. Section 2227 of the Code states:

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

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

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

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

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

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

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

9 6. Section 2234 of the Code, states:

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

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

15 (b) Gross negligence.

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

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

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

28 (d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend  
and participate in an interview by the board. This subdivision shall only apply to a  
certificate holder who is the subject of an investigation by the board.

7. Section 2266 of the Code states:

The failure of a physician and surgeon to maintain adequate and accurate  
records relating to the provision of services to their patients constitutes unprofessional  
conduct.

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1 COST RECOVERY

2 8. Business and Professions Code section 125.3 states that:

3 (a) Except as otherwise provided by law, in any order issued in resolution of a  
4 disciplinary proceeding before any board within the department or before the  
5 Osteopathic Medical Board upon request of the entity bringing the proceeding, the  
6 administrative law judge may direct a licensee found to have committed a violation or  
7 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
8 investigation and enforcement of the case.

9 (b) In the case of a disciplined licentiate that is a corporation or a partnership,  
10 the order may be made against the licensed corporate entity or licensed partnership.

11 (c) A certified copy of the actual costs, or a good faith estimate of costs where  
12 actual costs are not available, signed by the entity bringing the proceeding or its  
13 designated representative shall be prima facie evidence of reasonable costs of  
14 investigation and prosecution of the case. The costs shall include the amount of  
15 investigative and enforcement costs up to the date of the hearing, including, but not  
16 limited to, charges imposed by the Attorney General.

17 (d) The administrative law judge shall make a proposed finding of the amount  
18 of reasonable costs of investigation and prosecution of the case when requested  
19 pursuant to subdivision (a). The finding of the administrative law judge with regard  
20 to costs shall not be reviewable by the board to increase the cost award. The board  
21 may reduce or eliminate the cost award, or remand to the administrative law judge if  
22 the proposed decision fails to make a finding on costs requested pursuant to  
23 subdivision (a).

24 (e) If an order for recovery of costs is made and timely payment is not made as  
25 directed in the board's decision, the board may enforce the order for repayment in any  
26 appropriate court. This right of enforcement shall be in addition to any other rights  
27 the board may have as to any licensee to pay costs.

28 (f) In any action for recovery of costs, proof of the board's decision shall be  
conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or  
reinstate the license of any licensee who has failed to pay all of the costs ordered  
under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion,  
conditionally renew or reinstate for a maximum of one year the license of any  
licensee who demonstrates financial hardship and who enters into a formal agreement  
with the board to reimburse the board within that one-year period for the unpaid  
costs.

(h) All costs recovered under this section shall be considered a reimbursement  
for costs incurred and shall be deposited in the fund of the board recovering the costs  
to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of  
the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in

1 that board's licensing act provides for recovery of costs in an administrative  
2 disciplinary proceeding.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Gross Negligence)**

5 9. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),  
6 in that he committed gross negligence in his care and treatment of Patient 1.<sup>1</sup> The circumstances  
7 are as follows:

8 10. Patient 1, a then 12-year-old female, underwent a right salpingo-oophorectomy<sup>2</sup> in  
9 January 2016 for ovarian torsion<sup>3</sup> due to ovarian teratoma.<sup>4</sup>

10 11. On August 29, 2016 at approximately 8:00 p.m., Patient 1 presented to the emergency  
11 department at Providence Little Company of Mary Hospital with complaints of abdominal pain.  
12 She had returned from Costa Rica after traveling with her family two days earlier. She reported  
13 developing right lower quadrant abdominal pain at about 7:00 p.m. She had multiple episodes of  
14 vomiting green bile, with no blood, no diarrhea and no fevers. She was seen by emergency room  
15 physician, Dr. A.L. Upon examination, Dr. A.L. noted that there was mild tenderness to very  
16 deep palpation of the right quadrant of the patient's abdomen and that it was nondistended, with  
17 positive bowel sounds. He further noted that there was no visceromegaly, rebound or guarding.  
18 An abdominal ultrasound was interpreted as being negative. An ultrasound of the appendix  
19 revealed no sonographic evidence of acute appendicitis. The patient's laboratory studies were  
20 essentially within normal limits. A report of a CT scan of the abdomen and pelvis performed on  
21 August 30, 2016 at 1:58 a.m. revealed a collapsed/mildly thickened colon consistent with colitis.  
22 It also showed pelvic free fluid, and non-specific mild dilation of the small bowel loops in the low  
23 abdomen, containing fecal material. Dr. A.L. concluded that Patient 1 likely had colitis.<sup>5</sup> By

24 <sup>1</sup> For privacy purposes, the patient in this First Amended Accusation is referred to as Patient 1,  
25 with the identity of the patient disclosed to Respondent in discovery.

26 <sup>2</sup> Salpingo-oophorectomy is the surgical removal of an ovary and fallopian tube.

27 <sup>3</sup> Ovarian torsion is a condition occurring when the ovary or fallopian tubes twist on the tissues  
28 that support them.

<sup>4</sup> Ovarian teratoma is a dermoid cyst of the ovary, usually benign.

<sup>5</sup> Colitis is inflammation of the lining of the colon.

1 4:24 a.m., Patient 1 was noted to be comfortable, and her abdominal exam was noted to be benign  
2 at that time. She was discharged at approximately 4:34 a.m., with anti-nausea medications and  
3 instructions to drink plenty of fluids, take Tylenol and Motrin for pain, and to follow up with her  
4 primary care physician for further evaluation.

5 12. Patient 1 continued to vomit after her emergency room discharge earlier that morning  
6 and her vomit had started to turn to a darker green color. Patient 1's mother then took Patient 1  
7 to her primary care doctor's office. Given the persistent abdominal pain and emesis, Patient 1's  
8 primary care physician sent Patient 1 to the emergency department at Torrance Memorial Medical  
9 Center. Patient 1 was then admitted to Torrance Memorial Medical Center by hospitalist, Dr. J.O.  
10 for dehydration, intractable vomiting, and severe abdominal pain. A surgical consultation with  
11 Respondent was requested.

12 13. Patient 1 was seen in consultation by Respondent at 10:04 p.m. on August 30, 2016.  
13 Respondent concluded that the patient's abdominal exam was normal. He noted that the results  
14 of the CT scan from the outside facility showed "colitis," an ultrasound revealed a normal  
15 remaining ovary, and an abdominal x-ray series showed "no air-fluid levels or evidence of  
16 obstruction." Respondent did not review the actual imaging studies from Providence Little  
17 Company of Mary Hospital and did not request copies of the studies. Respondent noted that the  
18 patient's bilious emesis "suggested early viral gastroenteritis which may be viral." He  
19 recommended stool cultures, fluid resuscitation, and to advance to a clear liquid diet the  
20 following morning. Respondent did not include an intestinal obstruction in his initial differential  
21 diagnosis and he failed to recommend follow up abdominal x-rays should Patient 1 not be able to  
22 tolerate a clear liquid diet. Respondent noted that Patient 1 could be discharged to home with a  
23 possible referral to a gastroenterologist.

24 14. The standard of care requires that an initial surgical consultant perform a history and  
25 physical, and review of all laboratory and radiology studies in order to form a differential  
26 diagnosis and make recommendations. Respondent committed an extreme departure from the  
27 standard of care in performing an incomplete evaluation and failing to recognize intestinal

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1 obstruction as a potential etiology of emesis in a patient that had undergone a previous abdominal  
2 operation.

3 15. Dr. J.O. did not discharge Patient 1. Patient 1's symptoms of pain and vomiting  
4 progressed over the course of twenty-four to forty-eight hours, until the evening of September 1,  
5 2016. Respondent had seen Patient 1 at approximately 7:30 p.m. on August 31, 2016, and again  
6 the next morning at approximately 9:22 a.m. On both occasions, the patient had continued to  
7 complain of abdominal pain and Respondent noted that the patient had a benign abdominal  
8 examination.<sup>6</sup> Respondent's assessment was bilious emesis, severe dehydration, persistent emesis  
9 and sudden onset of severe abdominal pain of an undetermined etiology and that a pediatric  
10 gastroenterology consult was recommended if her symptoms persisted. On September 1, 2016,  
11 Respondent also noted that Patient 1 does not appear to have a surgical abdomen.

12 16. On September 1, 2016, Patient 1 was also seen in consultation by gastroenterologist,  
13 Dr. M.M., because of the persistent emesis. Dr. M.M.'s impression was that Patient 1 was  
14 suffering from constipation. A nasogastric tube drip of magnesium citrate was ordered along with  
15 continued round-the-clock antiemetic and as-needed Reglan.

16 17. After initiation of the magnesium citrate, the patient's abdomen became distended  
17 and she vomited most of the fluid administered. Dr. M.M. was concerned that the patient may  
18 have an obstruction. She ordered an abdominal study to be performed STAT and an upper GI  
19 study with small bowel follow through to be done the next morning. The abdominal films  
20 performed at 8:00 p.m. on September 1, 2016, revealed air fluid levels consistent with a bowel  
21 obstruction. This information resulted in a text from the hospitalist, Dr. J.O., to Respondent.  
22 Respondent testified in deposition that he received the information regarding the air fluid levels  
23 by either texts or telephone call at around 9:00 p.m. or 10:00 p.m. Despite learning the x-ray  
24 results in a patient who continued to have pain and vomiting three days after she presented with  
25 these symptoms, Respondent did not see the patient that night and concluded that the "intestinal  
26 obstruction does not mandate surgery at this time."

27 \_\_\_\_\_  
28 <sup>6</sup> On September 1, 2016, Respondent noted that "Patient does not appear to be in pain in  
spite of her complaints."

1           18. The standard of care requires that surgical consultants engage in daily in-patient  
2 follow-up, including progress notes describing examination, findings, assessment and plan, as  
3 well as communication with the primary service until there are no active surgical issues or the  
4 patient is discharged.

5           19. When Respondent was contacted by Dr. J.O. on the evening of September 1, 2016 by  
6 text and subsequently by telephone regarding a significant change in the clinical status of Patient  
7 1 with new findings of intestinal obstruction, he failed to see the patient. Respondent committed  
8 an extreme departure from the standard of care in failing to recognize a change in clinical status  
9 of a patient with an intestinal obstruction despite communication for a primary inpatient service.

10           20. The following morning, Respondent did not see Patient 1 at Torrance Memorial  
11 Hospital prior to going to another hospital to perform elective outpatient operations.

12           21. Respondent committed an extreme departure from the standard of care by failing to  
13 see Patient 1 on the morning of September 2, 2016, given the change in her clinical status  
14 overnight prior to performing outpatient elective procedures at another facility.

15           22. Mid-day on September 2, 2016, Respondent arrived at Torrance Memorial. By this  
16 time, Patient 1 had become febrile and tachycardic with abdominal distention. Given his  
17 examination of the patient and review of the previous night's x-rays, Respondent determined that  
18 Patient 1 had a small bowel obstruction and needed a laparotomy. This recommendation was  
19 made to Patient 1's parents, who declined to have Respondent operate on their daughter and  
20 requested that Dr. S.L., the surgeon who had performed the salpino-oophorectomy, be contacted.

21           23. Patient 1 was taken to the operating room on the afternoon of September 2, 2016 by  
22 Dr. S.L., assisted by Respondent. An adhesive band at the terminal ileum was found to be the  
23 etiology of the small bowel obstruction. Patient 1 was unstable during the operation and required  
24 the initiation of blood pressure support. She also sustained a significant systemic insult resulting  
25 in shock and organ failure requiring a higher level of care. She was transferred to UCLA  
26 Children's Hospital where she underwent another surgery due to decompress abdominal  
27 compartment syndrome, which required surgery to open the abdomen and place a wound vac.  
28 She had a long protracted postoperative course. She was taken to the operating room several

1 times before the abdomen was finally closed. She had an acute kidney injury which required  
2 hemofiltration. She developed a Clostridium difficile infection. She was placed on total  
3 parenteral nutrition for a period of time. She developed ischemia in two toes requiring  
4 amputation. She was ultimately discharged from UCLA three months later in November 2016.

5 24. Respondent's acts and/or omissions as set forth in paragraphs 8 through 22, above,  
6 whether proven individually, jointly, or in any combination thereof, constitute gross negligence  
7 pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

8 **SECOND CAUSE FOR DISCIPLINE**

9 **(Repeated Negligent Acts)**

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

13 26. The allegations of the First Cause for Discipline are incorporated herein by reference  
14 as if fully set forth.

15 27. Each of the alleged acts of gross negligence set forth above in the First Cause for  
16 Discipline is also a negligent act.

17 **THIRD CAUSE FOR DISCIPLINE**

18 **(Failure to Maintain Adequate and Accurate Medical Records)**

19 28. Respondent is subject to disciplinary action under section 2266 of the Code in that he  
20 failed to maintain adequate and accurate medical records for Patient 1. The circumstances are as  
21 follows:

22 29. The allegations in the First and Second Causes for Discipline above are incorporated  
23 herein by reference as if fully set forth.

24 30. Respondent failed to maintain adequate and accurate medical records for Patient 1.  
25 Respondent's progress notes fail to set forth adequate history and physical examinations as well  
26 as assessment and specific diagnoses concerning the conditions being addressed.

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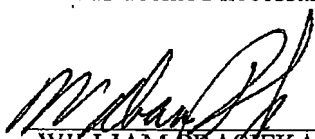
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PRAYER

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 Number A 26721, issued to Respondent Fombe Ndiforchu, M.D.;
2. Revoking, suspending or denying approval of Respondent Fombe Ndiforchu, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Fombe Ndiforchu, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: DEC 30 2021

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

LA2021601838