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

In the Matter of the Accusation Against: **Scott David Saunders, M.D.** **Physician's and Surgeon's Certificate No. G 78847** **Respondent.**	**Case No.: 800-2018-042449**

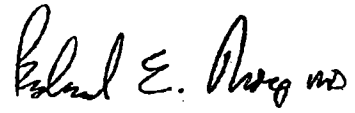
DECISION

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 April 29, 2022.

IT IS SO ORDERED: March 30, 2022.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, Chair
Panel B

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

In the Matter of the Accusation Against: SCOTT DAVID SAUNDERS, M.D. 5901 Encina Roas, Suite C3 Goleta, CA 93117 Physician's and Surgeon's Certificate No. G 78847, Respondent.	Case No. 800-2018-042449 OAH No. 2021060422 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Peggie Bradford Tarwater, Deputy Attorney General.

2. Respondent Scott David Saunders, M.D. (Respondent) is represented in this proceeding by attorney Michael D. Gonzalez, whose address is: 101 North Brand Boulevard, Suite 1880, Glendale, CA 91203.

3. On May 11, 1994, the Board issued Physician's and Surgeon's Certificate No.

G 78847 to Scott David Saunders, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-042449, and will expire on September 30, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-042449 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 March 23, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-042449 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-042449. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2018-042449.

10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the

Disciplinary Order below.

CONTINGENCY

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

12. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2018-042449 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.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

14. 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.

15. 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:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 78847 issued to Respondent SCOTT DAVID SAUNDERS, M.D. is revoked. However, the revocation is stayed, and Respondent is placed on probation for five 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 (Condition Satisfied). 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 months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the 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. MONITORING - PRACTICE. 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, 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 shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, 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 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.

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 calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring

responsibility.

The monitor 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 five 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 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 term of probation.

4. NOTIFICATION. Within seven 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.

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

6. 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.

7. 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.

8. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

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.

9. 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.

10. 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' 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 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.

11. 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.

12. 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.

13. 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.

14. 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.

15. 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. 800-2018-042449 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Michael D. Gonzalez. 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: 01-07-2022

SCOTT DAVID SAUNDERS, M.D.
Respondent

I have read and fully discussed with Respondent Scott David Saunders, 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: 1-11-22

MICHAEL D. GONZALEZ
Attorney for Respondent

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ENDORSEMENT

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

DATED: Jan. 11, 2022

Respectfully submitted,

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

Peggie B. Tarwater

Digitally signed by Peggie B. Tarwater
Date: 2022.01.11 14:09:23 -08'00'

PEGGIE BRADFORD TARWATER
Deputy Attorney General
Attorneys for Complainant

LA2020604044

Exhibit A

Accusation No. 800-2018-042449

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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: **Scott David Saunders, M.D.** **5901 Encina Road, Suite C3** **Goleta, CA 93117-2272** **Physician's and Surgeon's Certificate No. G 78847,** Respondent.	Case No. 800-2018-042449 **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 11, 1994, the Medical Board issued Physician's and Surgeon's Certificate Number G 78847 to Scott David Saunders, 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 September 30, 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 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

(f) Approving undergraduate and graduate medical education programs.

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

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

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

5. Section 2227 of the Code 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.

6. Section 2228 of the Code states:

The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by

one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

STATUTORY PROVISIONS

7. 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.

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8. 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.

FACTUAL ALLEGATIONS

9. In 2009, Respondent took over an integrative medicine practice from another physician. Patient 1[1] had a history of hepatitis C and had been receiving alternative treatments, consisting of intravenous (IV) vitamin and mineral infusions, from the practice's prior owner. Patient 1 became Respondent's patient.

10. Medical records reflect that Respondent saw Patient 1 on July 23, 2010 when she followed up with him after an emergency room visit for chest pain. Patient 1 was diagnosed with anxiety, and the plan was to continue the current treatment and to find treatment for her hepatitis.

11. Respondent saw Patient 1 through September 2017. According to Respondent, Patient 1 was also seen by a gastroenterologist; however, Respondent's records are devoid of any information relating to Patient 1's care with a gastroenterologist or any coordination of care between him and a gastroenterologist.

12. Respondent's ongoing treatment plan for Patient 1 included vitamin, mineral and protein supplements. Treatments were generally provided via IV infusion.

13. On September 20, 2012, Patient 1 told Respondent that she might seek to obtain a central line access.[2] She verbalized concern about "limited access" for the IV infusions. There is no documentation relating to a discussion of the risks or benefits of a central line.

14. From 2013 through September 30, 2015, Respondent's progress notes for Patient 1's care generally consisted of the following categories: chief complaint (CC); history of present complaint (HPI); review of systems (ROS); allergies (All); Medications (Meds); physical examination (PE); and assessment and plan (AP).

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[1] The patient is referred to by number to protect her privacy.

[2] A central line catheter, or central venous catheter or port, is a catheter placed into a large vein and is used to give intravenous fluids, chemotherapy, blood transfusions, and other drugs.

15. On January 22, 2013, the progress note indicates that Patient 1 would like to be included in a research study for a new drug for hepatitis C. The plan was to email information about the study. No further documentation of this study appears in the progress notes.

16. A June 18, 2013 progress note reflects a visit with a naturopathic doctor in Respondent's practice. Respondent reviewed and signed the progress note. The HPI reflects that Patient 1 was "considering having a port put in for IV therapy." The plan from that date also includes a plan to research sofosbuvir, a new hepatitis C drug to be released soon.

17. Respondent referred Patient 1 for a central venous catheter insertion in the chest for the stated indication of "hepatitis C with poor venous access[;] the patient is receiving alternative therapies and requires repeated venipuncture which has been unsuccessful and there is a desire for long term venous access." The procedure was completed on August 15, 2013 by Pueblo Radiology Medical Group.

18. On August 26, 2013, Patient 1 saw Respondent who ordered an IV peroxide drip for the port per protocol x 10 treatments. During subsequent visits, Respondent began using the catheter to deliver diluted hydrogen peroxide solution.

19. Generally, Patient 1 received infusion via the central venous catheter multiple times per month from the time the catheter was placed in August 2013 through September 2017. Respondent saw Patient 1 in excess of 200 times during this period of time. Diagnoses related to the infusions generally included chronic hepatitis C, dehydration, abdominal pain, benign neoplasm (tumor) of the pancreas, fatigue, and brain fog.

20. An August 20, 2014 progress note reflects that Patient 1 was seen in follow-up. The HPI for that date includes a long list of issues, including bloating, abdominal pain, horrendous itching, open skin with pimples that bleed when scratched, inability to sleep, a 10-pound weight loss followed by a weight gain, and nails that are weak and painful. Yet, the ROS contains the same description as in the over 100 prior visits occurring all the way back to January 22, 2013. That description includes notations that the patient has no change in weight without trying, no new rashes, and that the patient is "overall doing well." In spite of the patient's complaints, the physical exam documents the same findings as in the prior dozens of visits: "Well nourished and

well developed in no acute distress. Affect is normal and appropriate. Mucosa is pink & moist. Pupils equal and round, extraocular movements are intact. Extremities show no cyanosis or clubbing. Gait is normal." This physical examination note is carried throughout Patient 1's treatment to September 30, 2015.

21. Rarely did Respondent include a detailed HPI in his progress notes and, in most instances, no HPI is included at all. For example, between October 1, 2014 and September 30, 2015, no HPI is documented for about 102 out of 116 visits.

22. During a December 9, 2014 visit, Patient 1 reported to Respondent that she had been taking Harvoni, a combination of legipasvir and sofosbuvir,[3] and planned to do so for six months. Respondent did not follow up post-treatment to check the hepatitis C viral load to see if Patient 1 had responded to the treatment or to determine whether the IV therapies remained appropriate. In spite of the changes in the HPI, there is no update to the ROS. The same description had not been updated since August 21, 2014.

23. The HPI for December 24, 2014, states "still in pain" with no further detail. The encounter appears to be a telephone call; yet, there is a physical examination description indicating again that the patient is doing well and documented treatment of an IV infusion.

24. On March 3, 2015, the HPI indicates "gained 15 lbs in 2 months without trying" and that the patient complains of chills and shivering. Yet, the ROS states that the patient denies any change in weight and that she is overall doing well. No temperature is recorded. A second office visit note exists for the same date, timed one hour and 37 minutes later, for a chief complaint of IV amino acid. No HPI is present, and the ROS was updated as of this date with exactly the same information that had been used over the prior dozens of visits. The physical examination contains the same notes as those used for the prior examinations throughout the treatment. No temperature is recorded for this second visit either. IV infusions of varying lengths were recorded for each encounter. There is no explanation as to why there are two encounter notes for this date.

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[3] This combination drug for the treatment of hepatitis C was FDA approved in October 2014.

25. On May 5, 2015, the HPI indicates that Patient 1's diet was discussed, her abdomen was bothering her more, and she felt more bloated. The ROS and physical examination notes remain the same as in the multitude of prior visits, and the patient is reportedly "doing well."

26. On August 25, 2015, the HPI notes that Patient 1's blood vessels are broken "down to feet," she is not hungry at all, and is bloated all the time even with water. The ROS is the same as that recorded on March 3, 2015 and notes no change in bowel or bladder function and that she is overall doing well. The physical examination remains unchanged from prior examinations.

27. The September 17, 2015, progress note contains an HPI of a painful mass in the neck. The plan is to refer the patient to an ear nose and throat specialist, but the ROS remains the same as that of March 3, 2015, with no lumps or swollen glands and overall doing well. The physical examination again remains unchanged.

28. No progress notes are present from the September 17, 2015 visit until June 30, 2016. However, lab reports during that time-period indicate that Respondent ordered various tests for Patient 1. Additionally, handwritten intake forms filled out by the patient, dated November 24, 2015, January 19, 2016, and April 12, 2016 reflect that Patient 1 saw Respondent even though there are no corresponding progress notes reflecting that Patient 1 presented to Respondent for care. The November 24, 2015 intake form states that Patient 1 is presenting for treatment relating to knee surgery. Patient 1 had undergone a total knee replacement in 2015.

29. On June 30, 2016, regular progress notes resume. The notes changed to a SOAP format (subjective, objective assessment, and plan). Many progress notes contain no vital signs and/or no notations within the SOAP categories.

30. On July 27, 2016, the progress note reflects that Patient 1 said she was using "lots" of vitamins and supplements but was not getting better. Thereafter, the vitamin and mineral infusions continued.

31. On August 9, 2016, the patient reported that she wanted tests to determine the status of her hepatitis C and that she was feeling well now. It appears blood was drawn, but there is no documented discussion of the test results in the progress notes.

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32. Patient 1 visited Respondent on August 29, 2016 with a chief complaint of memory problems. The subjective portion of Respondent's progress note states that Patient 1's grandparents had Alzheimer's disease, and Patient 1 was worried about her memory. She felt her memory improved with IV treatments. She was also worried about her liver. The documented neuropsychological exam is limited and contains the same information as on multiple prior visits: "Physiological, no localized findings, normal gait."

33. On September 12, 2016, the progress note reflects that Patient 1 was concerned about losing weight. Incomplete vital signs were recorded. The patient was not weighed. At the next visit of September 20, 2016, the progress note reflects that the patient is maintaining weight well. The assessment is weight gain. Yet again, the patient was not weighed. Multiple references are made in the record to the patient's weight loss or weight gain; yet, there is very little documentation of the patient's weight.

34. The September 29, 2016 progress note reflects an assessment of "brain fog." The plan was an IV treatment of phosphatidylcholine, a chemical naturally found in the body that may help with memory.

35. For the remainder of 2016, Respondent treated Patient 1 for brain fog and fatigue with various IV infusions. Respondent did not conduct and/or document a focused neurological examination. He did not order laboratory studies or brain imaging to investigate the complaint of brain fog. Respondent did not refer Patient 1 for further consultation.

36. A handwritten progress note from December 5, 2016 is included. Patient 1 had a complaint of pain in the little toe and was determined to be "stable for surgery." At this visit, the following vital signs were recorded: Weight – 164; Height – 65; BMI – 27.29; BP 132/78. For the next approximately 48 visits from this visit through August 24, 2017, the vital signs recorded remain the same.

37. Respondent continued to provide vitamin infusions throughout 2017. On January 17, 2017, the progress note reflects that the Patient had an impaired memory and did not remember names well. She felt fatigued and did not believe she could function without the IV treatments. According to the notes, Patient 1 continued to complain about memory impairment. Respondent

included a diagnosis of brain fog in the each of the dozens of progress notes through August 24, 2017. The physical examination for these visits was incomplete and largely unchanged. Respondent did not conduct and/or document a focused neurological examination. He did not order any laboratory studies or brain imaging to investigate the complaint of brain fog. Respondent did not refer Patient 1 for further consultation.

38. After Patient 1's August 24, 2017 visit, the format of Respondent's progress notes changed again. Respondent saw Patient 1 for eight visits from August 31, 2017, through September 30, 2017. No vital signs were recorded for any of these visits, in spite of Patient 1's complaints of weight changes and an assessment of an acute upper respiratory infection. The records do not describe the catheter site, they do not provide a description of complications or lack of complications with regard to attempting to administer therapy.

39. Patient 1's temperature is recorded in Respondent's progress note of June 18, 2013, but it does not appear to have been recorded in Respondent's progress notes again throughout her treatment.

40. After Respondent experienced difficulty inserting the intravenous therapy in approximately September 2017, Patient 1 developed a painful swollen leg. She was treated at Santa Barbara Cottage Health Hospital for sepsis of the total knee replacement she had undergone in 2015. The knee hardware was removed. It was determined that the infection stemmed from the central line catheter. The catheter was removed and replaced. Patient 1 underwent another knee replacement procedure.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

41. Respondent Scott David Saunders, M.D. is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he committed repeated negligent acts in the care and treatment of Patient 1. The circumstances are as follows:

42. The allegations of paragraphs 9 through 40 are incorporated as if fully set forth.

43. The standard of care requires that a physician keep timely, accurate, complete, and legible medical records.

44. Respondent was negligent in the care and treatment of Patient 1 in that he failed to fully document his visits with Patient 1, including the HPI and vital signs.

45. The standard of care in monitoring a patient with a central line catheter requires regular monitoring, including performing a proper physical examination, appropriately flushing the catheter, and removal of the catheter whenever an infection is suspected.

46. Respondent was negligent in the care and treatment of Patient 1 in that he failed to perform and/or document catheter monitoring of the patient's central line catheter.

47. The standard of care requires that a physician obtain information from patient consultations in order to be adequately informed and to guide future therapy for the patient.

48. Respondent was negligent in failing to consult with and/or obtain consultation reports relating to Patient 1's care, particularly in regard to gastroenterology consultations.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

49. Respondent Scott David Saunders, M.D. is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate medical records. The circumstances are as follows:

50. The allegations of paragraphs 9 through 40 are incorporated as if fully set forth.

51. The allegations of the First Cause for Discipline are incorporated as if fully set forth.

DISCIPLINARY CONSIDERATIONS

52. To determine the degree of discipline, if any, to be imposed on Respondent Scott David Saunders, M.D., Complainant alleges that Respondent's license was disciplined on prior occasions.

53. On December 2, 2002, in a prior disciplinary action titled *In the Matter of the Accusation Against Scott David Saunders, M.D.* before the Medical Board of California, in Case Number 05-2000-106555, Respondent's license was placed on probation for a period of two years for allegations of gross negligence and incompetence, pursuant to section 2234 subdivisions (b), and (d) of the Code. That Decision is final and is incorporated by reference as if fully set forth.

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54. On August 24, 2017, in a prior disciplinary action before the Medical Board of California, in Case No. 800-2015-014300, Respondent was issued a Public Letter of Reprimand for aiding and abetting the unlicensed practice of medicine in violation of sections 2052, subdivision (b), and 2264 of the Code. That Decision is final and is incorporated by reference as if fully set forth.

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 G 78847, issued to Scott David Saunders, M.D.;

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

3. Ordering Scott David Saunders, 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: MAR 23 2021

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

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