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

In the Matter of the Accusation Against: Robert Sheldon Pallas, M.D. Physician's and Surgeon's Certificate No. A 32895 Respondent.	Case No.: 800-2018-044489

DECISION

The attached Stipulation 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 August 12, 2022.

IT IS SO ORDERED: July 14, 2022.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: ROBERT SHELDON PALLAS, M.D. 1138 Palo Verde Long Beach, California 90815, Physician's and Surgeon's Certificate No. A 32895, Respondent.	Case No. 800-2018-044489 OAH No. 2021030210 **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 Brian D. Bill, Deputy Attorney General.

2. Respondent Robert Sheldon Pallas, M.D. (Respondent) is represented in this proceeding by attorney Kevin D. Cauley, whose address is: 624 South Grand Avenue, 22nd Floor

Los Angeles, CA 90017-3323.

3. On or about September 6, 1978, the Board issued Physician's and Surgeon's Certificate No. A 32895 to Respondent. The Physician's and Surgeon's Certificate will expire on July 31, 2022.

JURISDICTION

4. Accusation No. 800-2018-044489 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 May 18, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-044489 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. 800-2018-044489. 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 understands and agrees that the charges and allegations in Accusation No. 800-2018-044489, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2018-044489, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 32895 to disciplinary action.

11. 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.

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 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.

14. 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. 800-2018-044489 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 32895, issued to Respondent Robert Sheldon Pallas, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. COMMUNITY SERVICE - FREE SERVICES. Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval a community service plan in which Respondent shall, within the first 4 years of probation, provide 200 hours of free services (e.g., medical or nonmedical) to a community or non-profit organization. If the term of probation is designated for 2 years or less, the community service hours must be completed not later than 6 months prior to the completion of probation.

Prior to engaging in any community service, Respondent shall provide a true copy of the Decision(s) to the chief of staff, director, office manager, program manager, officer, or the chief executive officer at every community or non-profit organization where Respondent provides community service and shall submit proof of compliance to the Board or its designee within 15 calendar days. This condition shall also apply to any change(s) in community service.

Community service performed prior to the effective date of the Decision shall not be accepted in fulfillment of this condition.

2. 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.

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.

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 practice and billing monitors, 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(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 probation, Respondent's practice and billing 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 (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 billing 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 term of probation.

5. 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.

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

7. 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.

8. 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.

9. 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.

10. 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.

11. 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

12. 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.

13. 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.

14. 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.

15. 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.

16. 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. 800-2018-044489 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, Kevin D. Cauley, Esq.. 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: 10/12/2021

ROBERT SHELDON PALLAS, M.D.
Respondent

I have read and fully discussed with Respondent Robert Sheldon Pallas, 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: October 13, 2021

KEVIN D. CAULEY, ESQ.
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: October 13, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-044489

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

In the Matter of the Accusation Against: ROBERT SHELDON PALLAS, M.D. 1138 Palo Verde Long Beach, California 90815 Physician's and Surgeon's Certificate A 32895, Respondent.	Case No. 800-2018-044489 **ACCUSATION**

PARTIES

1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California (Board).

2. On September 6, 1978, the Board issued Physician's and Surgeon's Certificate Number A 32895 to Robert Sheldon Pallas, 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 July 31, 2020, unless renewed.

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 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

6. Section 2227 of the Code states:

(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 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 provisions of this chapter:

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

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

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

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

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

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

7. 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.

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STATUTORY PROVISIONS

8. Section 2038 of the Code states:

Whenever the words "diagnose" or "diagnosis" are used in this chapter, they include any undertaking by any method, device, or procedure whatsoever, and whether gratuitous or not, to ascertain or establish whether a person is suffering from any physical or mental disorder. Such terms shall also include the taking of a person's blood pressure and the use of mechanical devices or machines for the purpose of making a diagnosis and representing to such person any conclusion regarding his or her physical or mental condition. Machines or mechanical devices for measuring or ascertaining height or weight are excluded from this section.

9. Section 2052 of the Code states:

(a) Notwithstanding Section 146, any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, any system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in this chapter or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars ($10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

(b) Any person who conspires with or aids or abets another to commit any act described in subdivision (a) is guilty of a public offense, subject to the punishment described in that subdivision.

(c) The remedy provided in this section shall not preclude any other remedy provided by law.

10. Section 2234 of the Code states in pertinent part:

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.

...

11. Section 2264 of the Code states:

The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct.

12. 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.

13. 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.

14. Section 2286 of the Code states:

It shall constitute unprofessional conduct for any licensee to violate, to attempt to violate, directly or indirectly, to assist in or abet the violation of, or to conspire to violate any provision or term of Article 18 (commencing with Section 2400), of the Moscone-Knox Professional Corporation Act (Part 4 commencing with Section 13400) of Division 3 of Title 1 of the Corporations Code), or of any rules and regulations duly adopted under those laws.

15. Section 2407 of the Code states:

A medical or podiatry corporation shall be subject to the provisions of Sections 2285 and 2415.

16. Section 2408 of the Code states:

Except as provided in Sections 13401.5 and 13403 of the Corporations Code, each shareholder, director and officer of a medical or podiatry corporation, except an assistant secretary or an assistant treasurer, shall be a licensed person as defined in Section 13401 of the Corporations Code.

Notwithstanding the provisions of this section or Sections 13401.5, 13403, 13406, and 13407 of the Corporations Code, a shareholder of a medical corporation which renders professional services may be a medical corporation which has only one shareholder who shall be a licensed person as defined

in Section 13401 of the Corporations Code. The shareholder of the latter corporation may be an officer or director of the former corporation.

Nothing in this section shall be construed as prohibiting a nonlicensed person from using the business titles of executive vice president, chief executive officer, executive secretary, or any other title denoting an administrative function within the professional corporation.

17. Section 2410 of the Code, states:

A medical or podiatry corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by such statutes and regulations to the same extent as a licensee under this chapter.

18. 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 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.

19. Section 3501 of the Code states in pertinent part:

As used in this chapter:

...

(e) "Supervising physician" or "supervising physician and surgeon" means a physician and surgeon licensed by the Medical Board of California or by the Osteopathic Medical Board of California who supervises one or more physician assistants, who possesses a current valid license to practice medicine, and who is not currently on disciplinary probation prohibiting the employment or supervision of a physician assistant.

(f)

(1) "Supervision" means that a licensed physician and surgeon oversees the activities of, and accepts responsibility for, the medical services rendered by a physician assistant. Supervision, as defined in this subdivision, shall not be construed to require the physical presence of the physician and surgeon, but does require the following:

(A) Adherence to adequate supervision as agreed to in the practice agreement.

(B) The physician and surgeon being available by telephone or other electronic communication method at the time the PA examines the patient.

(2) Nothing in this subdivision shall be construed as prohibiting the board from requiring the physical presence of a physician and surgeon as a term or condition of a PA's reinstatement, probation, or imposing discipline.

...

20. Section 13409 of the California Corporations Code, states:

(a) A professional corporation may adopt any name permitted by a law expressly applicable to the profession in which such corporation is engaged or by a rule or regulation of the governmental agency regulating such profession. The provisions of subdivision (b) of Section 201 shall not apply to the name of a professional corporation if such name shall contain and be restricted to the name or

the last name of one or more of the present, prospective, or former shareholders or of persons who were associated with a predecessor person, partnership or other organization or whose name or names appeared in the name of such predecessor organization, and the Secretary of State shall have no authority by reason of subdivision (b) of Section 201 to refuse to file articles of incorporation which set forth such a name; provided, however, that such name shall not be substantially the same as the name of a domestic corporation, the name of a foreign corporation qualified to render professional services in this state which is authorized to transact business in this state, or a name which is under reservation for another corporation. The Secretary of State may require proof by affidavit or otherwise establishing that the name of the professional corporation complies with the requirements of this section and of the law governing the profession in which such professional corporation is engaged. The statements of fact in such affidavits may be accepted by the Secretary of State as sufficient proof of the facts.

...

21. Section 13410 of the California Corporations Code, states:

(a) A professional corporation or a foreign professional corporation qualified to render professional services in this state shall be subject to the applicable rules and regulations adopted by, and all the disciplinary provisions of the Business and Professions Code expressly governing the practice of the profession in this state, and to the powers of, the governmental agency regulating the profession in which such corporation is engaged. Nothing in this part shall affect or impair the disciplinary powers of any such governmental agency over licensed persons or any law, rule or regulation pertaining to the standards for professional conduct of licensed persons or to the professional relationship between any licensed person furnishing professional services and the person receiving such services.

...

REGULATORY PROVISIONS

22. California Code of Regulations section 1399.541 states in pertinent part:

Because physician assistant practice is directed by a supervising physician, and a physician assistant acts as an agent for that physician, the orders given and tasks performed by a physician assistant shall be considered the same as if they had been given and performed by the supervising physician. Unless otherwise specified in these regulations or in the delegation or protocols, these orders may be initiated without the prior patient specific order of the supervising physician.

...

23. California Code of Regulations section 1399.542 states as follows:

The delegation of procedures to a physician assistant under Section 1399.541, subsections (b) and (c) shall not relieve the supervising physician of primary continued responsibility for the welfare of the patient.

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24. California Code of Regulations section 1399.545 states in pertinent part:

...

(f) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

25. California Code of Regulations, Title 16, section 1343 states as follows:

A professional corporation shall comply with the following provisions:

(a) The corporation is organized and exists pursuant to the general corporation law and is a professional corporation within the meaning of the Moscone-Knox Professional Corporations Act (Corporations Code Section 13400 et seq.).

(b) Each shareholder, director or officer (except as provided in Section 13403 of the Corporations Code and Section 2408 of the code) holds a valid physician's and surgeon's certificate or certificate to practice podiatric medicine, as the case may be, provided that, a licensed podiatrist, psychologist, optometrist, physician's assistant, clinical social worker, marriage, family and child counselor, chiropractor or registered nurse may be a shareholder, director or officer of a medical corporation so long as such licensed persons own no more than 49% of the total shares issued by the medical corporation and the number of licensed persons owning shares in the medical corporation does not exceed the number of physicians owning shares in such a corporation, and a licensed physician may be a shareholder, director or officer of a podiatry corporation so long as such physician owns no more than 49% of the total shares issued by the podiatry corporation and the number of licensed physicians owning shares in the podiatry corporation does not exceed the number of podiatrists owning shares in such a corporation. A physician, psychologist, optometrist and registered nurse may also be a shareholder, director or officer in a podiatry corporation subject to the same numerical restrictions.

(c) Each professional employee of the corporation who will practice medicine, podiatry, psychology, optometry, clinical social work, marriage, family and child counselling, chiropractic or nursing, whether or not a director, officer or shareholder, holds a valid license.

(d) A physician and surgeon or podiatrist may be a shareholder, officer or director in more than one professional corporation.

26. California Code of Regulations, Title 16, section 1344 states as follows:

(a) Unless a fictitious name permit is obtained pursuant to Section 2415 of the code, the name of a professional corporation shall be restricted to the name or surname of one or more of the present prospective or former shareholders who are physicians or podiatrists, as the case may be, for a medical or podiatry corporation.

(b) When the applicant uses any fictitious, false or assumed name or any name other than the name or surname of one or more of the present, prospective or former shareholders, or any other words or names in addition to those of the shareholders, it shall obtain a permit pursuant to Section 2415 of the code. The fee required in Section

1352 shall accompany the fictitious name permit application.

(c) A professional corporation with a majority of physicians and surgeons as shareholders, officers and directors shall not use the designations "Podiatry Corporation" or "Podiatry Corp." A corporation with a majority of podiatrists as shareholders, officers and directors shall not use the designation "Medical Corporation" or "Medical Corp.."

27. California Code of Regulations, Title 16, section 1347 states as follows:

(a) A professional corporation may perform any act authorized in its articles of incorporation or bylaws so long as that act is not in conflict with or prohibited by the Medical Practice Act, and where applicable the Psychology Licensing Law, the Optometry law, Physician Assistants Practice Act, the social worker licensing law and the marriage, family and child counselor licensing law or the Nursing Practice Act in the case of a corporation which has a licensed psychologist, optometrist or registered nurse as a shareholder, director or officer, or the regulations adopted pursuant thereto.

(b) A professional medical or podiatry corporation may enter into partnership agreements with other physicians and surgeons or podiatrists, as the case may be, practicing individually or in a group or with other medical or podiatry corporations.

28. California Code of Regulations, Title 16, section 1350.2 states in pertinent part:

...

(c) No licensed person shall render professional services using a fictitious, false or assumed name or any name other than his or her own unless and until a fictitious name permit has been issued by the division.

FACTUAL ALLEGATIONS

29. On or about May 19, 2017, Health Quality Investigation Unit ("HQIU") Investigators interviewed Respondent regarding an unrelated incident. According to the interview: Respondent supervises physician assistants ("PAs") at three separate clinics. Respondent visits each clinic approximately one day per month for the purposes of PA chart reviews. Respondent generally does not treat patients at the clinics. Respondent signs and approves the PAs' charts if there are no errors. However, if Respondent identifies an issue, he "fold[s] [the chart] over" and instructs the clinic manager to "put a note on [the chart]." As to clinic ownership, Respondent stated "I guess I own the medical practice according to the law." However, Respondent made no capital contribution to acquire technical ownership of the three clinics. Although Respondent "technically owns" the three clinics, he is not involved in the control or operations of the clinics.

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Clinica Medica La Caridad Medical Services, Inc. (Clinic No. 1)

Respondent's Involvement with Clinic No. 1

30. During the May 19, 2017 interview, Respondent stated:

a. J.C.[1] and M.T., a married couple, "owned" Clinic No. 1. Neither J.C., nor M.T. are licensed healthcare professionals in California.

b. He supervised two PAs at Clinic No. 1 for approximately nine years. During that time, he treated patients at Clinic No. 1 less than 10 times; usually when the PAs were unavailable.

c. Two additional physicians might be employed on a part-time basis at Clinic No. 1. However, Respondent was uncertain regarding this staffing issue, as he never interacted with the two physicians.

d. He receives a salary from Clinic No. 1 in the amount of $2,000.00 per month, "tax free." According to Respondent, Clinic No. 1 pays income taxes on his behalf.

Corporate Information

31. On May 2, 2008, Articles of Incorporation for Clinic No. 1 were filed with the California Secretary of State.[2]

32. On June 9, 2008, a Statement of Information for Clinic No. 1 was filed. Respondent was identified as the Chief Executive Officer ("CEO") and J.C., an unlicensed individual, was identified as the Secretary and Chief Financial Officer ("CFO"). Respondent, J.C., and D.B., a licensed PA, were identified as directors of Clinic No. 1.

33. On May 9, 2017, Respondent filed a Statement of Information affirming that Clinic No. 1's corporate structure had not changed since the June 9, 2008 filing.

Clinica Medica La Caridad Management Services, Inc.

34. On May 2, 2008, Articles of Incorporation for Clinica Medica La Caridad Management Services, Inc. were filed.

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[1] Initials are used in lieu of full names to protect the individual's privacy.

[2] All references to filed documents refer to filings with the California Secretary of State, unless otherwise indicated.

35. On March 23, 2009, a Statement of Information for Clinica Medica La Caridad Management Services, Inc. was filed. J.C. was identified as the CEO, Respondent was identified as the Secretary, and a third individual was identified as the CFO.

36. On August 19, 2011, J.C. filed a Statement of Information affirming that Clinica Medica La Caridad Management Services, Inc.'s corporate structure had not changed since the March 23, 2009 filing date.

Clinic No. 1 Staff Interviews

37. On May 17, 2019, HQIU Investigators visited Clinic No. 1 and interviewed the following employees:

a. D.B., a licensed PA, stated that he has worked at Clinic No. 1 for approximately 11 years. Respondent acquired the clinic when the founding physician left the practice. Respondent visits the clinic once or twice a week to review charts.

b. A.E., a medical assistant, stated that he was interviewed by J.C. and hired with Respondent's approval.

c. G.H., a medical assistant, stated that J.C. interviewed and hired her to work at the clinic.

d. J.P., a medical assistant, stated that she was interviewed and hired by J.C.

38. On May 20, 2019, HQIU Investigators conducted a telephone interview with J.C. According to the interview:

a. J.C. has been employed as the administrator/office manager at Clinic No. 1 since approximately 2009.

b. J.C. is paid a salary of approximately $1500.00 to $3000.00 per month.

c. Respondent is the sole owner. J.C. was unaware as to how Respondent acquired ownership of Clinic No. 1.

d. Clinic staff includes two PAs, several medical assistants, and Respondent.

e. J.C. is documented as the secretary or CFO on corporate filings, but he has no ownership interest.

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f. J.C. was unaware of the Fictitious Name Permit (FNP) requirement. However, an FNP application was recently filed with the Board.

39. On June 26, 2019, HQIU Investigators visited Clinic No. 1 and again interviewed J.C., who stated:

a. He is the office administrator and is responsible for payroll, deposits, billing, and paperwork. Both he and Respondent have access to Clinic No. 1's bank accounts. He also interviews and hires staff, with Respondent's approval.

b. Clinic No. 1 was originally named the "General Family Clinic" and was founded by another physician.

c. Clinic ownership transitioned to Respondent after the founding physician fell ill. Respondent made no capital contribution to acquire ownership.

d. After acquiring ownership of the clinic, Respondent changed the name to Clinica La Caridad.

Fictitious Name Permit

40. On May 17, 2019, Respondent, on behalf of Clinic No. 1, filed an FNP application with the Board.

41. Prior to submitting the FNP application, Clinic No. 1 was owned and operated without an FNP.

42. Prior to submitting the FNP application, Respondent practiced medicine at Clinic No. 1 both individually by treating patients and by way of agency through supervising the clinic's PAs.

La Concepcion Medical Clinic Corporation (Clinic No. 2)

Respondent's Involvement with Clinic No. 2.

43. During the May 19, 2017 interview, Respondent stated:

a. He has "owned" Clinic No. 2 for approximately five years.

b. He is A.C.'s supervising physician.

c. A.C. is the only provider at Clinic No. 2.

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44. Respondent receives a salary from Clinic No. 2 in the amount of $3,000.00 per month, "tax free." According to Respondent, Clinic No. 2 pays income taxes on his behalf.

Fictitious Name Permit

45. On January 19, 2019, Clinic No. 2, under new ownership, filed an FNP application with the Board. On March 12, 2019, the Board issued an FNP to Clinic No. 2.

46. Prior to filing the FNP application, Clinic No. 2 was owned and operated without an FNP.

47. Prior to submitting the FNP application, Respondent practiced medicine at Clinic No. 2 both individually by treating patients and by way of agency as supervising physician to the clinic's PA.

Corporate History.

48. On October 13, 2011, Articles of Incorporation for Clinic No. 2 were filed.

49. On December 13, 2011, a Statement of Information for Clinic No. 2 was filed.

a. A.C., a licensed PA in California, was identified as the CEO and a director. O.C. and B.C. were identified as the Secretary and CFO, respectively. O.C. and B.C. were also identified as directors of Clinic No. 2. Neither O.C., nor B.C. are licensed medical professionals.

b. Respondent's name did not appear on the filing.

c. The business was classified as a "medical clinic general practice."

50. On October 17, 2017, a Statement of Information was filed that affirmed no changes were made to the corporation.

Clinic No. 2 Staff Interviews

51. On September 10, 2018, HQIU investigators visited Clinic No. 2 and interviewed A.C. According to the interview:

a. A.C. and his family opened the practice in May 2011.

b. Respondent is A.C.'s supervising physician. Respondent visits the clinic approximately once per month to review charts. Respondent only treats patients at the clinic when necessary.

c. Other than his supervisory responsibilities, Respondent's role in clinic operations is minimal. Respondent does not hire staff, does not have access to bank accounts, does not have keys to the building and did not invest in the practice.

52. On December 21, 2018, HQIU investigators again visited Clinic No. 2 and interviewed A.C. According to the interview:

a. Clinic ownership is in the process of transitioning from Respondent to E.C., a licensed physician. A Statement of Information was filed on December 20, 2018, documented the restructuring.

b. Respondent was informed that his services were no longer necessary after December 31, 2018.

Clinica Medica-San Marcos (Clinic No. 3)

Respondent's Involvement with Clinic No. 3.

53. During the May 19, 2017 interview, Respondent stated:

a. He was referred to G.R. by Clinic No. 3's medical assistant, K.F.

b. G.R. owns the clinic.

c. G.R. is a licensed PA and is a physician licensed in a foreign country.

d. He has supervised G.R. for approximately eight years.

e. A California-licensed physician works part-time at the clinic. However, Respondent was unable to recall the physician's name. Respondent further stated that he does not interact with the physician.

f. He is paid approximately $2,000.00 per month, "tax free."

Clinic No. 3 Corporate History.

54. On August 3, 2004, G.R., a licensed PA, filed Articles of Incorporation for Ancon Management, Inc.

55. On December 20, 2005, a Restated Articles of Incorporation for Ancon Management, Inc. was filed. The filing changed the name of the corporation to Clinica Medica San Marcos, Inc. The filing identified P.M., a licensed physician in California, as the president and G.R. as the Secretary.

56. On August 13, 2007, a Statement of Information was filed for Clinic No. 3. The filing identified Respondent as the CEO and G.R. as the Secretary and CFO.

57. On July 6, 2018, a Statement of Information was filed that certified no changes were made to Clinic No. 3's corporate structure since the August 13, 2007 filing.

Clinic No. 3 Staff Interviews

58. On October 9, 2018, and December 19, 2018, HQIU Investigators visited Clinic No. 3. During those visits, the investigators spoke with clinic's front desk clerk, R.R.,[3] who stated:

a. Respondent is present at the clinic twice a week to review and sign charts.

b. Respondent rarely treats patients at the clinic.

c. The clinic was founded approximately ten years ago with P.M.'s assistance. R.R. has worked at the clinic since its opening.

d. P.M. was G.R.'s supervising physician. P.M. died approximately two years after the clinic's opening. The clinic was closed until another physician could replace P.M.

e. Respondent was referred to G.R. by Clinic No. 3's medical assistant. Respondent and the medical assistant worked together at a separate clinic.

f. Respondent receives a monthly payment of $2500.00 for his services.

g. Respondent owns 51% of the clinic and G.R. owns the remainder.

59. On May 15, 2019, HQIU Investigators visited Clinic No. 3 and interviewed G.R., who stated:

a. He has practiced at Clinic No. 3 for approximately 13 years.

b. He primarily treats the clinic's patients.

c. He is responsible for hiring and firing. R.R. is responsible for the "banking."

d. He interviewed and hired Respondent as the medical director and supervising physician.

e. Respondent is paid $1500 per month for his services. Respondent reviews charts at the clinic twice a week.

[3] The individual was later identified as G.R.'s spouse.

f. Respondent owns 51% of the clinic. However, Respondent is not paid 51% of the monthly earnings.

g. Respondent made no investment in the clinic when he acquired ownership.

60. On May 15, 2019, HQIU Investigators also interviewed K.F., a medical assistant employed at Clinic No. 3. K.F. stated:

a. She has worked for G.R. for approximately 16 years. She met G.R. while they were both employed at another clinic.

b. G.R. interviewed and hired her to work at Clinic No. 3.

c. She believes that G.R. owns Clinic No. 3.

61. During the May 15, 2019 visit, G.R. provided a FNP issued by the Board in February 2018.

Clinic No. 3 FNP

62. On December 31, 2005, P.M. filed an FNP application with the Board for Clinica Medica San Marcos, Inc. The application identified P.M. as 51 percent owner of Clinic No. 3 and G.R. as the owner of the remainder. On February 14, 2006, the Board issued an FNP to Clinic No. 3. On March 1, 2020, Clinic No. 3's FNP lapsed.

FIRST CAUSE FOR DISCIPLINE

(Aiding and Abetting the Unlicensed Practice of Medicine)

63. By reason of the facts alleged above in Paragraphs 29 through 62, Respondent Robert Sheldon Pallas, M.D. is subject to disciplinary action under California Business and Professions Code sections 2234, subdivision (a), 2264, and 2410; and California Corporations Code section 13410, in that Respondent "owned" Clinic Nos. 1, 2, and 3 in name only, thereby facilitating improperly licensed clinics, controlled and operated by non-physicians and unlicensed persons, to treat patients.

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SECOND CAUSE FOR DISCIPLINE

(Corporate Practice of Medicine Without a Fictitious Name Permit)

64. By reason of the facts alleged above in Paragraphs 29 through 52, Respondent Robert Sheldon Pallas, M.D. is subject to disciplinary action under California Business and Professions Code sections 2334, subdivision (a); 2285, 2410, 2415, subdivision (b)(2); California Corporations Code sections 13409, subdivision (a), and 13410; and California Code of Regulations, Title 16, sections 1344, subdivisions (a) and (b); and 1350.2, subdivision (c); 1399.541; and 1399.545, subdivision (f), subdivision (a) in that Respondent practiced medicine without a FNP by treating patients at Clinic Nos. 1 and 2 and through the supervision of PAs at Clinic Nos. 1 and 2.

THIRD CAUSE FOR DISCIPLINE

(Improperly Procuring Fictitious Name Permits for Corporations Owned, Operated, and/or Controlled by Unlicensed Persons)

65. By reason of the facts alleged above in Paragraphs 29 through 52, Respondent Robert Sheldon Pallas, M.D. is subject to disciplinary action under California Business and Professions Code sections 2410 and 2415, subdivision (b)(2); and California Corporations Code sections 13409 and 13410 in that he submitted applications to the Board for, and received from the Board, Fictitious Name Permits for Clinic Nos. 1 and 2, which are controlled and operated by non-physicians and unlicensed persons.

FOURTH CAUSE FOR DISCIPLINE

(Using an Unapproved Fictitious Name in the Advertising of the Practice of Medicine)

66. By reason of the facts alleged above in Paragraphs 29 through 52, Respondent Robert Sheldon Pallas, M.D. is subject to disciplinary action under California Business and Professions Code sections 2234, subdivision (a), 2272, 2285, 2286, 2407, 2410, 2415, subdivision (a); California Corporations Code section 13410, and California Code of Regulations, Title 16, sections 1344, subdivisions (a) and (b) in that Clinic Nos. 1 and 2 used unapproved fictitious names in signage and/or advertising materials.

FIFTH CAUSE FOR DISCIPLINE

(Participation and/or Affiliation with Medical Corporations Founded, Structured, Controlled, and/or Operated in Violation of the Moscone-Knox Professional Corporation Act)

67. By reason of the facts alleged above in Paragraphs 29 through 62, Respondent Robert Sheldon Pallas, M.D. is subject to disciplinary action under California Business and Professions Code section 2286; California Corporations Code section 13410; and California Code of Regulations, Title 16, sections 1344, subdivision (a), and 1347, subdivision (a), in that he participated and/or affiliated with medical corporations that were founded, structured, controlled, and/or operated in violation of rules and regulations related to the corporate practice of medicine through his ownership in name only of Clinic Nos. 1, 2, and 3; in his supervision of PAs at Clinic Nos. 1, 2, and 3; and his practicing medicine at Clinic Nos. 1, 2, and 3.

SIXTH CAUSE FOR DISCIPLINE

(Assisting in the Violation of Corporate Practice of Medicine Laws and Regulations)

68. By reason of the facts alleged above in Paragraphs 29 through 62, and the allegations contained in Causes for Discipline One through Five, Respondent Robert Sheldon Pallas, M.D. is subject to disciplinary action under California Business and Professions Code sections 2286, 2234, subdivision (a), 2410, in that his ownership in name only of Clinics Nos. 1, 2, and 3, which facilitated the control and operation of the clinics by non-physicians and unlicensed persons.

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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 32895, issued to Robert Sheldon Pallas, M.D.;

2. Revoking, suspending or denying approval of Robert Sheldon Pallas, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. If placed on probation, ordering Robert Sheldon Pallas, M.D. to pay the Board the costs of probation monitoring; and

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

DATED: May 18, 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

LA2019504812
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