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

In the Matter of the Second Amended Accusation Against: Joseph Jeffrey Stone, M.D. Physician's and Surgeon's Certificate No. G 54030 Respondent.	Case No. 800-2018-042231

DECISION

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

This Decision shall become effective at 5:00 p.m. on August 3, 2022.

IT IS SO ORDERED July 27, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka,
Executive Director

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General
COLLEEN M. MCGURRIN
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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 Second Amended Accusation Against: JOSEPH JEFFREY STONE, M.D. Cedars-Sinai Anesthesiology Department 8700 Beverly Blvd., Room 8211 Los Angeles, CA 90048 Physician's and Surgeon's Certificate Number G 54030, Respondent.	Case No. 800-2018-042231 **STIPULATED SURRENDER OF LICENSE AND 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 Colleen M. McGurrin, Deputy Attorney General.

2. JOSEPH JEFFREY STONE, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, whose address is: Bonne Bridges Mueller O'Keefe & Nichols, 355

South Grand Avenue, Suite 1750, Los Angeles, CA 90071-1562.

3. On or about November 19, 1984, the Board issued Physician's and Surgeon's Certificate Number G 54030 to JOSEPH JEFFREY STONE, 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 Second Amended Accusation No. 800-2018-042231 and will expire on December 31, 2023, unless renewed.

JURISDICTION

4. Second Amended Accusation No. 800-2018-042231 was filed before the Board, and is currently pending against Respondent. The Second Amended Accusation and all other statutorily required documents were properly served on Respondent on June 29, 2022. Respondent timely filed his Notice of Defense contesting the Second Amended Accusation. A copy of Second Amended Accusation No. 800-2018-042231 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Second Amended Accusation No. 800-2018-042231. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Second Amended 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.

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

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CULPABILITY

8. Respondent admits the truth of the Cause for Action in the Second Amended Accusation No. 800-2018-042231, agrees that cause exists for license surrender, and hereby surrenders his Physician's and Surgeon's Certificate Number G 54030 for the Board's formal acceptance.

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

CONTINGENCY

10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

11. Respondent agrees that if he ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in the Second Amended Accusation No. 800-2018-042231 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number G 54030, issued to Respondent JOSEPH JEFFREY STONE, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate Number G 54030 and the acceptance of the surrendered license by the Board shall constitute the action under section 822 of the California Business and Professions Code against Respondent. This stipulation constitutes a record of the action and shall become a part of Respondent's license history with the Board.

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

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Second Amended Accusation No. 800-2018-042231 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $4,770.00 prior to filing a petition for a reinstated license or submitting an application for the issuance of a new license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Second Amended Accusation, No. 800-

2018-042231 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

ACCEPTANCE

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

DATED: 7/13/2022

JOSEPH JEFFREY STONE, M.D.
Respondent

I have read and fully discussed with Respondent JOSEPH JEFFREY STONE, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 1/13/2022

PETER R. OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: July 13, 2022

Respectfully submitted,

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

Colleen M. McGurrin

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Second Amended Accusation No. 800-2018-042231

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

In the Matter of the Second Amended Accusation Against: JOSEPH JEFFREY STONE, M.D. Cedars-Sinai Anesthesiology Department 8700 Beverly Blvd., Room 8211 Los Angeles, CA 90048 Physician's and Surgeon's Certificate Number G 54030, Respondent.	Case No. 800-2018-042231 **SECOND AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Second Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On November 19, 1984, the Board issued Physician's and Surgeon's Certificate Number G 54030 to Joseph Jeffrey Stone, M.D. (Respondent). That Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2023, unless renewed.

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JURISDICTION

3. This Second Amended 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 22 of the Code provides, in pertinent part: "Board," as used in any provision of this code, refers to the board in which the administration of the provision is vested, and unless otherwise expressly provided, shall include . . . "division," . . . and "agency."

5. Section 2220 of the Code provides, in pertinent part:

> 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, . . . , and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:
>
> (a) . . . .
>
> (b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgements, settlements, or arbitration awards requiring the physician and surgeon or his . . . 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 commission.
>
> (c) . . . .

6. Section 2227 of the Code provides, in pertinent part:

> (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 . . . license revoked upon order of the board.
>
> (2) Have his . . . 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.

STATUTORY PROVISIONS

7. Section 2234 of the Code, provides, 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.

(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) . . . (g).

8. Section 2230.5 of the Code provides, in pertinent part:

(a) Except as provided in subdivisions (b) and (c), and (e), any accusation filed against a licensee pursuant to Section 11503 of the Government Code shall be filed within three years after the board, or a division thereof, discovers the act or omission alleged as the ground for disciplinary action, or within seven years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first.

(b) . . . (f).

9. Section 2259.7 of the Code states:

The Medical Board of California shall adopt extraction and postoperative care standards in regard to body liposuction procedures performed by a physician and surgeon outside a general acute care hospital, as defined in Section 1250 of the Health and Safety Code. In adopting those regulations, the Medical Board of California shall

take into account the most current clinical and scientific information available. A violation of these extraction and postoperative care standards shall constitute unprofessional conduct.

10. 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.

11. Section 822 of the Code states:

> If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:
>
> (a) Revoking the licentiate's certificate or license.
>
> (b) Suspending the licentiate's right to practice.
>
> (c) Placing the licentiate on probation.
>
> (d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.
>
> The licensing section shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

CODE OF REGULATIONS

12. California Code of Regulations, Title 13, section 1356.6, provides in pertinent part:

> (a) . . . .
>
> (b) The following standards apply to any liposuction procedure not required by subsection (a) to be performed in a general acute-care hospital or a setting specified in Health and Safety Code Section 1248.1:
>
> (1) Intravenous Access and Emergency Plan. Intravenous access shall be . . . required for procedures that result in the extraction of 2,000 or more cubic centimeters of total aspirate. There shall be a written detailed plan for handling medical emergencies and all staff shall be informed of that plan. The physician shall ensure that trained personnel, together with adequate and appropriate equipment, oxygen, and medication, are onsite and available to handle the procedure being performed and any medical emergency that may arise in connection with that procedure. The physician shall either have admitting privileges at a local general acute-care hospital or have a written transfer agreement with such a hospital or with a licensed physician who has admitting privileges at such a hospital.

(2) Anesthesia. Anesthesia shall be provided by a qualified licensed practitioner. The physician who is performing the procedure shall not also administer or maintain the anesthesia or sedation unless a licensed person certified in advanced cardiac life support is present and is monitoring the patient.

(3) Monitoring. The following monitoring shall be available for volumes greater than 150 and less than 2,000 cubic centimeters of total aspirate and shall be required for volumes between 2,000 and 5,000 cubic centimeters of total aspirate:

(A) Pulse oximeter

(B) Blood pressure (by manual or automatic means)

(C) Fluid loss and replacement monitoring and recording

(D) Electrocardiogram

(4) Records. Records shall be maintained in the manner necessary to meet the standard of practice and shall include sufficient information to determine the quantities of drugs and fluids infused and the volume of fat, fluid and supernatant extracted and the nature and duration of any other surgical procedures performed during the same session as the liposuction procedure.

(5) Discharge and Postoperative-care Standards.

(A) A patient who undergoes any liposuction procedure, regardless of the amount of total aspirate extracted, shall not be discharged from professionally supervised care unless the patient meets the discharge criteria described in either the Aldrete Scale[1] or the White Scale. Until the patient is discharged, at least one staff person who holds a current certification in advanced cardiac life support shall be present in the facility.

(B) The patient shall only be discharged to a responsible adult capable of understanding postoperative instructions.

COST RECOVERY

13. Effective on January 1, 2022, section 125.3 of the Code was amended to provide as follows:

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

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

[1] Aldrete scale, also known as the Aldrete score, is a measurement of recovery after anesthesia that includes gauging consciousness, activity, respiration, and blood pressure. The White scale is similar to the Aldrete scale.

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

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

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

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

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

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

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

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

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.[2]

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[2] Effective January 1, 2022, subdivision (k) of Section 125.3, which exempted physicians and surgeons from paying recovery of the costs of investigation and prosecution by the Board, was repealed.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

14. Respondent Joseph Jeffrey Stone, M.D. is subject to disciplinary action under section 2234, subdivision (b), in that he committed gross negligence in his care and treatment of Patient A.[3] The circumstances are as follows:

15. On or about April 29, 2014, Patient A, a then 39-year-old female, responded to a Groupon ad for Friva Medical Corporation (Friva), Respondent's cosmetic medical facility at that time, for a discount on liposuction[4] and presented for a consultation of her abdomen and possibly the flanks. Her past medical history included two caesarean sections, had excess fat in the abdomen with an overhanging pannus of skin that might require an abdominoplasty[5] in the future, and was a smoker, which can complicate and delay healing. Respondent determined that she was an appropriate candidate for liposuction of the upper and lower abdomen, was fitted with a compression garment[6] and surgery was scheduled for June 5, 2014. She was advised to stay in town the night of the surgery and to follow up with Respondent one day post-op; however, this was not documented in the patient's chart.

16. On or about June 5, 2014, when she arrived for the surgery, Patient A advised Respondent that she was not going to stay in town overnight and would be driven home after the surgery. Respondent stated in his interview with the Board, that he performed an examination of the patient's heart and lungs; however, he failed to document the examination in the chart. Thereafter, Respondent proceeded with the liposuction procedure removing 3450 cubic

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[3] For privacy, the patient is identified in this pleading as Patient A. The patient's full name will be disclosed to Respondent upon a timely request for discovery pursuant to Government Code section 11507.6.

[4] Liposuction, also known as lipoplasty or suction-assisted lipectomy, is cosmetic surgery performed to remove unwanted deposits of fat from under the skin. The doctor sculpts and recontours the patient's body by removing excess fat deposits that have been resistant to reduction by diet or exercise. The fat is permanently removed from under the skin with a suction device.

[5] Abdominoplasty is plastic surgery of the abdomen in which fat and skin are removed and muscles are sometimes tightened, usually for cosmetic purposes.

[6] A compression garment applies even pressure across the treatment area; preventing excessive fluid buildup and helping the body absorb any fluid that accumulates.

centimeters (cc) of total aspirate and 2050 cc of fat from her upper and lower abdomen.

Prior to discharge, the patient and her caretaker confirmed that they would not stay in town that night and would not be coming for a post-op visit the following day as she lived several hours away. In his interview with the Board, Respondent stated he told her "I've never done this before but I'll make an accommodation to you if we communicate regularly and if everything goes, normally, then we'll Skype call in a week;" however, he failed to document this in the patient's chart. Patient A was placed in an XXXL compression garment and was instructed to wear for 2-weeks post-op 24/7 and for 2 more weeks 12 hours daily; however, she was discharged without any written post-op instructions. Respondent stated in his interview that there was no need to document his discharge instructions in the chart as he went over the discharge form with the patient's partner; however, he failed to document this in the patient's chart and there are no discharge instructions contained in the patient's certified chart. Additionally, Respondent's own "Protocol #9: Liposuction and Fat Transfers" requires that patients "receive post procedure instructions orally and in writing . . . ."

17. On or about June 6, 2014, the patient sent Respondent and his office manager several text messages stating she was in pain and was not very mobile. She was advised to take her medicine.

18. On or about June 7, 2014, the patient texted Respondent and his office manager several messages stating she was in pain, was out of pain medication, was swollen and purple in her pubic area, and that the wound had stopped draining the previous day. Respondent responded that she would be sore for a few days, but would get better each day.

19. On or about June 8, 2014, the patient continued to text Respondent and his office stating that she was still very sore, had no appetite and was drinking lots of water and ice. She inquired if she should keep resting or try walking around. Respondent indicated that walking is good if she can, but no need to push it, and that they could call in a Vicodin prescription the following day.

20. On or about June 9, 2014, the patient sent a series of text messages and advised Respondent and his office manager that she was still hurting and had not been able to get back

into the compression garment they provided her, as it was too small, and she was wearing a "spanx like support thing." Respondent indicated that Spanx is fine; however, his post-op liposuction discharge instructions instructed that "a compression garment must be worn at all times for 2 weeks except when showering" and for 2 additional weeks after that 12 hours a day. She further complained that her pubic area was swollen and she had been putting ice packs on it because "the site is very hot" and asked if that was ok. She sent several photographs indicating that her pubic area was "really purple" and "crazy swollen." Respondent looked at the photos and stated her bruising was a little more than average, but nothing unusual, and suggested scheduling a Skype call on Friday, June 13, 2014; however, he failed to retain the photographs in the patient's certified chart produced to the Board.

21. On or about June 10, 2014, the patient texted that she was concerned she had a hematoma and sent more photographs. Respondent replied that she had swelling and bruising in the suprapubic area, she should wear the compression garment and it looks OK, and to set up a Skype call for June 13, 2014; however, Respondent was aware the day before that the patient was not wearing the compression garment because it was too small. Additionally, Respondent failed to retain the photographs in the patient's certified chart produced to the Board.

22. The following day, on June 11, 2014, six days post-op, Patient A still had not been seen for a follow-up visit. She reported she was very swollen in the suprapubic area and removed the Spanx because she was getting an odor and felt her skin needed to breathe. About two hours later, she indicated that she "started draining heavily" for the first time since Friday (e.g., June 6), and had already gone through three towels on one side. Respondent's office indicated that "drainage is very very good" but she needed to continue to wear the compression garment. She further reported her urine was very dark that morning and had "stuff" in it, and they arranged for a Skype call on June 13, 2014.

23. On or about June 13, 2014, Respondent and Patient A were unable to connect via Skype so they had a telephone visit instead. Respondent noted Patient A's right incision was still draining, she was very bruised in the lower abdomen, had skin that had peeled off with raw pubic area, and that it hurt to wear the pressure garment. Respondent's assessment was the patient had

8/10 bruising with pain improving, questioned whether the garment caused trauma to the suprapubic area, and had questionable cellulitis[7] of the lower abdomen. His plan was to refill her pain medication and prescribed Clindamycin.[8] Respondent advised Patient A that she should wear "spanx" instead of the compression garment, and if her condition did not improve by June 16 (Monday) then she should be seen in the clinic next week. Later that afternoon, the patient sent more photos of her wound stating they looked "gross;" however, Respondent failed to retain the photographs in the patient's certified chart produced to the Board.

24. On or about June 14, 2014, Patient A presented to the emergency room at Mercy Hospital in Bakersfield with a fever, erythema,[9] induration[10] in the lower abdomen, and purulent fluid (pus) draining from the surgical site in the lower abdomen. A CT scan of the abdomen and pelvis revealed edema (swelling) of the subcutaneous fat with small pockets of gas. Unfortunately, the surgeon at Mercy Hospital did not have the resources to care for the patient and she was not admitted to the hospital there.

25. On or about June 15, 2014, the patient was transferred to Loma Linda University Health (LLUH) for a possible postoperative infection and to rule out necrotizing fasciitis.[11] Her white blood cell count was 27.7[12] and she was noted to have a large 5 cm necrotic area in the abdomen with surrounding edema, induration, and erythema extending to umbilicus and down to the pubic bone. She was taken to surgery with a pre-operative diagnosis of necrotizing fasciitis

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[7] Cellulitis is a spreading bacterial infection just below the skin surface.

[8] Clindamycin is an antibiotic that fights bacteria in the body and is used to treat serious infections caused by bacteria.

[9] Erythema is redness of the skin caused by congestion of the capillaries in the lower layers of the skin and occurs with any skin injury, infection, or inflammation.

[10] Induration is an abnormally hard spot or place.

[11] Necrotizing fasciitis is a streptococcal infection beginning with severe or extensive cellulitis that spreads to involve the superficial and deep fascia, producing thrombosis of the subcutaneous vessels and gangrene of the underlying tissues. A cutaneous lesion usually serves as a portal of entry for the infection, but sometimes no such lesion is found.

[12] Normal white blood count is 4,500 to 11,000 WBCs per microliter (4.5 to 11.0 × 109/L).

with a post-operative diagnosis of "abdominal wall abscess, severe soft tissue infection with necrotic skin." During the procedure a large amount of pus and murky fluid was encountered, all locutions were broken up, and the area was debrided and irrigated. She was transferred to the Intensive Care Unit (ICU), and was treated for sepsis, hypotensive, hypokalemia,[13] acute respiratory failure, wound care, and a negative pressure wound vac[14] was placed.

26. On or about June 17, 2014, the patient returned to the operating room for further debridement of the necrotic tissue with irrigation of the wound bed and placement of a wound vac.

27. Patient A was returned to the operating room four more times in June 2014 for wound debridement, when indicated, irrigation and replacement of the wound vac. She complained of severe pain during attempted wound vac changes at bedside and had to be taken to the operating room for wound vac changes under anesthesia.

28. On or about July 2, 2014, Patient A was again taken to the operating room where the wound vac was removed and she was changed to wet dressing changes. On or about July 4, 2014, the patient was discharged home with home health care for dressing changes.

29. Respondent stated during his interview with the Board that he was not concerned with the patient being a smoker; however, smoking impairs healing and can decrease oxygenation of healing tissues and when combined with the epinephrine in the tumescent solution used in the procedure and wearing a tight compression garment, can lead to skin breakdown and infection, in addition to continued icing after liposuction.

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[13] Hypokalemia is a condition of below normal levels of potassium in the blood serum. Potassium, a necessary electrolyte, facilitates nerve impulse conduction and the contraction of skeletal and smooth muscles, including the heart. It also facilitates cell membrane function and proper enzyme activity. Levels must be kept in a proper (homeostatic) balance for the maintenance of health.

[14] Negative pressure wound therapy (NPWT) is a method of drawing out fluid and infection from a wound to help it heal. A special dressing (bandage) is sealed over the wound and a gentle vacuum pump is attached.

30. Respondent's acts and omissions, collectively and individually, in his care and treatment of Patient A constitute gross negligence for his failure to consider hypoxia[15] of the tissues, necrotizing fasciitis, and possible abscess regarding the patient's skin breakdown, and for his failure to insist the patient go to the nearest emergency room, or urgently come to his office for evaluation after she continued to report pain, swelling and foul-smelling drainage from her abdomen several days post-op.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

31. Respondent Joseph Jeffrey Stone, M.D. is subject to disciplinary action under section 2234, subdivision (c), in that he committed repeated negligent acts in his care and treatment of Patient A. The circumstances are as follows:

32. Paragraphs 15 through 29, above, are incorporated by reference as if fully set forth herein.

33. Respondent's acts and omissions in his care and treatment of Patient A constitute repeated negligent acts when he:

A. Failed to consider hypoxia of the tissues, necrotizing fasciitis, and possible abscess regarding the patient's skin breakdown, and he failed to insist the patient go to the nearest emergency room, or urgently come to his office for evaluation after she continued to report pain, swelling and foul-smelling drainage from her abdomen several days post-op; and

B. Failed to maintain adequate and accurate medical records.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

34. Respondent Joseph Jeffrey Stone, M.D. is subject to disciplinary action under section 2266 in that he failed to maintain adequate and accurate medical records in his care and treatment of Patient A. The circumstances are as follows:

35. Paragraphs 15 through 29, above, are incorporated by reference as if fully set forth

[15] Hypoxia is low oxygen in the tissues when the blood does not carry enough oxygen to the tissues to meet the body's needs.

herein.

CAUSE FOR ACTION

(Physical Illness Affecting Competency)

36. On or about May 20, 2022, Respondent signed a Disabled Physician Application for Exemption from Payment of Renewal Fees – No Practice Permitted. This application was certified and signed under penalty of perjury. Under the description of disabilities and explanation as to how the disability prevents the applicant from practicing medicine safely, Respondent's physician stated:

> On March 12, 2020, [Respondent] experienced left-sided weakness, diplopia,[16] and dysarthria[17] with systolic BPs in the 160 - 170 range when working at Cedars-Sinai Medical Center. Following TPA therapy, the symptoms resolved. On April 19, 2020, [Respondent] again experienced diplopia with systolic BPs of 160 - 165, and resolved with anti-hypertensive therapy. [Respondent] is being treated with amlodipine and enalapril to maintain systolic BPs in the 120 - 130 range. [Respondent] has not practiced since March 12, 2020, and has not had further symptoms other than a tremor of his right hand followed by a neurologist.
>
> The risk of another hypertensive episode working as a physician, especially as an anesthesiologist, is considerable. [Respondent] has also expressed significant anxiety regarding the risk of a subsequent stroke.
>
> Therefore, [Respondent] will not be able to return to the practice of medicine.

37. Respondent's physician stated that Respondent's disability began on or about March 12, 2020, and described it as a permanent condition.

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 54030, issued to Respondent Joseph Jeffrey Stone, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician

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[16] Diplopia is the technical term for double vision.

[17] Dysarthria is difficult or unclear articulation of speech that is otherwise linguistically normal.

assistants and advanced practice nurses;

3. Ordering him to pay the Board reasonable costs of investigation and prosecution incurred after January 1, 2022;

4. If placed on probation, ordering him to pay the Board the costs of probation monitoring; and

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

DATED: JUN 29 2022

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

Complainant

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