

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

**In the Matter of the Accusation and
Petition to Revoke Probation Against:**

Tuan Ahn Doan, M.D.

**Physician's and Surgeon's
Certificate No. G 77825**

Case No.: 800-2018-047615

Respondent.

DECISION

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

This Decision shall become effective at 5:00 p.m. on September 23, 2022.

IT IS SO ORDERED: August 26, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 AARON L. LENT
Deputy Attorney General
4 State Bar No. 256857
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation and Petition to
13 Revoke Probation Against:

14 **TUAN ANH DOAN, M.D.**
15 **1230 Sunset Blvd, Ste. 400**
Rocklin, CA 95765-3781

16 **Physician's and Surgeon's Certificate**
17 **No. G 77825**

18 Respondent.

Case No. 800-2018-047615

OAH No. 2021100754

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

21 **PARTIES**

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

26 2. Respondent Tuan Anh Doan, M.D. (Respondent) is represented in this proceeding by
27 attorney Dr. Bruce W. Ebert, Esq., whose address is: Law Office of Dr. Bruce W. Ebert, 3400
28 Douglas Blvd., Ste. 250, Roseville, CA 9566.

1 3. On or about October 27, 1993, the Board issued Physician's and Surgeon's Certificate
2 No. G 77825 to Tuan Anh Doan, M.D. (Respondent). The Physician's and Surgeon's Certificate
3 was in full force and effect at all times relevant to the charges brought in Accusation and Petition
4 to Revoke Probation No. 800-2018-047615, and will expire on March 31, 2023, unless renewed.

5 4. On or about January 5, 2018, in a prior disciplinary action entitled *In the Matter of the*
6 *Accusation Against Tuan Anh Doan, M.D.* before the Medical Board of California, in Case No.
7 800-2014-007305, Respondent's license was revoked with the revocation stayed and his license
8 was placed on two years' probation with terms and conditions.

9 5. On or about November 30, 2018, in a prior disciplinary action entitled *In the Matter*
10 *of the Accusation Against Tuan Anh Doan, M.D.* before the Medical Board of California, in Case
11 No. 800-2017-031593, Respondent's license was revoked with the revocation stayed and his
12 license was placed on three years' probation with terms and conditions.

13 **JURISDICTION**

14 6. Accusation and Petition to Revoke Probation No. 800-2018-047615 was filed before
15 the Board, and is currently pending against Respondent. The Accusation and Petition to Revoke
16 Probation and all other statutorily required documents were properly served on Respondent on
17 August 20, 2021. Respondent timely filed his Notice of Defense contesting the Accusation and
18 Petition to Revoke Probation.

19 7. A copy of Accusation and Petition to Revoke Probation No. 800-2018-047615 is
20 attached as Exhibit A and incorporated herein by reference.

21 **ADVISEMENT AND WAIVERS**

22 8. Respondent has carefully read, fully discussed with counsel, and understands the
23 charges and allegations in Accusation and Petition to Revoke Probation No. 800-2018-047615.
24 Respondent has also carefully read, fully discussed with his counsel, and understands the effects
25 of this Stipulated Settlement and Disciplinary Order.

26 9. Respondent is fully aware of his legal rights in this matter, including the right to a
27 hearing on the charges and allegations in the Accusation and Petition to Revoke Probation; the
28 right to confront and cross-examine the witnesses against him; the right to present evidence and to

1 testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of
2 witnesses and the production of documents; the right to reconsideration and court review of an
3 adverse decision; and all other rights accorded by the California Administrative Procedure Act
4 and other applicable laws.

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

7 CULPABILITY

8 11. Respondent understands and agrees that the charges and allegations in Accusation
9 and Petition to Revoke Probation No. 800-2018-047615, if proven at a hearing, constitute cause
10 for imposing discipline upon his Physician's and Surgeon's Certificate.

11 12. Respondent does not contest that, at an administrative hearing, Complainant could
12 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
13 and Petition to Revoke Probation No. 800-2018-047615 and that he has thereby subjected his
14 license to disciplinary action.

15 13. Respondent agrees that if he ever petitions for early termination or modification of
16 probation, or if an accusation and/or petition to revoke probation is filed against him before the
17 Board, all of the charges and allegations contained in Accusation and Petition to Revoke
18 Probation No. 800-2018-047615 shall be deemed true, correct and fully admitted by respondent
19 for purposes of any such proceeding or any other licensing proceeding involving Respondent in
20 the State of California.

21 14. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
22 discipline and he agrees to be bound by the Board's probationary terms as set forth in the
23 Disciplinary Order below.

24 RESERVATION

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

CONTINGENCY

16. 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.

17. 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.

18. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

20. 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. G 77825 issued to Respondent Tuan Anh Doan, M.D. is revoked. However, the revocations are stayed and Respondent is placed on probation for two (2) years on the following terms and conditions. Once adopted by the Board, the stipulated settlement and disciplinary order contained in Accusation

1 and Petition to Revoke Probation No. 800-2018-047615, will run consecutive and supersede the
2 terms of probation in Decision and Order No. 800-2017-031593. All terms and conditions of
3 probation in Decision and Order No. 800-2017-031593 have been incorporated into the stipulated
4 settlement in Accusation and Petition to Revoke Probation No. 800-2018-047615. Upon the
5 effective date of the Decision and Order in Accusation and Petition to Revoke Probation No. 800-
6 2018-047615, and once the time to challenge the matter has run, the probationary-terms contained
7 in Decision and Order No. 800-2017-031593 will terminate.

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

18 2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
19 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
20 advance by the Board or its designee. Respondent shall provide the approved course provider
21 with any information and documents that the approved course provider may deem pertinent. ^{nee}
22 Respondent shall participate in and successfully complete the classroom component of the course
23 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
24 complete any other component of the course within one (1) year of enrollment. The prescribing
25 practices course shall be at Respondent's expense and shall be in addition to the Continuing
26 Medical Education (CME) requirements for renewal of licensure.

27 A prescribing practices course taken after the acts that gave rise to the charges in the
28 Accusation and Petition to Revoke Probation, but prior to the effective date of the Decision may,

1 in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this
2 condition if the course would have been approved by the Board or its designee had the course
3 been taken after the effective date of this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the course, or not later than
6 15 calendar days after the effective date of the Decision, whichever is later.

7 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The medical
14 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure.

16 A medical record keeping course taken after the acts that gave rise to the charges in the
17 Accusation and Petition to Revoke Probation, but prior to the effective date of the Decision may,
18 in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this
19 condition if the course would have been approved by the Board or its designee had the course
20 been taken after the effective date of this Decision.

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
25 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
26 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
27 licenses are valid and in good standing, and who are preferably American Board of Medical
28 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 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 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

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified. Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

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

12 5. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
13 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice thin
14 where: 1) Respondent merely shares office space with another physician but is not affiliated for
15 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
16 location.

17 If Respondent fails to establish a practice with another physician or secure employment in
18 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
19 Respondent shall receive a notification from the Board or its designee to cease the practice of
20 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
21 practice until an appropriate practice setting is established.

22 If, during the course of the probation, the Respondent's practice setting changes and the
23 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
24 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
25 If Respondent fails to establish a practice with another physician or secure employment in an thin
26 appropriate practice setting within 60 calendar days of the practice setting change, Respondent for
27 shall receive a notification from the Board or its designee to cease the practice of medicine within
28 three (3) calendar days after being so notified. The Respondent shall not resume practice until an

1 appropriate practice setting is established

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

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

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

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

17 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
18 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
19 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena
20 enforcement, as applicable, in the amount of \$23,987.50 (twenty-three thousand nine hundred
21 eighty-seven dollars and fifty cents). Said costs shall be reduced by 50% to \$11,993.75 (eleven
22 thousand nine hundred ninety-three and seventy-five cents) if paid in full not later than 120
23 calendar days prior to the completion of probation. Costs shall be payable to the Medical Board of
24 California. Failure to pay such costs shall be considered a violation of probation.

25 Any and all requests for a payment plan shall be submitted in writing by respondent to the
26 Board.

27 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
28 repay investigation and enforcement costs.

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

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

6 11. GENERAL PROBATION REQUIREMENTS.

7 Compliance with Probation Unit

8 Respondent shall comply with the Board's probation unit.

9 Address Changes

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

15 Place of Practice

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

19 License Renewal

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

22 Travel or Residence Outside California

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

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

12. 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.

13. 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

1 Controlled Substances; and Biological Fluid Testing.

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

6 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
7 of probation is a violation of probation. If Respondent violates probation in any respect, the
8 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
9 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
10 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
11 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
12 the matter is final.

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

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

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1 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
2 a new license or certification, or petition for reinstatement of a license, by any other health care
3 licensing action agency in the State of California, all of the charges and allegations contained in
4 Accusation and Petition to Revoke Probation No. 800-2018-047615 shall be deemed to be true,
5 correct, and admitted by Respondent for the purpose of any Statement of Issues or any other
6 proceeding seeking to deny or restrict license.

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ACCEPTANCE

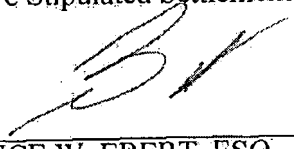
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Dr. Bruce W. Ebert, Esq.. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 03/31/2022


TUAN ANH DOAN, M.D.
Respondent

I have read and fully discussed with Respondent Tuan Anh Doan, 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: 3/31/2022


DR. BRUCE W. EBERT, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 3/31/2022

Respectfully submitted,

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


AARON L. LENT
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation and Petition to Revoke Probation
800-2018-047615

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Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 AARON L. LENT
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7

8 *Attorneys for Complainant*

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10 **BEFORE THE**
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11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
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13 In the Matter of the Accusation and Petition to
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15 **TUAN ANH DOAN, M.D.**
1230 Sunset Blvd, Ste. 400
16 Rocklin, CA 95765-3781

17 **Physician's and Surgeon's Certificate**
No. G 77825,

18 Respondent.
19

Case No. 800-2018-047615

**ACCUSATION AND PETITION TO
REVOKE PROBATION**

20 **PARTIES**

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

24 2. On or about October 27, 1993, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 77825 to Tuan Anh Doan, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on March 31, 2023, unless renewed.

28 ///

3. In a disciplinary action entitled *In the Matter of the Accusation Against Tuan Anh Doan, M.D.*, Case No. 800-2017-031593, the Medical Board of California, issued a Decision, effective November 30, 2018, in which Respondent's Physician's and Surgeon's Certificate was revoked. However, the revocation was stayed and Respondent's Physician's and Surgeon's Certificate was placed on probation for a period of three (3) years with certain terms and conditions. A copy of that decision is attached as Exhibit A and is incorporated by reference.

JURISDICTION

4. This Accusation and Petition to Revoke Probation is brought before the Medical Board of California (Board), Department of Consumer Affairs, under the authority of the following laws and the Medical Board's Decision in the case entitled, *In the Matter of the Accusation Against Tuan Anh Doan, M.D.*, Case No. 800-2017-031593. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

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

STATUTORY PROVISIONS

5. Section 2234 of the Code, states, in pertinent part:

The board shall take action against any licensee who is charged with unprofessional conduct.¹ 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 Unprofessional conduct under California and Business Code section 2234 is conduct which breaches the rules of the ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (Shea v. Board of Medical Examiners (1978) 81 Cal.App.3d 564, 575.)

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

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

9 (d) Incompetence.

10 ...

11 6. Section 2228.1 of the Code states, in pertinent part:

12 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
13 the board shall require a licensee to provide a separate disclosure that includes the
14 licensee's probation status, the length of the probation, the probation end date, all
15 practice restrictions placed on the licensee by the board, the board's telephone
16 number, and an explanation of how the patient can find further information on the
17 licensee's probation on the licensee's profile page on the board's online license
18 information Internet Web site, to a patient or the patient's guardian or health care
19 surrogate before the patient's first visit following the probationary order while the
20 licensee is on probation pursuant to a probationary order made on and after July 1,
21 2019, in any of the following circumstances:

22 (1) A final adjudication by the board following an administrative hearing or
23 admitted findings or prima facie showing in a stipulated settlement establishing any
24 of the following:

25 (A) The commission of any act of sexual abuse, misconduct, or relations with a
26 patient or client as defined in Section 726 or 729.

27 (B) Drug or alcohol abuse directly resulting in harm to patients or the extent
28 that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary
period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any
of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a
stipulated settlement based upon a nolo contendere or other similar compromise that
does not include any prima facie showing or admission of guilt or fact but does
include an express acknowledgment that the disclosure requirements of this section
would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall
obtain from the patient, or the patient's guardian or health care surrogate, a separate,
signed copy of that disclosure.

...
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1 7. Section 2242 of the Code states:

2 (a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
3 4022 without an appropriate prior examination and a medical indication, constitutes
4 unprofessional conduct. An appropriate prior examination does not require a
5 synchronous interaction between the patient and the licensee and can be achieved
6 through the use of telehealth, including, but not limited to, a self-screening tool or a
7 questionnaire, provided that the licensee complies with the appropriate standard of
8 care.

9 (b) No licensee shall be found to have committed unprofessional conduct within
10 the meaning of this section if, at the time the drugs were prescribed, dispensed, or
11 furnished, any of the following applies:

12 (1) The licensee was a designated physician and surgeon or podiatrist serving in
13 the absence of the patient's physician and surgeon or podiatrist, as the case may be,
14 and if the drugs were prescribed, dispensed, or furnished only as necessary to
15 maintain the patient until the return of the patient's practitioner, but in any case no
16 longer than 72 hours.

17 (2) The licensee transmitted the order for the drugs to a registered nurse or to a
18 licensed vocational nurse in an inpatient facility, and if both of the following
19 conditions exist:

20 (A) The practitioner had consulted with the registered nurse or licensed
21 vocational nurse who had reviewed the patient's records.

22 (B) The practitioner was designated as the practitioner to serve in the absence
23 of the patient's physician and surgeon or podiatrist, as the case may be.

24 (3) The licensee was a designated practitioner serving in the absence of the
25 patient's physician and surgeon or podiatrist, as the case may be, and was in
26 possession of or had utilized the patient's records and ordered the renewal of a
27 medically indicated prescription for an amount not exceeding the original prescription
28 in strength or amount or for more than one refill.

 (4) The licensee was acting in accordance with Section 120582 of the Health
 and Safety Code.

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

9. Section 4021 of the Code states: 'Controlled substance' means any substance listed in
Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

10. Section 4022 of the Code states: 'Dangerous drug' or 'dangerous device' means any
drug or device unsafe for self-use in humans or animals, and includes the following:

 “(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing

1 without prescription,' 'Rx only,' or words of similar import.

2 “...

3 “(c) Any other drug or device that by federal or state law can be lawfully dispensed
4 only on prescription or furnished pursuant to Section 4006.”

5 **PERTINENT DRUG INFORMATION**

6 11. Alprazolam – Generic name for Xanax. Alprazolam is a member of the
7 benzodiazepine family and is a short-acting medication commonly used for the short-term
8 management of anxiety disorders. Specifically panic disorder or generalized anxiety disorder,
9 Alprazolam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title
10 21 section 1308.14(c) and Health and Safety Code section 11057, subdivision (d), and a
11 dangerous drug pursuant to Business and Professions Code section 4022.

12 12. Amphetamine sulfate tablets – Generic name for the drug Evekeo. Amphetamine
13 sulfate tablets are used for the treatment of narcolepsy, ADDH (attention deficit disorder with
14 hyperactivity) and exogenous obesity. Side effects can include palpitations, tachycardia,
15 elevation of blood pressure and cardiomyopathy. Amphetamine sulfate tablets can be used
16 recreationally as an aphrodisiac and euphoriant. Amphetamine sulfate tablets are a Schedule II
17 controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. They are
18 a dangerous drug pursuant to Business and Professions Code section 4022 and is a Schedule II
19 controlled substance pursuant to California Health and Safety Code section 11055 subdivision
20 (d).

21 13. Buprenorphine – Generic name for Butrans which is an opioid used to treat opioid
22 addiction, moderate acute pain, and moderate chronic pain. When used in combination with
23 naloxone for treating opioid addiction, it is known by the trade name Suboxone. Buprenorphine is
24 a Schedule III controlled substance pursuant to Code of Federal Regulations Title 21 §1308.13(e).
25 Buprenorphine is a dangerous drug pursuant to Business and Professions Code §4022.

26 14. Deltasone – Generic name for Prednisone. It is in a class of medications called
27 corticosteroids used to treat patients with low levels of corticosteroids by decreasing the immune
28

1 system's response to various diseases to reduce symptoms such as swelling and allergic-type
2 reactions.

3 15. Diethylpropion – Generic name for Tenuate and Tepanil. It is a central nervous
4 system stimulant drug of the phenethylamine, amphetamine, and cathinone classes that is used as
5 an appetite suppressant. Diethylpropion is a Schedule IV controlled substance pursuant to Health
6 and Safety Code section 11057, subdivision (f), and a dangerous drug pursuant to Business and
7 Professions Code section 4022.

8 16. Hydrocodone with acetaminophen – Generic name for the drugs Vicodin, Norco, and
9 Lortab. Hydrocodone with acetaminophen is classified as an opioid analgesic combination
10 product used to treat moderate to moderately severe pain. Hydrocodone with acetaminophen is a
11 Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section
12 1308.12.² Hydrocodone with acetaminophen is a dangerous drug pursuant to California Business
13 and Professions Code section 4022 and is a Schedule II controlled substance pursuant to
14 California Health and Safety Code section 11055, subdivision (b).

15 17. Hydromorphone hydrochloride – Generic name for the drug Dilaudid.
16 Hydromorphone hydrochloride ("HCL") is a potent opioid agonist that has a high potential for
17 abuse and risk of producing respiratory depression. Hydromorphone HCL is a short-acting
18 medication used to treat severe pain. Hydromorphone HCL is a Schedule II controlled substance
19 pursuant to Code of Federal Regulations Title 21 section 1308.12. Hydromorphone HCL is a
20 dangerous drug pursuant to California Business and Professions Code section 4022, and is a
21 Schedule II controlled substance pursuant to California Health and Safety Code section 11055
22 subdivision (b).

23 18. Indomethacin – Generic name for Indocin. It is a nonsteroidal anti-inflammatory drug
24 (NSAID) used to treat inflammation and pain.

25 19. Levo-Dromoran – Generic name for Levorphanol. It is a synthetic opioid that is used
26 as a narcotic analgesic to relieve moderate to severe pain. Levorphanol is a Schedule II controlled

27
28 ² Prior to October 6, 2014, Hydrocodone with acetaminophen was a Schedule III
controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.13(e).

1 substance pursuant to Health and Safety Code section 11055, subdivision (c), and a dangerous
2 drug pursuant to Business and Professions Code section 4022.

3 20. Lisdexamfetamine – Generic name for Vyvanse. It is a central nervous system
4 stimulant and amphetamine derivative used to treat ADHD and binge-eating disorders. It is a
5 Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision
6 (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

7 21. Lorazepam – Generic name for Ativan. Lorazepam is a member of the
8 benzodiazepine family and is a fast acting anti-anxiety medication used for the short-term
9 management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to
10 Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section
11 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
12 4022.

13 22. Methylphenidate – Generic name for Ritalin. Methylphenidate is a stimulant drug
14 used to treat attention-deficit/hyperactivity disorder (ADHD) and narcolepsy. Methylphenidate is
15 a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.
16 12. Methylphenidate is a dangerous drug pursuant to Business and Professions Code section 4022
17 and is a Schedule II controlled substance pursuant to California Health and Safety Code section
18 11055 subdivision (d).

19 23. Mixed amphetamine salts – Generic name for Adderall and Mydayis. Mixed
20 amphetamine salts are used in the treatment of attention deficit hyperactivity disorder (ADHD)
21 and narcolepsy. They can be used recreationally as an aphrodisiac and euphoriant. Mixed
22 amphetamine salts are a Schedule II controlled substance pursuant to Code of Federal Regulations
23 Title 21 section 1308.12. Mixed amphetamine salts are a dangerous drug pursuant to Business
24 and Professions Code section 4022 and is a Schedule II controlled substance pursuant to
25 California Health and Safety Code section 11055 subdivision (d).

26 24. Oxycodone with Acetaminophen– Generic name for Endocet and Percocet. It is an
27 opioid analgesic combination product used to treat moderate to severe pain. Oxycodone and
28 acetaminophen is a dangerous drug pursuant to California Business and Professions Code section

1 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code
2 section 11055, subdivision (b).

3 25. Phentermine – Phentermine, also known as dimethylphenethylamine, is a
4 psychostimulant drug of the substituted amphetamine chemical class, with pharmacology similar
5 to amphetamine. It is used medically as an appetite suppressant for short-term use, as an adjunct
6 to exercise and reducing calorie intake. Phentermine is a Schedule IV controlled substance
7 pursuant to Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code
8 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code
9 section 4022.

10 26. Testosterone – Generic name for the drugs Striant, Natesto, AndroGel, Androderm,
11 Axiron, Depo-testosterone and Testopel. Testosterone is a medication and naturally occurring
12 steroid hormone used for the treatment of male hypogonadism, and gender dysphoria. Long-term
13 adverse effects of testosterone therapy can include cardiovascular disease and prostate cancer.
14 Testosterone is a Schedule III controlled substance pursuant to Code of Federal Regulations Title
15 21 section 1308.13, subdivision (f). It is a dangerous drug pursuant to Business and Professions
16 Code section 4022 and is a Schedule III controlled substance pursuant to California Health and
17 Safety Code section 11055 subdivision (f).

18 27. Tramadol – Generic name for name for the drug Ultram. Tramadol is an opioid pain
19 medication used to treat moderate to moderately severe pain. Effective August 18, 2014,
20 Tramadol was placed into Schedule IV of the Controlled Substances Act pursuant to Code of
21 Federal Regulations Title 21 section 1308.14(b). It is a dangerous drug pursuant to Business and
22 Professions Code section 4022, and is a Schedule IV controlled substance pursuant to Health and
23 Safety Code section 11057, subdivision (c).

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FACTUAL ALLEGATIONS

28. Respondent is a physician and surgeon, board certified in family medicine, who at all times relevant to the allegations brought herein worked within Placer County, California.

Patient 1³

29. Patient 1, a 35 year-old male patient, was employed in the education field and had dealt with opioid dependency for a number of years prior to becoming Respondent's patient. Patient 1 had previously received opioid therapy for lower back pain, and he sought Respondent's assistance in getting off of opioid medications. Respondent treated Patient 1 from approximately October 2014 to November 2018 in his private medical practice for issues including drug dependency, attention disorders, and low testosterone levels. During that period, Patient 1 continued to receive treatment from his primary care physician at Kaiser Permanente for general medical concerns. Between November 2018 and March 2019, Patient 1 continued to receive controlled substances as a result of Respondent's prescriptions following his last visit in November 2018.

30. On October 27, 2014, Patient 1 signed a written agreement with Respondent that he would submit to biological fluid testing, that he would only receive prescriptions from one provider and one pharmacy during treatment, and that he would use medication as prescribed. The agreement did not set forth a penalty for potential violations. On September 15, 2017, Patient 1 signed a longer patient agreement with Respondent, which stated that Patient 1 would submit to biological fluid testing, receive medications from one pharmacy, that he would use medications as prescribed, and not take controlled substances or illegal drugs from sources other than Respondent. The longer agreement specifically stated that Patient 1 understood that violations of the agreement might lead to a loss of continued treatment. The October 27, 2014, and September 15, 2017, patient agreements did not mention any of the risks and benefits of controlled substance therapy. On October 11, 2017, Patient 1 and Respondent entered into a third opioid patient-prescriber agreement. The third agreement was five pages long, set forth possible

³ To protect the privacy of the patients and witnesses involved, the patients and witnesses names were not included in this pleading. Respondent is aware of the identity of each patient and witness, all patients and witnesses will be fully identified in discovery.

1 side effects and risks, and provided information regarding impairment related to opioid therapy.
2 The third agreement listed Patient 1's prescriptions for methylphenidate and Suboxone. The third
3 agreement indicated that Patient 1 would not take illegal substances, drink alcohol, or obtain
4 medications from other prescribers.

5 31. Between July 2015 and November 19, 2018, Respondent prescribed Suboxone to
6 Patient 1 on an on-going basis. Prescription doses ranged from 2/.05 mg strips to 12/3 mg strips.
7 The typical prescription for Suboxone provided to Patient 1 from Respondent appeared to be a
8 30-day supply of 30 to 60 quantity 8/2 mg strips. Respondent prescribed Suboxone to Patient 1 to
9 help Patient 1 deal with his past addiction issues to opioid pain medication. In addition to
10 Suboxone treatment, Respondent also prescribed lorazepam, Ritalin, Evekeo, and Adderall to
11 Patient 1. Between July 29, 2015, and December 29, 2015, Patient 1 received approximately 270
12 tablets of 1 mg lorazepam and 10-20 mg tablets of Ritalin. Between December 30, 2015, and
13 April 11, 2016, Patient 1 received approximately 360 tablets of 1 mg lorazepam and 285 tablets
14 of 20 mg Ritalin. Between April 11, 2016, and July 18, 2016, Patient 1 received approximately
15 270 tablets of 1 mg. lorazepam, 360 tablets of 20 mg Ritalin, 60 tablets of 10 mg Evekeo, and 60
16 tablets of 20 mg Adderall. Between July 29, 2016, and November 3, 2016, Patient 1 received
17 approximately 228 tablets of 1 mg lorazepam, 357 tablets of 20 mg Ritalin, and 60 tablets of 30
18 mg Adderall. Between November 9, 2016, and February 3, 2017, Patient 1 received 270 tablets
19 of 1 mg lorazepam, 436 tablets of 20 mg Ritalin, and 120 tablets of 30 mg Adderall.

20 32. Between February 25, 2017, and May 21, 2017, Patient 1 received approximately 99
21 tablets of 1 mg lorazepam, 440 tablets of 20 mg Ritalin and 240 tablets of 30 mg Adderall.
22 Between May 21, 2017, and August 23, 2017, Patient 1 received approximately 240 tablets of 1
23 mg lorazepam, 360 tablets of 20 mg Ritalin, and 180 tablets of 30 mg Adderall. Between August
24 23, 2017, and January 10, 2018, Patient 1 received approximately 60 tablets of 1 mg lorazepam,
25 360 tablets of Ritalin, 240 tablets of 30 mg Adderall. Between January 12, 2018, and May 26,
26 2018, Patient 1 received approximately 120 tablets of 1 mg lorazepam, 240 tablets of 20 mg
27 Ritalin, and 120 tablets of 30 mg Adderall. Between June 11, 2018, and March 16, 2019, Patient
28 I was prescribed approximately 300 tablets of 1 mg lorazepam, and 600 tablets of 30 mg

1 Adderall. At his July 29, 2020, interview with the a Department of Consumer Affairs Health and
2 Quality Investigation Unit (HQIU) Investigator, Respondent stated that Patient 1 was prescribed
3 both Adderall and Ritalin but that Patient 1 did not take the medications at the same time.
4 However, prescription records indicate that between May 26, 2016, and November 4, 2017,
5 Patient 1 filled prescriptions for Adderall and Ritalin within one month of each other on
6 approximately nine occasions. Respondent did not document whether Patient 1 was overusing
7 stimulant medication and did not perform pill counts.

8 33. During the July 29, 2020 interview, the HQIU Investigator asked Respondent about
9 prescribing Evekeo to Patient 1. Respondent incorrectly stated to the HQIU Investigator that
10 Evekeo was a brand name for naloxone, an opioid reversal agent. Evekeo is a stimulant in the
11 same class as Adderall and is a Schedule II controlled substance, not an opioid reversal agent.

12 34. Between July 2015 and November 19, 2018, Respondent repeatedly failed to
13 properly document Patient 1's medical records. On January 26, 2016, Respondent failed to
14 provide a medical rationale in Patient 1's medical record for prescribing lorazepam and Ritalin to
15 Patient 1. On June 16, 2016, Respondent failed to document a medical rationale in Patient 1's
16 medical record for increasing the dose of Patient 1's prescription for Ritalin. On July 7, 2016,
17 Respondent failed to document a medical rationale in Patient 1's medical records for increasing
18 the dose of Patient 1's prescription of Suboxone and for prescribing Evekeo, which as noted
19 above is a Schedule II controlled substance. On January 12, 2017, Respondent failed to
20 document a medical rationale in Patient 1's medical records for prescribing testosterone, a
21 Schedule III controlled substance, to Patient 1 and Respondent failed to conduct testing on that
22 date to establish that Patient 1 required testosterone. On March 13, 2017, Respondent failed to
23 document a rationale in Patient 1's medical records for increasing the dose of Patient 1's
24 prescription for Suboxone.

25 35. On or about May 10, 2018, June 11, 2018, and July 13, 2018, Patient 1 received 120
26 tablets of 30 mg Adderall as a result of Respondent's prescriptions. If taken as prescribed, Patient
27 1 was taking 120 mg of Adderall daily, significantly above the upper safe recommended dose
28 limit of 60 mg of Adderall daily. Respondent did not document in Patient 1's medical record why

1 this excessive dosage was appropriate, nor did he note whether he had balanced the risks versus
2 benefits of providing such a high dose of Adderall to Patient 1. On or about August 20, 2018,
3 Respondent documented that Patient 1 had recently been seen in the hospital for idiopathic Afib
4 (an irregular and often rapid heart rate). Cardiac arrhythmias are a known side effect of
5 amphetamine use. Respondent failed to document a further discussion of this cardiac event
6 and/or whether Patient 1's high dose of Adderall could have caused Patient 1's serious medical
7 issue.⁴

8 36. Between July 2015 and November 19, 2018, there were a series of concerns
9 documented in Patient 1's medical chart that indicated he was a poor candidate for long-term
10 controlled substance therapy provided by Respondent. On or about August 23, 2016, Patient 1
11 refilled his lorazepam prescription six days early. On or about September 14, 2016, Patient 1
12 refilled his Adderall prescription 18 days early. On or about December 21, 2016, Patient 1
13 refilled his lorazepam prescription 7 days early. On or about January 17, 2017, Patient 1 refilled
14 his Ritalin prescription 12 days early. None of these early refills were documented in Patient 1's
15 medication record as potential red flags. On or about August 25, 2016, Patient 1 reported that his
16 medication was stolen from a rental vehicle. Respondent stated to the HQIU Investigator during
17 an interview that Patient 1 had made a police report but Respondent admitted he didn't document
18 that in his record and had no record of requesting and/or obtaining the police report for inclusion
19 in Patient 1's medical record. On or about August 23, 2017, Patient 1 reported accidentally
20 throwing out his Suboxone strips and needing more medication.

21 37. On or about April 11, 2016, Patient 1 reported that he had doubled up on doses of
22 Suboxone and that he had run out of medication early. On or about January 16, 2018, Patient 1
23 reported taking more Suboxone than prescribed. On or about April 4, 2018, Patient 1 reported
24 taking more Suboxone than prescribed and that he was experiencing withdrawal symptoms of
25 rhinorrhea and abdominal cramping. Between July 2015 and November 19, 2018, Patient 1
26 repeatedly provided biological fluid samples with inconsistent drug screens to the medications he

27
28 ⁴ On or about July 11, 2018, Patient 1 provided a biological fluid sample, which indicated
that his amphetamine quantification was 23718.719 ng/mL.

1 was supposed to be prescribed, and reported relapses to opioid medication. On or about
2 December 30, 2015, a drug screen showed the presence of hydromorphone, a powerful opioid, in
3 violation of the pain management agreement. On or about February 24, 2016, Patient 1 provided
4 a drug screen that didn't show the presence of Ritalin despite Patient 1 receiving a prescription
5 for 60 tablets of 20 mg Ritalin on or about February 4, 2016. On or about November 3, 2016,
6 Patient 1 reported a relapse where he had taken Norco, a Schedule II controlled substance, from
7 his father. Respondent noted that Patient 1 stated he took the Norco in violation of his controlled
8 substances agreement because he had jury duty and could not see the Respondent for follow-up.
9 On or about April 18, 2017, Respondent sent Patient 1 a warning letter that Patient 1 had provided
10 a urine drug screen which showed that he had been taking opioids, and that he risked being
11 discharged from the practice if he had any further violations of the controlled substances
12 agreement. The warning letter and the medical records are unclear as to the specific urine drug
13 screen to which they are referring, but on or about March 13, 2017, Patient 1 provided a drug
14 screen that was inconsistent for the presence of Norco.

15 38. Between July 2015 and November 19, 2018, Respondent documented a number of
16 concerns related to Patient 1 continuing long-term controlled substance treatment. On or about
17 February 24, 2016, and May 6, 2016, Respondent documented that Patient 1 was treated for
18 depression. Between October 29, 2014, and March 17, 2019, Patient 1 received prescriptions
19 from ten separate pharmacies in violation of the controlled substances agreements that he had
20 with Respondent. At his interview with the HQIU Investigator on or about July 29, 2020,
21 Respondent stated that Patient 1 had an option to refer Patient 1 back to Kaiser for
22 multidisciplinary treatment when Patient 1 had issues with treatment, but that Kaiser was too
23 restrictive, and so Respondent tried "to manage the best I can." Respondent acknowledged that,
24 "(y)es, ideally, I should have refer him back to Kaiser, but I chose to keep him to manage the best
25 of my best ability."

26 39. Between July 2015 and November 19, 2018, Respondent failed to evaluate and/or
27 document Patient 1's progress towards treatment objectives as part of an on-going assessment,
28 and evaluate Patient 1's functional goals, side effects and aberrant behaviors. Between July 2015

1 and November 19, 2018, Respondent failed to create a treatment plan, including specifying goals
2 and objectives of treatment while prescribing benzodiazepines, stimulants, and Suboxone.
3 Between July 2015 and November 19, 2018, Respondent failed to provide informed consent
4 and/or document that he clearly explained the risks of long term, high dose, and excessive dose of
5 stimulant prescriptions. Between July 2015 and November 19, 2018, Respondent failed to
6 evaluate and/or document whether he evaluated Patient 1 for a diagnosis of ADD, anxiety and/or
7 low testosterone prior to prescribing benzodiazepines, stimulants, and/or testosterone.

8 Patient 2

9 40. Patient 2 established care with Respondent on or about August 20, 2018. Respondent
10 documented that Patient 2 had no acute medical conditions and listed no concerns under the
11 problem list. Under impression, Respondent documented that he performed a general adult
12 medical exam on Patient 2 with no abnormal findings. Respondent ordered biological fluid
13 testing for Patient 2 including testosterone level, lipid panel, and thyroid studies. On or about
14 August 20, 2018, labs were collected and the results indicated that the patient had hyperlipidemia,
15 a normal⁵ testosterone level of 406 ng/dL and a uric acid level of 5.0 mg/dL. On or about August
16 20, 2018, Respondent also refilled Patient 2's prior prescription for tramadol. On August 20,
17 2018, and subsequent visits with Patient 2, Respondent failed to document any discussion with
18 Patient 2 regarding what medical issue Respondent was treating with tramadol.

19 41. On or about December 17, 2018, Patient 2 presented in Respondent's clinic to discuss
20 the lab results from August 20, 2018, and his medical issues. Respondent documented that
21 Patient 2 needed testosterone, Lipitor (used to treat elevated cholesterol), and Cialis (an erectile
22 dysfunction medication). Respondent did not document a physical examination. In the
23 assessment and plan, Respondent documented that Patient 2 had testicular hypofunction and
24 noted that he would start Patient 2 on Depo-testosterone. Respondent failed to document a
25 medical rationale for providing exogenous testosterone to Patient 2 who had normal testosterone
26 levels as indicated by the August 20, 2018, lab results. Respondent failed to document whether

27
28 ⁵ According to the laboratory report, a normal reference range for testosterone is 264-916
ng/dL, citing Tavison et. al. JCEM 2017, 1021 1161-1173. PMID: 28324103.

1 Patient 2 had any symptoms of testicular hypofunction, and whether he discussed the long-term
2 risks and side effects of being prescribed exogenous testosterone with Patient 2.

3 42. On approximately 12 occasions between December 21, 2018, and June 19, 2019,
4 Patient 2 presented at Respondent's office to receive testosterone injections. Despite repeated
5 visits to Respondent's clinic over that time, Patient 2 only observed Respondent, Respondent's
6 medical assistant, and Respondent's receptionist working at the clinic and never saw or was
7 treated by any other licensed medical professionals. On or about January 30, 2019, Patient 2
8 provided a biological fluid sample for testing. The labs indicated that Patient 2 had a testosterone
9 level of 1488 ng/dL which was out of normal range and well above the 916 ng/dL reference level.
10 Respondent did not make changes to Patient 2's testosterone dosing despite this laboratory result.
11 On or about June 4, 2019, Respondent documented that Patient 2 was seen for shortness of breath.
12 Respondent documented that Patient 2 had shortness of breath at night since a bout of bronchitis,
13 and that he continued to smoke, and diagnosed him with chronic obstructive pulmonary disease
14 (COPD). Respondent did not document any discussion related to Patient 2's abnormally high
15 testosterone level in any of the progress notes between January 30, 2019, and June 19, 2019.

16 43. On or about June 19, 2019, Respondent documented that Patient 2 had knee pain for
17 the past three days. On physical examination, Respondent documented left knee tenderness,
18 warmth, pain on internal rotation and edematous (visible swelling). Respondent diagnosed the
19 patient with gout in his impression and ordered a uric acid level test. Respondent prescribed
20 prednisone and continued Patient 2 on testosterone. The uric acid test was normal with a result of
21 4.5 mg/dL and that result was consistent with the test done on or about August 21, 2018. The uric
22 acid test was not consistent with Respondent's diagnosis of gout. Respondent did not make any
23 changes to his diagnosis of gout following the reporting of Patient 2's uric acid test result on or
24 about June 20, 2019. Respondent did not work up Patient 2 for a possible deep vein thrombosis
25 (DVT) despite having Patient 2 on testosterone replacement therapy.

26 44. On or about June 23, 2019, Patient 2 continued to experience swelling to his legs and
27 he was in a great deal of pain. Patient 2 went to the emergency department at Sutter Medical
28 Center-Roseville. Patient 2 was diagnosed as having a series of heart attacks. Patient 2 was

1 instructed to stop taking prednisone and testosterone. Patient 2 was later transferred to Mercy
2 General Hospital where he underwent a heart procedure.

3 45. On or between August 20, 2018, and June 19, 2019, Respondent failed to provide
4 informed consent to Patient 2 and/or document the potential risks and side effects of long-term
5 testosterone therapy, including possible cardiovascular harm. On or between August 20, 2018,
6 and June 19, 2019, Respondent failed to create and/or document a treatment plan with objectives
7 for Patient 2's treatment. On or between February 1, 2019, and June 19, 2019, Respondent failed
8 to order follow-up laboratory testing with Patient 2 after receiving a high testosterone level on or
9 about January 30, 2019. On or between February 1, 2019, and June 19, 2019, Respondent failed
10 to adjust Patient 2's testosterone dosing, failed to discuss the lab result from January 30, 2019,
11 with Patient 2, and failed to ask Patient 2 if he was experiencing side effects from testosterone
12 treatment. Between August 20, 2019, and June 19, 2019, Respondent failed to document
13 diagnosis, treatment rationales, and treatment outcomes for testosterone treatment and Tramadol
14 treatment in Patient 2's medical record.

15 Patient 3

16 46. On or about May 21, 2015, Patient 3, a female patient, was seen by Respondent at the
17 Doan Family Medicine facility located in Rocklin, California, for the execution of an opiate/pain
18 management agreement with Respondent. The opiate/pain management agreement did not state or
19 discuss any risk of respiratory depression, motor impairment, cognitive impairment, and/or death
20 in relation to the use of opioids. Prior to that date, Respondent first began treating Patient 3 in
21 2014 for migraines and headache pain.

22 47. On or about January 7, 2016, Patient 3 was seen by Respondent for continuing
23 complaints of migraine headaches. Respondent prescribed Patient 3 with 120 tablets of 325-10
24 mg Percocet for her migraine headache pain and 30 tablets of 75 mg Tenuate as a diet medication.

25 48. On or about February 5, 2016, Patient 3 was seen by Respondent for a follow-up to
26 her opiate/pain management agreement with Respondent. Respondent refilled Patient 3's
27 medications for 120 tablets of 325-10 mg Percocet and 30 tablets of 75 mg Tenuate. Respondent
28 also obtained a drug screen from Patient 3, which showed that Patient 3 was negative for

1 hydrocodone, norhydrocodone, and hydromorphone, but did not appear to indicate whether
2 Patient 3 was screened/tested for the presence of Percocet or oxycodone. Patient 3's medical
3 records for this visit with Respondent do not specify measurable goals or objectives used to
4 evaluate Patient 3's progress, and they do not include an articulated treatment plan, rationale for
5 treatment, or outcomes of Patient 3's treatments.

6 49. On or about February 27, 2016, Patient 3 was seen by Respondent for a follow-up to
7 her opiate/pain management agreement and for her migraine. Patient 3 reported her pain was
8 10/10 and that the amount of pain relief she was obtaining from her current pain relievers was not
9 enough to make a difference in her life. Patient 3 also reported worsening sleep patterns since
10 starting the pain medication. Respondent noted that Patient 3 had frequent early medication
11 renewal requests and had increased her dosage without authorization. Respondent continued
12 Patient 3's current regimen without change.

13 50. On or about March 30, 2016, Patient 3 was seen by Respondent for a refill of her
14 opioid medication for her migraines. Respondent noted that "with new CDC guidelines, her
15 opioid needs to be wean down and off." Respondent noted his intent to reduce Patient 3's
16 Percocet 325-10 mg to 100 tablets per month and to refer her to pain management. On or about
17 April 28, 2016, Respondent saw Patient 3 for a follow-up for her migraines. Patient 3 informed
18 Respondent that she still had migraines which had recently increased. Respondent refilled her 100
19 tablets of 325-10 mg Percocet despite noting 90 tablets in the medical record under current
20 medications. He also obtained a drug screen from Patient 3, which showed a consistent positive
21 result for oxycodone and its metabolites, and negative for all other listed drugs. On or about May
22 26, 2016, Respondent obtained a drug screen from Patient 3, which yielded results that were
23 inconsistently positive for morphine. There is no indication in Patient 3's medical records of any
24 further or additional testing or retesting of this result.

25 51. On or about June 22, 2016, Patient 3 was seen by Respondent for a follow-up to her
26 opiate/pain management agreement. Patient 3 reported having a therapeutic abortion (TAB) and
27 additional uterine cramping. Respondent prescribed Indocin to Patient 3; however, there is no
28 indication in the medical record of Patient 3 being informed of the side effects of Indocin,

1 especially when combined with alcohol, such as an increased risk of gastrointestinal-related side
2 effects or kidney damage. On or about July 12, 2016, Patient 3 was again seen for a follow-up to
3 her opiate/pain management agreement. Patient 3 reported her pain was 5-6/10 and that
4 approximately 70% of her pain has been relieved on her current medications. Respondent
5 referenced Patient 3's last drug screen from May 26, 2016 in the medical record but did not
6 discuss the inconsistent result of a positive drug screen for morphine. Respondent continued
7 Patient 3's current regimen without change.

8 52. On or about August 18, 2016, Patient 3 was seen by Respondent for complaints of
9 headaches, and reported severe fatigue for the prior three months with a headache upon waking
10 each morning. Patient 3 also reported discontinued use of Topamax (an anti-migraine medicine).
11 Respondent refilled her Percocet prescription but increased the dosage to 120 tablets of 325-10
12 mg; however, the medical record contains no discussion regarding this increased dosage. On or
13 about September 14, 2016 and October 12, 2016, Patient 3 was seen by Respondent for
14 complaints of migraine headaches, to which Respondent continued her on 120 tablets of Percocet
15 at 325-10 mg. Respondent obtained drug screens from Patient 3 on both September 14, 2016 and
16 October 12, 2016, both of which showed that Patient 3 was negative for all drugs tested, but they
17 did not appear to indicate whether Patient 3 was tested for the presence of Percocet or oxycodone
18 in either drug screen.

19 53. On or about November 3, 2016, Patient 3 was seen by Respondent for a follow-up to
20 her opiate/pain management agreement and for her migraine. Patient 3 reported her pain was 5-
21 6/10 and that approximately 60% of her pain has been relieved on her current medications.
22 Respondent noted that Patient 3 self-reported the use of alcohol socially, and Respondent
23 documented in the medical record the same risk and benefit language he used in his previous pain
24 management assessments without mention of the patient's alcohol use. On or about November 19,
25 2016, Patient 3 was again seen by Respondent for a follow-up to her opiate/pain management
26 agreement and for her migraine. Patient 3 reported her pain was 5-6/10 but, inconsistent with two
27 weeks prior, she now reported 70% of her pain was relieved on her current medications, and
28

1 Respondent noted Patient 3 was not consuming alcohol socially. Respondent continued Patient
2 3's current regimen without change.

3 54. On or about January 7, 2017, Patient 3 was seen by Respondent for a follow-up to her
4 opiate/pain management agreement and for her migraines. Patient 3 reported her pain was 5-8/10,
5 that approximately 60% of her pain has been relieved on her current medications, and the medical
6 record indicated she was not consuming alcohol socially. Respondent continued Patient 3's
7 current regimen without change. On or about January 25, 2017, Patient 3 was again seen by
8 Respondent for a follow-up to her opiate/pain management agreement and for her migraines
9 which Patient 3 reported as being exacerbated by her employment situation. Patient 3 also
10 reported her pain was 6-8/10 and that approximately 60% of her pain has been relieved on her
11 current medications. Respondent continued Patient 3's current regimen without change, and
12 obtained a drug screen from Patient 3 which yielded results that were consistent for oxycodone
13 and metabolites.

14 55. On or about February 23, 2017, Patient 3 was seen by Respondent for a follow-up to
15 her opiate/pain management agreement and for her migraine. Patient 3 reported her pain was 5-
16 7/10, that approximately 60% of her pain has been relieved on her current medications, and that
17 she lost her employment. Respondent continued Patient 3's current regimen without change.

18 56. On or about March 18, 2017, Patient 3 was seen by Respondent for complaints of
19 migraine headaches. Respondent noted that there was no change in the pattern of her migraines
20 and still required opioids for pain control. Respondent continued Patient 3's current regimen
21 without change, and obtained a drug screen from Patient 3 which yielded results that were
22 positive for oxycodone and metabolites but also positive for Levorphanol. According to a review
23 of Patient 3's medical records and the CURES⁶ reports, there is no indication that the
24 Levorphanol was filled at a pharmacy.

25
26
27 ⁶ Controlled Substance Utilization Review and Evaluation System (CURES) is a database
28 maintained by the California Department of Justice, which tracks all controlled drug prescriptions
that are dispensed in the State of California.

1 57. On or about May 1, 2017, Patient 3 was seen by Respondent for complaints of
2 migraine headaches. Patient 3 reported having a recent motor vehicle accident, and that her
3 migraines were increasing while she was taking 60 MME⁷ per day. Respondent noted that Patient
4 3 had no history of abuse or early refills or diversion of her medication, and stated the patient
5 would be continued on the current dosage of Percocet. Respondent made no mention of Patient
6 3's last drug screen from March 18, 2017 in the medical record, and did not discuss the
7 inconsistent result of a positive result for Levorphanol. Respondent continued Patient 3's current
8 regimen without change, and obtained a drug screen from Patient 3 which yielded results that
9 were positive for morphine and negative for oxycodone. On or about May 15, 2017, Patient 3 was
10 seen by Respondent to go over the recent lab results and discuss medications. Respondent noted
11 that Patient 3 was prescribed 120 tablets of Percocet at 325-10 mg and noted his intention to
12 schedule her for a bioTE pellet insertion (bio-identical hormone pellet therapy for women).

13 58. According to a review of Patient 3's medical records and the CURES reports,
14 Respondent prescribed Patient 3 120 tablets of oxycodone at 10 mg on March 7, 2017 where the
15 patient filled an additional 30 tablets on March 18, 2017. No mention was made by Respondent in
16 Patient 3's medical records as to this early refill. On June 1, 2017, Patient 3 filled her Percocet
17 prescription from Respondent four days early. Between July 7, 2017 and September 25, 2017, the
18 patient was given two prescriptions by Respondent for oxycodone at 120 tablets each, and two
19 prescriptions for oxycodone at 30 tablets each. Between September 25, 2017 and April 30, 2018,
20 Patient 3 was given four prescriptions written by Respondent for hydrocodone for a total of 79
21 tablets from four different providers and one prescriptions for oxycodone at 40 tablets from a fifth
22 provider.

23 59. On or about April 30, 2018, Patient 3 was seen by Respondent to discuss Suboxone
24 therapy and treatment of heroin addiction. Patient 3 reported using heroin for many months for
25

26 ⁷ Morphine Milligram Equivalents ("MME") and Morphine Equivalent Dose ("MED"), is
27 a numerical standard against which most opioids can be compared, yielding an apples-to-apples
28 comparison of each medication's potency. The California Medical Board Guidelines issued in
 November 2014 stated that any physicians should proceed cautiously (yellow flag warning) once
 an MED reaches 80 mg per day. <https://www.mbc.ca.gov/Download/Publications/pain-guidelines.pdf> at page 17.

1 musculoskeletal pain, and subsequently became physically and mentally addicted to heroin.
2 Patient 3 reported she attempted to wean off heroin but had withdrawal symptoms and was afraid
3 to get off opioids whether bought by prescription or on the black market. Respondent diagnosed
4 Patient 3 with opioid abuse and accidental poisoning by heroin. Respondent prescribed Patient 3
5 Suboxone at 8 mg twice a day and noted in her medical records a discussion about the risks and
6 side effects of medication with a one-month follow-up; however, there is no mention in the record
7 regarding Patient 3's use of multiple providers. Respondent also obtained a drug screen from
8 Patient 3 which yielded results that were positive for amphetamines, cannabinoids and heroin.

9 60. According to a review of Patient 3's medical records and the CURES reports, on May
10 1, 2018, Patient 3 filled a prescription for 60 tablets of Suboxone at 8 mg from an unknown
11 prescriber, and on the following day, May 2, 2018, filled an additional 60 tablets of Suboxone at 8
12 mg from Respondent.

13 61. According to a review of Patient 3's medical records and the CURES reports, Patient
14 3 filled prescriptions for the following opioids: from November 14, 2015 to February 5, 2016, the
15 patient received an average of 86 MME per day; from March 1, 2016 to August 8, 2016, the
16 patient received an average of 68 MME per day; from September 16, 2016 to April 5, 2017, the
17 patient received an average of 82 MME per day; and from May 5, 2017 to September 25, 2017,
18 the patient received an average of 69 MME per day. After September 25, 2017, there were five
19 other providers each with four prescriptions for hydrocodone and one prescription for oxycodone
20 ranging from 12 to 40 tablets for Patient 3.

21 62. According to a review of Patient 3's medical records and the CURES reports, on
22 numerous occasions Patient 3 requested early refills of controlled substances from Respondent,
23 including: January 9, 2016 to February 5, 2016; May 27, 2016 to June 23, 2016; July 22, 2016 to
24 August 18, 2016; September 16, 2016 to September 26, 2016; March 7, 2016 to March 18, 2016;
25 May 5, 2017 to June 1, 2017; and August 22, 2017 to September 1, 2017. In addition, Patient 3
26 used multiple pharmacies to fill her prescriptions in violation of her May 21, 2015 opiate/pain
27 management agreement with Respondent.
28

63. On or about May 21, 2015 through April 30, 2018, the vast majority of Patient 3's medical records for her visits with Respondent did not specify measurable goals or objectives used to evaluate Patient 3's progress, did not state the duration, severity, and/or number of headache free days, and did not include an articulated treatment plan, rationale for treatment, or outcomes of Patient 3's treatments.

Patient 4

64. On or about November 9, 2015, Patient 4, a female patient, was seen by Respondent at the Doan Family Medicine facility located in Rocklin, California, for the execution of an opiate detoxification management agreement with Respondent. The opiate detoxification management agreement included the requirements of urine drug screening, CURES report review and the use of only H&H Integrative Pharmacy for prescriptions. Prior to that date, Patient 4 had a history of opioid addiction for back pain.

65. According to a review of Patient 4's CURES reports:

a. On November 12, 2015, Patient 4 filled a prescription from Respondent for 10 tablets of amphetamine salt combo at 30 mg, at H&H Integrative Pharmacy;

b. On November 16, 2015, Patient 4 filled a prescription from another medical provider for 120 tablets of amphetamine salt combo at 20 mg, at a Walmart Pharmacy;

c. On November 19, 2015, Patient 4 filled a prescription from Respondent for 15 tablets of amphetamine salt combo at 30 mg, at H&H Integrative Pharmacy;

d. On November 30, 2015, Patient 4 filled a prescription from Respondent for 15 tablets of amphetamine salt combo at 30 mg, at H&H Integrative Pharmacy;

e. On December 12, 2015, Patient 4 filled a prescription from Respondent for 60 tablets of amphetamine salt combo at 20 mg, at a Target Pharmacy;

f. On December 16, 2015, Patient 4 filled a prescription from another medical provider for 120 tablets of amphetamine salt combo at 20 mg, at a Walmart Pharmacy; and

g. On December 24, 2015, Patient 4 filled a prescription from Respondent for 30 tablets of amphetamine salt combo at 20 mg, at H&H Integrative Pharmacy.

1 66. On or about December 20, 2016, Respondent obtained Patient 4's CURES report
2 dating from July 20, 2016 through December 8, 2016, which indicated Patient 4 filed
3 prescriptions for Alprazolam and amphetamine salt combo (Adderall) at a Costco Pharmacy that
4 was not listed in the November 9, 2015 opiate detoxification management agreement.
5 Furthermore, Respondent's medical records for Patient 4 did not state a diagnosis and/or
6 treatment plan with a rationale for the Adderall prescription for this time period. According to a
7 review of Patient 4's medical records and the CURES reports, between December 30, 2015 and
8 December 31, 2015, Patient 4 filled prescriptions for Suboxone, Alprazolam, and Adderall from
9 Respondent.

10 67. On or about January 12, 2016, Patient 4 was seen by Respondent for a Suboxone
11 follow-up, during which Respondent obtained a drug screen from Patient 4 that yielded positive
12 results for Suboxone metabolites and amphetamine. However, there was no positive result for
13 Alprazolam. Respondent refilled Patient 4's prescriptions for 90 tablets of Suboxone at 2-0.5 mg
14 and 120 tablets of Adderall at 20 mg. According to a review of Patient 4's CURES reports,
15 Patient 4 was provided a prescription for Alprazolam on or about December 31, 2016, by another
16 medical provider, in violation of the November 9, 2015 opiate detoxification management
17 agreement with Respondent. On or about January 22, 2016, Patient 4 was seen by Respondent to
18 discuss her CURES reports regarding obtaining Adderall from two physicians. Patient 4 reported
19 to Respondent that she had her daughter retrieve the prescription medications from the other
20 medical provider. Even though the utilization of two medical providers and multiple pharmacies
21 are violations of the November 9, 2015 opiate detoxification management agreement, Respondent
22 only discussed the importance of CURES and a single medical provider with Patient 4. On or
23 about January 29, 2016, Patient 4 was seen by Respondent, and reported her Adderall was
24 accidentally washed with her clothing by her daughter. Patient 4 requested Respondent refill her
25 prescription. Respondent refilled Patient 4's Adderall and obtained a drug screen from Patient 4
26 that yielded positive results for buprenorphine and norbuprenorphine; however, there was an
27 abnormal creatinine level and specific gravity that could indicate a tainted sample.

1 68. On or about February 4, 2016, Respondent obtained a CURES report dated from
2 August 8, 2015 through January 22, 2016 for Patient 4 which indicated Patient 4 filled a
3 prescription for amphetamine salt combo on December 30, 2015 for 90 tablets from Respondent,
4 but also filled a prescription for amphetamine salt combo on January 19, 2016 for 120 tablets
5 from another medical provider at a Walmart Pharmacy.

6 69. On or about February 5, 2016, Patient 4 was seen by Respondent for a Suboxone
7 follow-up, at which time Respondent refilled Patient 4's 60 tablets of Suboxone prescription;
8 however, there is no indication in Patient 4's medical records that Respondent discussed Patient
9 4's January 18, 2016 filling of 120 tablets of amphetamine salt combo from another medical
10 provider at a Walmart Pharmacy.

11 70. According to a review of Patient 4's CURES reports, on February 5, 2016, the patient
12 filled a prescription for 6 tablets of Suboxone, on February 8, 2016 she filled a prescription for 10
13 tablets, and on February 12, 2016 she filled a prescription for 44 tablets. On February 12, 2016
14 she also filled a prescription for 120 tablets of amphetamine salt combo at 20 mg. On February
15 18, 2016, Patient 4 filled a 30 tablet prescription for Alprazolam at 1 mg, from another medical
16 provider at a Walmart Pharmacy. On or about March 3, 2016, Respondent obtained a CURES
17 report dated from September 3, 2015 through February 18, 2016 for Patient 4.

18 71. On or about March 5, 2016, Patient 4 was seen by Respondent for a Suboxone
19 follow-up. Respondent refilled Patient 4's Suboxone prescription with 56 tablets, prescribed 30
20 dosages of Vyvanse at 70 mg, and obtained a drug screen from Patient 4. There is no indication in
21 Patient 4's medical records for this visit pertaining to Patient 4 filling a prescription for
22 Alprazolam and its contraindicated use with Suboxone, nor is there any mention as to why
23 Vyvanse was prescribed or why Patient 4 required an early refill of her amphetamines. At an
24 interview with an HQIU Investigator on July 29, 2020, Respondent stated that Patient 4 had
25 gastric bypass surgery and that sometimes her pills would pass through her digestive system, and
26 hoped that the delayed release of the Vyvanse would assist her to absorb the medication.
27 However, on or about April 4, 2016, Patient 4 was seen by Respondent for a Suboxone follow-up,
28

1 and Respondent refilled Patient 4's prescriptions for Suboxone and Adderall but not Vyvanse
2 until April 23, 2016 at 30 mg for 70 tablets.

3 72. On or about May 6, 2016, Patient 4 was seen by Respondent for an attention deficit
4 disorder (ADD) / attention deficit hyperactivity disorder (ADHD) follow-up. Patient reported that
5 during the prior two weeks she had little interest and pleasure doing daily tasks and felt depressed
6 nearly every day. Patient 4 also reported difficulty sleeping, a poor appetite or overeating, and
7 loss of concentration. Respondent noted a score of 21 on the patient health questionnaire (PHQ-9)
8 but no further discussion of Patient 4's depression screening was mentioned in the medical
9 records for this visit. Respondent refilled Patient 4's Suboxone and Adderall approximately
10 seventeen days early. On or about May 20, 2016, Patient 4 was seen by Respondent for a
11 Suboxone follow-up during which the patient reported increasing her own Suboxone dosage to 3
12 mg after feeling loopy while shopping at 1 a.m. Respondent refilled the patient's prescriptions for
13 45 tablets of Suboxone at 2-0.5 mg and 120 tablets of Adderall at 20 mg approximately eighteen
14 days early. There was no mention in Patient's 4 medical records regarding the unauthorized
15 Suboxone dosage increase for this month.

16 73. On or about June 22, 2016, Patient 4 was seen by Respondent for a Suboxone follow-
17 up at which time Respondent refilled Patient 4's Suboxone and Adderall, and added a prescription
18 for 25 tablets of Prednisone at 20 mg. There was no mention in Patient's 4 medical records
19 regarding the rationale for the prescribed Prednisone for this visit. According to a review of
20 Patient 4's medical records and the CURES reports, between April 8, 2016 and June 30, 2016,
21 Patient 4 filled prescriptions for over 240 tablets of amphetamines at 20 mg and 30 tablets of
22 Vyvanse at 70 mg.

23 74. On or about July 12, 2016, Patient 4 was seen by Respondent for a Suboxone follow-
24 up. Respondent refilled Patient 4's prescriptions for Suboxone, prescribed 60 tablets of
25 Alprazolam at 0.5 mg, obtained a drug screen, and ordered a set of labs including a metabolic
26 panel which revealed the patient's hemoglobin was very low with a very low iron level. There
27 was no mention in Patient's 4 medical records regarding the lab results on this date nor on
28 subsequent dates of service for Patient 4. Additionally, Patient 4's CURES reports evidence the

1 patient filling another prescription for Adderall from Respondent on July 22, 2016 for an
2 additional 120 tablets without an explanation provided in the patient's medical record as to this
3 early refill.

4 75. On or about August 18, 2016, Patient 4 was seen by Respondent for a Suboxone
5 follow-up. Respondent refilled Patient 4's prescription for Suboxone and Adderall. According to
6 a review of Patient 4's medical records and the CURES reports, on August 16, 2016, Respondent
7 prescribed Patient 4 60 tablets of Alprazolam at 0.5 mg; however, there was no explanation of
8 how or why this occurred in the patient's medical record. Additionally, Patient 4's CURES
9 reports evidence the patient filling another prescription for Adderall from Respondent on August
10 29, 2016 for an additional 120 tablets. Again, there was no explanation provided in the patient's
11 medical record as to this early refill.

12 76. On or about September 6, 2016, Patient 4 was seen by Respondent for a Suboxone
13 follow-up. Respondent noted that Patient 4 was unable to stay on 1 mg dosage of Suboxone, and
14 consequently increased her prescription to 2 mg daily and refilled her Suboxone approximately
15 twelve days early. Respondent also obtained a drug screen from Patient 4 which showed that
16 Patient 4 was positive for Suboxone and amphetamines, but inconsistently positive for Tramadol
17 and Tramadol metabolites.

18 77. On or about September 13, 2016, Respondent obtained a CURES report for Patient 4,
19 and on or about September 26, 2016, saw Patient 4 for a Suboxone follow-up and noted that "no
20 relapse and last urine drug screen is clear off illicit drugs." However, there was no mention in the
21 medical record of any discussion regarding the positive Tramadol test results from September 6,
22 2016. Respondent continued Patient 4's current Suboxone regimen without change.

23 78. On or about October 24, 2016, Patient 4 was seen by Respondent for a Suboxone
24 follow-up, at which time Respondent refilled Patient 4's prescriptions for Suboxone and Adderall,
25 and obtained a drug screen. According to a review of Patient 4's medical records and the CURES
26 reports, Patient 4 filled a 60 tablet prescription for Alprazolam at 0.5 mg from Respondent on
27 October 12, 2016. On or about November 22, 2016, Patient 4 was seen by Respondent for a
28 Suboxone follow-up, at which time Respondent refilled Patient 4's prescriptions for Suboxone at

1 0.25 mg per day and ordered a blood draw to recheck the patient's iron. On or about December 8,
2 2016, Patient 4 was seen by Respondent for a Suboxone follow-up, at which time Respondent
3 refilled Patient 4's prescriptions for Suboxone at 0.25 mg twice day, prescribed 28 tablets of
4 methylphenidate at 20 mg, and obtained a drug screen. There were no results provided in Patient
5 4's medical records for this drug screen, nor was there any explanation for the Suboxone dosage
6 increase. Additionally, Patient 4 CURES reports evidence the patient filling another prescription
7 for methylphenidate from Respondent on December 14, 2016 for an additional 60 tablets, as well
8 as 60 tablets of Alprazolam at 0.5 mg on December 1, 2016. Again, there was no explanation
9 provided in the patient's medical record as to this early refill.

10 79. On or about December 21, 2016, Patient 4 was seen by Respondent for a Suboxone
11 follow-up, at which time Respondent refilled Patient 4's prescription for Suboxone; however,
12 Patient 4's medical records for this visit listed an additional prescription from December 21, 2016
13 for Suboxone as well as a prescription for methylphenidate on December 14, 2016. There was no
14 mention in Patient's 4 medical records regarding the rationale for the second listed prescription of
15 Suboxone or the additional prescription of methylphenidate for this visit. According to a review
16 of Patient 4's medical records and the CURES reports, between July 8, 2016 and December 1,
17 2016, Patient 4 filled prescriptions for over 600 tablets of amphetamines at 20 mg and 180 tablets
18 of Alprazolam at 0.5 mg from Respondent.

19 80. On or about January 14, 2017, Patient 4 was seen by Respondent for a Suboxone
20 follow-up, at which time Respondent refilled Patient 4's prescriptions for Suboxone, 120 tablets
21 of Adderall at 20 mg, and prescribed 60 tablets of Xanax at 0.5 mg. In Patient 4's medical records
22 for this visit, there was no discussion of the reasons for the prescriptions of Adderall and Xanax.
23 In the medication list portion of Patient 4's medical records, it states that on January 5, 2017
24 Respondent prescribed the patient 120 tablets of methylphenidate at 20 mg; however, there was
25 no other mention of this prescription in the patient's record for this visit and no discussion as to
26 the reason Respondent prescribed Adderall and methylphenidate together. On or about January
27 16, 2017, Respondent obtained a drug screen from Patient 4 which showed that Patient 4 was
28 negative for lorazepam, nordiazepam, tempazepam and oxazepam; however, it does not appear

1 that the drug screen tested for Alprazolam (Xanax). According to a review of Patient 4's medical
2 records and the CURES reports, Patient 4 filled a prescription for 60 tablets of Alprazolam at 0.5
3 mg from Respondent on January 26, 2017.

4 81. On or about February 6, 2017, Patient 4 was seen by Respondent for a Suboxone
5 follow-up. Respondent noted that at the last office visit, only two weeks' worth of Suboxone and
6 Adderall were prescribed. In the medication list of the medical record, Respondent noted that the
7 patient received a refill of Adderall on January 26, 2017, and in the plan section of the medical
8 record Respondent noted refilling the patient with 15 tablets of Suboxone and 120 tablets of
9 Adderall. According to a review of Patient 4's medical records, in the medication list sections,
10 between January 14, 2017 and February 6, 2017, Respondent prescribed 320 tablets of Adderall
11 to Patient 4. Additionally, Patient 4's CURES reports evidence the patient filling another
12 prescription for Adderall from Respondent on February 18, 2017 for 120 tablets at 20 mg and
13 then again on March 8, 2017 for an additional 70 tablets at 30 mg. Again, there was no
14 explanation provided in the patient's medical record as to this early refill or increase in dosage.

15 82. On or about March 3, 2017, Patient 4 was seen by Respondent for a Suboxone
16 follow-up, during which Respondent refilled Patient 4's prescriptions for 15 tablets of Suboxone,
17 60 tablets of Adderall at 30 mg, and obtained a drug screen. On or about March 23, 2017, Patient
18 4 was seen by Respondent for a Suboxone follow-up during which Respondent refilled Patient 4's
19 prescriptions for 8 tablets of Suboxone and 30 tablets of Xanax. On or about April 6, 2017,
20 Patient 4 was seen by Respondent for a Suboxone follow-up during which Respondent refilled
21 Patient 4's prescriptions for 30 tablets of Suboxone, 60 tablets of Adderall at 30 mg, and obtained
22 a drug screen. There was no discussion in Patient 4's medical records regarding the increased
23 amount of Suboxone for this visit. The drug screen results showed the patient was consistently
24 positive for Suboxone and amphetamines with all other test results being negative. Additionally,
25 Patient 4's CURES reports evidence the patient filling another prescription for Adderall from
26 Respondent on April 19, 2016 for an additional 60 tablets. Again, there was no explanation
27 provided in the patient's medical record as to this early refill.

1 83. According to a review of Patient 4's medical records and the CURES reports, from
2 December 1, 2016 through April 7, 2017, Patient 4 filled prescriptions for 120 tablets of
3 Alprazolam at 0.5 mg, and two stimulants: 169 tablets of methylphenidate at 20 mg, and 420
4 tablets of amphetamines at 20 mg from Respondent.

5 84. On or about May 1, 2017, Patient 4 was seen by Respondent for a Suboxone follow-
6 up, during which Respondent prescribed Patient 4 120 tablets of Adderall at 30 mg and 90 tablets
7 of Lexapro⁸ at 10 mg. There was no mention in Patient's 4 medical records regarding the
8 rationale for the additional prescription of Lexapro for this visit. On or about May 24, 2017,
9 Patient 4 was seen by Respondent for a Suboxone follow-up, during which Respondent refilled
10 Patient 4's prescriptions for 30 tablets of Suboxone, 120 tablets of Adderall at 30 mg, reviewed
11 Patient 4's CURES reports, and obtained a drug screen. There was no explanation provided in the
12 patient's medical record as to this early refill of Adderall. On or about May 31, 2017, Patient 4
13 was seen by Respondent for a skin infection, at which time Respondent noted that Patient 4 was
14 malnourished; however, on or about June 9, 2017, Respondent had a metabolic panel completed
15 by Patient 4 that indicated a contrary result regarding Patient 4's protein levels.

16 85. On or about June 21, 2017, Patient 4 was seen by Respondent for a Suboxone follow-
17 up. Respondent diagnosed the patient with opioid dependence in remission and proceeded to refill
18 her prescriptions for 90 tablets of Lexapro at 20 mg, 30 tablets of Suboxone at 2-0.5 mg, and 120
19 tablets of Adderall at 30 mg. Respondent obtained a drug screen from Patient 4, and according to
20 the medical record notes, discussed the risk and side effect of the medications with the patient.

21 86. On or about July 22, 2017, Patient 4 was seen by Respondent for a Suboxone follow-
22 up, during which Respondent refilled Patient 4's prescriptions for Suboxone, Adderall, and
23 prescribed vitamin D at 50,000 units weekly without any recent lab work evidencing the patient's
24 vitamin D levels or obtaining the patient's weight at this visit. No rationale was noted for the
25 vitamin D prescription at this visit in Patient 4's medical records on this day. Respondent noted
26 that he reviewed the patient's CURES report and ordered a drug screen.

27 ⁸ Lexapro (escitalopram) is an antidepressant in a group of drugs called selective serotonin
28 reuptake inhibitors (SSRIs). Escitalopram affects chemicals in the brain that may be unbalanced
in people with depression or anxiety.

1 87. According to a review of Patient 4's medical records and the CURES reports, from
2 April 14, 2017 through August 23, 2017, Patient 4 filled prescriptions for 540 tablets of
3 amphetamines at 30 mg from Respondent.

4 88. On or about September 14, 2017, Patient 4 was seen by Respondent for a Suboxone
5 follow-up. Respondent noted in the patient's medical records that he discussed using Suboxone
6 for opioid and heroin dependency with Patient 4. Respondent refilled Patient 4's prescriptions for
7 Suboxone and Adderall, reviewed her CURES report, and obtained a drug screen for Patient 4.
8 Additionally, Patient 4's CURES reports evidence the patient filling a prescription for Adderall
9 from Respondent on August 24, 2017 for 120 tablets of Adderall at 30 mg and then again on
10 September 15, 2017 for an additional 120 tablets. There was no explanation provided in the
11 patient's medical record as to this early refill.

12 89. On or about October 11, 2017, Patient 4 was seen by Respondent for a Suboxone
13 follow-up, during which Respondent refilled Patient 4's prescriptions for Suboxone, Adderall,
14 reviewed the patient's CURES report, and obtained a drug screen. Respondent noted that the
15 patient suffered from iron deficiency anemia and expressed concern about malnutrition in
16 previous visits; however, the patient's weight was not noted at this visit and lab results for Patient
17 4's complete blood count (CBC) and iron studies are normal.

18 90. On or about November 1, 2017, Patient 4 was seen by Respondent for a Suboxone
19 follow-up, during which Respondent noted the patient's weight at 134 lbs. and refilled her
20 prescriptions for Suboxone and Adderall. On or about November 27, 2017, Patient 4 was seen by
21 Respondent for a Suboxone follow-up, during which Respondent noted the patient's weight at
22 133 lbs., with an elevated pulse at 104 beat per minute (bpm). Respondent refilled her
23 prescriptions and noted in the medical records the identical plan as Patient 4's previous
24 November 2017 visit. According to a review of Patient 4's medical records and the CURES
25 reports for November 2017, Respondent decreased the patient's Adderall dosage from 120 mg
26 daily to 30 mg daily without a rationale or explanation in the patient's medical records for this
27 month. However, the CURES reports for Patient 4 also evidence the patient filling a prescription
28 for Adderall from Respondent on November 27, 2017 for 120 tablets of Adderall at 30 mg and

1 then again on December 13, 2017 for an additional 52 tablets. There was no explanation provided
2 in the patient's medical record as to this early refill.

3 91. On or about December 26, 2017, Patient 4 was seen by Respondent for a Suboxone
4 follow-up, during which Respondent refilled Patient 4's prescriptions for Suboxone and increased
5 her Adderall daily dosage from 30 mg to 120 mg and noted that he planned on discussing
6 decreasing her Adderall dosage next month even though she did not absorb the drug well due to
7 her previous gastric bypass. Respondent also noted that he reviewed her CURES report and
8 obtained a drug screen from Patient 4, which showed that Patient 4 was positive for
9 buprenorphine and negative for amphetamines despite the patient filling Respondent's
10 prescription for amphetamine salts on December 9, 2017.

11 92. On or about January 18, 2018, Patient 4 was seen by Respondent for a Suboxone
12 follow-up, during which Respondent refilled Patient 4's prescriptions for Suboxone and Adderall,
13 reviewed the patient's CURES report, and noted in the medical records the intention to decrease
14 to 500 mcg daily without any indication as to what precisely the decrease was in reference to.

15 93. On or about February 7, 2018, Patient 4 was seen by Respondent for a Suboxone
16 follow-up. Respondent noted that Patient 4 was done with Suboxone, had stopped using her
17 Suboxone a few days prior, and was feeling fatigued. Respondent noted that the patient's pulse
18 was 134 bpm with a blood pressure of 158/104; however, there was no indication in the patient's
19 medical records of Respondent addressing her bpm and blood pressure levels at this visit.
20 Respondent prescribed 20 mg of Ritalin twice a day to Patient 4 to increase her energy level, even
21 though Respondent had prescribed 120 tablets of Adderall to Patient 4 at her last visit on or about
22 January 18, 2018. Respondent also prescribed 15 tablets of Phentermine at 37.5 mg while noting
23 her weight at 132 lbs., but without noting a rationale in the medical records for prescribing this to
24 Patient 4 at this visit or why three different stimulant types were prescribed to the patient. On or
25 about February 12, 2018, Patient 4 was seen by Respondent for a Suboxone follow-up, during
26 which time Respondent noted that the patient had stopped taking Suboxone for 1.5 weeks and
27 was still feeling tired. Respondent prescribed 14 tablets of Ritalin at 20 mg for a total of 80 mg
28 daily with the stated rationale of Patient 4's poor absorption due to previous gastric bypass

1 surgery. On or about February 19, 2018, Patient 4 was seen by Respondent for an ADD/ADHD
2 follow-up, during which time Respondent noted that the patient had difficulty absorbing extended
3 release of Adderall but was completely detoxed from Suboxone. Respondent also noted that
4 Patient 4's pulse rate was 93 bpm, her blood pressure was 153/90, and that the patient scored 0 on
5 the PHQ-9. Respondent refilled Patient 4's Adderall 30 mg prescription and obtained a drug
6 screen from the patient.

7 94. According to a review of Patient 4's medical records and the CURES reports, from
8 August 24, 2017 through February 10, 2018, Patient 4 filled prescriptions for over 800 tablets of
9 amphetamines at 30 mg, 7 tablets of methylphenidate at 20 mg, and 15 tablets of phentermine at
10 37.5 mg from Respondent.

11 95. According to a review of Patient 4's medical records and the CURES reports, Patient
12 4 filled prescriptions from Respondent within a three-day period for three different stimulants
13 concurrently: 120 tablets of Adderall at 30 mg on January 23, 2018, 15 tablets of Phentermine at
14 37.5 mg on February 7, 2018, 7 tablets of Methylphenidate at 20 mg on February 8, 2018, and 5
15 tablets of Adderall at 30 mg on February 10, 2018.

16 96. On or about March 12, 2018, Patient 4 was seen by Respondent for an ADD/ADHD
17 follow-up, during which time Patient 4 reported having an iron infusion a few days prior, and
18 Respondent noted the patient's weight at 136 lbs. with a pulse rate of 90 bpm. Respondent refilled
19 Patient 4's prescription for 120 tablet Adderall at 30 mg and obtained a drug screen from the
20 patient. On or about April 11, 2018, Patient 4 was seen by Respondent for an ADD/ADHD
21 follow-up, during which time Patient 4 reported increased weight gain due to increased appetite.
22 Respondent noted the patient's weight at 145 lbs. and refilled her Adderall prescription but also
23 prescribed 100 mg Topiramate⁹ twice daily.

24 97. Respondent refilled Patient 4's Adderall prescription and also prescribed 90 tablets of
25 Armour Thyroid¹⁰ at 30 mg on May 9, 2018 without noting a rationale for the thyroid supplement

26
27 ⁹ Topiramate is an anticonvulsant and nerve pain medication that can also treat and
prevent seizures, migraine headaches, and can be used for weight loss treatment.

28 ¹⁰ Armour Thyroid is a prescription medicine used to treat the symptoms of low thyroid
hormone (hypothyroidism).

1 prescription at this or the prior visit in Patient 4's medical records. On or about June 6, 2018,
2 Patient 4 was seen by Respondent for an ADD/ADHD follow-up during which time Patient 4
3 reported no hypertension and Respondent noted an increase in the patient's weight to 148 lbs. On
4 or about July 2, 2018, Patient 4 was seen by Respondent for an ADD/ADHD follow-up during
5 which time Respondent noted Patient 4's weight at 149 lbs. and refilled her prescriptions for
6 Adderall and Armour Thyroid, but increased the thyroid supplement prescription to 90 mg
7 dosages without noting a rationale for this increase. On or about July 30, 2018, Patient 4 was seen
8 by Respondent for an ADD/ADHD follow-up, during which time Respondent noted Patient 4's
9 weight at 143 lbs. and refilled her prescriptions for Adderall.

10 98. On or about September 12, 2018, Patient 4 reported that on September 10, 2018 her
11 purse containing her amphetamine prescriptions from Respondent were stolen. According to a
12 review of Patient 4's medical records and the CURES reports, on September 5, 2018, September
13 15, 2018, and on September 18, 2018 the patient filled prescriptions for Adderall from the
14 Respondent for 120 tablets at 30 mg on each date.

15 99. On or about November 14, 2018, Patient 4 was seen by Respondent for an
16 ADD/ADHD follow-up during which time Respondent refilled the patient's Adderall prescription
17 and noted her weight at 143 lbs. and pulse rate at 104 bpm. Under review of symptoms for this
18 visit, there was an addendum dated May 22, 2019 and initialed T.D. stating "no change from
19 previous notes. still has difficulty focus on task and therefore increases her anxiety." Under
20 impression for this visit, there was another addendum dated May 22, 2019 and initialed T.D.
21 stating "due to gastric bypass in 2006 she cannot absorb XR adderall and has to use IR adderall
22 at 30 mg qid to control her distraction at work."

23 100. On or about May 10, 2019, Patient 4 was seen by Respondent for a complaint of a
24 skin infection. Respondent refilled the patient's Adderall prescription and prescribed 30 tablets of
25 Alprazolam at 1 mg without noting a rationale for this prescribed benzodiazepine. On or about
26 May 29, 2019, Patient 4 was seen by Respondent for an ADD follow-up. Respondent noted the
27 patient presented with more than six criteria for a diagnosis of ADD on the DSM-V,¹¹ and

28 ¹¹ Diagnostic and Statistical Manual of Mental Disorders 5th Ed.

1 because she had gastric bypass surgery, the patient could not absorb medications as a normal
2 individual and most medications would pass through her intestinal tract intact without being
3 broken down. Respondent also noted that the patient required multiple iron infusion in the last
4 two years for iron deficiency due to an inability to absorb iron. Respondent's treatment plan
5 consisted of continuing the patient on her current dosage of Adderall.

6 101. According to a review of Patient 4's medical records and the CURES reports, from
7 February 12, 2017 through April 19, 2019, Patient 4 filled prescriptions for 14 tablets of
8 methylphenidate at 20 mg, 1920 tablets of amphetamines at 30 mg, and over 120 tablets of
9 Alprazolam at 0.25 mg from Respondent.

10 FIRST CAUSE FOR DISCIPLINE

11 (Gross Negligence)

12 102. Respondent Tuan Anh Doan, M.D. has subjected his Physician's and Surgeon's
13 Certificate No. G 77825 to disciplinary action under sections 2227 and 2234, as defined by
14 section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and
15 treatment of Patients 1, 2, 3, and 4. The circumstances are set forth in paragraphs 28 through 101,
16 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

17 103. Respondent's license is subject to disciplinary action because he committed gross
18 negligence during the care and treatment of Patients 1, 2, 3, and 4 in the following distinct and
19 separate ways:

20 a. By excessively prescribing amphetamines at a dose of 120 mg per day to
21 Patient 1 placing the patient at an increased risk of anxiety, headaches, emotional lability,
22 irritability and heart rhythm abnormalities;

23 b. By failing to perform and/or document performing an on-going assessment of
24 Patient 1's progress toward any treatment goals and objectives;

25 c. By failing to adequately develop and/or document a treatment plan with goals
26 and objectives for the prescription of controlled substances to Patient 1;

27 d. By failing to provide and/or document informed consent to Patient 1 regarding
28 the long-term risks and side effects of Adderrall use;

1 e. By failing to initially evaluate and/or document performing an initial evaluation
2 of Patient 1 to establish a diagnosis of medical necessity prior to prescribing lorazepam,
3 stimulants, and/or testosterone to Patient 1;

4 f. By failing to document Patient 1's medical records to show rationale for
5 changing dosages, concerns with Patient 1's illicit drug use, and concerns with Patient 1's drug
6 testing;

7 g. By failing to provide and/or document informed consent to Patient 2 regarding
8 the long-term risks and side effects of testosterone therapy;

9 h. By failing to initially evaluate and/or document performing an initial evaluation
10 of Patient 2 to establish a diagnosis of medical necessity prior to prescribing testosterone to
11 Patient 2;

12 i. By failing to adequately develop and/or document a treatment plan with goals
13 and objectives for the prescription of testosterone to Patient 2;

14 j. By failing to perform and/or document performing an on-going assessment of
15 Patient 2's progress toward any treatment goals and objectives;

16 k. By failing to document Patient 2's medical records to show diagnosis, treatment
17 rationales, and treatment outcomes for testosterone treatment and/or Tramadol treatment in
18 Patient 2's medical record.

19 l. By continuously and repeatedly prescribing Patient 3 with chronic opioids for
20 the majority of the care and treatment for her migraine headache pain without evidence to support
21 the use of opioids for migraine headaches;

22 m. By failing to clearly demonstrate in Patient 3's medical records any discussion
23 between Respondent and Patient 3 regarding the potential risks or side effects of long-term opioid
24 use such as the risk of respiratory depression, motor impairment, cognitive impairment, and/or
25 death;

26 n. By failing to discuss the findings with Patient 3, appropriately acting, and/or
27 altering his treatment plan upon receipt of drug testing results when such drug screens evidenced
28 inconsistent or illicit drug use results;

- 1 o. By failing to specify measurable goals and objectives used to evaluate the
2 treatment progress of Patient 3 while on chronic opioid therapy; for instance, failing to indicate in
3 Patient 3's chart notes any discernible improvement in pain, duration and/or number of headache
4 free days;
- 5 p. By failing to adequately document treatment plans, rationale for treatment, or
6 outcomes of treatment in Patient 3's medical records;
- 7 q. By excessively prescribing dosages of amphetamines without appropriate
8 assessment of Patient 4;
- 9 r. By failing to properly assess Patient 4 to determine whether her ADHD
10 symptoms were controlled prior to increasing her dosage levels of prescribed medications;
- 11 s. By failing to specify measurable goals and objectives used to evaluate the
12 treatment progress and plan of Patient 4 while on amphetamines; for instance, failing to indicate
13 in Patient 4's chart notes any improvement in social and professional functions, improvement of
14 symptoms and/or lack of side effects;
- 15 t. By failing to adequately document discussions of treatment plans, potential
16 risks of long-term opioid use, frequent benzodiazepine use, and combined opioid and
17 benzodiazepine use with Patient 4;
- 18 u. By failing to adequately document treatment plans, rationale for treatment, or
19 outcomes of treatment in Patient 4's medical records and chart notes; and
- 20 v. By failing to complete the assessment of Patient 4's history, symptoms, mental
21 status, functioning and side effects prior to initiating controlled substances, amphetamine
22 stimulants, or prior to dosage escalation or medication changes during the treatment period.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Repeated Negligent Acts)**

25 104. Respondent Tuan Anh Doan, M.D. has further subjected his Physician's and
26 Surgeon's Certificate No. G 77825 to disciplinary action under sections 2227 and 2234, as
27 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent
28 acts in his care and treatment of Patients 1, 2, 3, and 4 as more particularly alleged in paragraphs

1 28 through 101, above, which are hereby incorporated by reference and re-alleged as if fully set
2 forth herein.

3 105. The instances of gross departures from the standard of care as set forth in paragraph
4 103, are incorporated by reference as if fully set forth herein and serve as repeated negligent acts.

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(Failure to Maintain Adequate and Accurate Records)**

7 106. Respondent Tuan Anh Doan, M.D. has further subjected his Physician's and
8 Surgeon's Certificate No. G 77825 to disciplinary action under sections 2227 and 2234, as
9 defined by section 2266 of the Code, in that he failed to maintain adequate and accurate medical
10 records of Patients 1, 2, 3, and 4 as more particularly alleged in paragraphs 28 through 103,
11 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

12 **FOURTH CAUSE FOR DISCIPLINE**

13 **(General Unprofessional Conduct)**

14 107. Respondent Tuan Anh Doan, M.D. has further subjected his Physician's and
15 Surgeon's Certificate No. G 77825 to disciplinary action under sections 2227 and 2234, as
16 defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules
17 or ethical code of the medical profession, or conduct which is unbecoming of a member in good
18 standing of the medical profession, and which demonstrates an unfitness to practice medicine as
19 to his care and treatment of Patients 1, 2, 3, and 4.

20 108. The circumstances are set forth in paragraphs 28 through 103, and those paragraphs
21 are incorporated by reference and re-alleged as if fully set forth herein.

22 109. At an interview with the HQIU Investigator on August 23, 2019, and by way of email
23 correspondence on August 29, 2019, Respondent's Medical Assistant 1 stated that she was
24 employed by Respondent at the Doan Family Medicine facility located in Rocklin, California
25 from approximately 2017 through 2019. She also stated that during that time, Respondent
26 practiced medicine independently of other physicians and was instructed by Respondent that if
27 she ever answered a phone call at the office from the Medical Board and was asked if Respondent
28 was practicing independently, she was to answer, "No." Medical Assistant 1 also stated that she

1 was present when Patient 2 came into Respondent's office in or about June 2019 and observed the
2 swelling in Patient 2's lower legs.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 **(Incompetence)**

5 110. Respondent Tuan Anh Doan, M.D. has further subjected his Physician's and
6 Surgeon's Certificate No. G 77825 to disciplinary action under sections 2227 and 2234, as
7 defined by section 2234, subdivision (d), of the Code, in that he committed incompetence. The
8 circumstances are set forth in paragraphs 28 through 109, and those paragraphs are incorporated
9 by reference and re-alleged as if fully set forth herein.

10 111. On or about July 29, 2020, Respondent incorrectly stated that Evekeo was a brand
11 name for naloxone when in fact it is a Schedule II stimulant.

12 **FIRST CAUSE TO REVOKE PROBATION**

13 **(Failure to Obey All Laws)**

14 112. At all times after the effective date of the Medical Board's Decision in Case No. 800-
15 2017-031593, Condition No. 6 stated:

16 "Obey All Laws. Respondent shall obey all federal, state and local laws, all rules
17 governing the practice of medicine in California and remain in full compliance with
18 any court ordered criminal probation, payments, and other orders."

19 113. Respondent's probation is subject to revocation because he failed to comply with
20 Probation Condition No. 6, referenced above, in that he failed to obey all laws, as more
21 particularly alleged in paragraphs 28 through 110, which are hereby incorporated by reference as
22 if fully set forth therein.

23 **SECOND CAUSE TO REVOKE PROBATION**

24 **(Violation of Probation)**

25 114. At all times after the effective date of the Medical Board's Decision in Case No. 800-
26 2017-031593, Condition No. 12 stated:

27 "Violation of Probation. Failure to fully comply with any term or condition of
28 probation is a violation of probation. If Respondent violates probation in any respect,

1 the Board, after giving Respondent notice and the opportunity to be heard, may
2 revoke probation and carry out the disciplinary order that was stayed. If an
3 Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
4 against Respondent during probation, the Board shall have continuing jurisdiction
5 until the matter is final, and the period of probation shall be extended until the matter
6 is final.”

7 115. Respondent’s probation is subject to revocation because he failed to comply with
8 Probation Condition No. 12, referenced above, in that he violated his probation terms and
9 conditions, as more particularly alleged in paragraphs 28 through 113, which are hereby
10 incorporated by reference as if fully set forth therein.

11 **THIRD CAUSE TO REVOKE PROBATION**

12 **(Violation of the Solo Practice Prohibition)**

13 116. At all times after the effective date of the Medical Board’s Decision in Case No. 800-
14 2017-031593, Condition No. 3 stated:

15 “Solo Practice Prohibition. Respondent is prohibited from engaging in the
16 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a
17 practice where: 1) Respondent merely shares office space with another physician but
18 is not affiliated for purposes of providing patient care, or 2) Respondent is the sole
19 physician practitioner at that location.

20 If Respondent fails to establish a practice with another physician or secure
21 employment in an appropriate practice setting within 60 calendar days of the effective
22 date of this Decision, Respondent shall receive a notification from the Board or its
23 designee to cease the practice of medicine within three (3) calendar days after being
24 so notified. The Respondent shall not resume practice until an appropriate practice
25 setting is established.

26 If, during the course of the probation, the Respondent’s practice setting changes
27 and the Respondent is no longer practicing in a setting in compliance with this
28 Decision, the Respondent shall notify the Board or its designee within five (5)

1 calendar days of the practice setting change. If Respondent fails to establish a practice
2 with another physician or secure employment in an appropriate practice setting within
3 60 calendar days of the practice setting change, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within
5 three (3) calendar days after being so notified. The Respondent shall not resume
6 practice until an appropriate practice setting is established.”

7 117. Respondent’s probation is subject to revocation because he failed to comply with
8 Probation Condition No. 3, referenced above, in that he violated his probation terms and
9 conditions, as more particularly alleged in paragraphs 28 through 111, which are hereby
10 incorporated by reference as if fully set forth therein.

11 DISCIPLINARY CONSIDERATIONS

12 118. To determine the degree of discipline, if any, to be imposed on Respondent Tuan Anh
13 Doan, M.D., Complainant alleges that on or about January 5, 2018, in a prior disciplinary action
14 titled *In the Matter of the Accusation Against Tuan Anh Doan, M.D.* before the Medical Board of
15 California, in Case No. 800-2014-007305, Respondent’s license was revoked, however; the
16 revocation was stayed and Respondent’s Physician’s and Surgeon’s Certificate was placed on
17 probation for a period of two (2) years with certain terms and conditions for engaging in
18 repeatedly negligent acts in his care and treatment of four (4) patients in violation of Section
19 2234, subdivision (c), of the Code, and for failing to maintain adequate and accurate records for
20 the same four patients in violation of Section 2266 of the Code. That decision is now final and is
21 incorporated by reference as if fully set forth herein.

22 119. To determine the degree of discipline, if any, to be imposed on Respondent Tuan Anh
23 Doan, M.D., Complainant alleges that on or about November 30, 2018, in a prior disciplinary
24 action titled *In the Matter of the Accusation Against Tuan Anh Doan, M.D.* before the Medical
25 Board of California, in Case No. 800-2017-031593, Respondent’s license was revoked, however;
26 the revocation was stayed and Respondent’s Physician’s and Surgeon’s Certificate was placed on
27 probation for a period of three (3) years with certain terms and conditions for engaging in gross
28 negligence in his care and treatment of a patient in violation of Section 2234, subdivision (b), of

1 the Code; for engaging in repeated negligent acts in violation of Section 2234, subdivision (c), of
2 the Code; and for failing to maintain adequate and accurate records for the same patient in
3 violation of Section 2266 of the Code. That decision is now final and is incorporated by
4 reference as if fully set forth herein.

5 **PATIENT HARM**

6 120. Respondent's license, if placed on probation for five years or more, is subject to
7 Business and Professions Code section 2228.1 for inappropriate prescribing of controlled
8 substances and causing harm in the following distinct ways:

9 a. By prescribing Adderall as described in paragraphs 28 through 39, and those
10 paragraphs are incorporated by reference as if fully set forth herein, to Patient 1 in an
11 excessive dosage which can predispose the patient for cardiac arrhythmias. Patient 1 was
12 later hospitalized with atrial fibrillation; and

13 b. By prescribing testosterone as described in paragraphs 40 through 45, and
14 those paragraphs are incorporated by reference as if fully set forth herein, to Patient 2, in an
15 excessive dosage despite Patient 2 having normal lab results for testosterone. Patient 2 later
16 suffered a series of heart attacks.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Medical Board of California issue a decision:

1. Revoking or suspending Physician's and Surgeon's Certificate No. G 77825, issued to Tuan Anh Doan, M.D.;
2. Revoking, suspending or denying approval of Tuan Anh Doan, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Tuan Anh Doan, M.D., if placed on probation, to pay the Board the costs of probation monitoring;
4. Ordering Tuan Anh Doan, M.D., if placed on probation, to disclose the disciplinary order to patients pursuant to Section 2228.1 of the Code; and
5. Taking such other and further action as deemed necessary and proper.

DATED: **AUG 19 2021**



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

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EXHIBIT A

Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
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8 *Attorneys for Complainant*

10 BEFORE THE
11 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

14 **TUAN ANH DOAN, M.D.**
1230 Sunset Blvd, Ste. 400
15 Rocklin, CA 95765

16 Physician's and Surgeon's Certificate No. G 77825,

17 Respondent.

Case No. 800-2017-031593

OAH No. 2018040451

**STIPULATED SETTLEMENT
AND DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California ("Board"). She brought this action solely in her official capacity and is
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by John
25 S. Gatschet, Deputy Attorney General.

26 2. Respondent Tuan Anh Doan, M.D. ("Respondent") is represented in this proceeding
27 by attorney Dr. Bruce W. Ebert, Esq., LL.M., ABPP, whose address is:

28 ///

1 Dr. Bruce W. Ebert, Esq., LL.M., ABPP
2 Attorney at Law
3 3400 Douglas Blvd., Ste. 250
4 Roseville, CA 95661

5 3. On or about October 27, 1993, the Board issued Physician's and Surgeon's Certificate
6 No. G 77825 to Respondent. That Certificate was in full force and effect at all times relevant to
7 the charges brought in Accusation No. 800-2017-031593, and will expire on March 31, 2019,
8 unless renewed. On or about January 5, 2018, in a prior disciplinary action entitled *In the Matter*
9 *of the Accusation Against Tuan Anh Doan, M.D.* before the Medical Board of California, in Case
10 Number 800-2014-007305, Respondent's license was revoked with the revocation stayed and his
11 license was placed on two years probation with terms and conditions.

12 JURISDICTION

13 4. Accusation No. 800-2017-031593 was filed before the Board, and is currently
14 pending against Respondent. The Accusation and all other statutorily required documents were
15 properly served on Respondent on March 7, 2018. Respondent timely filed his Notice of Defense
16 contesting the Accusation.

17 5. A copy of Accusation No. 800-2017-031593 is attached as exhibit A and incorporated
18 herein by reference.

19 ADVISEMENT AND WAIVERS

20 6. Respondent has carefully read, fully discussed with counsel, and understands the
21 charges and allegations in Accusation No. 800-2017-031593. Respondent has also carefully read,
22 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
23 Disciplinary Order.

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

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

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2017-031593.

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

CONTINGENCY

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

12. 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.

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 Disciplinary Order:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 77825 issued to Respondent Tuan Anh Doan, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions. Once adopted by the Board, the stipulated settlement contained in Accusation No. 800-2017-031593, will supersede the terms of probation in Decision and Order No. 800-2014-007305. All terms and conditions of probation in Decision and Order No. 800-2014-007305 have been incorporated into the stipulated settlement in Accusation No. 800-2017-031593. Upon the effective date of the Decision and Order in Accusation Case No. 800-2017-031593, and once the time to challenge the matter has run, the probationary terms contained in Decision and Order No. 800-2014-007305 will terminate.

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

2. **MONITORING - PRACTICE.** Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

15 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
16 date of this Decision, Respondent shall receive a notification from the Board or its designee to
17 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
18 shall cease the practice of medicine until a monitor is approved to provide monitoring
19 responsibility.

20 The monitor(s) shall submit a quarterly written report to the Board or its designee which
21 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
22 are within the standards of practice of practice, and whether Respondent is practicing medicine
23 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
24 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
25 preceding quarter. If the monitor resigns or is no longer available, Respondent shall, within 5
26 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
27 approval, the name and qualifications of a replacement monitor who will be assuming that
28 responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement

1 monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent
2 shall receive a notification from the Board or its designee to cease the practice of medicine within
3 three (3) calendar days after being so notified. Respondent shall cease the practice of medicine
4 until a replacement monitor is approved and assumes monitoring responsibility.

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

10 3. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
11 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
12 where: 1) respondent merely shares office space with another physician but is not affiliated for
13 purposes of providing patient care, or 2) respondent is the sole physician practitioner at that
14 location.

15 If respondent fails to establish a practice with another physician to secure employment in an
16 appropriate practice setting within 60 calendar days of the effective date of this Decision,
17 respondent shall receive a notification from the Board or its designee to cease the practice of
18 medicine within three (3) calendar days after being so notified. Respondent shall not resume
19 practice until an appropriate practice setting is established.

20 If, during the course of probation, respondent's practice setting changes and respondent is
21 no longer practicing in a setting in compliance with this Decision, respondent shall notify the
22 Board or its designee within 5 calendar days of the practice setting change. If respondent fails to
23 establish a practice with another physician or secure employment in an appropriate practice
24 setting within 60 calendar days of the practice setting change, respondent shall receive a
25 notification from the Board or its designee to cease the practice of medicine within three (3)
26 calendar days after being so notified. Respondent shall not resume practice until an appropriate
27 practice setting is established.

28 ///

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

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

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

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

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

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

21 8. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

23 Respondent shall comply with the Board's probation unit.

24 Address Changes

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

1 and Professions Code section 2021(b).

2 Place of Practice

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

6 License Renewal

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

9 Travel or Residence Outside California

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

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

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

19 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
22 defined as any period of time Respondent is not practicing medicine as defined in Business and
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If
25 Respondent resides in California and is considered to be in non-practice, Respondent shall
26 comply with all terms and conditions of probation. All time spent in an intensive training
27 program which has been approved by the Board or its designee shall not be considered non-
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

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

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

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

12 Periods of non-practice for a Respondent residing outside of California will relieve
13 Respondent of the responsibility to comply with the probationary terms and conditions with the
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;
15 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
16 Controlled Substances; and Biological Fluid Testing..

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

21 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
22 of probation is a violation of probation. If Respondent violates probation in any respect, the
23 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
24 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
25 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
26 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
27 the matter is final.

28 ///

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

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

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1 ACCEPTANCE

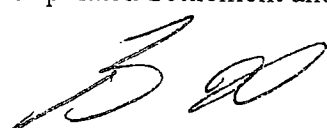
2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Dr. Bruce W. Ebert, Esq., LL.M., ABPP. I understand the
4 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
5 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and
6 agree to be bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 8/24/2018


TUAN ANH DOAN, M.D.
Respondent

10 I have read and fully discussed with Respondent Tuan Anh Doan, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: 8/24/2018


DR. BRUCE W. EBERT, ESQ., LL.M., ABPP
Attorney for Respondent

16 ENDORSEMENT

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

19
20 Dated: 8/24/18

Respectfully submitted,

21 XAVIER BECERRA
Attorney General of California
22 MATTHEW M. DAVIS
Supervising Deputy Attorney General

23
24
25 JOHN S. GATSCHET
Deputy Attorney General
26 *Attorneys for Complainant*
27
28

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Exhibit A

Accusation No. 800-2017-031593

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
4 State Bar No. 244388
California Department of Justice
5 1300 I Street, Suite 125
P.O. Box 944255
6 Sacramento, CA 94244-2550
Telephone: (916) 210-7546
7 Facsimile: (916) 327-2247

8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *March 7 20 18*
BY *[Signature]* ANALYST

10 BEFORE THE
11 MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

14 Tuan Anh Doan, M.D.
1230 Sunset Blvd, Ste. 400
15 Rocklin, CA 95765

Case No. 800-2017-031593

ACCUSATION

16 Physician's and Surgeon's Certificate No. G 77825,

17 Respondent.

18
19 Complainant alleges:

20 PARTIES

21 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs ("Board").

24 2. On or about October 27, 1993, the Medical Board issued Physician's and Surgeon's
25 Certificate Number G 77825 to Tuan Anh Doan, M.D. ("Respondent"). That Certificate was in
26 full force and effect at all times relevant to the charges brought herein and will expire on March 31,
27 2019, unless renewed.

28 ///

JURISDICTION

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

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

5. Section 2234 of the Code, states 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 revelation 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."

6. Section 2266 of the Code states, in pertinent part:

"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."

///

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 7. Respondent's license is subject to disciplinary action under section 2234, subdivision
4 (b), in that he committed gross negligence during the care and treatment of Patient A¹ by failing to
5 properly refer the patient to urology following an abnormal prostate specific antigen ("PSA") test
6 result. The circumstances are as follows:

7 8. Respondent first met and began treating Patient A in the late nineteen nineties. In
8 2004², Respondent began treating Patient A at Sutter Medical Group ("Sutter") as Patient A's
9 primary care physician. On or about June 2, 2005, Respondent ordered a PSA test for Patient A,
10 who at that point was a fifty-year-old male. The PSA test came back as 6.92 ng./ml. which
11 according to Sutter's laboratory was an elevated reading. On August 30, 2006, Respondent saw
12 Patient A in clinic and noted the elevated PSA result. The Respondent performed a rectal exam
13 and found no abnormalities. Respondent did not provide Patient A with a referral for a
14 consultation with a urologist.

15 9. Respondent saw Patient A in clinic on seven separate occasions between July 30,
16 2007, and January 6, 2010. On February 25, 2008, Respondent ordered a PSA test for Patient A.
17 The PSA test came back as 7.81 ng./ml. which according to Sutter's laboratory was an elevated
18 reading. While the elevated PSA level was mentioned in Patient A's medical records problem list
19 for visits on October 7, 2009, and January 6, 2010, there is no other documentation that
20 Respondent discussed the PSA level with the patient, and he did not provide Patient A with a
21 referral for consultation with a urologist.

22 10. On January 31, 2011, Respondent saw Patient A for a routine physical. The problem
23 list portion of Patient A's medical record mentioned elevated PSA. Respondent documented that
24 he performed a prostate examination and no abnormalities were detected. There is no
25

26 ¹ Patient A will be fully identified during the discovery phase of the administrative
proceeding. All identifying information has been removed from this pleading.

27 ² Any mention of conduct occurring before August 24, 2012, is for informational purposes
28 only. Conduct occurring before August 24, 2012, may be potentially barred by the Statute of
Limitations pursuant to Business and Professions Code § 2330.5.

1 documentation that Respondent discussed Patient A's elevated PSA levels, and he did not provide
2 Patient A with a referral for a consultation with a urologist. Respondent next saw Patient A on
3 February 7, 2012. The February 7, 2012, progress note does not mention PSA levels and there is
4 no documentation that PSA levels were discussed with Patient A.

5 11. On August 23, 2012, Respondent saw Patient A in clinic regarding follow-up after
6 Patient A was hospitalized following a LE graft bypass. In the progress note, Respondent noted
7 that Patient A has multiple medical conditions. In the body of the progress note, elevated PSA is
8 listed under the Patient Active Problem List. In the progress note under plan, there is a mention of
9 "PSA elevation seeing urology" and Respondent ordered a new PSA test. In reviewing the
10 records, there is no evidence that Respondent had previously referred patient A to urology at any
11 point between 2004 and 2012. On August 24, 2012, Patient A's PSA test came back and showed
12 a level of 25.51 ng./ml.

13 12. On September 11, 2012, Respondent saw Patient A for follow-up regarding a toe
14 amputation. The Patient Active Problem List noted an elevated PSA but there is no
15 documentation that Respondent referred Patient A for a urology consultation and there is no
16 evidence that Respondent performed a prostate examination. There is no evidence in the record
17 that Respondent discussed the PSA result of 25.51 ng./ml. with Patient A or explained what the
18 result could mean.

19 13. On November 19, 2012, February 11, 2013, May 13, 2013, August 19, 2013, and
20 November 18, 2013, Respondent documented that he saw Patient A for follow-up regarding
21 Patient A's diabetes. There is no mention of Respondent discussing the elevated PSA level of
22 25.51 ng./ml. with Patient A, nor documentation of a referral for a consultation with urology.
23 Respondent did not perform a prostate examination or order a new PSA test at any of these five
24 appointments.

25 14. On November 27, 2013, Respondent documented a progress note that he went over
26 diabetes labs with Patient A. There is no documentation that PSA levels were discussed. On
27 February 18, 2014, Respondent documented that Patient A was present for a pre-operation visit
28 and persistent cough. The progress note documented that PSA levels were a problem area. There

1 was no mention of a prostate examination, no mention of a referral to urology, and no mention
2 that the elevated PSA levels were discussed with the patient. On May 21, 2014, Respondent saw
3 Patient A regarding follow-up with diabetes. The problem list of the progress note documented
4 elevated PSA levels. There is no documentation that Respondent performed a prostate
5 examination, ordered new PSA testing, discussed the PSA levels with Patient A, or referred
6 Patient A for a consultation with a urologist.

7 15. On August 25, 2014; Patient A established primary care services with a new provider
8 at Sutter. Patient A's new primary care physician documented that Patient A's PSA levels were
9 elevated and ordered a new PSA test. The new primary care physician documented that if the new
10 test revealed a high PSA level that he would refer Patient A for a urology consultation. On
11 September 15, 2014, the PSA test revealed a level of 27.40 ng./ml. Based on that result, Patient
12 A's new primary care physician referred him for a consultation with urology. On December 22,
13 2014, Patient A underwent a radical prostatectomy after being diagnosed with prostate cancer.

14 16. On September 27, 2017, pursuant to an investigational subpoena, the Respondent
15 attended a subject interview with the Board. Respondent acknowledged during the interview that
16 Patient A had "probably not," seen urology when he documented that the patient had seen urology
17 on the August 23, 2012 visit. Respondent acknowledged that he made an "oversight" and that
18 Patient A was not seeing a urologist despite three PSA tests above 4 ng./ml. Respondent stated
19 that he did not notify the patient of his PSA level at the November 2012 treatment visit despite
20 having received notification that the PSA test was above 25 ng./ml. Respondent stated that it was
21 his responsibility to ensure that Patient A saw a urologist but stated that this was one of over a
22 hundred similar patients.

23 17. Respondent's treatment of Patient A as described above represents an extreme
24 departure from the standard of care by failing to immediately refer Patient A for a urology
25 consultation after receiving a 25.51 ng./ml. PSA test result.

26 ///

27 ///

28 ///

1 SECOND CAUSE FOR DISCIPLINE

2 (Repeated Negligent Acts)

3 18. Respondent Tuan Anh Doan, M.D. is subject to disciplinary action under section
4 2234, subdivision (c), in that he committed repeated negligent acts during the care and treatment
5 of Patient A. The circumstances are as follows:

6 19. Complainant re-alleges paragraphs 7 through 17, and those paragraphs are
7 incorporated by reference as if fully set forth herein.

8 20. Respondent's license is subject to disciplinary action because he committed the
9 following repeated negligent acts during the care of Patient A:

10 a.) As more fully described in paragraphs 12 through 15, by failing to communicate
11 three abnormal PSA test results from June 2005, March 2008, and August 2012, and discuss the
12 PSA test results with the patient at any treatment visits and/or document discussing the three
13 abnormal PSA test results with the patient between September 11, 2012, to May 21, 2014, in any
14 of the progress notes in 9 outpatient clinic visits represents multiple and repeated separate
15 departures from the standard of care.

16 b.) As more fully described in paragraphs 12 through 15, by failing to diagnose
17 possible prostate cancer at an earlier state despite three abnormal PSA test results from June 2005,
18 March 2008, and August 2012, at any treatment visits and/or document diagnosing possible
19 prostate cancer at an earlier stage between September 11, 2012, to May 21, 2014, in any of the
20 progress notes in 9 outpatient clinic visits represents multiple and repeated separate departures
21 from the standard of care.

22 THIRD CAUSE FOR DISCIPLINE

23 (Inadequate Medical Record Keeping)

24 21. Respondent's license is subject to disciplinary action under section 2266 of the Code
25 in that he failed to keep adequate and accurate medical records. The circumstances are as
26 follows:

27 22. Complainant re-alleges paragraphs 7 through 20, and those paragraphs are
28 incorporated by reference as if fully set forth herein.

1 23. A review of the medical records from August 23, 2012, to May 21, 2014, reveals no
2 documentation regarding Respondent's treatment plan and/or discussion with the patient regarding
3 three abnormal PSA levels from June 2005, March 2008, and August 2012.

4 DISCIPLINARY CONSIDERATIONS

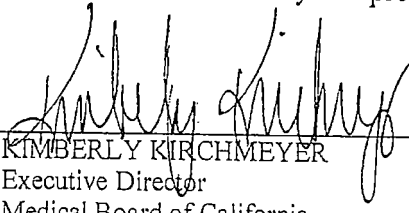
5 24. To determine the degree of discipline, if any, to be imposed on Respondent Tuan Anh
6 Doan, M.D., Complainant alleges that on or about January 5, 2018, in a prior disciplinary action
7 entitled *In the Matter of the Accusation Against Tuan Anh Doan, M.D.* before the Medical Board
8 of California, in Case Number 800-2014-007305, Respondent's license was revoked with the
9 revocation stayed and his license was placed on two years' probation for the commission of
10 repeated negligent acts in violation of Section 2234, subdivision (c), of the Code and inadequate
11 record keeping in violation of Section 2266. That decision is now final and is incorporated by
12 reference as if fully set forth herein.

13 PRAYER

14 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
15 and that following the hearing, the Medical Board of California issue a decision:

- 16 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 77825;
17 issued to Tuan Anh Doan, M.D.;
- 18 2. Revoking, suspending or denying approval of Tuan Anh Doan, M.D.'s authority to
19 supervise physician assistants and advanced practice nurses;
- 20 3. Ordering Tuan Anh Doan, M.D., if placed on probation, to pay the Board the costs of
21 probation monitoring; and
- 22 4. Taking such other and further action as deemed necessary and proper.
- 23

24 DATED: March 7, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A

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

In the Matter of the Accusation
Against:

TUAN ANH DOAN, M.D.

Physician's and Surgeon's
Certificate No. G77825

Respondent

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) Case No. 8002017031593
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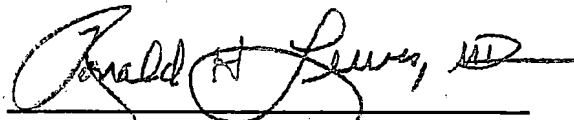
DECISION

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

This Decision shall become effective at 5:00 p.m. on November 30, 2018.

IT IS SO ORDERED: November 1, 2018.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
4 State Bar No. 244388
California Department of Justice
5 1300 I Street, Suite 125
P.O. Box 944255
6 Sacramento, CA 94244-2550
Telephone: (916) 210-7546
7 Facsimile: (916) 327-2247

8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **TUAN ANH DOAN, M.D.**
15 1230 Sunset Blvd, Ste. 400
Rocklin, CA 95765

16 Physician's and Surgeon's Certificate No. G 77825,

17 Respondent.

Case No. 800-2017-031593

OAH No. 2018040451

**STIPULATED SETTLEMENT
AND DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California ("Board"). She brought this action solely in her official capacity and is
24 represented in this matter by Xavier Becerra, Attorney General of the State of California, by John
25 S. Gatschet, Deputy Attorney General.

26 2. Respondent Tuan Anh Doan, M.D. ("Respondent") is represented in this proceeding
27 by attorney Dr. Bruce W. Ebert, Esq., LL.M., ABPP, whose address is:

28 ///

1 Dr. Bruce W. Ebert, Esq., LL.M., ABPP
2 Attorney at Law
3 3400 Douglas Blvd., Ste. 250
4 Roseville, CA 95661

5 3. On or about October 27, 1993, the Board issued Physician's and Surgeon's Certificate
6 No. G 77825 to Respondent. That Certificate was in full force and effect at all times relevant to
7 the charges brought in Accusation No. 800-2017-031593, and will expire on March 31, 2019,
8 unless renewed. On or about January 5, 2018, in a prior disciplinary action entitled *In the Matter*
9 *of the Accusation Against Tuan Anh Doan, M.D.* before the Medical Board of California, in Case
10 Number 800-2014-007305; Respondent's license was revoked with the revocation stayed and his
11 license was placed on two years probation with terms and conditions.

12 **JURISDICTION**

13 4. Accusation No. 800-2017-031593 was filed before the Board, and is currently
14 pending against Respondent. The Accusation and all other statutorily required documents were
15 properly served on Respondent on March 7, 2018. Respondent timely filed his Notice of Defense
16 contesting the Accusation.

17 5. A copy of Accusation No. 800-2017-031593 is attached as exhibit A and incorporated
18 herein by reference.

19 **ADVISEMENT AND WAIVERS**

20 6. Respondent has carefully read, fully discussed with counsel, and understands the
21 charges and allegations in Accusation No. 800-2017-031593. Respondent has also carefully read,
22 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
23 Disciplinary Order.

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

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

CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2017-031593.

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

CONTINGENCY

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

12. 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.

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 Disciplinary Order:

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 77825 issued to Respondent Tuan Anh Doan, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions. Once adopted by the Board, the stipulated settlement contained in Accusation No. 800-2017-031593, will supersede the terms of probation in Decision and Order No. 800-2014-007305. All terms and conditions of probation in Decision and Order No. 800-2014-007305 have been incorporated into the stipulated settlement in Accusation No. 800-2017-031593. Upon the effective date of the Decision and Order in Accusation Case No. 800-2017-031593, and once the time to challenge the matter has run, the probationary terms contained in Decision and Order No. 800-2014-007305 will terminate.

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

2. **MONITORING - PRACTICE.** Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

15 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
16 date of this Decision, Respondent shall receive a notification from the Board or its designee to
17 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
18 shall cease the practice of medicine until a monitor is approved to provide monitoring
19 responsibility.

20 The monitor(s) shall submit a quarterly written report to the Board or its designee which
21 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
22 are within the standards of practice of practice, and whether Respondent is practicing medicine
23 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
24 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
25 preceding quarter. If the monitor resigns or is no longer available, Respondent shall, within 5
26 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
27 approval, the name and qualifications of a replacement monitor who will be assuming that
28 responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement

1 monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent
2 shall receive a notification from the Board or its designee to cease the practice of medicine within
3 three (3) calendar days after being so notified. Respondent shall cease the practice of medicine
4 until a replacement monitor is approved and assumes monitoring responsibility.

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

10 3. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
11 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
12 where: 1) respondent merely shares office space with another physician but is not affiliated for
13 purposes of providing patient care, or 2) respondent is the sole physician practitioner at that
14 location.

15 If respondent fails to establish a practice with another physician to secure employment in an
16 appropriate practice setting within 60 calendar days of the effective date of this Decision,
17 respondent shall receive a notification from the Board or its designee to cease the practice of
18 medicine within three (3) calendar days after being so notified. Respondent shall not resume
19 practice until an appropriate practice setting is established.

20 If, during the course of probation, respondent's practice setting changes and respondent is
21 no longer practicing in a setting in compliance with this Decision, respondent shall notify the
22 Board or its designee within 5 calendar days of the practice setting change. If respondent fails to
23 establish a practice with another physician or secure employment in an appropriate practice
24 setting within 60 calendar days of the practice setting change, respondent shall receive a
25 notification from the Board or its designee to cease the practice of medicine within three (3)
26 calendar days after being so notified. Respondent shall not resume practice until an appropriate
27 practice setting is established.

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

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

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

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

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

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

21 8. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

23 Respondent shall comply with the Board's probation unit.

24 Address Changes

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

1 and Professions Code section 2021(b).

2 Place of Practice

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

6 License Renewal

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

9 Travel or Residence Outside California

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

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

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

19 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
22 defined as any period of time Respondent is not practicing medicine as defined in Business and
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If
25 Respondent resides in California and is considered to be in non-practice, Respondent shall
26 comply with all terms and conditions of probation. All time spent in an intensive training
27 program which has been approved by the Board or its designee shall not be considered non-
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

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

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

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

12 Periods of non-practice for a Respondent residing outside of California will relieve
13 Respondent of the responsibility to comply with the probationary terms and conditions with the
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;
15 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
16 Controlled Substances; and Biological Fluid Testing..

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

21 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
22 of probation is a violation of probation. If Respondent violates probation in any respect, the
23 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
24 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
25 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
26 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
27 the matter is final.

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

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

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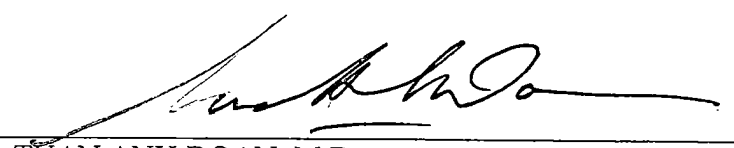
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1 ACCEPTANCE

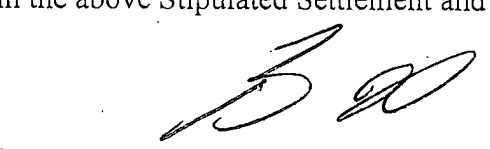
2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Dr. Bruce W. Ebert, Esq., LL.M., ABPP. I understand the
4 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
5 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and
6 agree to be bound by the Decision and Order of the Medical Board of California.

7
8 DATED: 8/24/2018


TUAN ANH DOAN, M.D.
Respondent

10 I have read and fully discussed with Respondent Tuan Anh Doan, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: 8/24/2018


DR. BRUCE W. EBERT, ESQ., LL.M., ABPP
Attorney for Respondent

15
16 ENDORSEMENT

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

19 Dated: 8/24/18

20 Respectfully submitted,

21 XAVIER BECERRA
Attorney General of California
22 MATTHEW M. DAVIS
Supervising Deputy Attorney General

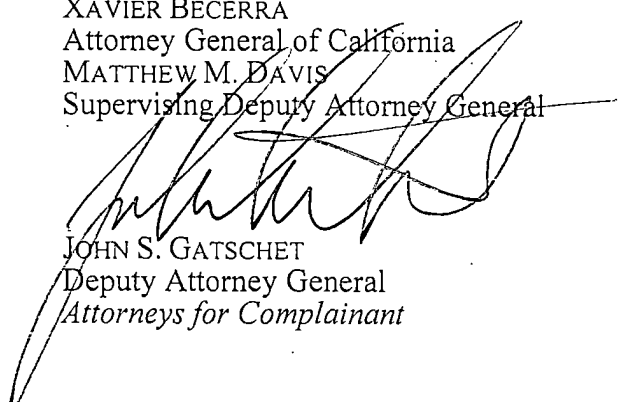
23 
24 JOHN S. GATSCHET
25 Deputy Attorney General
26 Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-031593

1 XAVIER BECERRA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JOHN S. GATSCHET
Deputy Attorney General
4 State Bar No. 244388
California Department of Justice
5 1300 I Street, Suite 125
P.O. Box 944255
6 Sacramento, CA 94244-2550
Telephone: (916) 210-7546
7 Facsimile: (916) 327-2247

8 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO March 7 20 18
BY [Signature] ANALYST

10 BEFORE THE
11 MEDICAL BOARD OF CALIFORNIA
12 DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2017-031593

14 Tuan Anh Doan, M.D.
1230 Sunset Blvd, Ste. 400
15 Rocklin, CA 95765

ACCUSATION

16 Physician's and Surgeon's Certificate No. G 77825,

17 Respondent.

18
19 Complainant alleges:

20 PARTIES

21 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs ("Board").

24 2. On or about October 27, 1993, the Medical Board issued Physician's and Surgeon's
25 Certificate Number G 77825 to Tuan Anh Doan, M.D. ("Respondent"). That Certificate was in
26 full force and effect at all times relevant to the charges brought herein and will expire on March 31,
27 2019, unless renewed.

28 ///

JURISDICTION

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

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

5. Section 2234 of the Code, states 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 revelation 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."

6. Section 2266 of the Code states, in pertinent part:

"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."

///

1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 7. Respondent's license is subject to disciplinary action under section 2234, subdivision
4 (b), in that he committed gross negligence during the care and treatment of Patient A¹ by failing to
5 properly refer the patient to urology following an abnormal prostate specific antigen ("PSA") test
6 result. The circumstances are as follows:

7 8. Respondent first met and began treating Patient A in the late nineteen nineties. In
8 2004², Respondent began treating Patient A at Sutter Medical Group ("Sutter") as Patient A's
9 primary care physician. On or about June 2, 2005, Respondent ordered a PSA test for Patient A,
10 who at that point was a fifty-year-old male. The PSA test came back as 6.92 ng./ml. which
11 according to Sutter's laboratory was an elevated reading. On August 30, 2006, Respondent saw
12 Patient A in clinic and noted the elevated PSA result. The Respondent performed a rectal exam
13 and found no abnormalities. Respondent did not provide Patient A with a referral for a
14 consultation with a urologist.

15 9. Respondent saw Patient A in clinic on seven separate occasions between July 30,
16 2007, and January 6, 2010. On February 25, 2008, Respondent ordered a PSA test for Patient A.
17 The PSA test came back as 7.81 ng./ml. which according to Sutter's laboratory was an elevated
18 reading. While the elevated PSA level was mentioned in Patient A's medical records problem list
19 for visits on October 7, 2009, and January 6, 2010, there is no other documentation that
20 Respondent discussed the PSA level with the patient, and he did not provide Patient A with a
21 referral for consultation with a urologist.

22 10. On January 31, 2011, Respondent saw Patient A for a routine physical. The problem
23 list portion of Patient A's medical record mentioned elevated PSA. Respondent documented that
24 he performed a prostate examination and no abnormalities were detected. There is no
25

26 ¹ Patient A will be fully identified during the discovery phase of the administrative
proceeding. All identifying information has been removed from this pleading.

27 ² Any mention of conduct occurring before August 24, 2012, is for informational purposes
28 only. Conduct occurring before August 24, 2012, may be potentially barred by the Statute of
Limitations pursuant to Business and Professions Code § 2330.5.

1 documentation that Respondent discussed Patient A's elevated PSA levels, and he did not provide
2 Patient A with a referral for a consultation with a urologist. Respondent next saw Patient A on
3 February 7, 2012. The February 7, 2012, progress note does not mention PSA levels and there is
4 no documentation that PSA levels were discussed with Patient A.

5 11. On August 23, 2012, Respondent saw Patient A in clinic regarding follow-up after
6 Patient A was hospitalized following a LE graft bypass. In the progress note, Respondent noted
7 that Patient A has multiple medical conditions. In the body of the progress note, elevated PSA is
8 listed under the Patient Active Problem List. In the progress note under plan, there is a mention of
9 "PSA elevation seeing urology" and Respondent ordered a new PSA test. In reviewing the
10 records, there is no evidence that Respondent had previously referred patient A to urology at any
11 point between 2004 and 2012. On August 24, 2012, Patient A's PSA test came back and showed
12 a level of 25.51 ng./ml.

13 12. On September 11, 2012, Respondent saw Patient A for follow-up regarding a toe
14 amputation. The Patient Active Problem List noted an elevated PSA but there is no
15 documentation that Respondent referred Patient A for a urology consultation and there is no
16 ~~evidence that Respondent performed a prostate examination. There is no evidence in the record~~
17 that Respondent discussed the PSA result of 25.51 ng./ml. with Patient A or explained what the
18 result could mean.

19 13. On November 19, 2012, February 11, 2013, May 13, 2013, August 19, 2013, and
20 November 18, 2013, Respondent documented that he saw Patient A for follow-up regarding
21 Patient A's diabetes. There is no mention of Respondent discussing the elevated PSA level of
22 25.51 ng./ml. with Patient A, nor documentation of a referral for a consultation with urology.
23 Respondent did not perform a prostate examination or order a new PSA test at any of these five
24 appointments.

25 14. On November 27, 2013, Respondent documented a progress note that he went over
26 diabetes labs with Patient A. There is no documentation that PSA levels were discussed. On
27 February 18, 2014, Respondent documented that Patient A was present for a pre-operation visit
28 and persistent cough. The progress note documented that PSA levels were a problem area. There

1 was no mention of a prostate examination, no mention of a referral to urology, and no mention
2 that the elevated PSA levels were discussed with the patient. On May 21, 2014, Respondent saw
3 Patient A regarding follow-up with diabetes. The problem list of the progress note documented
4 elevated PSA levels. There is no documentation that Respondent performed a prostate
5 examination, ordered new PSA testing, discussed the PSA levels with Patient A, or referred
6 Patient A for a consultation with a urologist.

7 15. On August 25, 2014, Patient A established primary care services with a new provider
8 at Sutter. Patient A's new primary care physician documented that Patient A's PSA levels were
9 elevated and ordered a new PSA test. The new primary care physician documented that if the new
10 test revealed a high PSA level that he would refer Patient A for a urology consultation. On
11 September 15, 2014, the PSA test revealed a level of 27.40 ng./ml. Based on that result, Patient
12 A's new primary care physician referred him for a consultation with urology. On December 22,
13 2014, Patient A underwent a radical prostatectomy after being diagnosed with prostate cancer.

14 16. On September 27, 2017, pursuant to an investigational subpoena, the Respondent
15 attended a subject interview with the Board. Respondent acknowledged during the interview that
16 Patient A had "probably not," seen urology when he documented that the patient had seen urology
17 on the August 23, 2012 visit. Respondent acknowledged that he made an "oversight" and that
18 Patient A was not seeing a urologist despite three PSA tests above 4 ng./ml. Respondent stated
19 that he did not notify the patient of his PSA level at the November 2012 treatment visit despite
20 having received notification that the PSA test was above 25 ng./ml. Respondent stated that it was
21 his responsibility to ensure that Patient A saw a urologist but stated that this was one of over a
22 hundred similar patients.

23 17. Respondent's treatment of Patient A as described above represents an extreme
24 departure from the standard of care by failing to immediately refer Patient A for a urology
25 consultation after receiving a 25.51 ng./ml. PSA test result.

26 ///

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28 ///

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 18. Respondent Tuan Anh Doan, M.D. is subject to disciplinary action under section
4 2234, subdivision (c), in that he committed repeated negligent acts during the care and treatment
5 of Patient A. The circumstances are as follows:

6 19. Complainant re-alleges paragraphs 7 through 17, and those paragraphs are
7 incorporated by reference as if fully set forth herein.

8 20. Respondent's license is subject to disciplinary action because he committed the
9 following repeated negligent acts during the care of Patient A:

10 a.) As more fully described in paragraphs 12 through 15, by failing to communicate
11 three abnormal PSA test results from June 2005, March 2008, and August 2012, and discuss the
12 PSA test results with the patient at any treatment visits and/or document discussing the three
13 abnormal PSA test results with the patient between September 11, 2012, to May 21, 2014, in any
14 of the progress notes in 9 outpatient clinic visits represents multiple and repeated separate
15 departures from the standard of care.

16 b.) As more fully described in paragraphs 12 through 15, by failing to diagnose
17 possible prostate cancer at an earlier state despite three abnormal PSA test results from June 2005,
18 March 2008, and August 2012, at any treatment visits and/or document diagnosing possible
19 prostate cancer at an earlier stage between September 11, 2012, to May 21, 2014, in any of the
20 progress notes in 9 outpatient clinic visits represents multiple and repeated separate departures
21 from the standard of care.

22 **THIRD CAUSE FOR DISCIPLINE**

23 **(Inadequate Medical Record Keeping)**

24 21. Respondent's license is subject to disciplinary action under section 2266 of the Code
25 in that he failed to keep adequate and accurate medical records. The circumstances are as
26 follows:

27 22. Complainant re-alleges paragraphs 7 through 20, and those paragraphs are
28 incorporated by reference as if fully set forth herein.

1 23. A review of the medical records from August 23, 2012, to May 21, 2014, reveals no
2 documentation regarding Respondent's treatment plan and/or discussion with the patient regarding
3 three abnormal PSA levels from June 2005, March 2008, and August 2012.

4 **DISCIPLINARY CONSIDERATIONS**

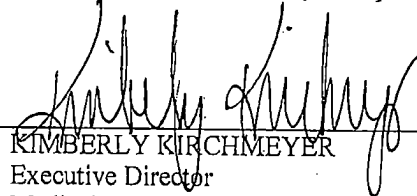
5 24. To determine the degree of discipline, if any, to be imposed on Respondent Tuan Anh
6 Doan, M.D., Complainant alleges that on or about January 5, 2018, in a prior disciplinary action
7 entitled *In the Matter of the Accusation Against Tuan Anh Doan, M.D.* before the Medical Board
8 of California, in Case Number 800-2014-007305, Respondent's license was revoked with the
9 revocation stayed and his license was placed on two years' probation for the commission of
10 repeated negligent acts in violation of Section 2234, subdivision (c), of the Code and inadequate
11 record keeping in violation of Section 2266. That decision is now final and is incorporated by
12 reference as if fully set forth herein.

13 **PRAYER**

14 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
15 and that following the hearing, the Medical Board of California issue a decision:

- 16 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 77825;
17 issued to Tuan Anh Doan, M.D.;
- 18 2. Revoking, suspending or denying approval of Tuan Anh Doan, M.D.'s authority to
19 supervise physician assistants and advanced practice nurses;
- 20 3. Ordering Tuan Anh Doan, M.D., if placed on probation, to pay the Board the costs of
21 probation monitoring; and
- 22 4. Taking such other and further action as deemed necessary and proper.

23
24 DATED: March 7, 2018

25 
26 KIMBERLY KIRCHMEYER
27 Executive Director
28 Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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