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

In the Matter of the First Amended Accusation Against: Stevan Ray Clark, M.D. Physician's and Surgeon's Certificate No. G 63102 Respondent.	Case No.: 800-2019-057732

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 March 6, 2023.

IT IS SO ORDERED: February 2, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MARIANNE A. PANSA
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **STEVAN RAY CLARK, M.D.** **10220 S. Western Avenue** **Los Angeles, CA 90047** **Physician's and Surgeon's Certificate No. G 63102** Respondent.	Case No. 800-2019-057732 OAH No. 2021110746 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent Stevan Ray Clark, M.D. (Respondent) is represented in this proceeding by attorney Thomas F. McAndrews, Esq., whose address is: 1230 Rosecrans Ave., Suite 450 Manhattan Beach, CA 90266.

3. On or about June 20, 1988, the Board issued Physician's and Surgeon's Certificate No. G 63102 to Stevan Ray Clark, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-057732, and will expire on January 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-057732 was filed before the Board, and all other statutorily required documents were properly served on Respondent on October 13, 2021. A First Amended Accusation was properly served on Respondent on January 3, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the Accusation and the First Amended Accusation No. 800-2019-057732 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2019-057732. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2019-057732, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2019-057732, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 63102 to disciplinary action.

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

CONTINGENCY

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2019-057732 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 63102 issued to Respondent STEVAN RAY CLARK, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months, on the following terms and conditions:

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

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

but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(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 name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

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

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

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

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

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

5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, in the amount of $13,712.00 (thirteen thousand seven hundred twelve dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

Board.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

7. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

8. 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.

9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve

Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

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

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

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

13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

California and delivered to the Board or its designee no later than January 31 of each calendar year.

14. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-057732 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas F. McAndrews, 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: 8-1-22

STEVAN RAY CLARK, M.D.
Respondent

I have read and fully discussed with Respondent Stevan Ray Clark, 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: 8/3/22

THOMAS F. MCANDREWS, ESQ.
Attorney for Respondent

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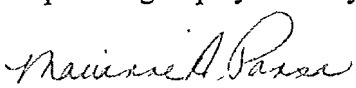
ENDORSEMENT

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

DATED: August 4, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



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

In the Matter of the First Amended Accusation Against: **STEVAN RAY CLARK, M.D.** **10220 S. Western Avenue** **Los Angeles, CA 90047** Physician's and Surgeon's Certificate No. G 63102, Respondent.	Case No. 800-2019-057732 **FIRST AMENDED ACCUSATION**

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

2. On or about June 20, 1988, the Board issued Physician's and Surgeon's Certificate Number G 63102 to Stevan Ray Clark, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2024, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code states:

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

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

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

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

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

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

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

STATUTORY PROVISIONS

5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

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

COST RECOVERY

6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case,[1] with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

DEFINITIONS

7. Axillary sentinel node biopsy is a procedure in which the sentinel lymph node is identified, removed and examined to determine whether cancer cells are present. The sentinel lymph node is defined as the first lymph node to which cancer cells are most likely to spread from a primary tumor. Sometimes there can be more than one sentinel lymph node. Axillary nodes are a group of lymph nodes located in the armpit region of the body.

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[1] As of November 18, 2021, Section 125.3 of the Code has been amended to remove subsection (k), which precluded the Board from collecting costs. The Board may collect investigation, prosecution, and other costs incurred for a disciplinary proceeding against a licensee as of January 1, 2022.

8. Axillary lymph node dissection usually involves removing nodes in level I and II, in the armpit region. For women with invasive breast cancer, this procedure may be performed as part of a mastectomy, or after a lumpectomy through a separate incision.

9. Breast conserving surgery removes cancer while leaving as much normal breast tissue as possible. Breast conserving surgery can be called a lumpectomy, quadrantectomy, partial mastectomy, or segmental mastectomy, depending on how much tissue is removed.

10. Invasive ductal carcinoma is a type of breast cancer that begins in the milk-producing glands (lobules) of the breast. Invasive cancer occurs when the cancer cells have broken out of the lobules where they began and have potential to spread to the lymph nodes or other areas of the body.

11. Lumpectomy is a surgical operation in which a lump is removed from the breast, typically when cancer is present but has not spread. During a lumpectomy, the cancer or other abnormal tissue and a small amount of heathy tissue are removed to ensure that all of the abnormal tissue is removed. A lumpectomy is also called breast-conserving surgery because only a portion of the breast is removed.

12. Magnetic resonance imaging (MRI) is a medical imaging technique that uses a magnetic field and computer-generated radio waves to create detailed images of organs and tissues in the body.

13. Malignant neoplasm of the breast is a form of breast cancer in which the tumor grows from the ducts beneath the nipple. Symptoms commonly include itching and burning and eczema-like condition around the nipple, sometimes accompanied by oozing or bleeding.

14. Mammogram is an x-ray image of the breast used to screen breast cancer.

15. Mastectomy is a surgery to remove all breast tissue from the breast as a way to treat and prevent breast cancer.

16. Positive margins are those margins where cancer cells are present. In negative margins, the tumor is entirely encapsulated in healthy tissue.

17. Subareolar refers to the location under the breast's areola, the colored skin around the nipple.

18. Surgical time-out is conducted in the operating room before the first surgical incision is made to promote patient safety and prevent surgical errors. It is a short meeting between all members of the surgical team to ensure the surgical team is performing the correct procedure on the correct patient, site, and side, as well as to share any concerns.

19. An ultrasound is a type of imaging test to examine internal organs using very high frequency sound waves.

FACTUAL ALLEGATIONS

20. Respondent performed an examination of a 52 year-old female patient[2] in his office on or about April 3, 2017, after she was referred by another physician. The patient reported feeling a lump in her right breast in December 2016. Respondent noted a mammogram performed on January 25, 2017 was negative, and an ultrasound dated February 21, 2017, showed a new lesion in the right breast at 10 o'clock. Upon examination, Respondent also found a lump at the areolar border of the right breast at 12 o'clock. He diagnosed a "small but definite dominant mass, non-mobile," and a "Cat - 3 right breast ultrasound, but away from the area of the lump." He recommended the patient undergo a right breast lumpectomy.

21. Respondent performed the recommended lumpectomy at California Hospital Medical Center on or about June 1, 2017. The pathology revealed cancer, specifically, a 1.4 centimeter invasive ductal carcinoma with positive margins.

22. The patient and her daughter were seen by Respondent in his office on or about June 5, 2017, and he diagnosed the patient with a breast lump or mass, and an unspecified malignant neoplasm of the breast. Respondent advised the patient of the cancer diagnosis and told her that she would probably need a mastectomy and axillary sentinel node biopsy, but that he was awaiting the final pathology report. The plan was to await the final pathology results, schedule an oncology consultation, and schedule a follow-up with the patient.

23. Respondent met with the patient on or about June 19, 2017 to discuss the final pathology report. Respondent assessed the patient with invasive right subareolar breast cancer with positive margins. Respondent discussed treatment options including a mastectomy versus

[2] The patient's name is not being used to protect patient confidentiality.

conservation with the patient. The patient advised Respondent that she wanted more information about reconstruction and that she was leaning toward a mastectomy. Respondent ordered a bilateral MRI, as well as oncology, radiology and plastic surgery consultations. Respondent advised that he would meet with the patient two days after the MRI was completed.

24. Respondent met with the patient and her daughter on July 22, 2017 to discuss the MRI results. The patient had met with the oncologist, radiologist, and plastic surgeon. The patient was advised that the MRI showed a second lesion. Respondent reviewed the options of mastectomy versus lumpectomy, and advised that if the patient chose a lumpectomy, an additional work-up of the right breast would be needed. It was agreed that the patient's daughter would contact Respondent to advise him of the preferred treatment option.

25. The patient had another ultrasound on August 10, 2017. Respondent met with the patient on August 11, 2017 to discuss the ultrasound results. The ultrasound showed a lesion in the right upper outer quadrant. Respondent ordered another mammogram.

26. On September 18, 2017, Respondent met with the patient and her husband and explained the results of the mammogram and ultrasound. The patient again advised Respondent she wanted conservation. An MRI guided biopsy of the right breast was ordered.

27. On October 7, 2017, Respondent met with the patient, her husband, and her daughter, and advised the patient of her surgery options. The first option was a mastectomy, and the second option was a wide subareolar excision of the areola and nipple, and possibly a wide excision to include the area seen on the first MRI. Respondent noted that he needed to consult with the plastic surgeon for the second option because the plastic surgeon advised the patient that removal of the nipple was not necessary, and the patient was leaning toward breast conservation.

28. On October 20, 2017, the patient returned to Respondent's office with her daughter to discuss the surgery. The patient advised she had seen the plastic surgeon and that reconstruction was not possible after a nipple areola excision. Respondent advised that a nipple excision was necessary, and explained that an axillary sentinel node biopsy was recommended, with a possible completion of an axillary dissection. The patient advised that she wanted conservation and requested a lumpectomy. Respondent discussed the surgery with the patient and obtained the

patient's written consent to perform a wide local excision including the areola and nipple, with possible sentinel lymph node biopsy.

29. On or about November 16, 2017, Respondent performed the surgery at California Hospital Medical Center. However, instead of performing a wide local excision of the areola and nipple of the right breast, consistent with the patient's request and consent, Respondent performed a full right breast mastectomy and a sentinel lymph node biopsy.

30. On or about November 18, 2017, the patient returned to Respondent's office for a post-operative visit. The patient presented with complaints of pain and wanted to know why a mastectomy was performed. The patient's dressings were changed. After reviewing his records, Respondent called the patient and her daughter acknowledging that he had made a mistake noting the patient had only consented to a partial mastectomy.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

31. Respondent Stevan Ray Clark, M.D. is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he engaged in act(s) or omission(s) amounting to gross negligence. The circumstances are set forth in paragraphs 20 through 30, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

32. The standard of care requires that prior to and during surgery, a doctor is responsible for performing the correct surgical procedure on the correct patient, site, and side. Respondent's failure to check and ensure that he was performing the operation consistent with the patient's consent is an extreme departure from the standard of care and constitutes gross negligence.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 63102, issued to Respondent Stevan Ray Clark, M.D.;

2. Revoking, suspending or denying approval of Respondent Stevan Ray Clark, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Stevan Ray Clark, M.D., to pay the Board the costs of the investigation and enforcement of this action, and if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: JAN 03 2022

Rejil Varghese
Deputy Director

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

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