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

In the Matter of the Accusation Against: Natalia Alexis Abrikosova, M.D. Physician's and Surgeon's Certificate No. A 82312 Respondent.	Case No.: 800-2021-079487

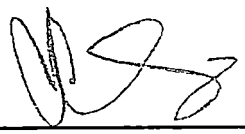
DECISION

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 27, 2023.

IT IS SO ORDERED: October 27, 2023.

MEDICAL BOARD OF CALIFORNIA



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

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
KIMIKO AKIYA
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **NATALIA ALEXIS ABRIKOSOVA, M.D.** **2577 Samaritan Dr., suite 820** **San Jose, CA 95124-4109** **Physician's and Surgeon's Certificate** **No. A 82312** Respondent.	Case No. 800-2021-079487 OAH No. 2023030716 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. Reji Varghese (Complainant) is the Interim 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 Kimiko Akiya, Deputy Attorney General.

2. Respondent Natalia Alexis Abrikosova, M.D. (Respondent) is represented in this proceeding by attorney Shannon V. Baker, whose address is: 765 University Avenue Sacramento, CA 95825

3. On March 19, 2003, the Board issued Physician's and Surgeon's Certificate No. A 82312 to Natalia Alexis Abrikosova, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-079487, and will expire on August 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-079487 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on January 30, 2023. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-079487 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-079487. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her 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 Accusation No. 800-2021-079487, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2021-079487, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected her Physician's and Surgeon's Certificate, No. A 82312 to disciplinary action.

ACKNOWLEDGMENT

12. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

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

CONTINGENCY

14. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

15. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2021-079487 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.

16. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 82312 issued to Respondent Natalia Alexis Abrikosova, 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:

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and

shall be retained for the entire term of probation.

2. CONTROLLED SUBSTANCES - ABSTAIN FROM USE. Respondent shall abstain completely from the personal use or possession of controlled substances as defined in the California Uniform Controlled Substances Act, dangerous drugs as defined by Business and Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide illness or condition.

Within 15 calendar days of receiving any lawfully prescribed medications, Respondent shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

3. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the use of products or beverages containing alcohol.

4. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to biological fluid testing, at Respondent's expense, upon request of the Board or its designee. "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair follicle testing, or similar drug screening approved by the Board or its designee. Prior to practicing medicine, Respondent shall contract with a laboratory or service approved in advance by the Board or its designee that will conduct random, unannounced, observed, biological fluid testing. The contract shall require results of the tests to be transmitted by the laboratory or service directly to the Board or its designee within four hours of the results becoming available. Respondent shall maintain this laboratory or service contract during the period of probation.

A certified copy of any laboratory test result may be received in evidence in any proceedings between the Board and Respondent.

If Respondent fails to cooperate in a random biological fluid testing program within the specified time frame, Respondent shall receive a notification from the Board or its designee to immediately cease the practice of medicine. The Respondent shall not resume the practice of medicine until the final decision on an accusation and/or a petition to revoke probation is

effective. An accusation and/or petition to revoke probation shall be filed by the Board within 30 days of the notification to cease practice. If the Respondent requests a hearing on the accusation and/or petition to revoke probation, the Board shall provide the Respondent with a hearing within 30 days of the request, unless the Respondent stipulates to a later hearing. If the case is heard by an Administrative Law Judge alone, he or she shall forward a Proposed Decision to the Board within 15 days of submission of the matter. Within 15 days of receipt by the Board of the Administrative Law Judge's proposed decision, the Board shall issue its Decision, unless good cause can be shown for the delay. If the case is heard by the Board, the Board shall issue its decision within 15 days of submission of the case, unless good cause can be shown for the delay. Good cause includes, but is not limited to, non-adoption of the proposed decision, requests for reconsideration, remands and other interlocutory orders issued by the Board. The cessation of practice shall not apply to the reduction of the probationary time period.

If the Board does not file an accusation or petition to revoke probation within 15 days of the issuance of the notification to cease practice or does not provide Respondent with a hearing within 30 days of such a request, the notification of cease practice shall be dissolved.

5. 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.

6. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider

with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

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

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

8. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

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

9. 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 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 practice, 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.

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

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

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

12. 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.

13. 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, investigation(s), and subpoena enforcement, as applicable, in the amount of $31,509.25 (thirty-one thousand five hundred nine dollars and twenty-five cents).

Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

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).

14. 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.

15. 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.

16. 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.

17. 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..

18. 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. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

19. 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.

20. 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 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.

21. 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.

22. 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. 800-2021-079487 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, Shannon V. Baker. 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: 6-16-2023 /s/ Abrikosova

NATALIA ALEXIS ABRIKOSOVA, M.D.
Respondent

I have read and fully discussed with Respondent Natalia Alexis Abrikosova, 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: 6/20/2023

SHANNON V. BAKER
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

MACHAELA M. MINGARDI
Deputy Attorney General
Attorneys for Complainant

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DATED: _____

SHANNON V. BAKER
Attorney for Respondent

ENDORSEMENT

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

DATED: 9-15-2023

Respectfully submitted,

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

MACHAELA M. MINGARDI
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2021-079487

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Natalia Alexis Abrikosova, M.D.** **2577 Samaritan Dr., Suite 820** **San Jose, CA 95124-4109** **Physician's and Surgeon's Certificate No. A 82312,** Respondent.	Case No. 800-2021-079487 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Deputy Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On March 19, 2003, the Medical Board issued Physician's and Surgeon's Certificate No. A 82312 to Natalia Alexis Abrikosova, 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 August 31, 2024, unless renewed.

JURISDICTION

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

4. Section 2227 (a) of the Code provides in pertinent part that a licensee whose matter has been heard by an administrative law judge . . . who is found guilty . . . 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, which may include a requirement that the licensee complete relevant educational courses,

(5) Have any other action taken in relation to discipline as part of an order of probation.

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.

(d) Incompetence."

6. Section 2242 of the Code states:

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

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

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

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

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

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

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription 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."

7. 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."

ETHICAL PRINCIPLES

8. In the May 2012, the American Medical Association Journal of Ethics published the American Medical Association Code of Medical Ethics' Opinion on Physicians Treating Family Members: *Opinion 8.19 – Self-Treatment or Treatment of Immediate Family Members*. Opinion 8.19 provides:

> Physicians generally should not treat themselves or members of their immediate families. Professional objectivity may be compromised when an immediate family member or the physician is the patient; the physician's personal feelings may unduly influence his or her professional medical judgment, thereby interfering with the care being delivered. ... When treating themselves or immediate family members, physicians may be inclined to treat problems that are beyond their expertise or training. ...

> It would not always be inappropriate to undertake self-treatment or treatment of immediate family members. In emergency settings or isolated settings where there is no other qualified physician available, physicians should not hesitate to treat themselves or family members until another physician becomes available. In addition, while physicians should not serve as a primary or regular care provider for immediate family members, there are situations in which routine care is acceptable for short-term, minor problems. Except in emergencies, it is not appropriate for physicians to write prescriptions for controlled substances for themselves or immediate family members.

COST RECOVERY

9. 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, 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.

FACTUAL SUMMARY

10. At all times relevant to these allegations, Respondent was working as an urgent care physician at the Palo Alto Medical Foundation.

Patient A[1]

11. Respondent treated Patient A from 2012 through approximately March 2021. Patient A is Respondent's spouse. Respondent saw Patient A as a primary care physician, despite Respondent being an urgent care doctor. Patient A did not follow-up on a referral to a Family Medicine Department to establish a Primary Care Physician.

12. During the time that Respondent served as physician to her spouse, Patient A suffered from problems at work. Patient A also experienced stress as a parent of the two children he and Respondent had together. Patient A suffered from multiple medical problems including hyperlipidemia, benign prostatic hypertrophy, Gastro Esophageal Reflux Disease (GERD),

[1] The patients in this document are designated as Patients A through C to protect their privacy. Respondent knows the names of the patients and witnesses and can confirm their identities through the discovery process.

obesity, chronic sinusitis, seasonal allergies, basal cell cancer, insomnia, and anxiety. Respondent's initial treatment of Patient A was for anxiety and insomnia. Respondent began prescribing Valium[2] and Ambien[3] to Patient A. Beginning around 2012, and until on or around March 30, 2021, Respondent prescribed for Patient A a combination of Valium 10 mg and Ambien 10 mg (or a generic equivalent of diazepam and zolpidem), on an average of 1 per day.

13. For the entire time Respondent prescribed to Patient A, Patient A's records contain no documentation of appropriate history, review of systems, or exam findings related to the prescriptions of Valium and Ambien. Patient A's records do not contain documentation regarding the indication for or use of the controlled substances, diazepam or zolpidem, or adequate discussion regarding the limitation of use of these drugs, the side effects, risks, and benefits. Patient A's records also do not contain any documentation about tapering down these medications over time or any attempts to taper Patient A off of diazepam or zolpidem. There is no controlled substances contract documented.

14. Respondent documented visit notes as the treating physician for Patient A on 3/04/2015, 03/03/2016, 04/08/2016, 08/31/2018, and 05/16/2020.

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[2] Valium, a trade name for diazepam, a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for the short-term relief of anxiety. Concomitant use of Valium with opioids "may result in profound sedation, respiratory depression, coma, and death." The Drug Enforcement Administration (DEA) has identified benzodiazepines, such as Valium, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2020 Edition), at p. 68, 71.)

[3] Ambien, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic of the imidazopyridine class. It is a dangerous drug as defined in Business and Professions Code section 4022 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. It is indicated for the short-term treatment of insomnia. It is a central nervous system depressant and should be used cautiously in combination with other central nervous system depressants. Any central nervous system depressant could potentially enhance the CNS depressive effects of Ambien. It should be administered cautiously to patients exhibiting signs or symptoms of depression because of the risk of suicide. Because of the risk of habituation and dependence, individuals with a history of addiction to or abuse of drugs or alcohol should be carefully monitored while receiving Ambien. The recommended dosage for adults is 10 mg. immediately before bedtime.

a. Respondent's documentation does not provide a formal assessment of anxiety on any accepted anxiety rating scale, and no commentary about the effectiveness of the treatment.

b. Respondent's documentation does not provide a history or treatment plan regarding the use of zolpidem for insomnia.

15. Respondent's documentation does not indicate she recommended or tried SSRIs or related compounds in treating Patient A's anxiety.[4]

16. Respondent treated her husband, Patient A, for anxiety and insomnia by prescribing diazepam and zolpidem for many years. Respondent managed her husband's care as his primary care physician, though she was not a primary care physician but practiced in an Urgent Care setting. At the time, long term treatment of chronic anxiety and insomnia was not within Respondent's area of expertise, Urgent Care medicine. Respondent's documentation of Patient A's chronic conditions of anxiety and insomnia does not demonstrate she sought any outside input for his care.

17. Patient A's records show that Respondent wrote multiple prescriptions multiple times per year for steroids and antibiotics, between 2015 and 2021, including but not limited to:

- Azithromycin[5];
- Clarithromycin[6];

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[4] The mainstay treatment of Generalized Anxiety Disorder has evolved over time to become selective serotonin reuptake inhibitors (SSRIs) and not benzodiazepines, especially for chronic use.

[5] Azithromycin, also known by the trade name Zithromax, is a semisynthetic macrolide antibiotic similar in structure to erythromycin (an antibiotic very similar to penicillin, and has proven useful in treating infections in patients with known allergic reactions to that drug). It is orally administered and has a wide spectrum of activity. Azithromycin is used to treat lower respiratory tract infections, including exacerbations of chronic obstructive pulmonary disease, skin and skin structures infections, and sexually transmitted diseases. The drug is generally well-tolerated with the most common adverse reactions involving the gastrointestinal tract. It is a dangerous drug as defined in section 4022.

[6] Clarithromycin, also known by the trade name Biaxin, is semisynthetic macrolide antibiotic similar in structure to erythromycin (an antibiotic very similar to penicillin, and has proven useful in treating infections in patients with known allergic reactions to that drug). It is orally administered and have a wide spectrum of activity. Clarithromycin is used to treat respiratory tract infections, otitis media, skin and skin structure infections, and mycobacterium

- Amoxicillin[7];
- Prednisone[8];
- Methylprednisolone[9];
- Doxycycline[10];

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avium complex, an infection that occurs in people with AIDS. It is also used to treat infection of the stomach with the bacterium Helicobacter pylori, now recognized as the cause of most ulcers of the stomach and duodenum. The drug is generally well-tolerated with the most common adverse reactions involving the gastrointestinal tract. Clarithromycin is on an FDA monitoring list because of reports of certain rare but potentially serious adverse reactions. It is a dangerous drug as defined in section 4022.

[7] Amoxicillin is a semi-synthetic oral penicillin-like antibiotic. Amoxicillin is used to treat certain infections caused by bacteria, such as pneumonia; bronchitis (infection of the airway tubes leading to the lungs); and infections of the ears, nose, throat, urinary tract, and skin. It is also used in combination with other medications to eliminate *H. pylori*, a bacteria that causes ulcers. Amoxicillin is in a class of medications called penicillin-like antibiotics. Amoxicillin may cause minor side effects and some side effects can be serious but is generally well-tolerated. It is a dangerous drug as defined in section 4022.

[8] Prednisone is a glucocorticoid (hydrocortisone and cortisone), indicated for the treatment of certain endocrine disorders, rheumatic disorders, collagen diseases, dermatologic diseases, allergic states, ophthalmic diseases, respiratory diseases, hematologic disorders, neoplastic diseases, edematous states, gastrointestinal diseases (ulcerative colitis and regional enteritis), and acute exacerbations of multiple sclerosis, tuberculous meningitis, and trichinosis. Glucocorticoids cause profound and varied metabolic effects. In addition, they modify the body's immune responses to diverse stimuli. Psychic derangements may appear when corticosteroids are used, ranging from euphoria, insomnia, mood swings, personality changes, and severe depression to frank psychotic manifestations. Also, existing emotional instability or psychotic tendencies may be aggravated by corticosteroids. A great many adverse reactions are associated with the use of prednisone including fluid retention, congestive heart failure in susceptible patients, hypertension, muscle weakness, loss of muscle mass, tendon rupture, pancreatitis, abdominal distension, facial erythema, convulsions, vertigo, headache, development of Cushingoid state, manifestations of latent diabetes mellitus, posterior subcapsular cataracts, glaucoma, urticaria and other allergic, anaphylactic or hypersensitivity reactions. It is a dangerous drug as defined in section 4022.

[9] Methylprednisolone, known by the trade name Medrol, a corticosteroid, is similar to a natural hormone produced by your adrenal glands. It relieves inflammation (swelling, heat, redness, and pain) and is used to treat certain forms of arthritis; skin, blood, kidney, eye, thyroid, and intestinal disorders (e.g., colitis); severe allergies; and asthma. Methylprednisolone is also used to treat certain types of cancer. The drug is generally well-tolerated and most people do not experience serious side effects. Methylphenidate is a dangerous drug as defined in section 4022 of the Code.

[10] Doxycycline, also known by the trade name Vibramycin, is in a class of medications called tetracycline antibiotics. It works to treat infections by preventing the growth and spread of bacteria. It works to treat acne by killing the bacteria that infects pores and decreasing a certain natural oily substance that causes acne. It works to treat rosacea by decreasing the inflammation that causes this condition. Doxycycline is also used to treat or prevent anthrax in people who may have been exposed to anthrax in the air and to treat plague. The drug is generally well-tolerated and most people do not experience serious side effects. It is also used to prevent malaria.

- Cephalexin[11];
- Moxifloxacin[12];
- ProAir HFA inhaler[13];
- Flovent HFA inhaler[14];
- Amox-Clay[15]; and

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[11] Cephalexin, also known by the trade name Keflex, is an antibiotic used to treat certain infections caused by bacteria such as pneumonia and other respiratory tract infections; and infections of the bone, skin, ears, genital, and urinary tract. It belongs to the class of medicines known as cephalosporin antibiotics. Cephalexin has potential side effects after prolonged or repeated usage or large doses including blood disorders, skin rash, stomach and intestine upset, diarrhea, anaphylaxis, new infections, and colitis. Cephalosporin antibiotics are closely related to penicillin and there is a remarkable amount of cross-sensitivity to allergic reactions between the two drugs. Cephalexin is a dangerous drug as defined in section 4022 of the Code.

[12] Moxifloxacin, also known by the trade name Avelox, is an antibiotic used to treat bacterial infections in many different parts of the body. It belongs to the class of medicines known as fluoroquinolones, quinolone antibiotics. Moxifloxacin has many potential serious adverse effects including developing tendinitis, changes in sensation and nerve damage, may affect the brain or central nervous system (CNS) and cause serious side effects such as seizures, may worsen muscle weakness in people with myasthenia gravis (a disorder of the nervous system that cause muscle weakness) and cause severe difficulty breathing or death. The serious side effects of the antibiotic may effect persons who have had a kidney, heart, or lung transplant, have kidney disease, or joint or tendon disorder such as rheumatoid arthritis, and people over 60 who are have the highest risk. It also may have bad interactions with oral or injectable steroids such as dexamethasone, methylprednisolone (Medrol), or prednisone (Rayos), nonsteroidal anti-inflammatory drugs (NSAID) by increasing changes of CNS risks, disturb blood glucose or effect diabetic agents, and increase anticoagulant effects of warfarin or its derivatives. Moxifloxacin is a dangerous drug as defined in section 4022 of the Code.

[13] ProAir HFA inhaler is the trade name of albuterol sulfate and belongs to a class of drugs known as bronchodilators. It is used to prevent and treat wheezing and shortness of breath cause by breathing problems (such as asthma, chronic, obstructive pulmonary disease). It is a quick relief drug by relaxing muscles around the airways so they open up and breathe more easily. There are some side effects including nervousness, shaking, headache, and raise blood pressure. Most people do not experience serious side effects.

[14] Flovent HFA inhaler is the trade name of fluticasone HFA inhaler and is used to control and prevent symptoms cause by asthma. It works by reducing swelling (inflammation) of the airways in the lungs to make breathing easier. It does not work to relieve sudden asthma attacks. It may be also used to help control symptoms of ongoing lung disease such as chronic bronchitis, emphysema, and COPD. Fluticasone belongs to a class of drugs known as corticosteroids. There are some potential serious side effects including signs of infection, vision problems, increased urinations, easy bruising/bleeding, mood changes, and bone pain. Many people using this medication do not experience serious side effects.

[15] Amox-Clav is a combination of amoxicillin and clavulanic acid and is used to treat certain infections caused by bacteria including infections of the ears, lungs, sinus, skin, and urinary tract. Amoxicillin is in a class of medications called penicillin-like antibiotics. It works by

- Fluticasone[16].

18. Respondent failed to document prescriptions she wrote for Patient A in Patient A's records for antibiotics and steroids. Respondent also did not document the reasons and/or conduct of an examination of Patient A prior to issuing prescriptions for antibiotics and/or steroids.

Respondent Taking a Family Member's Prescription

19. In or about 2017, Respondent took Valium (diazepam) pills, which she had prescribed for her husband, to medicate herself after a death in the family. Respondent did not go to a primary care physician to request her own prescription.

20. In or about 2018, Respondent took her husband's Valium pills, which she had prescribed for her husband, to medicate herself for shoulder pain while traveling in Italy.

21. In or about April 2021, Respondent asked her husband if she could take Valium pills, which Respondent had prescribed, in order to medicate herself before taking an oral exam with the Physician Assessment and Clinical Education (PACE) Program at the University of California, San Diego. As part of the PACE program, Respondent submitted to a urine test. On May 11, 2021, Respondent's urine test came back positive for benzodiazepines. When confronted with the positive test, Respondent chose to resign from her position as an Urgent Care physician at the Palo Alto Foundation Medical Group.

Patient B

22. On August 28, 2019, Patient B, a 35-year-old female, saw Respondent in Urgent Care. Patient B's chief complaint was bilateral facial tightness for seven days that had worsened

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stopping the growth of bacteria. Clavulanic acid is in a class of medications called beta-lactamase inhibitors. It works by preventing bacteria from destroying amoxicillin. Amoxicillin and clavulanic acid may cause some minor or serious side effects.

[16] Fluticasone is a prescription and nonprescription liquid to spray in the nose. Nonprescription fluticasone nasal spray is also known as Flonase Allergy is used to relieve symptoms of rhinitis such as sneezing, running or stuff or itchy nose, itchy, watery eyes or other allergies. Prescription fluticasone, also known by the trade name Xhance, is also used to relieve symptoms of nonallergic rhinitis such as sneezing and runny or stuffy nose which are not caused by allergies. Prescription fluticasone nasal spray is used to treat nasal polyps (swelling of the lining of the nose). Fluticasone is in a class of medications called corticosteroids. It works by blocking the release of certain natural substances that cause allergy symptoms.

in the prior three days. Patient B described difficulty swallowing and rinsing her mouth and was concerned about a stroke.

23. Respondent documented Patient B's history and review of systems including vitals. Respondent also documented performing a neurologic exam which described intact cranial nerves 2-12, normal deep tendon reflexes, normal motor exam, and a sensory exam revealing decreased facial sensation "of the right side of the face and left side equally. Most decreased of sensation (sic) in on upper lip."

24. Despite documenting a complete exam of the cranial nerves 2-12, Respondent, in fact, did not perform a detailed exam of cranial nerves 2-12.

- Cranial nerve 2 is the optic nerve and can be assessed by checking visual acuity, pupillary response and visual fields. Visual acuity can be assessed in both history and by exam. But Respondent did not document a visual field exam for Patient B.
- Cranial nerves 9 (glossopharyngeal) and 10 (vagus) are tested by testing the gag reflex. Respondent documented Patient B having difficulty swallowing saliva. Respondent did not document testing for gag reflex.

Patient C

25. On April 28, 2019, Respondent saw Patient C in Urgent Care. Patient C presented with a one day history of an itchy rash from head to toe. Patient C also had a cough, headache, and eye discomfort. Review of systems for Patient C included high fever before developing rash. Patient C was concerned about measles because she could not recall if she had the measles vaccination. Respondent's assessment was "Rash; Fever, unspecified fever cause; Nonintractable episodic headache, unspecified headache type; Discomfort of both eyes." Respondent wanted measles lab work and sent Patient C to the emergency room to expedite lab work and for further testing.

26. Respondent's referral of Patient C to the emergency room was not appropriate. Lab work could be drawn at Urgent Care the same day as Patient C's visit or the next day. Patient C did not require immediate lab results. In addition, results on measles labs can take a few to several days and are not available immediately, reducing the immediate need to obtain the lab

work through the emergency room.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct/Repeated Acts of Negligence/Incompetence/Prescribing Dangerous Drugs without Exam/Failure to Maintain Adequate and Accurate Records)

27. The allegations of Paragraphs 10 through 18 are incorporated by reference as if set out in full.

28. Respondent Natalia Alexis Abrikosova, M.D. is guilty of unprofessional conduct in her care and treatment of Patient A, and is subject to disciplinary action under sections 2234 and/or 2234(c) and/or 2234(d) and/or 2242(a) and/or 2266 of the Code in that Respondent committed repeated negligent acts and/or demonstrated incompetence and/or prescribing dangerous drugs without prior examination or medical indication and/or failed to maintain adequate and accurate medical records without a prior examination or medical indication including, but not limited to, the following:

A. Respondent prescribed diazepam to Patient A without: (i) adequately documenting indication for or use of diazepam; and (ii) adequately documenting or indicating any discussion with Patient A regarding the limitation of use of the controlled substance, the side effects, risks (including addiction potential), benefits and appropriate relevant history and exam.

B. Respondent prescribed diazepam to Patient A for anxiety for an inappropriate duration of time.

C. Respondent prescribed diazepam to Patient A as an inappropriate primary treatment for anxiety.

D. Respondent prescribed zolpidem to Patient A without: (i) adequately documenting indication for or use of zolpidem; and (ii) adequately documenting or indicating any discussion regarding the limitation of use of the controlled substance, the side effects, risks (including addiction potential), benefits and appropriate relevant history and exam.

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E. Respondent prescribed zolpidem to Patient A for sleep for an inappropriate duration of time.

F. Respondent acted as a physician for and treated a family member for anxiety using a controlled substance for an extended period of time.

G. Respondent acted as a physician to and treated a family member for insomnia using a controlled substance for an extended period of time.

H. Respondent did not document any medical visit prior to prescribing antibiotics to Patient A. Respondent did not document the prescriptions for antibiotics to Patient A including the condition being treated.

I. Respondent did not document any medical visit prior to prescribing steroids to Patient A. Respondent did not document the prescriptions for steroids to Patient A including the condition being treated.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

29. The allegations of Paragraphs 10 through 21 are incorporated by reference as if set out in full.

30. Respondent is subject to disciplinary action under section 2234 (unprofessional conduct) because:

a. Respondent was the physician who prescribed her husband, Patient A, Valium; and

b. Respondent improperly diverted a family member's prescription controlled substances for her own use on three separate occasions.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct/Failure to Maintain Adequate and Accurate Records)

Patient B

31. The allegation of Paragraphs 10 and 22 through 24 are incorporated by reference as if set out in full.

32. Respondent is subject to disciplinary action under sections 2234 (unprofessional conduct) and/or 2266 (failure to maintain adequate and accurate records):

a. Respondent documented performing a complete cranial nerve exam on Patient B; and

b. Respondent did not perform a complete cranial nerve exam.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional conduct)

Patient C

33. The allegation of Paragraphs 10 and 25 through 26 are incorporated by reference as if set out in full.

34. Respondent is subject to disciplinary action under sections 2234 (unprofessional conduct) because:

A. Respondent's referral of Patient C to the emergency room was inappropriate and unnecessary by potentially exposing vulnerable patients at the hospital to possible communicable diseases.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 82312, issued to Natalia Alexis Abrikosova, M.D.;

2. Revoking, suspending or denying approval of Natalia Alexis Abrikosova, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Natalia Alexis Abrikosova, M.D., to pay the Board the costs of the investigation and enforcement of this case, if placed on probation to pay the costs of probation monitoring; and

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

DATED: JAN 30 2023

REJI VARGHESE
Deputy Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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