

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

**In the Matter of the First Amended
Accusation Against:**

RICHARD McINNIS HODNETT, M.D.

Case No. 800-2016-020630

**Physician's and Surgeon's
Certificate No. C51707**

Respondent


DECISION

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

This Decision shall become effective at 5:00 p.m. on December 13, 2019.

IT IS SO ORDERED November 14, 2019.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, California 90013
6 Telephone: (213) 269-6546
Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation
13 Against:

14 RICHARD MCINNIS HODNETT, M.D.
115 Jensen Court, Suite 201
15 Thousand Oaks, California 91362

16 Physician's and Surgeon's Certificate No. C
51707

17 Respondent.
18

Case No. 800-2016-020630

OAH No. 2019060103

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Richard McInnis Hodnett, M.D. (Respondent) is represented in this proceeding by
27 attorneys George E. Peterson, Esq. and Craig G. Marinho, Esq., whose address is: Peterson
28 Bradford Burkwitz, LLP, 100 North First Street, Suite 300, Burbank, California 91502-1845.

3. On or about August 25, 2004, the Board issued Physician's and Surgeon's Certificate No. C 51707 to Richard McInnis Hodnett, 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. 800-2016-020630, and will expire on January 31, 2022, unless renewed.

JURISDICTION

First Amended Accusation No. 800-2016-020630 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on September 23, 2019. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

4. A copy of First Amended Accusation No. 800-2016-020630 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2016-020630. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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9. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima facie factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

CONTINGENCY

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

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

1 **DISCIPLINARY ORDER**

2 **A. PUBLIC REPRIMAND**

3 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 51707 to
4 Respondent, RICHARD McINNIS HODNETT, M.D., shall be and is hereby Publicly
5 Reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4). This
6 Public Reprimand, which is issued in connection with Respondent's care and treatment of Patient
7 A as set forth in First Amended Accusation No. 800-2016-020630, is as follows:

8 1. On or about July 16, 2015, through August 7, 2015, in caring for Patient A, you failed
9 to document in the patient's chart: the reason the Blake drains were not working on the first post-
10 op visit, what caused the drains not to work on that visit, and that the drains were kinked; what
11 area(s) of the patient's body was very swollen on the first post-op visit; how the drains were
12 adjusted and if they were operational after the adjustment on the first post-op visit; what
13 instructions you provided to the patient on the first post-op visit; and the location and/or
14 dimensions of the eschar noted on August 7, 2015, in violation of Business and Professions Code
15 section 2266.

16 **B. EDUCATION COURSE.** Within 60 calendar days of the effective date of this
17 Decision, Respondent shall submit to the Board or its designee for its prior approval educational
18 program(s) or course(s), which shall not be less than 20 hours. The educational program(s) or
19 course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be
20 Category I certified. The educational program(s) or course(s) shall be at Respondent's expense
21 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
22 licensure. Following the completion of each course, the Board or its designee may administer an
23 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
24 attendance for 45 hours of CME of which 20 hours were in satisfaction of this condition.

25 Failure to complete the educational courses as specified above shall subject Respondent to
26 further disciplinary action by the Board.

27 **C. MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the
28 effective date of this Decision, Respondent shall enroll in a course in medical record keeping

1 approved in advance by the Board or its designee. Respondent shall provide the approved course
2 provider with any information and documents that the approved course provider may deem
3 pertinent. Respondent shall participate in and successfully complete the classroom component of
4 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
5 successfully complete any other component of the course within one (1) year of enrollment. The
6 medical record keeping course shall be at Respondent's expense and shall be in addition to the
7 Continuing Medical Education (CME) requirements for renewal of licensure.

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


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

16 Failure to complete the medical record keeping course as specified above shall subject
17 Respondent to further disciplinary action by the Board.

18 ACCEPTANCE

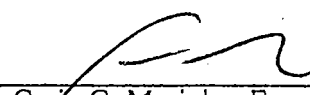
19 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
20 discussed it with my attorneys George E. Peterson, Esq. and Craig G. Marinho, Esq. I understand
21 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into
22 this Stipulated Settlement and Disciplinary Order freely, voluntarily, knowingly, and intelligently,
23 and agree to be bound by the Decision and Order of the Medical Board of California.
24

25 DATED: 9-25-2019

26 
27 RICHARD MCINNIS HODNETT, M.D.
28 Respondent

1 I have read and fully discussed with Respondent Richard McInnis Hodnett, M.D. the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4
5 DATED: 9-26-2019


6 Craig G. Marinho, Esq.
7 Attorney for Respondent

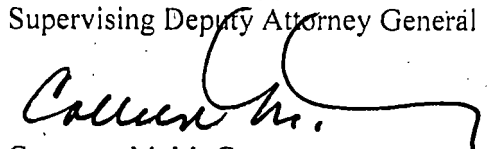
8
9 **ENDORSEMENT**

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

12
13 DATED: 9/27/2019

Respectfully submitted,

14 XAVIER BECERRA
15 Attorney General of California
16 ROBERT MCKIM BELL
Supervising Deputy Attorney General

17 
18 COLLEEN M. MCGURRIN
19 Deputy Attorney General
20 Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2016-020630

1 XAVIER BECERRA
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2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
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9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
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12 In the Matter of the First Amended
13 Accusation Against:

14 Richard McInnis Hodnett, M.D.
115 Jensen Court, Suite 201
15 Thousand Oaks, California 91362

16 Physician's and Surgeon's Certificate
No. C 51707,

17 Respondent.
18

Case No. 800-2016-020630

FIRST AMENDED ACCUSATION

19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about August 25, 2004, the Board issued Physician's and Surgeon's Certificate
25 Number C 51707 to Richard McInnis Hodnett, M.D. (Respondent). That license was in full force
26 and effect at all times relevant to the charges brought herein and will expire on January 31, 2022,
27 unless renewed.

28 ///

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 unless otherwise indicated.

4. Section 2001.1 of the Code states:

“Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.”

5. Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

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

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

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

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

7 “(b) Gross negligence.

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

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

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

18 “...”

19 7. Section 2069 of the Code states, in pertinent part:

20 “(a)(1) Notwithstanding any other law, a medical assistant may administer medication only
21 by intradermal, subcutaneous, or intramuscular injections and perform skin tests and additional
22 technical supportive services upon the specific authorization and supervision of a licensed
23 physician and surgeon or a licensed podiatrist. A medical assistant may also perform all these
24 tasks and services upon the specific authorization of a physician assistant, a nurse practitioner, or
25 a certified nurse-midwife.

26 “... ”

27 “(b) As used in this section and Sections 2070 and 2071, the following definitions shall
28 apply:

1 “(1) ‘Medical assistant’ means a person who may be unlicensed, who performs basic
2 administrative, clerical, and technical supportive services in compliance with this section and
3 Section 2070 for a licensed physician and surgeon . . . , who is at least 18 years of age, and who
4 has had at least the minimum amount of hours of appropriate training pursuant to standards
5 established by the board. The medical assistant shall be issued a certificate by the training
6 institution or instructor indicating satisfactory completion of the required training. A copy of the
7 certificate shall be retained as a record by each employer of the medical assistant.

8 “(2) ‘Specific authorization’ means a specific written order prepared by the supervising
9 physician and surgeon . . . , authorizing the procedures to be performed on a patient, which shall
10 be placed in the patient’s medical record, or a standing order prepared by the supervising
11 physician and surgeon . . . , authorizing the procedures to be performed, the duration of which
12 shall be consistent with accepted medical practice. A notation of the standing order shall be
13 placed on the patient’s medical record.

14 “(3) ‘Supervision’ means the supervision of procedures authorized by this section by the
15 following practitioners, within the scope of their respective practices, who shall be physically
16 present in the treatment facility during the performance of those procedures:

17 “(A) A licensed physician and surgeon.

18 “...

19 “(4) ‘Technical supportive services’ means simple routine medical tasks and procedures
20 that may be safely performed by a medical assistant who has limited training and who functions
21 under the supervision of a licensed physician and surgeon

22 “(c) Nothing in this section shall be construed as authorizing any of the following:

23 “(1) The licensure of medical assistants.

24 “...”

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

28 ///

1 FACTUAL SUMMARY

2 9. In 2015 and 2016, Respondent worked as a physician and surgeon under his business
3 "Richard Hodnett, M.D., Incorporated," through which he worked as an independent contractor
4 for Beverly Hills Physicians, South Bay Surgical Center Group, and Gold Med Surgery Center.
5 Respondent routinely performed outpatient surgeries at clinics in Thousand Oaks, Encino,
6 Torrance, and Beverly Hills. Respondent did not have any employees through his business,
7 although he regularly worked with medical assistants and other personnel at each location.

8 10. Respondent regularly performs surgery at the Thousand Oaks Surgical Institute
9 associated with Beverly Hills Physicians, which is located at 115 Jensen Court, Suite 200, in
10 Thousand Oaks, California.

11 11. Respondent also regularly performs surgery at South Bay Surgical Center Group,
12 which is located at 3445 Pacific Coast Highway, Suite 240, in Torrance, California. This location
13 is accredited through the Accreditation Association for Ambulatory Health Care, Inc. However,
14 this facility's accreditation was denied on March 26, 2012.

15 Patient A

16 12. Patient A¹ first presented to Respondent on May 30, 2015, for an abdominoplasty²
17 evaluation and operative planning. Respondent evaluated the patient and recommended an
18 abdominoplasty, liposuction, and a pubic lift. The patient was referred to her primary care
19 physician at Kaiser Permanente (Kaiser) for a pre-surgical clearance consultation. Patient A's
20 primary care physician noted that the patient was pre-diabetic, had hypertension, was anemic and
21 was severely obese. Her primary care physician also noted that the patient was considered to be a
22 medium risk for surgery, but medically cleared her for surgery.

23 13. Patient A returned to Respondent for a pre-operative history and physical

24 ¹ The patient herein is referred to as Patient A to protect her privacy.

25 ² Abdominoplasty, also known as a "tummy tuck," is a surgical procedure in which excess fat and
26 skin is removed by a surgeon in order to tighten and restore weakened or separated muscles in the
27 abdominal wall in order to create an abdominal profile that is smoother and firmer. Surgical complications
28 can include infection, bleeding under the skin flap, or blood clots. A patient with poor circulation,
diabetes, or heart, lung, or liver disease may be at increased risk for surgical complications.

1 examination at the Thousand Oaks location of Beverly Hills Physicians on July 15, 2015.

2 Respondent diagnosed Patient A with abdominal panniculus,³ pubic ptosis, and lipodystrophy⁴ of
3 the flanks, inner thighs, lower back, and arms. That same day, Respondent performed an
4 extended abdominoplasty, pubic lift, and suction-assisted lipectomy⁵ of the pubis, flanks, inner
5 thighs, lower back, and arms. Patient A was placed under general anesthesia for the procedure.
6 During surgery, Respondent placed two Blake drains⁶ in the patient's abdomen and sutured them
7 into position. The surgery was completed and Patient A was discharged home with an abdominal
8 binder and post-operative instructions that day.

9 14. Respondent saw Patient A one-day post-op on July 16, 2015, and noted that the drains
10 weren't working well, but failed to document why or what caused the drains to not work.
11 Respondent stated, during an interview with the Board, that the drains were kinked; however, he
12 failed to document this in the patient's record. Respondent also noted that the patient was "very
13 swollen;" however, he failed to document what area was swollen. Respondent adjusted the
14 drains, but failed to document how he adjusted the drains and if they were working properly after
15 the adjustment. Respondent further noted that he gave instructions to the patient; however, he
16 failed to document what instructions he provided her other than to follow up with him in five
17 days.

18 ³ Panniculus is a medical term describing a dense layer of fatty tissue growth consisting of
19 subcutaneous fat in the lower abdominal area.

20 ⁴ Lipodystrophy is a medical term describing abnormal accumulation or distribution of fat tissue.

21 ⁵ Suction lipectomy, also known as "liposuction," is a surgical procedure involving the surgical
22 removal of fat tissue from the abdomen. This procedure may be done using general anesthesia, local
23 anesthesia, or a local anesthetic with sedation. The operation involves removing excess fat tissue by
24 inserting a narrow metal tube called a *cannula* through a small incision in the skin and applying suction.
The tube has one or several openings close to the tip. By passing the instrument forward and backward as
suction is applied, fat tissue is sheared off, and fat globules pass into the tube. During the procedure,
intravenous fluids are given to replace body fluids that are lost.

25 ⁶ Blake drains are a special type of silicon, radiopaque drain used post-surgery to help patients
26 recover by removing excess fluid from surgical sites to prevent fluid (blood or other) build-up in a closed
27 space, which may cause either disruption of the wound and the healing process or become an infected
28 abscess, with either scenario possibly requiring a formal drainage and/or repair procedure. If the drainage
tubing becomes clogged or otherwise clotted off, the benefits are not realized from drainage.

1 15. On July 22, 2015, Patient A returned to Respondent's office for a scheduled follow up
2 appointment; however, Respondent was not in the office and was seen by a medical assistant
3 J.H.,⁷ who was employed by Beverly Hills Physicians. J.H. removed the abdominal dressings and
4 noted a couple of blisters on the patient's skin near the drains and in the middle of her abdomen
5 around the incision. J.H. proceeded to place new dressings on the drains, advised the patient to
6 keep doing "lipo massages," and applied Silvadene⁸ to the blistered area per Respondent's orders;
7 however, Respondent was not present at the time and there was no other physician in the office
8 that day. J.H. also noted that the drains were draining 25 ml of fluid every two hours. She
9 documented her care in the patient's chart, which Respondent later reviewed and signed.

10 16. Respondent next saw the patient on July 28, 2015, and noted that she was developing
11 an eschar⁹ in the inferior abdominal flap. Respondent's plan was to manage the eschar by
12 "watching it," given that there was no surrounding cellulitis, until the eschar opened up.

13 17. On August 4, 2015, the patient was seen by a nurse practitioner who applied new
14 dressings to the drain sites and wound area. The nurse practitioner created a progress note in the
15 patient's chart that Respondent reviewed, but failed to sign.

16 18. Respondent saw the patient again on August 7, 2015, and noted that the patient had a
17 "large area with eschar;" however, he failed to identify the location and/or dimension of the
18 eschar. Respondent recommend debridement surgery that day and he conducted a pre-operative
19 history and physical examination. Patient A was again placed under general anesthesia, the
20 eschar was removed, and Respondent proceeded to debride the necrotic tissue. During the
21 procedure, Respondent removed the drains from Patient A's abdomen and discharged her home
22 that day.

23 ⁷ J.H. is referred to by her initials to protect her privacy.

24 ⁸ Silver sulfadiazine, sold under the brand "Silvadene," is a topical antibiotic used in partial
25 thickness and full thickness burns to prevent infection.

26 ⁹ Eschar is dead tissue found in a full-thickness wound. Eschar may occur after a patient sustains
27 a burn injury, gangrenous ulcer, fungal infection, necrotizing fasciitis, spotted fevers, and exposure to
28 cutaneous anthrax. Blood flow in the tissue under the eschar is generally poor and the wound is therefore
susceptible to infection. If the eschar becomes unstable (wet, draining, loose, boggy, edematous, red) it
should be debrided according to clinic or facility protocol.

19. Respondent saw the patient for a post-surgical visit on August 10, 2015. He carried out wound closure therapy by placement of a vacuum-assisted closure.¹⁰ He also recommended hyperbaric oxygen treatments for Patient A and noted that she was going to see another physician at Kaiser that day. However, Kaiser did not expeditiously approve the hyperbaric oxygen treatment so Respondent arranged for her to receive five hyperbaric oxygen treatments at the Hyperbaric Center in Camarillo.

20. On August 12, 2015, the vacuum-assisted closure was removed in preparation for hyperbaric oxygen treatment. However, Patient A encountered difficulty obtaining the hyperbaric oxygen treatments through Kaiser so Respondent arranged for five additional treatments at the Hyperbaric Center in Camarillo.

21. On September 8, 2015, Respondent was notified by the patient's daughter that she was transferring her mother's wound healing care to Kaiser and would not be returning to Respondent for care.

STANDARDS OF CARE

22. **Diagnosis of a Non-Functioning Wound Drain.** The community standard of care in medical practice in the State of California is to diagnose a non-functioning wound drain attributable to a drain blockage in a timely manner and to immediately remove the non-functioning wound drain.

23. Performing Liposuction in Multiple Areas and an Abdominoplasty During the Same Operation. The community standard of care in medical practice in the State of California is to perform surgery in such a manner as to preserve the integrity of the abdominal wall tissues including muscle and peritoneum. Performing liposuction in multiple areas and an abdominoplasty during the same procedure in surrounding and overlapping areas of the body can cause tissue necrosis and wound separation due to vascular compromise.

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¹⁰ Vacuum-assisted closure is a therapeutic technique that utilizes a vacuum dressing. During the treatment, a sealed wound dressing connected to a vacuum pump decreases air pressure on the wound, which can help the wound heal more quickly.

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 24. Respondent's license is subject to disciplinary action under Section 2234, subdivision
4 (b) of the Code, in that Respondent was grossly negligent in his care and treatment of Patient A.
5 The circumstances are as follows:

6 25. Complainant refers to and, by this reference, incorporates paragraphs 10 through 21
7 above, as though fully set forth herein.

8 26. Respondent committed gross negligence when he performed liposuction of the
9 patient's flanks, inner thighs, lower back, arms and pubis, and then performed a pubic lift and an
10 extended abdominoplasty during the same operation in surrounding and overlapping areas of the
11 body, causing tissue necrosis and wound separation due to vascular compromise.

12 **SECOND CAUSE FOR DISCIPLINE**

13 **(Repeated Negligent Acts)**

14 27. Respondent's license is further subject to disciplinary action under Section 2234,
15 subdivision (c) of the Code, in that Respondent committed repeated negligent acts during his care
16 and treatment of Patient A. The circumstances are as follows:

17 28. Complainant refers to and, by this reference, incorporates paragraphs 10 through 21
18 above, as though fully set forth herein.

19 29. The following acts and omissions, considered individually and collectively, constitute
20 repeated negligent acts in Respondent's practice as a physician and surgeon:

21 A. Performed liposuction of the patient's flanks, inner thighs, lower back, arms and
22 pubis, and then performed a pubic lift and an extended abdominoplasty during the same operation
23 in surrounding and overlapping areas of the body, causing tissue necrosis and wound separation
24 due to vascular compromise;

25 B. Failed to timely recognize and remedy the problems with the Blake drains, which can
26 contribute to tissue necrosis; and

27 C. Failed to maintain adequate and accurate records in his care and treatment of the
28 patient.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Supervise Medical Assistant)**

3 30. By reason of the facts set forth in paragraph 15 above, Respondent's license is further
4 subject to disciplinary action under Section 2069 of the Code, in that he failed to properly
5 supervise medical assistant J.H. in the care and treatment of Patient A.

6 31. Respondent's acts and/or omissions as set forth in paragraph 15 above, whether
7 proven individually, jointly, or in any combination thereof, constitutes Respondent's failure to
8 properly supervise medical assistant J.H. in the care and treatment of Patient A.

9 **FOURTH CAUSE FOR DISCIPLINE**

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

11 32. Respondent's license is further subject to disciplinary action under Section 2266 of
12 the Code, in that he failed to maintain adequate and accurate records in his care and treatment of
13 Patient A. The circumstances are as follows:

14 33. Complainant refers to and, by this reference, incorporates paragraphs 10 through 21
15 above, as though fully set forth herein.

16 **PRAYER**

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

19 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 51707
20 issued to Richard McInnis Hodnett, M.D.;

21 2. Revoking, suspending or denying approval of his authority to supervise physician
22 assistants pursuant to Section 3527 of the Code, and advanced practice nurses;

23 3. If placed on probation, ordering Richard McInnis Hodnett, M.D. to pay the Board the
24 costs of probation monitoring; and

25 ///


26 ///

27 ///

28 ///

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

2
3 DATED: September 23, 2019


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

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