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

In the Matter of the Accusation Against: George Ahad, M.D. Physician's & Surgeon's Certificate No. A 111064 Respondent.	Case No. 800-2017-031906

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 April 23, 2021.

IT IS SO ORDERED March 24, 2021.

MEDICAL BOARD OF CALIFORNIA

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

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
CHRISTINE A. RHEE
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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: **GEORGE AHAD, M.D.** **947 S. Anaheim Blvd.** **Suite 240** **Anaheim, CA 92805-5584** **Physician's and Surgeon's Certificate No. A111064,** Respondent.	Case No. 800-2017-031906 OAH No. 2020090634 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Christine J. Lally (Complainant) was the Interim Executive Director of the Medical Board of California (Board) when Accusation No. 800-2017-031906 was filed.[1] She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Christine A. Rhee, Deputy Attorney General.

[1] On June 15, 2020, William Prasifka became the Executive Director of the Medical Board.

2. Respondent George Ahad, M.D. (Respondent) is represented in this proceeding by attorney Anthony F. Witteman, Esq., whose address is: 535 Anton Boulevard, 9th Floor Costa Mesa, CA 92626-7109.

3. On or about February 10, 2010, the Board issued Physician's and Surgeon's Certificate No. A111064 to George Ahad, M.D. (Respondent). Physician's and Surgeon's Certificate No. A111064 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-031906, and will expire on July 31, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-031906 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 April 6, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A true and correct copy of Accusation No. 800-2017-031906 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. 800-2017-031906. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

8. Having had the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2017-031906, and Respondent hereby gives up his right to contest those charges. Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A111064 to disciplinary action.

10. Respondent further agrees that if an accusation is filed against him by the Board in the future, all of the charges and allegations contained in Accusation No. 800-2017-031906, 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.

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

CONTINGENCY

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

ADDITIONAL PROVISIONS

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Respondent George Ahad, M.D.'s Physician's and Surgeon's Certificate No. A111064, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in connection with Accusation No. 800-2017-031906, is as follows:

> Respondent failed to promptly treat probable malignancy and maintain adequate records in his care and treatment of Patient A and Patient B, as more fully described in Accusation No. 800-2017-031906.

1. 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.

Any failure to fully comply with this term and condition of the Disciplinary Order shall constitute unprofessional conduct and will subject Respondent's Physician's and Surgeon's Certificate to further disciplinary action.

ACCEPTANCE

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

DATED: 2/16/2021

GEORGE AHAD, M.D.
Respondent

I have read and fully discussed with Respondent George Ahad, 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: 2/17/2021

ANTHONY F. WITTEMAN, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: February 17, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-031906

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

In the Matter of the Accusation Against: **GEORGE AHAD, M.D.** **947 S. Anaheim Blvd., Suite 240** **Anaheim, CA 92805-5584** **Physician's and Surgeon's Certificate No. A111064,** Respondent.	Case No. 800-2017-031906 **ACCUSATION**

PARTIES

1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about February 10, 2010, the Medical Board issued Physician's and Surgeon's Certificate No. A111064 to George Ahad, M.D. (Respondent). Physician's and Surgeon's Certificate No. A111064 was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2021, unless renewed.

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JURISDICTION

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

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

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
> (1) Have his or her license revoked upon order of the board.
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
> ...

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:
> ...
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
> (1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
> (2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.
> ...

6. 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."

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FIRST CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

7. Respondent has subjected his Physician's and Surgeon's Certificate No. A111064 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in the care and treatment of Patients A and B,[1] as more particularly alleged hereinafter:

Patient A

8. On or about September 4, 2014 and December 16, 2015, Patient A saw a nurse practitioner at Respondent's practice for annual gynecological exams. Patient A was postmenopausal and had a surgical history including a sling procedure and a hysterectomy. Patient A's chart documented that her medical problems included hyperlipidemia, hypertension, metrorrhagia, and cystocele (a bladder hernia).

9. On or about April 18, 2016, a CT scan ordered by E.R. M.D., Patient A's primary care physician (PCP) showed a complex multilocular cystic mass in the right adnexa[2] approximately 6.6 x 5.2 x 6.6 centimeters (cm) in size. Patient A was also diagnosed with mild to moderate right hydronephrosis.[3] A pelvic ultrasound on or about May 9, 2016 confirmed the complex multilocular cystic lesion in the right adnexa measuring 6.4 x 6.1 x 5.8 cm.

10. On or about May 16, 2016, Patient A, then seventy-two-years old, went to her PCP complaining of blood in her urine and right flank pain.

11. On or about May 19, 2016, Patient A returned to Respondent's office for the right adnexal cyst. Respondent conducted a physical exam and his assessment was for a right complex ovarian cyst and pelvic pain. Respondent ordered lab tests to measure tumor markers and noted that the plan was for a laparoscopic (or possibly open) bilateral salpingo-oophorectomy with frozen section should the tests be negative. Respondent also wrote that the surgical procedure

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[1] Names of the patients have been omitted to protect the patients' privacy.

[2] The adnexa is the area adjoining the uterus that contains the ovary, fallopian tube, and associated vessels, ligaments, and connective tissue.

[3] Hydronephrosis is kidney swelling.

would be done at University of California, Irvine (UCI) in case he needed a gynecologic oncologist on standby.

12. On or about May 21, 2016, the lab report showed that the tumor markers were within normal limits.

13. On or about May 27, 2016, Patient A underwent more imaging that was ordered by her urologist. In this study, the radiologist noted a 5.8 cm heterogeneous lesion within the right adnexa.

14. On or about June 13, 2016, Patient A's urologist reviewed the CT scan results from May 27, 2016. The urologist noted that Patient A was to be scheduled for a right cystectomy[4] and a bilateral salpingo-oophorectomy.

15. On or about June 24, 2016, Patient A returned to Respondent's office to discuss possible surgery. There are no notes summarizing what Patient A and Respondent discussed. There are no notes showing that Respondent reviewed the lab results with Patient A. Respondent's assessment was a symptomatic ovarian cyst, and his plan was for a pre-operative appointment. He noted that his office would get dates for surgery.

16. On or about July 1, 2016, UCI confirmed that Patient A's surgery with Respondent was scheduled for July 20, 2016.

17. On or about July 15, 2016, Patient A's PCP notified Respondent's office that the surgery had to be cancelled. Patient A had been diagnosed with acute deep vein thrombosis (DVT). On or about the same day, Patient A's PCP sent copies of a venous Doppler report confirming Patient A's diagnosis. Patient A's surgery scheduled for July 20, 2016 was cancelled until her DVT resolved.

18. On or about October 12, 2016, Patient A called Respondent's office and said she had a pre-operative appointment to obtain clearance for surgery with her urologist. She also wanted to reschedule her surgery with Respondent.

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[4] A cystectomy is the partial or complete removal of the bladder or cyst.

19. On or about October 12, 2016, Patient A had a follow up visit with a hematologist. The note for this visit included lab results for tumor markers from October 5, 2016. The hematologist noted that the CA 125 tumor marker had increased from 17 on May 21, 2016 to 62. The note also documented that Patient A had a ureteral stent placement scheduled for October 21, 2016 with her urologist.

20. On or about November 7, 2016, Patient A returned to Respondent's office for her pre-operative visit with Respondent. No physical exam was documented in this note. Respondent wrote that "[Patient A] is aware of all the details," and that she was to return to the office two weeks post-surgery.

21. On or about November 9, 2016, Respondent performed a laparoscopic bilateral salpingo-oophorectomy on Patient A at UCI. Respondent surgically removed the mass, bilateral ovaries, and tubes. The intraoperative consultation with pathology reported to Respondent via phone showed at least borderline epithelial tumor.

22. On or about November 9, 2016, the amended pathology report confirmed that Patient A had endometrioid adenocarcinoma, grade 1.

23. On or about November 18, 2016, Patient A returned to Respondent's office for the post-operative visit. He informed her of cancer diagnosis and ordered a PET (Positron-emission tomography) scan and a referral to a gynecologic oncologist.

24. Respondent committed repeated negligent acts in his care and treatment of Patient A which includes, but is not limited to, the following:

a. Respondent failed to promptly treat the probable malignancy;

b. Respondent failed to promptly facilitate proper surgical intervention with an oncologist, which was indicated as early as the May 19, 2016 visit; and

c. Respondent failed to adequately document the proposed course of treatment, alternatives, risks, or informed consent.

Patient B

25. On or about April 2, 2015, Patient B, then a fifty-two-year-old woman, saw Respondent for an annual exam. Patient B was postmenopausal and had a history of fibroids and

an oophorectomy in 2011. During this visit, Patient B complained of pelvic pain of approximately four to five months in duration. Respondent did a physical exam and noted an enlarged uterus. He diagnosed Patient B with a benign fibroid and ordered a pelvic ultrasound.

26. On or about August 28, 2015, Patient B underwent the pelvic ultrasound. Respondent's medical records for Patient B do not document any insurance issues as a cause for delay. The ultrasound confirmed that the uterus was enlarged and noted approximately six fibroids. The radiologist noted that the "[f]ibroid uterus increased in size and number compared to prior study."

27. On or about September 3, 2015, Patient B returned to Respondent's office for the ultrasound results. Respondent noted that Patient B had a history of endometriosis and multiple related surgeries. He also documented that Patient B had severe right flank pain. His plan was for Patient B to obtain medical clearance for a diagnostic dilation and curettage (D&C) to rule out possible uterine cancer. Other possible documented procedures included a laparoscopic total abdominal hysterectomy or lysis of adhesions. He noted that the risks, benefits, and alternatives were explained to Patient B and he ordered her on one month's bed rest.

28. Approximately five months after this visit, on or about February 5, 2016, Patient B returned to Respondent's office for her pre-operative visit. Patient B's diagnostic D&C was scheduled for February 10, 2016. Respondent noted that surgery and urology were on standby.

29. On or about February 10, 2016, Respondent performed a diagnostic D&C on Patient B at AHMC Anaheim Regional Medical Center. In his operative report, Respondent documented that the procedure to be performed was an "examination under anesthesia and diagnosis of cholelithiasis,"[5] not a diagnostic D&C. He also wrote that he could not identify the cervix or see normal cervical tissue. He documented that he examined and felt a posterior fixed mass. Respondent did an endocervical and endometrial curettage, but wrote that he was not sure whether enough tissue had been taken for pathology.

30. On or about February 15, 2016, Patient B returned to Respondent's office to follow up on the D&C results. Respondent documented that he did not have the pathology results and

[5] Cholelithiasis is the formation of gallstones.

recommended that Patient B get a colonoscopy and follow up with her PCP. He also ordered a CT scan of the pelvis and abdomen. Respondent's plan was to do surgery on the suspicious mass at UCI and call a gynecologic oncologist if positive for cancer.

31. On or about February 18, 2016, the CT scan of Patient B's abdomen and pelvis showed a complex mass measuring 10.1 x 13.2 cm.

32. On or about February 25, 2016, Patient B returned to Respondent's office for the CT scan results. He noted that he did not know the source of the mass but that it was suspicious for cancer. Respondent recommended surgery at UCI.

33. On or about April 12, 2016, at Respondent's recommendation, Patient B went to UCI's emergency department complaining of abdominal pain. Respondent told Board investigators that he was having issues scheduling Patient B's surgery because of her health insurance. Patient B was admitted at UCI on or about the same date. She underwent surgery on or about April 18, 2016 for an exploratory laparotomy and other related procedures done by R.B., M.D. Pathology confirmed that Patient B had stage IV ovarian cancer.

34. Respondent told Board investigators that the delays in Patient B's treatment were due to difficulties with her health insurance. Respondent's medical records for Patient B, however, do not document any insurance issues or communications with Patient B's insurance. Records from UCI show that Respondent made a request for service with Patient B's insurance on or about February 25, 2016, which was approved on or about February 29, 2016.

35. Respondent committed repeated negligent acts in his care and treatment of Patient B which includes, but is not limited to, the following:

a. Respondent failed to promptly treat the probable malignancy in this case;

b. Respondent failed to promptly facilitate proper surgical intervention with an oncologist; and

c. Respondent failed to adequately document the risks and alternatives to treatment, informed consent, important details regarding the attempted referrals to oncology, and reasons for the delay in treatment.

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SECOND CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

36. Respondent has further subjected his Physician's and Surgeon's Certificate No. A111064 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of Patients A and B, as more particularly alleged in paragraphs 8 through 35, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A111064, issued to Respondent George Ahad, M.D.;

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

3. Ordering Respondent George Ahad, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: April 6, 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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