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

In the Matter of the First Amended Accusation Against: Nathan Daniel Ford, M.D. Physician's & Surgeon's Certificate No. A122580 Respondent	Case No. 800-2016-021520

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby amended to correct a clerical error that does not affect the factual or legal basis of the Decision. The Stipulated Settlement and Disciplinary Order is hereby amended as follows:

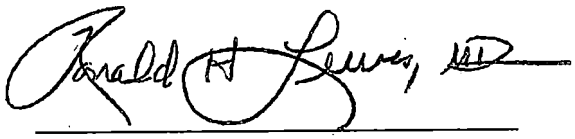
1. All references to "Accusation" are corrected to "First Amended Accusation."

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 30, 2021.

IT IS SO ORDERED April 1, 2021.

MEDICAL BOARD OF CALIFORNIA



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

XAVIER BECERRA
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ROBERT MCKIM BELL
Supervising Deputy Attorney General
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: NATHAN DANIEL FORD, M.D. 8733 Beverly Blvd., Suite 201 West Hollywood, CA 90048 Physician's and Surgeon's Certificate No. A 122580, Respondent.	Case No. 800-2016-021520 OAH No. 2020011020 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Brian D. Bill, Deputy Attorney General.

2. Respondent Nathan Daniel Ford, M.D. (Respondent) is represented in this proceeding by attorneys Peter R. Osinoff and Derek F. O'Reilly Jones of Bonne, Bridges, Mueller, O'Keefe and Nichols.

3. On August 22, 2012, the Board issued Physician's and Surgeon's Certificate No. A 122580 to Nathan Daniel Ford, 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. 800-2016-021520, and will expire on May 31, 2022, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2016-021520 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 January 22, 2021. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2016-021520 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Accusation No. 800-2016-021520. 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. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-021520, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2016-021520, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 122580 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's 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.

13. 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.

14. 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 122580 issued to Respondent Nathan Daniel Ford, M.D., shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2234, subdivision (a). This Public

Reprimand, which is issued in connection with First Amended Accusation No. 800-2016-021520, is as follows:

> Between approximately August 1, 2014 and October 31, 2015, Respondent, as CEO and president of Santa Barbara Medical Group, and as supervising physician of the clinic's nurse practitioner, failed to timely discover and remedy fraudulent acts committed by the nurse practitioner and employees of Santa Barbara Medical Group, as more fully described in First Amended Accusation No. 800-2016-021520.

1. 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.

2. 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. 800-2016-021520 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, . 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: 1-29-21

NATHAN DANIEL FORD, M.D.
Respondent

I have read and fully discussed with Respondent Nathan Daniel Ford, 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: 01.29.2021

PETER R. OSINOFF,
DEREK F. O'REILLY-JONES OF
BONNE, BRIDGES, MUELLER, O'KEEFE & NICHOLS
PROFESSIONAL CORPORATION
Attorneys 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: January 29, 2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

Brian D. Bill

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2016-021520

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

In the Matter of the First Amended Accusation Against: NATHAN DANIEL FORD, M.D. 8733 Beverly Blvd., Suite 201 West Hollywood, CA 90048-1827 Physician's and Surgeon's Certificate No. A 122580, Respondent.	Case No. 800-2016-021520 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about August 22, 2012, the Medical Board issued Physician's and Surgeon's Certificate Number A 122580 to Nathan Daniel Ford, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, 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 2004 of the Code states:

> The Board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the Board.
>
> (f) Approving undergraduate and graduate medical education programs.
>
> (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).
>
> (h) Issuing licenses and certificates under the Board's jurisdiction.
>
> (i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

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

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

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

6. Section 2234 of the Code, states:

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

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

...

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

...

7. Section 2261 of the Code states:

Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct.

8. Section 2262 of the Code states:

Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars ($500) for a violation of this section.

9. Section 2264 of the Code states:

The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice constitutes unprofessional conduct.

10. Section 2273 of the Code states:

(a) Except as otherwise allowed by law, the employment of runners, cappers, steerers, or other persons to procure patients constitutes unprofessional conduct.

(b) A licensee shall have his or her license revoked for a period of 10 years upon a second conviction for violating any of the following provisions or upon being convicted of more than one count of violating any of the following provisions in a single case: Section 650 of this code, Section 750 or 1871.4 of the Insurance Code, or Section 549 or 550 of the Penal Code. After the expiration of this 10-year period, an application for license reinstatement may be made pursuant to Section 2307.

11. Section 2410 of the Code states:

A medical or podiatry corporation shall not do or fail to do any act the doing of which or the failure to do which would constitute unprofessional conduct under any statute or regulation now or hereafter in effect. In the conduct of its practice, it shall observe and be bound by such statutes and regulations to the same extent as a licensee under this chapter.

12. Section 2725 of the Code states:

(a) In amending this section at the 1973–74 session, the Legislature recognizes that nursing is a dynamic field, the practice of which is continually evolving to include more sophisticated patient care activities. It is the intent of the Legislature in amending this section at the 1973–74 session to provide clear legal authority for functions and procedures that have common acceptance and usage. It is the legislative intent also to recognize the existence of overlapping functions between physicians and registered nurses and to permit additional sharing of functions within organized health care systems that provide for collaboration between physicians and registered nurses. These organized health care systems include, but are not limited to, health facilities licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code, clinics, home health agencies, physicians' offices, and public or community health services.

(b) The practice of nursing within the meaning of this chapter means those functions, including basic health care, that help people cope with difficulties in daily living that are associated with their actual or potential health or illness problems or the treatment thereof, and that require a substantial amount of scientific knowledge or technical skill, including all of the following:

(1) Direct and indirect patient care services that ensure the safety, comfort, personal hygiene, and protection of patients; and the performance of disease prevention and restorative measures.

(2) Direct and indirect patient care services, including, but not limited to, the administration of medications and therapeutic agents, necessary to implement a treatment, disease prevention, or rehabilitative regimen ordered by and within the scope of licensure of a physician, dentist, podiatrist, or clinical psychologist, as defined by Section 1316.5 of the Health and Safety Code.

(3) The performance of skin tests, immunization techniques, and the withdrawal of human blood from veins and arteries.

(4) Observation of signs and symptoms of illness, reactions to treatment, general behavior, or general physical condition, and (A) determination of whether the signs, symptoms, reactions, behavior, or general appearance exhibit abnormal characteristics, and (B) implementation, based on observed abnormalities, of appropriate reporting, or referral, or standardized procedures, or changes in treatment regimen in accordance with standardized procedures, or the initiation of emergency

procedures.

(c) "Standardized procedures," as used in this section, means either of the following:

(1) Policies and protocols developed by a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code through collaboration among administrators and health professionals including physicians and nurses.

(2) Policies and protocols developed through collaboration among administrators and health professionals, including physicians and nurses, by an organized health care system which is not a health facility licensed pursuant to Chapter 2 (commencing with Section 1250) of Division 2 of the Health and Safety Code.

The policies and protocols shall be subject to any guidelines for standardized procedures that the Division of Licensing of the Medical Board of California and the Board of Registered Nursing may jointly promulgate. If promulgated, the guidelines shall be administered by the Board of Registered Nursing.

(d) Nothing in this section shall be construed to require approval of standardized procedures by the Division of Licensing of the Medical Board of California, or by the Board of Registered Nursing.

(e) No state agency other than the Board may define or interpret the practice of nursing for those licensed pursuant to the provisions of this chapter, or develop standardized procedures or protocols pursuant to this chapter, unless so authorized by this chapter, or specifically required under state or federal statute. "State agency" includes every state office, officer, department, division, bureau, Board, authority, and commission.

13. Section 2835.7 of the Code states:

(a) Notwithstanding any other provision of law, in addition to any other practices that meet the general criteria set forth in statute or regulation for inclusion in standardized procedures developed through collaboration among administrators and health professionals, including physicians and surgeons and nurses, pursuant to Section 2725, standardized procedures may be implemented that authorize a nurse practitioner to do any of the following:

(1) Order durable medical equipment, subject to any limitations set forth in the standardized procedures. Notwithstanding that authority, nothing in this paragraph shall operate to limit the ability of a third-party payer to require prior approval.

(2) After performance of a physical examination by the nurse practitioner and collaboration with a physician and surgeon, certify disability pursuant to Section 2708 of the Unemployment Insurance Code.

(3) For individuals receiving home health services or personal care services, after consultation with the treating physician and surgeon, approve, sign, modify, or add to a plan of treatment or plan of care.

(b) Nothing in this section shall be construed to affect the validity of any standardized procedures in effect prior to the enactment of this section or those adopted subsequent to enactment.

14. California Code of Regulations, title 16, section 1379 states:

A physician and surgeon or a podiatrist who collaborates in the development of standardized procedures for registered nurses shall comply with Title 16 California Administrative Code Sections 1470 through 1474 governing development and use of standardized procedures.

15. California Code of Regulations, title 16, section 1470 states:

The Board of Registered Nursing in conjunction with the Medical Board of California (see the regulations of the Medical Board of California, Article 9.5, Chapter 13, Title 16 of the California Code of Regulations) intends, by adopting the regulations contained in the article, to jointly promulgate guidelines for the development of standardized procedures to be used in organized health care systems which are subject to this rule. The purpose of these guidelines is:

(a) To protect consumers by providing evidence that the nurse meets all requirements to practice safely.

(b) To provide uniformity in development of standardized procedures.

16. California Code of Regulations, title 16, section 1471 states:

(a) "Standardized procedure functions" means those functions specified in Business and Professions Code Section 2725(c) and (d) which are to be performed according to "standardized procedures";

(b) "Organized health care system" means a health facility which is not licensed pursuant to Chapter 2 (commencing with Section 1250), Division 2 of the Health and Safety Code and includes, but is not limited to, clinics, home health agencies, physicians' offices and public or community health services;

(c) "Standardized procedures" means policies and protocols formulated by organized health care systems for the performance of standardized procedure functions.

17. California Code of Regulations, title 16, section 1472 states:

An organized health care system must develop standardized procedures before permitting registered nurses to perform standardized procedure functions. A registered nurse may perform standardized procedure functions only under the conditions specified in a health care system's standardized procedure; and must provide the system with satisfactory evidence that the nurse meets its experience, training, and/or education requirements to perform such functions.

18. California Code of Regulations, title 16, section 1474 states

Following are the standardized procedure guidelines jointly promulgated by the Medical Board of California and by the Board of Registered Nursing:

(a) Standardized procedures shall include a written description of the method used in developing and approving them and any revision thereof.

(b) Each standardized procedure shall:

(1) Be in writing, dated and signed by the organized health care system personnel authorized to approve it.

(2) Specify which standardized procedure functions registered nurses may perform and under what circumstances.

(3) State any specific requirements which are to be followed by registered nurses in performing particular standardized procedure functions.

(4) Specify any experience, training, and/or education requirements for performance of standardized procedure functions.

(5) Establish a method for initial and continuing evaluation of the competence of those registered nurses authorized to perform standardized procedure functions.

(6) Provide for a method of maintaining a written record of those persons authorized to perform standardized procedure functions.

(7) Specify the scope of supervision required for performance of standardized procedure functions, for example, immediate supervision by a physician.

(8) Set forth any specialized circumstances under which the registered nurse is to immediately communicate with a patient's physician concerning the patient's condition.

(9) State the limitations on settings, if any, in which standardized procedure functions may be performed.

(10) Specify patient record keeping requirements.

(11) Provide for a method of periodic review of the standardized procedures.

FACTUAL ALLEGATIONS

SBMG Formation and Operation

19. On December 11, 2012, Respondent and Nurse Practitioner B.V. registered with the California Secretary of State to incorporate the Santa Barbara Medical Group, Inc. (SBMG) as a professional corporation.

20. On April 2, 2013, the Secretary of State issued SBMG California Corporate Number 3538100.

21. Respondent was designated as the chief executive officer ("CEO"). However, during a subsequent interview, Respondent stated that he was the president of SBMG. Respondent was issued 55% of the corporate stock. Respondent received 10% of the corporation's profits as compensation.

22. Respondent's role with SBMG was the following: medical director, treating physician every Friday, supervise B.V. and review and sign B.V.'s charts weekly. According to Respondent, he reviewed approximately 30% of B.V.'s charts.

23. Respondent's sole contribution to SBMG's formation was his medical license. Absent Respondent's medical license, SBMG would be nonexistent.

24. B.V. was designated as secretary and chief financial officer. B.V. was issued 45% of the corporate stock. B.V. contributed $30,000 from a personal loan in 2012.

25. R.M., the corporate accountant, was designated as agent for service.

26. C.A., an unlicensed employee of SBMG, contributed $1,500 per month to pay the clinic's lease.

27. Respondent and B.V. opened an account with U.S. Bank. C.A. was later added to the account and was granted full access to the account to make withdrawals and deposits.

28. Respondent applied for and obtained a Medi-Cal Provider Number/NPI for SBMG.

Services Provided by SBMG

29. SBMG primarily provided Family Planning, Access, Care and Treatment Program[1] (FPACT) services.

30. Between January 1, 2013 and December 31, 2015, SBMG billed FPACT $617,562.50, and was reimbursed $311,671.60. During the same period, SBMG billed Medi-Cal through the fee-for-service (FFS) health care delivery system, $25,764.35, and was reimbursed $8,173.97. The rendering provider as to the full amount billed to FPACT and Medi-Cal FFS was Respondent.

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[1] FPACT is a publicly-funded program for low-income men and women in California with no other source of health care insurance coverage. The FPACT program is separate from Medi-Cal, but both programs are administered by DHCS. The goal of the FPACT Program is to expand access to family planning services for eligible individuals. The FPACT Program uses the Medi-Cal billing process to reimburse providers for services rendered. FPACT is considered the payer of last resort. FPACT providers must bill the patient's other insurance providers and any other source of reimbursement prior to billing FPACT. Medi-Cal beneficiaries are not generally part of the FPACT Program.

DHCS Investigation of The Medicine Shoppe

31. The Department of Health Care Services (DHCS) opened an investigation into The Medicine Shoppe Pharmacy, due to an unusually high pattern of Medi-Cal billing.

32. On September 2, 2015, DHCS investigators conducted an on-site review of The Medicine Shoppe.

a. DHCS investigators discovered large quantities of unopened and undelivered prescription contraceptives in four trash bags.

b. DHCS Investigators discovered medication prescribed by B.V. from SBMG that was billed to the FPACT Program but never delivered to FPACT beneficiaries (hereafter, the beneficiaries).

c. B.V. was listed as "Dr. B.V." on the prescriptions.

d. The names and home addresses of the beneficiaries were printed on the prescription labels.

e. The filled prescriptions were overwhelmingly oral contraceptives and condoms.

f. The prescriptions discovered were filled on four dates – December 12, 2014, June 10, 2015, June 12, 2015, and July 1, 2015. Each prescription was written by "Dr. [B.V.]."

DHCS Field Visits to Beneficiaries

33. DHCS selected 34 prescriptions written to separate beneficiaries and conducted field visits to the corresponding addresses. Thirty-two of the 34 beneficiary prescriptions were written by B.V.

34. Of the 34 selected beneficiaries, DHCS investigators discovered:

a. Twenty-two addresses were nonexistent (Fictitious Patients 1-22),

b. Seven addresses are attributed to beneficiaries who never resided at the address (Fictitious Patients 23-28), and 2 were businesses (fictitious patients 29-30).

c. On September 24, 2015, DHCS Investigators were informed that the addresses attributed to Fictitious Patients 1 - 22 were nonexistent.

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d. The remaining four beneficiaries (Discovered Patients 1 through 4) were interviewed.

DHCS Interview with Discovered Patient 1[2]

35. During the search of The Medicine Shoppe, DHCS investigators discovered two undelivered prescriptions filled on March 18, 2015, and June 10, 2015, for Discovered Patient 1. The cost of these prescriptions was charged to Medi-Cal.

36. Discovered Patient 1 stated she was a patient of SBMG, but did not know the name of her doctor. Discovered Patient 1 received birth control injections at SBMG. However, on one occasion, she received two unboxed "sheets of pills and condoms from the clinic." Discovered Patient 1 stated that she never signed for the pills or condoms, and only CVS pharmacy fills her prescriptions.

DHCS Interview with Discovered Patient 2

37. Discovered Patient 2 was unfamiliar with Respondent or B.V. Discovered Patient 2 began treatment at the Golden Care Clinic in approximately March 2015. She received condoms from Golden Care Clinic one time in 2014. At the time of the interview, Discovered Patient 2, stated she purchased condoms at a local Target store.

38. During the search of The Medicine Shoppe, DHCS investigators discovered two undelivered prescriptions filled on June 12, 2015, for Discovered Patient 2, one for condoms and one for "Next Choice."[3] The cost of these prescriptions was charged to Medi-Cal.

DHCS Interview with Discovered Patient 3

39. Discovered Patient 3 was treated one time at SBMG in 2014, after she was approached by a clinic marketer. During the visit, Discovered Patient 3 was given condoms and birth control pills. A blood and urine test were also conducted.

40. During the search of The Medicine Shoppe, DHCS investigators discovered two undelivered prescriptions filled on June 10, 2015, for Discovered Patient 3, one for condoms and one for Ortho Tri-Cyclen birth control pills. The cost of each was charged to Medi-Cal.

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[2] Patients herein are identified by numbers to protect their privacy.
[3] An emergency contraceptive pill.

DHCS Interview with Discovered Patient 4

41. Discovered Patient 4 began treatment with SBMG after attending a health fair held at the clinic. Discovered Patient 4 stated that her doctor's name is Barbara. Discovered Patient 4 uses contraceptive pills and condoms that are provided to her at SBMG. Discovered Patient 4 stated the clinic supplies her medications on site.

42. During the search of The Medicine Shoppe, DHCS investigators discovered two undelivered prescriptions filled on June 10, 2015, for Discovered Patient 4. The cost of these prescriptions was charged to Medi-Cal.

DHCS investigation of SBMG

43. On October 13 and 14, 2015, DHCS conducted an on-site inspection at SBMG. DHCS investigators reviewed clinic files and conducted staff interviews.

DHCS Interview with SBMG Staff - C.A.

44. On or about October 14, 2015, DCHS investigators interviewed SBMG office manager C.A. who stated the following:

a. She, Respondent, B.V., and two others formed SBMG.

b. Two pharmacies, The Medicine Shoppe and the Central Pharmacy, made deliveries to the clinic. SBMG did not keep medicine logs.

c. The pharmacies would, on occasion, leave their books for patients to sign. However, C.A. stated that she and other staff would often sign the pharmacy medicine logs for patients.

d. SBMG would host health fairs as a marketing tool. During the health fairs, men were offered free cholesterol and diabetes tests. The staff targeted men who fit into the age range and had not been tested. Blood and urine tests were sent to labs for evaluation. When patients returned to the clinic for their results, they were evaluated and signed up for FPACT services. C.A. would distribute free samples of creams, patches, and oral contraceptive pills during SBMG health fairs. No logs were kept to document the samples.

e. SBMG employed three marketers, who were paid $10 per hour and issued Internal Revenue Service 1099 forms.

f. C.A. would drive patients who lacked transportation and she distributed fliers.

g. C.A.'s personal information appeared on advertising material as she was the office manager, marketer, and transportation provider for patients.

h. Respondent was generally uninvolved with the workings of the clinic and occasionally was present on Fridays.

DHCS Interview with SBMG Staff - W.L.

45. On or about October 14, 2015, DHCS investigators interviewed and obtained a written affidavit from SBMG medical assistant W.L. who stated the following:

a. W.L. was a SBMG employee for approximately one year.

b. W.L.'s duties at SBMG included performing blood draws, checking vital signs, and assisting with Pap smears. W.L. was paid $10/hour.

c. During the health fairs sponsored by SBMG, men were included and were offered a free cholesterol or glucose test. Medical assistants would perform a blood draw, which was then sent to a lab.

d. W.L. observed staff creating fictitious medical charts under C.A.'s direction and then signed by B.V. W.L. would complete the chief complaint section using standard verbiage provided by another medical assistant.

e. C.A. had medical assistants draw her blood to submit as samples for the fictitious patients.

f. Written prescriptions were picked up by A.K. of The Medicine Shoppe. Filled prescriptions, including birth control, condoms, and Plan B pills, were delivered to SBMG, and the patient would be notified. The Medicine Shoppe's log was left for the patient to sign; however, W.L. or other medical assistants would sign for the medications. If the patient did not pick up the prescription, the clinic would hold it, relabel the medication, and issue it to a new patient.

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DHCS Interview with SBMG Staff - M.G.

46. On or about October 15, 2015, DHCS investigators interviewed, and obtained an affidavit from, medical assistant M.G., who stated the following:

a. She has been employed at SBMG since 2013. Her job duties were working the front desk and back office.

b. She observed SBMG staff create fictitious patient charts. C.A. or M.O. instructed her to fill in the patient information.

c. On one or two occasions, she drew blood from C.A., that was sent to the lab for testing under a fictitious patient name.

d. The lab results were placed in the fictitious patient's file.

e. She was instructed to write counseling notes and vitals in the fictitious patient charts.

f. A.K. would pick up prescriptions and drop off a signature book and medications. On at least two occasions, she signed the prescription log for the patients.

g. She witnessed SGMG staff providing medications to patients during their first appointment, prior to filling the prescription by a pharmacy.

DHCS Interview with SBMG Staff - M.O.

47. On or about October 15, 2015, DHCS investigators interviewed medical assistant M.O. who stated the following:

a. M.O. began employment at SBMG in July 2014, but she ended her employment approximately one week before the date of the interview.

b. M.O. worked with B.V. and C.A. at All Family Clinic in Los Angeles.

c. M.O. admitted that she created false FPACT patient charts, per C.A.'s instructions. The charts were prepared and partially drafted by a medical assistant. B.V. would then sign the charts.

d. M.O. witnessed blood draws on C.A., which were sent to a laboratory.

e. Urine pregnancy tests, obtained from actual patients, were relabeled with the

names of fake beneficiaries and sent to the lab for testing. The lab results were placed in fictitious patient files.

f. C.A. provided a list of fictitious patient names and dates of birth, to be recorded in fictitious files.

g. M.O., C.A. and B.V. committed the same acts at the All Family Clinic.

DHCS Interview with B.V.

48. On October 13, 2015, DHCS investigators interviewed B.V., who stated the following:

a. She stopped practicing at SBMG approximately two weeks prior to the date of the interview.

b. One hundred percent of SBMG's beneficiaries are "shared with" and/or are referred by The Medicine Shoppe.

c. A.K. from The Medicine Shoppe delivers prescriptions on Monday, Wednesday, and Friday.

d. A.K. visited SBMG approximately one week prior to the interview. A.K. stated that he will no longer associate with SBMG, as he was being audited, and did not want to involve the clinic.

e. B.V. stated that C.A. and "R." (only the first name was provided) are marketers for the clinic. Both transport beneficiaries of The Medicine Shoppe to SBMG.

f. C.A. transports patients from laundromats and stores in her own car. B.V. purchased a van so the marketers could drive the beneficiaries.

DHCS Interview with Respondent

49. On or about October 14, 2015, DCHS investigators interviewed Respondent, who stated the following:

a. He was approached by a friend regarding B.V. and C.A. He discussed and formed SBMG with B.V. and C.A.

b. His responsibilities included:

1. SBMG Medical Director;

2. Review B.V.'s charts two or three days per month;

3. See patients on Fridays;

4. Oversee the clinic's functioning;

5. Supervise B.V.

c. Respondent contributed his professional license during the formation of SBMG.

d. Respondent was informed that of the several hundred files reviewed, his name appeared on none. DHCS audited SBMG's medical records and found that the services billed to Medi-Cal were billed as if Respondent provided the services.

e. Respondent was informed that SBMG did not bill with a modifier to indicate that B.V. was the provider, rather than Respondent.

f. Respondent was aware that B.V. purchased a van with corporate funds to transport patients.

g. C.A. distributes marketing materials.

DHCS Investigation as to SBMG's Medical Billing

50. Forty-one (41) SBMG medical records were selected for review and to conduct beneficiary interviews.

51. Of the forty-one records, twenty-four (24) of the addresses listed for the FPACT beneficiaries were found to be nonexistent addresses (Fictitious Patients 31 through 54).

52. As to the 24 nonexistent addresses, DHCS investigators searched through Los Angeles County Assessor's records and traveled to the location of the alleged addresses. DHCS confirmed that addresses were nonexistent.

53. Of the forty-one records, seventeen (17) addresses were valid.

54. Of the seventeen valid addresses, six were discovered as follows:

a. One beneficiary address was missing an apartment number. DHCS investigators knocked on each of the 28 doors of the apartment complex. DHCS investigators left business cards at each address and requested responses from the residents. DHCS investigators have yet to receive a response.

b. One address belonged to an individual other than the named beneficiary. The

individual resided at the address for the past 15 years, and had no knowledge of the beneficiary.

c. One Medi-Cal beneficiary refused to speak with DHCS investigators.

d. One Medi-Cal beneficiary moved to San Francisco in approximately 2007.

e. One Medi-Cal beneficiary failed to respond to a written contact request DHCS investigators left at the address.

f. One Medi-Cal beneficiary's address was a vacant business office.

55. Eleven of the 41 FPACT beneficiaries were located and six were interviewed.

56. On December 2, 2015, DHCS investigators interviewed Discovered Patient 5, who identified B.V. as her treating physician.

a. Discovered Patient 5 visited SBMG once on February 14, 2015. During the visit, a Pap smear was performed. Discovered Patient 5 never returned to SBMG after that date.

b. Discovered Patient 5 reviewed the FPACT Eligibility Certification and superbills. Discovered Patient 5 stated the only form she signed was the eligibility certification and the signature on the superbill from February 14, 2015, was not hers.

c. Discovered Patient 5 reviewed superbills for services allegedly provided on February 28, 2015, June 22, 2015, and September 26, 2015. Discovered Patient 5 did not receive the documented services and she did not sign the superbills for the dates mentioned above.

57. On November 16, 2015, DHCS investigators interviewed Discovered Patient 6, who identified B.V. as her treating physician.

58. On November 13, 2015, DHCS investigators interviewed Discovered Patient 7, who identified B.V. as her treating physician.

a. Discovered Patient 7 became a regular patient of SBMG during her pregnancy.

b. Approximately five months into her pregnancy, she experienced chest pains. B.V. ordered an ultrasound and informed Discovered Patient 7 that the results were "bad," that she may have a heart condition, and she may miscarry.

c. B.V. told Discovered Patient 7 that she could no longer provide treatment.

d. Discovered Patient 7 began treatment with a new OB/GYN and cardiologist. Discovered Patient 7's new physicians stated that there were no issues with her heart.

59. On November 13, 2015, DCHS investigators interviewed Discovered Patient 8, who stated C.A. transported her to SBMG on one occasion. A subsequent interview was scheduled for December 24, 2015. During that interview Discovered Patient 8 stated:

a. She did not receive condoms from The Medicine Shoppe on June 10, 2015, and her signature was forged in the corresponding prescription log.

b. Her signatures or initials were forged on superbills dated March 2, 2015, and August 31, 2015. She was not treated at SBMG on August 31, 2015.

60. On November 16, 2015, DHCS investigators interviewed Medi-Cal beneficiary Discovered Patient 9, who identified B.V. as her treating physician.

61. On November 18, 2015, DHCS investigators interviewed Medi-Cal beneficiary Discovered Patient 10, who identified B.V. as her treating physician. Discovered Patient 10 stated:

a. That she had two visits to SBMG, on March 5, 2015, and in June 2015.

b. Discovered Patient 10 reviewed superbills from alleged visits on March 23, 2015, and September 2, 2015. Discovered Patient 10 did not recognize the signature on the two superbills.

62. On November 23, 2015, DHCS investigators interviewed Discovered Patient 11, who identified B.V. as her treating physician. Discovered Patient 11 stated:

a. She began treatment at SBMG in January 2015 and was pregnant at the time.

b. Discovered Patient 11 applied for and was denied Medi-Cal coverage.

c. C.A. was upset about the denial and told Discovered Patient 11 that she should have lied on the application to get approval because others do. Discovered Patient 11 paid cash for her visits.

63. On November 23, 2015, DHCS investigators interviewed Discovered Patient 12, who identified B.V. as her treating physician. Discovered Patient 12 stated:

a. She visited SBMG on April 14, 2015, for a pregnancy test. The test result was positive. Discovered Patient 12 was told to return to SBMG in two weeks for an ultrasound.

b. Discovered Patient 12 was also told that she needed to apply for a new FPACT card, despite being a current recipient of services.

c. Discovered Patient 12 called SBMG to report that she was fainting. She was told that SBMG could not treat her as no doctor was available.

64. On November 23, 2015, DHCS investigators interviewed Discovered Patient 13, who identified B.V. as her treating physician. Discovered Patient 13 stated:

a. A marketer told her that SBMG offered free services.

b. Discovered Patient 13 was also offered free transportation.

c. Discovered Patient 13 first visited SBMG for a Pap smear and provided blood and urine for testing. Eight days after the visit, SBMG contacted Discovered Patient 13 by phone and told her she had a venereal disease. Discovered Patient 13 was provided with medication in the form of a powder.

d. Days later, Discovered Patient 13 continued to experience the same symptoms and returned to SBMG. She paid $30 cash for the visit, and $100 cash for the medication.

e. Discovered Patient 13 reviewed superbills from June 24, 2015, June 6, 2015, and May 23, 2015, and stated that the signatures were not hers.

65. On November 23, 2015, DHCS investigators interviewed Discovered Patient 14, who identified B.V. as her treating physician. Discovered Patient 14 stated:

a. She visited SBMG on two occasions.

b. SBMG offered transportation, but she declined.

c. Discovered Patient 14 reviewed superbills from February 25, 2015, and June 29, 2015, and stated the signatures were not hers.

66. DHCS investigators reviewed the SBMG medical records for an additional 31 FPACT beneficiaries. DHCS investigators discovered 118 individual services were billed to

FPACT for the 31 beneficiaries. All services billed were allegedly performed by B.V. However, the services were billed under Respondent's name, as the identifying modifier as required by Medi-Cal/FPACT was not used.

Respondent's Prior Encounter with Fraud

67. Respondent was previously associated with Dr. B.R., who was convicted for participating in a $3-million-dollar identity theft/bank fraud scheme. In June 2013, Dr. B.R. was sentenced to two years in Federal Prison. Respondent sent an email to DHCS, on August 9, 2013, regarding possible fraudulent activity involving his NPI number. Respondent believed that Dr. B.R.'s office manager submitted a Medi-Cal and Medicare application on his behalf, to bill for patients he never treated. In his email, Respondent stated he "would like to continue the process in being registered with Medicare and Medi-Cal so that [he] may being to service this patient population without excessive delay."

Medical Board Interview of Respondent

68. On August 14, 2017, the Board interviewed Respondent. During the interview, Respondent stated the following:

a. Respondent met B.V. through a former undergraduate classmate.

b. Respondent stated he believed that B.V. "was a great nurse practitioner" and was prominent in treating the "Latino community." Respondent chose not to contact any of B.V.'s prior employers. Respondent chose not to investigate B.V.'s competency or veracity.

c. Respondent learned that B.V. wanted to open a Medicare/Medi-Cal clinic that focused on women's healthcare, primary care, and providing basic services to an underserved population.

d. Respondent and B.V. discussed and planned the formation of SBMG for "a year or more." Respondent described the process as "very regimented" and "by the book." Respondent and B.V. hired a consultant to assist in complying with Medicare/Medi-Cal clinic regulations, and to apply for a Medicare and Medi-Cal number.

e. Respondent did not contribute financially to SBMG's formation. Instead,

Respondent contributed his "presence, his [willingness] to engage in the venture, his belief that the venture would be successful, his name, experience, and medical license."

f. Respondent was the medical director and clinic physician. He saw patients every Friday and reviewed and countersigned approximately 30 percent of B.V.'s charts.

g. Respondent stated that the "clinic wasn't busy enough to have patients every day," and the clinic would be "empty at times."

h. Respondent and B.V. attended and completed FPACT certification training together.

i. The scope of services for nurse practitioners is provided by FPACT.

j. Per the standardized agreement, B.V. was allowed to see patients, but was not allowed to perform "interventional procedures." On days that Respondent was not present, B.V. was limited to taking patient histories, performing blood and urine tests, and performing "very basic" gynecologic exams for STD screening.

k. SBMG had an OB/GYN come in twice a month to perform Pap smears. B.V. would perform some of the less complicated ones.

l. Respondent was not aware of how pregnant patients were treated. He assumed that the bi-monthly OB/GYN discussed care and treatment with B.V. Respondent was unsure as to whether a written agreement was made between the OB/GYN and the clinic. Respondent was unaware of the OB/GYN's name.

m. Respondent stated that he directed the day to day practice of B.V.

n. B.V. marketed the clinic and "went to health fairs."

o. Respondent knew that a van was purchased to provide transportation to patients.

p. The hired biller picked up charts at the end of each week. The charts contained visit notes and superbills. Respondent stated that he informed the biller that services provided by B.V. must be billed as performed/provided by a Nurse Practitioner.

q. Respondent would briefly compare the billing to the chart documentation, but did not "scrutinize" the information.

r. Respondent rarely received copies of financial documents that were generated quarterly by SBMG's accountant. Respondent stated that the clinic had thousands of files but never discussed the minimal amount of pay he received because he was "very trusting."

s. After he made the decision to close the clinic, Respondent instructed SBMG staff to inform all patients that the clinic was closing. If patients needed an urgent visit, a visit would be scheduled when Respondent was available. Respondent chose not to hire new staff to continue the practice because he was busy enough with worker's compensation cases and his own practice.

t. After the DHCS investigation, Respondent's Medi-Cal number was suspended.

69. During the interview, Respondent discussed his June 2015 through August 2015 affiliation with Pacific Rejuvenation.

a. Respondent practiced at Pacific Rejuvenation with Dr. F. According to a subsequent complaint letter written by Respondent, he was affiliated with Pacific Rejuvenation from June 2015 through December 2015.

b. Pacific Rejuvenation billed for Respondent's services.

c. Respondent was provided with an invoice that reflected the splitting of costs and revenues.

d. Dr. F. was the medical director at Pacific Rejuvenation. However, Dr. F. was never present, yet he split the revenue. According to Respondent, this practice "raised a red flag."

e. Respondent stated that the biggest "red flag" was regarding the billing and income. Respondent reviewed billing statements and discovered that the services he provided were billed as if Dr. F. was the treating physician.

f. Respondent discovered that Dr. F. was bedridden and was not actively participating or managing the practice. Respondent also observed notes in his patient

files that were signed by Dr. F.

g. Respondent described his time with Pacific Rejuvenation as a "lesson."

h. Respondent filed a (February 2, 2016) complaint with the Medical Board regarding Pacific Rejuvenation.

i. After filing the complaint, Respondent discovered that Pacific Rejuvenation patients treated by Respondent were billed as if Dr. F. was the treating physician.

j. Respondent discovered that his name was forged on prescriptions for narcotics. He contacted the pharmacy regarding this discovery.

k. Respondent also discovered that Pacific Rejuvenation back-billed for services provided to Ford Wellness Center patients.

l. Respondent also discovered that Pacific Rejuvenation "data mined" his patient files and "back-billed" services he provided under Dr. F's name and NPI number.

70. On or about September 27, 2015, Respondent attempted to retrieve the van purchased by SBMG by filing a report with the local police. Respondent documented his attempts to retrieve the van.

Criminal Case Filed Against B.V., C.A., and SBMG

71. On or about September 12, 2017, the Bureau of Medi-Cal Fraud and Elder Abuse (BMFEA) filed a seventeen-count felony criminal complaint against B.V., C.A., and SBMG. The seventeen counts included: one count of grand theft, in violation of California Penal Code section 487, subdivision (a); two counts of defrauding Medi-Cal by presenting false claims for services and knowingly and willfully executing a scheme to defraud Medi-Cal, in violation of California Welfare and Institutions Code section 14107, subdivision (b), subparts (1) and (4); and 13 counts of identity theft, in violation of California Penal Code section 530.5, subdivision (a).

72. On September 12, 2017, arrest warrants were issued for B.V. and C.A.

73. On September 14, 2017, the arrest warrants were recalled as B.V. and C.A. were in custody.

74. On September 15, 2017, B.V. and C.A. were arraigned and entered pleas of not guilty.

75. On September 15, 2017, a Superior Court Judge executed a Summons on Felony Complaint requested by the Bureau of Medi-Cal Fraud and Elder Abuse. The summons required an appearance by an SBMG representative on October 3, 2017.

76. The summons was personally served upon SBMG's designated agent of service, R.M., who appeared and informed the court that he had not worked for SBMG for years and has had no contact with any person related to SBMG. The Court released R.M. from the summons.

77. On September 28, 2017, the summons was served upon Respondent at his business and home address, via FedEx. Both were delivered to Respondent on September 29, 2017.

78. Respondent never appeared pursuant to the summons.

79. On April 4, 2018, the complaint was amended to add three counts of forgery, in violation of California Penal Code section 470, subdivision (a). B.V. entered pleas of no contest to the three amended counts and one count of Medi-Cal fraud, in violation of California Penal Code section 14107, subdivision (b), subsection (4). The remaining counts were dismissed as to B.V.

80. On April 4, 2018, C.A. entered pleas of no contest to one count of Medi-Cal fraud, in violation of California Penal Code section 14107, subdivision (b), subsection (4), and three counts of identity theft, in violation of California Penal Code section 530.5, subdivision (a).

81. Since Respondent failed to appear pursuant to the Criminal Summons, the prosecution elected to dismiss the allegations as to SBMG, as the corporation existed in name only when the case resolved.

82. On June 29, 2018, B.V. and C.A. were sentenced to complete three years of formal probation, serve 120 days in county jail, and pay $150,000.00 in restitution to Medi-Cal.

FIRST CAUSE FOR DISCIPLINE

(False Representation to Medi-Cal and FPACT

Committed by B.V., C.A., and SBMG Employees)

83. Respondent, as president and CEO of SBMG, an employer, and as B.V.'s supervising physician, is subject to disciplinary action under section 2234, subdivision (a), and section 2261 of the Code, in that B.V., C.A., and other SBMG employees engaged in fraudulent acts on Medi-

Cal and FPACT. The circumstances are as follows:

84. The facts and circumstances regarding this Cause for Discipline are alleged in paragraphs 19 through 82 above and are hereby incorporated by reference and realleged as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Altering Medical Records Committed by B.V., C.A., and SBMG Employees)

85. Respondent, as president and CEO of SBMG, an employer, and as B.V.'s supervising physician, is subject to disciplinary action under section 2234, subdivision (a), and section 2262 of the Code, in that Respondent indirectly altered medical records through acts committed by B.V., C.A., and/or other SBMG employees. The circumstances are as follows:

86. The facts and circumstances regarding this Cause for Discipline are alleged in paragraphs 19 through 82 above and are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Dishonest or Corrupt Acts Committed by

B.V., C.A., and SBMG Employees)

87. Respondent, as president and CEO of SBMG, an employer, and as B.V.'s supervising physician, is subject to disciplinary action under section 2234, subdivision (e) of the Code, in that B.V., C.A., and other SBMG employees created false patient files and fraudulently billed for unperformed services. The circumstances are as follows:

88. The facts and circumstances regarding this Cause for Discipline are alleged in paragraphs 19 through 86 above and are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(SBMG Employing Runners/Cappers)

89. Respondent, as president and CEO of SBMG, is subject to disciplinary action under section 2273, subdivision (a) of the Code, in that SBMG employed individuals to market the clinic's services, conducted health fairs at the clinic to attract new patients, and transported

patients to and from the clinic. The circumstances are as follows:

90. The facts and circumstances regarding this Cause for Discipline are alleged in paragraphs 19 through 82 above and are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Properly Supervise Nurse Practitioner)

91. Respondent is subject to disciplinary action under section 2234, subsection (a), section 2725, subdivision (b), subpart (2); section 2835.7, subdivision (a) of the Code; and California Code of Regulations Title 16, sections 1379, 1470, 1471, 1472, and 1474, in that Respondent failed to properly supervise B.V., a Nurse Practitioner. The circumstances are as follows:

92. The facts and circumstances regarding this Cause for Discipline are alleged in paragraphs 19 through 90 above and are hereby incorporated by reference and realleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct Committed by SBMG)

93. Respondent, as president and CEO of SBMG, is subject to disciplinary action under section 2410 of the Code, in that SBMG committed the enumerated acts as alleged in Causes for Discipline one through six. As CEO of SBMG, Respondent had a duty to discover, remedy, and prevent the enumerated causes for discipline above. The circumstances are as follows:

94. The facts and circumstances regarding this Cause for Discipline are alleged in paragraphs 19 through 92 above and are hereby incorporated by reference and realleged 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 Number A 122580, issued to Nathan Daniel Ford, M.D.;

2. Revoking, suspending, or denying approval of Nathan Daniel Ford, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. If placed on probation, ordering Nathan Daniel Ford, M.D. to pay the Board the costs of probation monitoring; and

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

DATED:

JAN 22 2021

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

Complainant

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