

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

In the Matter of the Accusation Against:)

Case No: 500-2019-000822

ADERONKE MOJEREADE OJO, D.P.M.)

Doctor of Podiatric Medicine)

License No. E 4601)

Respondent)

DECISION AND ORDER

The attached Proposed Decision is hereby accepted and adopted by the Podiatric Medical Board of the Department of Consumer Affairs, State of California as its Decision in the above-entitled matter.

This Decision shall become effective at 5:00 p.m. on

JUL 18 2022

IT IS SO ORDERED

JUN 16 2022

PODIATRIC MEDICAL BOARD



Judith Manzi, D.P.M.
President

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

In the Matter of the Accusation Against:

**ADERONKE MOJEREADE OJO, D.P.M.,
Podiatric Medical License No. E 4601
Respondent.**

Agency Case No. 500-2019-000822

OAH No. 2021070618

PROPOSED DECISION

Administrative Law Judge Juliet E. Cox, State of California, Office of Administrative Hearings, heard this matter on August 12, 2021, by audio- and videoconference.

Deputy Attorney General Rebecca D. Wagner represented complainant Brian Naslund, Executive Officer of the Podiatric Medical Board, California Department of Consumer Affairs.

Respondent Aderonke Mojereade Ojo, D.P.M., represented herself.

The matter was submitted for decision on August 12, 2021.

FACTUAL FINDINGS

1. Respondent Aderonke Mojereade Ojo, D.P.M., received Podiatric Medical License No. E 4601 on December 9, 2004. At the time of the hearing this license was scheduled to expire December 31, 2022.

2. On June 30, 2021, an administrative law judge issued an order suspending respondent's authority under Podiatric Medical License No. E 4601 to practice podiatric medicine in California. The suspension order remained in effect at the time of the hearing.

3. Acting in his official capacity as Executive Officer of the Podiatric Medical Board, complainant Brian Naslund filed an accusation against respondent on July 20, 2021. The accusation alleges that because of physical or mental illness, respondent is not able to practice podiatric medicine safely and competently.

4. Respondent requested a hearing.

Recent Medical Treatment

5. On October 13, 2017, in the morning, respondent went to a hospital emergency department. She complained of dizziness and a rapid heartbeat. Medical staff diagnosed hyperthyroidism, and prescribed methimazole. Respondent was not admitted to the hospital, and left the emergency room that afternoon.

6. The evidence did not establish what treatment, if any, respondent received between October 2017 and February 2019 for her hyperthyroidism. Medical records in evidence show that respondent was hospitalized briefly in early December 2018, but include no details about that hospitalization.

7. In the early morning on February 2, 2019, a police officer responded to a call and observed respondent "completely naked walking through a gas station parking lot." The officer apprehended respondent and took her to a local psychiatric crisis facility.

8. That evening, respondent was transported from the crisis facility to a hospital emergency department for psychiatric evaluation. After this evaluation, the hospital transferred respondent to a different hospital for inpatient psychiatric treatment.

9. In the hospital during February 2019, treating psychiatrists observed respondent to be "psychotic, with fixed delusions," but did not settle on a definitive psychiatric diagnosis. Respondent initially refused psychiatric drugs, and the staff obtained a court order allowing them to medicate her involuntarily. Despite medication, respondent remained "floridly delusional . . . with unrealistic plans."

10. The hospital held respondent for treatment for the maximum period possible under Welfare and Institutions Code sections 5150 and 5250 (about two and one-half weeks). Her psychiatrist recommended further inpatient treatment when that period expired, but respondent declined. Rather than overriding respondent's choice by seeking a temporary conservatorship for her, the hospital discharged her on February 18, 2019, because respondent's parents and sister had agreed to accept respondent back into their home.

11. Upon respondent's discharge, a psychiatrist who had treated her during her inpatient hospitalization notified the Board that respondent recently had received treatment, and that she seemed to suffer from "undertreated mental illness" that probably impaired her ability to practice podiatric medicine safely.

12. When she left inpatient treatment in February 2019, respondent agreed as a next step to undertake an intensive outpatient psychiatric treatment program. She did not enroll in that program, and almost immediately stopped taking the medications the hospital's physicians had prescribed for her.

13. On April 15, 2019, respondent's father brought her to a psychiatric emergency clinic because he believed her to be at high risk of suicide. She went from the emergency clinic to a different psychiatric hospital from the one that had treated her in February, and spent almost six weeks (until May 24, 2019) as an involuntary inpatient.¹ Respondent took psychiatric medication and methimazole as prescribed during this hospitalization. She declined to participate meaningfully in group activities or psychotherapy, however, instead stating repeatedly that she had no mental health problems and looked forward to leaving the hospital.

14. During her hospitalization in April and May 2019, respondent's treating physicians diagnosed schizoaffective disorder, bipolar type. Despite medication, respondent experienced ongoing psychosis and "chronic delusions."

¹ Because of respondent's failure to undertake follow-up care after her February 2019 hospitalization (as described in Finding 12), respondent's family declined to welcome her back into their home in April and May 2019 as long as her treating physicians continued to recommend inpatient treatment. A court appointed a temporary conservator for respondent, to continue her involuntary hospitalization after the hospital's authority to hold her under Welfare and Institutions Code sections 5150 and 5250 had expired.

15. When respondent left the psychiatric hospital on May 24, 2019, she returned to her family home. Her discharge plan again was to enroll in an intensive outpatient treatment program, with her first appointment on June 3, 2019. She did not attend this appointment. Respondent attended a few intensive outpatient group sessions in early July 2019, but did not establish a relationship with an outpatient psychiatrist. She had stopped attending any outpatient mental health services by mid-July 2019, and also had stopped taking any psychiatric medications.

16. Respondent saw her internal medicine physician a few days after her May 2019 discharge from the psychiatric hospital. She failed to follow her physician's recommendation to see an endocrinologist about her thyroid disorder, however, and by summer 2019 had stopped taking medication for this disorder as well.

17. In late December 2019, respondent telephoned and visited the psychiatric clinic where she should have attended an intensive outpatient program after her May 2019 hospital discharge. She contacted clinic staff members several times within about two weeks; on each occasion, she said that she needed the staff members to assist her by providing a letter that would authorize her to return to full-time work. The staff members declined to provide such a letter, explaining to respondent that she had not complied with their treatment recommendations and that they could not state that she would be able to work safely. They made appointments for respondent to resume care with a psychiatrist and a psychotherapist, but respondent did not keep those appointments.

18. Respondent began seeing a new primary care physician in June 2020. She resumed taking medication to control her hyperthyroidism, and has consulted an endocrinologist regularly since then.

19. Respondent also began seeing a new psychiatrist (Hala Fattah, M.D.) in July 2020. She reported to the psychiatrist that she had “thyroid problems.” Respondent could not or would not say why other physicians had prescribed psychiatric medications to her, and denied ever having experienced psychosis. Despite respondent’s denials, and even before receiving any records from respondent’s 2019 hospitalizations, Dr. Fattah also diagnosed respondent with “schizophrenia spectrum and other psychotic disorder.”

20. Dr. Fattah prescribed medications to respondent to treat her psychosis, and continued to do so between summer 2020 and summer 2021. Respondent also began monthly individual psychotherapy. Nevertheless, throughout fall and winter 2020, respondent’s psychotherapist noted that respondent continued to experience persistent delusions and anxiety.

Additional Evidence

21. At an investigatory interview in November 2020, respondent acknowledged that she had hyperthyroidism but denied any other physical or mental health problems. Her hearing testimony was similar: Respondent emphasized her history of hyperthyroidism and discussed her recent history of treatment for it. In discussing her mental health, respondent acknowledged that her hyperthyroidism has contributed in the past to “anxiety,” but strenuously denied any cognitive impairment or psychiatric illness.

22. Before her inpatient psychiatric hospitalizations in 2019, respondent practiced podiatric medicine at an outpatient clinic. The evidence did not establish whether respondent currently practices podiatric medicine, or if not, how recently she has done so.

Forensic Psychiatric Evaluation

23. Respondent agreed to undergo a psychiatric examination by Laura Davies, M.D., to evaluate her continuing fitness to practice. Dr. Davies conducted this evaluation on April 8, 2021.

24. Dr. Davies is a psychiatrist in private practice. Her practice involves mostly clinical treatment for adults, but she also regularly evaluates potentially impaired physicians and other health care professionals.

25. Dr. Davies reviewed medical records about respondent relating to the treatment described above in Findings 5 through 20. She also met respondent personally, to interview and examine her.

26. According to Dr. Davies, respondent likely does have schizoaffective disorder, bipolar type, and Graves' disease. Dr. Davies believes that respondent "has no insight that she has a psychiatric illness, and thus is not likely to adhere to effective treatment." Moreover, although respondent "acknowledges that she has a thyroid disorder, she is minimally compliant with the treatment plan for that illness."

27. In Dr. Davies's opinion, respondent's active psychosis renders her unable to "formulate a treatment plan or follow through on a plan of care" for herself or for a patient. She believes that respondent cannot currently practice podiatric medicine safely, and that respondent would need a sustained period of effective psychiatric treatment resulting in full control of her psychosis before she might be able to resume practice safely. These opinions are persuasive.

Costs

28. The Board has incurred \$29,945 in costs for legal services provided to complainant by the Department of Justice in this matter. Complainant's claim for reimbursement of these costs is supported by a declaration that complies with California Code of Regulations, title 1, section 1042, subdivision (b)(2).

29. Complainant also provided a cost certification stating that the Board has incurred costs totaling \$7,845 for investigation of the complaint about respondent. This certification complies with California Code of Regulations, title 1, section 1042, subdivision (b)(1).

30. Complainant's total costs to investigate and litigate this matter, \$37,790, are reasonable.

LEGAL CONCLUSIONS

1. The Board may suspend or revoke respondent's podiatrist license only if clear and convincing evidence establishes the facts supporting discipline. The factual findings above reflect this standard.

2. Business and Professions Code section 822 authorizes the Board to revoke or suspend a podiatric medical license if the licensee cannot practice safely because of mental or physical illness. The matters stated in Findings 5 through 27 constitute cause for the Board to revoke or suspend respondent's license.

3. The matters stated in Findings 5 through 27 also confirm that respondent's prognosis for recovery is uncertain. Revocation of her license at this time

will protect the public, while allowing her to petition for reinstatement in the future if and when she has received and is continuing to receive effective treatment.

Costs

4. A licensee found to have committed a violation of the statutes and regulations governing podiatric medical practice may be required to pay the Board the reasonable costs of its investigation and prosecution of the case. (Bus. & Prof. Code, § 2497.5.) As set forth in Findings 28, 29, and 30, the total reasonable costs proven in this matter were \$37,790.

5. In *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, the California Supreme Court set forth the standards by which a licensing board must exercise its discretion to reduce or eliminate cost awards to ensure that the board does not deter licensees with potentially meritorious claims from exercising their administrative hearing rights. The court held that a licensing board requesting reimbursement for costs relating to a hearing must consider the licensee's "subjective good faith belief" in the merits of his or her position and whether the licensee has raised a "colorable challenge" to the proposed discipline. (*Id.*, at p. 45.) The board also must consider whether the licensee will be "financially able to make later payments." (*Ibid.*) Last, the board may not assess full costs of investigation and enforcement when it has conducted a "disproportionately large investigation." (*Ibid.*)

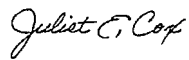
6. Although illness may disqualify a person for medical practice, it does not violate statutes or regulations governing that practice. Moreover, the matters stated in Findings 6, 12, 16, 17, 19, 20, and 21 confirm that respondent's psychiatric illness prevents her from making rational decisions about her career, including about whether to contest complainant's allegations in this matter. Finally, the matters stated in

Findings 20 and 22 cast doubt not only on respondent's current ability to reimburse the Board for its costs, but on her future ability to do so. A cost reimbursement order would be inappropriate, and likely futile, in this matter.

ORDER

Podiatric medical license number E 4601, held by respondent Aderonke Mojereade Ojo, D.P.M., is revoked.

DATE: 09/02/2021



JULIET E. COX

Administrative Law Judge

Office of Administrative Hearings

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

12 In the Matter of the Accusation Against:

Case No. 500-2019-000822

13 **ADERONKE MOJEREADE OJO, D.P.M.,**
14 **2258 Bayberry Circle**
Pittsburg, CA 94565

A C C U S A T I O N

15 **Doctor of Podiatric Medicine License No.**
16 **No. E 4601**

17 Respondent.

18
19 **PARTIES**

20 1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as
21 the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs.

22 2. On or about December 9, 2004, the Podiatric Medical Board issued Doctor of
23 Podiatric Medicine License No. E 4601 to Aderonke Mojereade Ojo, D.P.M. (Respondent). The
24 Doctor of Podiatric Medicine License No. E 4601 was in full force and effect at all times relevant
25 to the charges brought herein and will expire on December 31, 2022, unless renewed. The license
26 is SUSPENDED pursuant to an Interim Suspension Order issued on June 30, 2021.

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JURISDICTION

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

4. Section 2222 of the Code states the California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.

The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

5. Section 2497 of the Code states:

"(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

"(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative

1 law judge who presided at the hearing shall be present during the board's consideration of the case
2 and shall assist and advise the board."

3 6. Section 820 of the Code states:

4 "Whenever it appears that any person holding a license, certificate or permit under this
5 division or under any initiative act referred to in this division may be unable to practice his or her
6 profession safely because the licentiate's ability to practice is impaired due to mental illness, or
7 physical illness affecting competency, the licensing agency may order the licentiate to be
8 examined by one or more physicians and surgeons or psychologists designated by the agency.
9 The report of the examiners shall be made available to the licentiate and may be received as direct
10 evidence in proceedings conducted pursuant to Section 822."

11 7. Section 822 of the Code states:

12 "If a licensing agency determines that its licentiate's ability to practice his or her profession
13 safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the
14 licensing agency may take action by any one of the following methods:

15 "(a) Revoking the licentiate's certificate or license.

16 "(b) Suspending the licentiate's right to practice.

17 "(c) Placing the licentiate on probation.

18 "(d) Taking such other action in relation to the licentiate as the licensing agency in its
19 discretion deems proper.

20 "The licensing section shall not reinstate a revoked or suspended certificate or license until
21 it has received competent evidence of the absence or control of the condition which caused its
22 action and until it is satisfied that with due regard for the public health and safety the person's
23 right to practice his or her profession may be safely reinstated."

24 8. Section 2228.5 of the Code states:

25 "(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board
26 shall require a licensee to provide a separate disclosure that includes the licensee's probation
27 status, the length of the probation, the probation end date, all practice restrictions placed on the
28 licensee by the board, the board's telephone number, and an explanation of how the patient can

1 find further information on the licensee's probation on the licensee's profile page on the board's
2 online license information Internet Web site, to a patient or the patient's guardian or health care
3 surrogate before the patient's first visit following the probationary order while the licensee is on
4 probation pursuant to a probationary order made on and after July 1, 2019.

5 "(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain
6 from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that
7 disclosure.

8 "(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if
9 any of the following applies:

10 "(1) The patient is unconscious or otherwise unable to comprehend the disclosure and
11 sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate
12 is unavailable to comprehend the disclosure and sign the copy.

13 "(2) The visit occurs in an emergency room or an urgent care facility or the visit is
14 unscheduled, including consultations in inpatient facilities.

15 "(3) The licensee who will be treating the patient during the visit is not known to the
16 patient until immediately prior to the start of the visit.

17 "(4) The licensee does not have a direct treatment relationship with the patient.

18 "(d) On and after July 1, 2019, the board shall provide the following information, with
19 respect to licensees on probation and licensees practicing under probationary licenses, in plain
20 view on the licensee's profile page on the board's online license information Internet Web site.

21 "(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in
22 the operative accusation along with a designation identifying those causes by which the licensee
23 has expressly admitted guilt and a statement that acceptance of the settlement is not an admission
24 of guilt.

25 "(2) For probation imposed by an adjudicated decision of the board, the causes for
26 probation stated in the final probationary order.

27 "(3) For a licensee granted a probationary license, the causes by which the
28 probationary license was imposed.

“(4) The length of the probation and end date.

“(5) All practice restrictions placed on the license by the board.

“(e) Section 2314 shall not apply to this section.

“(f) For purposes of this section:

“(1) Board means the California Board of Podiatric Medicine.

“(2) Licensee means a person licensed by the California Board of Podiatric Medicine.”

COST RECOVERY

9. Section 2497.5 of the Code states:

“(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

“(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

“(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

“(d) In any judicial action for the recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

“(e)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

“(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial

1 hardship and who enters into a formal agreement with the board to reimburse the board within
2 that one-year period for those unpaid costs.

3 “(f) All costs recovered under this section shall be deposited in the Board of Podiatric
4 Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually
5 recovered or the previous fiscal year, as the board may direct.”

6 **FACTUAL ALLEGATIONS**

7 10. The Board received information that Respondent suffered from a mental illness that
8 might impair her ability to safely practice medicine. During a Board investigation, medical and
9 psychiatric records were obtained which revealed that Respondent had been hospitalized and
10 treated for both significant mental and/or physical illness several times between 2017 and 2019.

11 11. Respondent agreed to undergo a mental evaluation on April 8, 2021. The examining
12 psychiatrist diagnosed Respondent with Schizoaffective Disorder, bipolar type, which is a mental
13 illness or condition that impairs Respondent’s ability to safely practice medicine. The evaluator
14 noted that Respondent had been actively psychotic for some time, had no insight that she has a
15 psychiatric illness, and was therefore unlikely to adhere to effective treatment. Respondent also
16 has a physical illness, and she is minimally compliant with her medical treatment, which also
17 impairs Respondent’s ability to safely and competently practice medicine. The examining
18 psychiatrist opined that Respondent is not able to practice medicine safely because of her
19 involuntary mental health holds, her thought disorders, and mental illness and, until Respondent
20 successfully completes a course of therapy and treatment, her continued practice presents a risk of
21 harm to herself, her patients, and to the public.

22 **CAUSE FOR DISCIPLINE**

23 (Impaired Ability to Safely and Competently Practice Medicine)

24 12. Respondent is subject to disciplinary action under Code sections 822 and/or 2222
25 and/or 2497 of the Code in that, due to a mental and/or physical illness, as outlined above in
26 paragraphs 10 and 11, Respondent is unable and/or is impaired in her ability to safely and
27 competently practice podiatric medicine due to her physical and/or her mental illness.

PRAYER

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

1. Revoking or suspending Doctor of Podiatric Medicine License No. E 4601, issued to Aderonke Mojereade Ojo, D.P.M.;

2. Revoking, suspending or denying approval of Aderonke Mojereade Ojo, D.P.M.'s authority to supervise physician assistants and advanced practice nurses;


3. Ordering Aderonke Mojereade Ojo, D.P.M. to pay the Podiatric Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

4. Ordering Aderonke Mojereade Ojo, D.P.M., if placed on probation, to pay the Board the costs of probation monitoring;

5. Ordering Aderonke Mojereade Ojo, D.P.M., if placed on probation to disclose the terms and conditions of probation in compliance with Business and Profession Code section 2228.5; and,

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

DATED: JUL 20 2021


BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California
Complainant

SF2021400817
Aderonke Mojereade Ojo, D.P.M. Accusation