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

In the Matter of the Accusation Against: Vahram Ornekian, M.D. Physician's and Surgeon's Certificate No. A 169106 Respondent.	Case No. 800-2020-070511

DECISION

The attached Proposed Decision 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 January 3, 2023.

IT IS SO ORDERED December 1, 2022.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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

In the Matter of the Accusation Against:

VAHRAM ORNEKIAN, M.D.,

Physician's and Surgeon's Certificate No. A 169106,

Respondent.

Agency Case No. 800-2020-070511

OAH No. 2022040846

PROPOSED DECISION

Julie Cabos-Owen, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter by videoconference on September 14 and 15, 2022. William Prasifka (Complainant) was represented by Latrice R. Hemphill, Deputy Attorney General. Vahram Ornekian, M.D. (Respondent) was represented by David Balfour, Attorney at Law.

At the hearing, the ALJ was provided with Exhibits G and J containing confidential information protected from disclosure to the public. Redaction of the documents to obscure this information was not practicable and would not provide adequate privacy protection. To prevent the disclosure of confidential information, the

ALJ issued a Protective Order providing that Exhibits G and J shall be placed under seal following their use in preparation of the Proposed Decision. The exhibits shall remain under seal and shall not be opened, except by order of the Medical Board of California (Board), by OAH, or by a reviewing court. A reviewing court, parties to this matter, their attorneys, or a government agency decision maker or designee under Government Code section 11517 may review the documents subject to this order provided that such documents are protected from release to the public.

Testimony and documents were received in evidence. The record closed and the matter was submitted for decision on September 15, 2022.

FACTUAL FINDINGS

Jurisdictional Matters

1. On June 20, 2020, the Board issued Physician's and Surgeon's Certificate Number A 169106 to Respondent. That license is scheduled to expire on June 30, 2024.

2. On February 15, 2022, Complainant filed the Accusation while acting in his official capacity as the Executive Director of the Board. Respondent filed a Notice of Defense requesting a hearing. Jurisdiction to proceed with this hearing has been established.

Respondent's Education and Training

3. Respondent testified at the administrative hearing. He presented as a respectful, articulate, and forthright witness.

4. Respondent is certified in Vascular Surgery by the American Board of Surgery (2019), and in thoracic surgery by the American Board of Thoracic Surgery (2021). Since September 2020, he has been employed as an attending cardiothoracic and vascular surgeon with PIH Health Physicians Group which consists of four cardiothoracic surgeons. Respondent's group covers five hospitals in Los Angeles: PIH Health Good Samaritan Hospital; Providence St. Joseph Medical Center; Adventist Health White Memorial Hospital; Adventist Health Glendale Medical Center; Methodist Hospital of Southern California.

5. In 2008, Respondent obtained his bachelor's degree in biology from the University of California Los Angeles (UCLA). In 2009, he earned a master's degree in physiology and biophysics from Georgetown University in Washington, D.C.

6. In 2016, Respondent obtained his medical degree from Albany Medical College of Union University in New York. He completed a vascular surgery residency at Washington Hospital Center/Georgetown University in Washington, D.C. (June 2013 – August 2018), and a fellowship in cardiothoracic surgery at University of Texas Houston/MD Anderson (August 2018 – August 2020).

7. Respondent's vascular surgery residency was very intense, requiring him to work 80 hours per week with increasing responsibility leading up to his chief residency year. During that five-year residency, Respondent logged approximately 2,500 surgeries. During Respondent's two-year cardiothoracic surgery fellowship, Respondent performed over 500 open-heart surgeries as well as numerous other operations.

9. While in Texas for his fellowship, Respondent was offered employment at his current position. He obtained California licensure in June 2020, and he began

working at PIH on September 1, 2020. Since his employment with PIH, Respondent has performed approximately 200 open-heart surgeries, 200 vascular surgeries, and 100 other types of thoracic surgery.

10. Respondent currently takes cardiothoracic surgery call every third night and every third weekend. He also takes vascular surgery call at Good Samaritan Hospital 25 days per month, and one of his partners takes the other five to six days. Respondent is required to be available for emergencies in the Good Samaritan Hospital emergency room (ER), and he must be physically present at the hospital within 30 minutes to an hour.

Respondent's Substance Use History

11. Respondent began consuming alcohol in college at 21 years old. He also used marijuana in college "at parties here and there." (Respondent's testimony.)

12. While attending Georgetown University for his master's degree, Respondent consumed alcohol on an occasional weekend after an examination. At that time, he was focused on getting into medical school, and he recalled consuming alcohol "rarely." (Respondent's testimony.) He does not recall using marijuana while attending his master's degree program.

13. While attending medical school, Respondent consumed alcohol at student parties after big examinations, but he did not use alcohol on a regular basis. He also used marijuana in medical school on rare occasions.

14. During the first year and a half of his vascular surgery residency, Respondent used alcohol and marijuana sporadically on weekends when he was not on call.

15. In November 2015, during Respondent's second year of residency, a medical student in training complained to Respondent's residency program director about Respondent's interaction with her. Respondent's program director called him into her office and admonished him. Respondent recalled he was in tears, and his program director ordered him to go to occupational health office. When he reported to the occupational health office, they required him to submit to a drug test. That test was positive for marijuana. Respondent recalled he had used marijuana on the weekend a few days prior.

16. Respondent underwent an evaluation by the occupational health office, and the evaluation revealed no diagnosis of substance use disorder. He was placed on a brief leave and then resumed his residency and completed it as scheduled. Due to the positive drug screen, Respondent was required to submit to random testing through the remainder of his residency, all of which returned negative results.

17. Respondent disclosed his positive marijuana test and his brief leave during residency to his current employer and to the Board when seeking licensure.

18. Respondent has refrained from marijuana use since November 2015.

19. Respondent did not consume alcohol for the remainder of his residency and during his fellowship.

20. In July 2017, Respondent met his wife, Jennifer Savannah Keaton, who is currently a certified registered nurse anesthetist. At that time, Respondent was about to enter his chief residency year, and Ms. Keaton was in Washington, D.C. for a graduate program in anesthesia. Ms. Keaton later joined Respondent in Texas and lived with him for two years while he completed his fellowship.

21. Ms. Keaton testified at the administrative hearing in a professional and forthcoming manner. She presented as a credible witness.

22. Ms. Keaton recalled, on their first date, she drank wine, and Respondent drank a soda. She asked if he drank alcohol, and he said his hours were long, and he had no time for alcohol. Ms. Keaton did not observe Respondent consume alcohol either in Washington, D.C. or in Texas.

23. They were married January 18, 2020. Ms. Keaton recalled Respondent did not drink alcohol at their wedding. Thereafter, with the COVID-19 pandemic, their jobs became very busy, and they did not drink alcohol.

24. After accepting the offer for his current employment, Respondent decided to have "one last vacation between fellowship and [his] first job." (Respondent's testimony.) In August 2020, Respondent and his wife returned to California where he grew up, and they stayed with his parents for a couple weeks before moving into their own apartment.

25. The first time Ms. Keaton saw Respondent drink alcohol was when he consumed one beer with his father by the pool at his parents' house in August 2020. She did not see him consume alcohol again until August 27, 2020.

Driving under the Influence and Criminal Conviction

26. On August 27, 2020, Respondent and Ms. Keaton had just moved into their apartment. Since most restaurants remained closed to customers due to the pandemic, they ordered takeout food and returned home to eat dinner. They drank a bottle of champagne given to them as a homecoming gift. Ms. Keaton then mixed vodka cocktails, and Respondent had one and a half of those mixed drinks. Thereafter,

Respondent decided to accept an invitation to a childhood friend's home for a board game night. Ms. Keaton said she would stay home and organize the apartment.

27. Respondent's friend's home was a 20-minute drive from his apartment. Respondent recalls feeling "buzzed, and not completely sober," but he "did not feel totally intoxicated." (Respondent's testimony.) During the pandemic, Respondent had refrained from using Lyft or Uber because he did not feel it was safe. Respondent now "wish[es] [he] had done that." Instead, he "made the bad decision to get in the car and drive." (Respondent's testimony.)

28. California Highway Patrol (CHP) officers initiated a traffic stop when they observed Respondent's vehicle speeding and weaving between lanes. After they pulled over to the side of the road, the officers observed Respondent's breath smelled of alcohol, he appeared disorientated, and he had an unsteady balance and slurred speech. Respondent panicked and "exercised poor judgment" by falsely informing the officers he had not consumed alcohol in 24 hours. (Exhibit 7, p. A77.)

29. The CHP officers asked Respondent to perform field sobriety tests and to submit to a breathalyzer. Respondent refused because he "did not know what [his] rights were." (Respondent's testimony.) Respondent recalled the officers informed him that if he did not submit to a breathalyzer, "it would be worse for [him], and that turned out to be true." (*Ibid.*) He now realizes his refusal was "another bad judgment decision." (*Ibid.*)

30. The CHP officers placed Respondent under arrest for driving under the influence of alcohol (DUI), and they transported him to a Los Angeles CHP office. While there, Respondent again refused to submit to a breathalyzer. He also refused to consent to a blood test. The officers obtained a non-consensual blood draw warrant

from the Superior Court and transported Respondent to Cedars Sinai Marina Del Rey Hospital. When the registered nurse attempted to draw a sample of Respondent's blood, he became irate and yelled, "I do not consent," while pulling his arm away from the nurse. Despite admonishment by the officers, Respondent continued flailing, and the officers had to physically restrain him to allow the nurse to safely obtain the blood draw. Respondent was then transported to the Los Angeles Police Department's Van Nuys jail for booking.

31. The laboratory test results of Respondent's August 27, 2020 blood test, analyzed on September 1, 2020, revealed he had a blood alcohol concentration (BAC) of 0.18 percent.

32. On November 6, 2020, a criminal complaint was filed in Los Angeles County Superior Court against Respondent charging him with misdemeanor violations of Vehicle Code section 23152, subdivisions (a) and (b) (DUI, and DUI with BAC of 0.08 percent or higher). Respondent's originally scheduled December 8, 2020 arraignment was continued until May 13, 2021, August 9, 2021, September 13, 2021, November 1, 2021, and finally December 6, 2021.

33. Despite numerous inquiries, Respondent was not provided a copy of the lab report with his BAC results until May 27, 2021.

34. In June 2021, the California Department of Motor Vehicles suspended Respondent's California driving privileges for one year.

35. On December 6, 2021, Respondent was convicted on his plea of nolo contendere of violating Vehicle Code section 23152, subdivision (b) (misdemeanor DUI with BAC of 0.08 percent or higher). Respondent was placed on probation for 36 months and ordered to pay fines and fees, to complete a nine-month first offender

alcohol and drug counseling program, to attend a Mothers Against Drunk Driving (MADD) Victim Impact Program, and to refrain from driving with any measurable amount of alcohol in his blood.

36. Respondent has complied will all terms of his criminal probation which is scheduled to expire on December 6, 2024.

Respondent's Rehabilitation Efforts

37. At the administrative hearing, Respondent expressed remorse for his extremely poor judgement and for placing lives at risk by driving under the influence of alcohol.

38. Respondent recalled when his wife and brother came to pick him at the Van Nuys jail, he was distraught and realized he "just made the biggest mistake in [his] life," and his "life had just completely changed." (Respondent's testimony.) Immediately after leaving jail, Respondent "resolved to make sure this does not happen again." (*Ibid.*)

39. Since his August 27, 2020 arrest, Respondent has not consumed any alcohol. He does "not cook with alcohol, [or] clean [his] hands with alcohol," and he has "zero contact with alcohol." (Respondent's testimony.)

40. Respondent sought to assure the Board that his DUI is "not consistent" with who he is, and "this is something that will never happen again." Respondent has "no intention of ever drinking alcohol again." Respondent asserted his career as a cardiovascular surgeon "is the most important thing to [him] other than the health and safety of loved ones, and [he] will never put [his] career in jeopardy again like that," or "put human life at risk by driving under the influence." He emphatically stated, "I make

a vow to never drink alcohol again because I value my job too much. It is a huge privilege what I do - to care for someone at their most vulnerable. To be trusted with people's lives means there is no room for error or taking things for granted and making mistakes, and [there is] no room for alcohol in the life of someone like me, on call 25 days a month."

41. After obtaining the BAC report and having his driving privileges suspended, Respondent informed his colleagues at work. Respondent traveled to work by taking the bus, Lyft, or Uber, or asking his wife to drive him. He was never late.

42. After receiving the BAC report, Respondent sought to complete standard criminal court requirements prior to any conviction.

43. On July 8, 2021, Respondent voluntarily enrolled in a nine-month course first offender alcohol and drug counseling program. He began attending that program before it was ordered as part of his December 6, 2021 criminal probation. Respondent completed the program on April 11, 2022.

44. Respondent promptly attended the MADD program on December 10, 2021, just days after it was ordered by the criminal court. Respondent recalled the course as "the most hard-hitting of all," because it "crystalized for [him] how significant it was that [he] put other people's lives, not just [his] own, at risk." (Respondent's testimony.) Respondent noted, "In residency, we had so many trauma patients hit by drunk drivers, and it sat with me that I could have been the perpetrator of that. I put people at risk of that happening. That is not what medicine is about." (*Ibid.*)

45. After receipt of the BAC report, Respondent also began to engage in rehabilitation to assuage any Board concerns. On June 25 and 26, 2021, he completed

a PBI Medical Ethics and Professionalism course through the University of California, Irvine School of Medicine. He also began to attend Alcoholics Anonymous (AA) meetings.

46. Following the PBI course, Respondent sought to document his sobriety. On July 8, 2021, he voluntarily enrolled in a drug and alcohol monitoring program with Professional Monitoring, LLC. Through that program Respondent undergoes random urinalysis testing for drugs and alcohol, all of which have been negative. He has also submitted to random blood and hair follicle testing which have also been negative. Respondent also tests for alcohol consumption with a Soberlink breathalyzer three to four times per day. As of the date of the administrative hearing, Respondent had taken over 1,600 Soberlink tests, and all were negative.

47. Alex Schwipper, PhD, with Professional Monitoring, LLC, provided a declaration confirming Respondent's negative tests and attesting: "[Respondent] has been fully compliant with his testing. [Respondent] has been diligent, positive and a pleasure to work with. Through the course of a rigorous testing profile there are many challenges, and [Respondent] has made the effort to deal with all issues as they have come up. He appears committed to testing over the long-term." (Exhibit E, p. B13.)

48. In July 2021, Respondent also voluntarily underwent an evaluation by an addiction psychiatry specialist, Matthew Goldenberg, D.O. Dr. Goldenberg practices general and addiction psychiatry, and he is the lead psychiatrist for Professionals Treatment Program, Center for Professional Recovery. He is also a clinical instructor at the UCLA Department of Psychiatry, and an instructor for the UC Davis/UC Irvine Physician Health and Wellbeing (PHWB) Fellowship, training fellows who will evaluate and treat physicians with substance abuse issues.

49. Respondent reported his December 2021 criminal conviction to the medical staff offices at all five hospitals where he had privileges. When he met with the White Memorial Wellbeing Committee, they recommended that he submit to another addiction evaluation, and he agreed.

50. On March 30, 2022, Respondent underwent an evaluation by an addiction medicine specialist, Gregory Skipper M.D., to whom he was referred by White Memorial. Dr. Skipper is a Senior Advisor for the Center for Professional Recovery: Professionals Treatment Program and Comprehensive Diagnostic Evaluation Programs. He has been practicing addiction medicine for 30 years, and during that time, he has evaluated several thousand physicians.

51. Respondent also started working with a therapist through White Memorial's Employee Assistance Program (EAP), learning to manage stress through mindfulness and meditation. Respondent and his wife now participate in meditation classes together, and Respondent enjoys hiking, running, and cooking. He strives daily to maintain a work-life balance, and he looks to his physician partners for guidance "because they have done it for 30 years." (Respondent's testimony.)

52. On July 12, 2022, Respondent underwent follow-up examinations with Dr. Skipper and Dr. Goldenberg. They both issued reports (dated July 12, 2022, and July 22, 2022, respectively) setting forth their findings and conclusions. Those reports were admitted into evidence at the hearing, and Drs. Skipper and Goldenberg testified in general conformity with their reports.

53. Both Drs. Skipper and Goldenberg obtained Respondent's educational and training history, medical history, family and social history, mental health history, and substance use history. They both conducted cognitive testing and mental status

examinations, and they reviewed Respondent's criminal conviction documentation, his rehabilitation and monitoring documentation, and letters of support from his partners. Drs. Skipper and Goldenberg also interviewed Respondent's wife and his partner, Eli Capouya, M.D., F.A.C.S.

54. In his report and his testimony, Dr. Skipper found Respondent had no substance use disorder or other mental health diagnosis. He opined Respondent is fit to continue duty as a physician without limitation or further monitoring. Dr. Skipper noted:

> [Respondent] is doing well and is perfectly compliant in monitoring with random urine drug screens and multiple times daily Soberlinks. He is doing well at work and in his marriage. No mental health issues have recurred. . . . Based on the letters of support from his colleagues and interview with his senior partner, Dr. Capouya, he is a dedicated, skilled, and caring physician. . . . [Respondent] has certainly been proactive and responsible following the DUI. He appears highly motivated and has learned from this experience.
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> Studies have found that 70% of first time DUI offenders have a diagnosis of Alcohol Use Disorder. A report from the California Department of Motor Vehicle[s] states that although higher blood alcohol levels, up to 0.29gm%, were predictive of recidivism, most [second] DUIs occur within the following year. In a few months it will have been two years since [Respondent's] DUI. The fact that he stopped

> drinking successfully and has had no further difficulty is a very positive sign.

(Exhibit J, p. B124.)

55. In analyzing Respondent's fitness for duty, Dr. Skipper noted Respondent had a single DUI two years prior, and "there is no objective evidence that he has a past or current diagnosis of alcohol use disorder." (Exhibit J, p. B125.) Dr. Skipper noted Respondent's proactive rehabilitation efforts, including monitoring. Dr. Skipper pointed out that "diagnostic" monitoring is typically required for physicians following a DUI when there is no diagnosis of alcohol use disorder. He explained "diagnostic monitoring" means "that if the doctor can stay sober for a period of time this suggests there is no problem with alcohol use disorder." (Exhibit J, pp. B124-B125.) Dr. Skipper concluded, "no further monitoring is necessary at this time" (*Id.* at p. B125), and reasoned:

> In my opinion, within a reasonable degree of medical certainty, [Respondent] is at very low risk of further problems with alcohol, probably at lower risk than the average physician, because of this experience. He should be commended for taking this so seriously and taking action as he has. He is fit to continue duty as a physician without limitation.

(Exhibit J, p. B125.)

56. Dr. Goldenberg concurred with Dr. Skipper's findings and recommendations.

57. At the initial evaluation, Dr. Goldenberg found no evidence that Respondent had any symptoms consistent with a diagnosis of an alcohol use disorder. However, he noted "a period of abstinence with diagnostic monitoring was recommended to further rule out a substance use disorder." (Exhibit G, p. B82.)

58. Dr. Goldenberg noted that, in the year since the initial evaluation, Respondent was convicted of a DUI in December 2021, completed the nine-month DUI course and the MADD program, and attended weekly AA meetings and individual therapy. Respondent continues to maintain full sobriety as confirmed by SoberLink testing and random drug testing. Dr. Goldenberg reasoned:

> [Respondent]has fully taken responsibility for his DUI and has taken every possible step to show a high level of professionalism and personal responsibility. Having successfully completed a year of diagnostic monitoring, there is no clinical indication for him to continue random drug testing. Had he had missed or positive breathalyzer results and/or positive or missed random drug testing results, this would have been an indication of a possible substance use disorder. However, having successfully completed the 12 months of diagnostic monitoring, this supports the findings of the initial evaluation, that he does NOT have any objective signs or symptoms of addiction (substance abuse or dependence).

(Exhibit G, p. B82.)

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59. Dr. Goldenberg opined, "due to having nearly lost his career in medicine, essentially before it started, [Respondent] is likely below the level of risk of the general population for a future negative consequence from alcohol." (Exhibit G, p. B83.) Dr. Goldenberg concluded:

> [Respondent] continues to be fully fit to practice medicine. There is no clinical indication for him to be further monitored or treated. Additional monitoring or license restriction does not appear to be clinically indicated or appropriate for relapse prevention or protection of the public.

(Exhibit G, p. B83.)

Respondent's Character Evidence

60. Respondent has the support of his family, friends, and colleagues, including his current physician partners (Dr. Capouya; Ali Gheissari, M.D.; and Robert J. Gottner, M.D.), who submitted letters on Respondent's behalf. They collectively described him as an honest and responsible person and a compassionate and skilled physician.

61. Drs. Capouya and Ghessari also testified on Respondent's behalf, they confirmed his remorse for his DUI and his continuing sobriety. Dr. Capouya lauded Respondent's reliability, his outstanding surgical skills and clinical judgment, and his dedication to patients. Dr. Ghessari noted Respondent is a diligent and caring physician and a meticulous surgeon.

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Costs

62. Complainant submitted as evidence of the costs of prosecution of this matter declarations of Deputy Attorney Latrice R. Hemphill (DAG). The DAG's declarations indicate the Department of Justice (DOJ), Office of the Attorney General billed the Board: $11,927.50 in prosecution costs through September 12, 2022.

63. The total costs of prosecution incurred by the Board were $11,927.50. These costs are reasonable.

LEGAL CONCLUSIONS

1. The standard of proof which must be met to establish the charging allegations is "clear and convincing evidence." (*Ettinger v. Board of Medical Quality Assurance* (1982) 135 Cal.App.3d 853, 856.) This means the burden rests on Complainant to establish the charging allegations by proof that is clear, explicit and unequivocal -- so clear as to leave no substantial doubt and sufficiently strong to command the unhesitating assent of every reasonable mind. (*Katie V. v. Superior Court* (2005) 130 Cal.App.4th 586, 594.)

2. The Board has the authority to revoke or suspend a physician's license for engaging in unprofessional conduct. (Bus. & Prof. Code, §§ 2004, 2234.) Unprofessional conduct includes incurring a criminal conviction substantially related to the qualifications, functions, or duties of a physician (Bus. & Prof. Code, §§ 490 and 2236), and using alcoholic beverages in such a manner as to be dangerous to the licensee or to the public (Bus. & Prof. Code, § 2239.)

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3. California Code of Regulations, title 16, section 1360 provides, in pertinent part:

> [A] crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare.

4. Driving under the influence of alcohol, even if it is a single instance, is substantially related to the qualifications, functions, and duties of a physician in that it evidences a potential unfitness to practice medicine. In *Watson v. Superior Court* (2009) 176 Cal.App.4th 1407, the Court held:

> Convictions involving alcohol consumption reflect a lack of sound professional and personal judgment that is relevant to a physician's fitness and competence to practice medicine. Alcohol consumption quickly affects normal driving ability, and driving under the influence of alcohol threatens personal safety and places the safety of the public in jeopardy. It further shows a disregard of medical knowledge concerning the effects of alcohol on vision, reaction time, motor skills, judgment, coordination and memory, and the ability to judge speed, dimensions, and distance. [Citation.] [¶] Driving while under the influence of

> alcohol also shows an inability or unwillingness to obey the legal prohibition against drinking and driving and constitutes a serious breach of a duty owed to society.

(176 Cal.App.4th at p. 1420 [citing *Griffiths v. Sup. Ct.* (2002) 96 Cal.App.4th 757, 770-771].)

5. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code sections 2236, subdivision (a), and 490, and California Code of Regulations, title 16, section 1360, on the grounds that Respondent has been convicted of crimes substantially related to the qualifications, functions and duties of a licensed physician and surgeon, as set forth in Factual Finding 35.

6. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code section 2239, on the grounds that Respondent used alcoholic beverages in such a manner as to be dangerous to Respondent and to the public, as set forth in Factual Findings 26 through 31, and 35.

7. Cause exists to revoke or suspend Respondent's physician's and surgeon's certificate, pursuant to Business and Professions Code section 2234, subdivision (a), on the grounds that Respondent engaged in unprofessional conduct, as set forth in Factual Findings 26 through 31, and 35.

8. In determining the appropriate level of discipline to impose for Respondent's violations, factors set forth in statutes, regulations, and case law are considered.

9. Pursuant to California Code of Regulations, title 16, section 1360.1:

When considering the suspension or revocation of a license, certificate or permit on the ground that a person holding a license, certificate or permit under the Medical Practice Act has been convicted of a crime, the division, in evaluating the rehabilitation of such person and his or her eligibility for a license, certificate or permit shall consider the following criteria:

(a) The nature and severity of the act(s) or offense(s).

(b) The total criminal record.

(c) The time that has elapsed since commission of the act(s) or offense(s).

(d) Whether the licensee, certificate or permit holder has complied with any terms of parole, probation, restitution or any other sanctions lawfully imposed against such person.

(e) If applicable, evidence of expungement proceedings pursuant to Section 1203.4 of the Penal Code.

(f) Evidence, if any, of rehabilitation submitted by the licensee, certificate or permit holder.

10. "Administrative proceedings to revoke, suspend, or impose discipline on a professional license are noncriminal and nonpenal; they are not intended to punish

the licensee, but rather to protect the public." (*Griffiths, supra*, 96 Cal.App. 4th 757, 768 [citing *Hughes v. Board of Architectural Examiners* (1998) 17 Cal.4th 763, 785–786].)

11. Business and Professions Code section 2229 provides, in pertinent part:

> (a) Protection of the public shall be the highest priority for the Division of Medical Quality . . . and administrative law judges of the Medical Quality Hearing Panel in exercising their disciplinary authority.
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> (b) In exercising his or her disciplinary authority an administrative law judge of the Medical Quality Hearing Panel, [or] the division . . . shall, wherever possible, take action that is calculated to aid in the rehabilitation of the licensee . . .

12. Business and Professions Code section 2227, subdivision (a), provides:

> (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, . . . and who is found guilty, or who has entered into a stipulation for disciplinary action with the division, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the division.
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> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the division.

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

(4) Be publicly reprimanded by the division.

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

13. California Code of Regulations, title 16, section 1361 (Disciplinary Guidelines and Exceptions for Uniform Standards Related to Substance-Abusing Licensees), provides in pertinent part:

(a) In reaching a decision on a disciplinary action under the Administrative Procedure Act (Government Code section 11400 et seq.), the [Board] shall consider the disciplinary guidelines entitled "Manual of Model Disciplinary Orders and Disciplinary Guidelines" (12th Edition/2016) which are hereby incorporated by reference. Deviation from these orders and guidelines, including the standard terms of probation, is appropriate where the Board in its sole discretion determines by adoption of a proposed decision or stipulation that the facts of the particular case warrant such a deviation[.]

(b) Notwithstanding subsection (a), the Board shall use the Uniform Standards for Substance-Abusing Licensees as provided in section 1361.5, without deviation, for each individual determined to be a substance-abusing licensee[.]

14. California Code of Regulations, title 16, section 1361.5 (Uniform Standards for Substance-Abusing Licensees), provides in pertinent part:

> (a) If the licensee is to be disciplined for unprofessional conduct involving the use of illegal drugs, the abuse of drugs and/or alcohol, or the use of another prohibited substance as defined herein, the licensee shall be presumed to be a substance-abusing licensee for purposes of section 315 of the Code.

15. The language of California Code of Regulations, title 16, sections 1361 and 1361.5 requires that, if a licensee is disciplined for unprofessional conduct involving the abuse of alcohol, "the licensee shall be presumed to be a substance-abusing licensee," and the "probationary terms and conditions [from the Uniform Standards for Substance-Abusing Licensees] shall be used without deviation in the case of a substance-abusing licensee." In this case, the presumption that Respondent is a substance-abusing licensee has been rebutted. Testimony from Drs. Skipper and Goldenberg confirmed Respondent does not suffer from alcohol use disorder, and the totality of the evidence supported their conclusions.

16. In addressing the Board's paramount concern, protection of the public, the analysis must focus on the likelihood that Respondent will again use alcohol in a dangerous manner. The Board is not required to postpone imposition of discipline until a problem with alcohol begins to affect a physician's work. (*In re Kelley* (1990) 52 Cal.3d 487, 495.) A physician suffering from clouded judgment may cause harm or death, and even one instance of work-related alcohol use could pose a grave danger to patients. However, there must be a likelihood of recidivism which requires protection of the public.

17. The evidence established that Respondent does not have an alcohol use disorder and does not pose a future threat to patients or to the public in general. The credible testimony of Drs. Skipper and Goldenberg, corroborated by Respondent's comprehensive rehabilitation efforts (such as the monitoring with random drug and alcohol testing and the use of the Soberlink testing), established that there is virtually no likelihood of recidivism based on an underlying psychological disorder. Nevertheless, even absent an underlying disorder, the analysis must address the likelihood that Respondent will engage in any future lack of judgment similar to his decision to drive while intoxicated.

18. Respondent accepted full responsibility for his extreme lack of judgment, and he expressed deep remorse for his dangerous actions. Remorse for one's conduct and the acceptance of responsibility are the cornerstones of rehabilitation. (*In the Matter of Brown* (1993) 2 Cal. State Bar Ct. Rptr. 309, 317.) Fully acknowledging the wrongfulness of past actions is an essential step towards rehabilitation. (*Seide v. Committee of Bar Examiners* (1989) 49 Cal.3d 933, 940; *In the Matter of Brown, supra.*)

19. However, remorse alone does not demonstrate rehabilitation. A truer indication of rehabilitation is sustained conduct over an extended period of time. (*In re Menna* (1995) 11 Cal.4th 975, 991.) Although Respondent's December 2021 conviction was incurred less than a year ago, the underlying incident took place over two years ago. While Respondent has incurred no further DUIs, he remains on probation until 2024. Since people have a strong incentive to obey the law while under the supervision of the criminal justice system, little weight is generally placed on the fact that a respondent has engaged in good behavior while on probation or parole. (See, *In re Gossage* (2000) 23 Cal.4th 1080.) Nevertheless, the extent of Respondent's rehabilitation has surpassed mere adherence to criminal probationary conditions and

idly awaiting the passage of time. Recognizing the enormity of the impact of his alcohol-related driving conviction, Respondent immediately took proactive comprehensive rehabilitative steps to address any safety concerns and to prevent recurrence. He preemptively completed the nine-month DUI course, immediately completed the MADD program, attended weekly AA meetings and individual therapy, completed the ethics and professionalism course, underwent evaluations with Drs. Skipper and Goldenberg, and continues to maintain full sobriety as confirmed by SoberLink testing, random drug testing, and the testimony of his wife and colleagues. Respondent is a highly-skilled, dedicated, and reliable physician and surgeon, with no indicia of alcohol use at work. He has an excellent reputation among his peers. The totality of the evidence indicates a significantly reduced chance of recidivism.

20. As set forth in Business and Professions Code sections 2227 and 2229, there are several types of discipline which may be imposed to serve the goals of licensee rehabilitation and public protection. Given the totality of the evidence, imposition of discipline in the form of probation and probationary terms (which would include psychological evaluation, group therapy, and biological fluid testing) is not warranted to ensure public safety, nor is there any need to impose such discipline for rehabilitative purposes. Consequently, a public reprimand will best protect the public without imposing overly harsh and punitive discipline on Respondent.

21. Pursuant to Business and Professions Code section 125.3, Complainant is entitled to recover the reasonable costs of investigation and enforcement of this matter. Complainant has incurred reasonable costs in the amount of $11,927.50 as set forth in Factual Findings 62 and 63. Under *Zuckerman v. State Board of Chiropractic Examiners* (2002) 29 Cal.4th 32, 45, the Board must exercise its discretion to reduce or eliminate cost awards in a manner which will ensure that the cost award statutes do

not deter licensees with potentially meritorious claims or defenses from exercising their right to a hearing. "Thus, the Board may not assess the full costs of investigation and prosecution when to do so will unfairly penalize a [licensee] who has committed some misconduct, but who has used the hearing process to obtain dismissal of other charges or a reduction in the severity of the discipline imposed." (*Ibid.*) The Board, in imposing costs in such situations, must consider the licensee's subjective good faith belief in the merits of his or her position and whether or not the licensee has raised a colorable defense. The Board must also consider the licensee's ability to make payment. Considering all of the *Zuckerman* factors, there is a basis for reducing the award of Complainant's reasonable costs by half since Respondent used the hearing process to obtain a reduction in the severity of the discipline imposed. Consequently, Respondent shall be required to pay the costs of enforcement of this matter in the amount of $5,963.75.

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ORDER

1. Respondent is hereby reprimanded under Business and Professions Code section 2227, subdivision (a)(4).

2. Within six months of the effective date of this decision, Respondent shall pay to the Board its costs associated with enforcement of this matter in the amount of $5,963.75. Failure to pay the costs within six months of the effective date of this decision shall constitute disobedience of a Board order and grounds for discipline against Respondent's Physician and Surgeon's Certificate.

DATE: 09/29/2022

Julie Cabos-Owen

JULIE CABOS-OWEN
Administrative Law Judge
Office of Administrative Hearings

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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: **VAHRAM ORNEKIAN, M.D.** **310 N. Crescent Dr., Apt. 102** **Beverly Hills, CA 90210-4803** **Physician's and Surgeon's Certificate No. A 169106,** Respondent.	Case No. 800-2020-070511 **A C C U S A T I O N**

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 June 22, 2020, the Board issued Physician's and Surgeon's Certificate Number A 169106 to Vahram Ornekian, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2022, 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:

(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.

5. 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.

(b) Gross negligence.

(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.

(d) Incompetence.

(e) The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

6. Section 2236 of the Code states:

(a) The conviction of any offense substantially related to the qualifications, functions, or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive evidence only of the fact that the conviction occurred.

(b) The district attorney, city attorney, or other prosecuting agency shall notify the Division of Medical Quality of the pendency of an action against a licensee charging a felony or misdemeanor immediately upon obtaining information that the defendant is a licensee. The notice shall identify the licensee and describe the crimes charged and the facts alleged. The prosecuting agency shall also notify the clerk of the court in which the action is pending that the defendant is a licensee, and the clerk shall record prominently in the file that the defendant holds a license as a physician and surgeon.

(c) The clerk of the court in which a licensee is convicted of a crime shall, within 48 hours after the conviction, transmit a certified copy of the record of conviction to the board. The division may inquire into the circumstances surrounding the commission of a crime in order to fix the degree of discipline or to determine if the conviction is of an offense substantially related to the qualifications, functions, or duties of a physician and surgeon.

(d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is deemed to be a conviction within the meaning of this section and Section 2236.1. The record of conviction shall be conclusive evidence of the fact that the conviction occurred.

7. Section 2239 of the Code states:

(a) The use or prescribing for or administering to himself or herself, of any controlled substance; or the use of any of the dangerous drugs specified in Section 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous or injurious to the licensee, or to any other person or to the public, or to the extent that such use impairs the ability of the licensee to practice medicine safely or more than

one misdemeanor or any felony involving the use, consumption, or self-administration of any of the substances referred to in this section, or any combination thereof, constitutes unprofessional conduct. The record of the conviction is conclusive evidence of such unprofessional conduct.

(b) A plea or verdict of guilty or a conviction following a plea of nolo contendere is deemed to be a conviction within the meaning of this section. The Division of Medical Quality may order discipline of the licensee in accordance with Section 2227 or the Division of Licensing may order the denial of the license when the time for appeal has elapsed or the judgment of conviction has been affirmed on appeal or when an order granting probation is made suspending imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code allowing such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or setting aside the verdict of guilty, or dismissing the accusation, complaint, information, or indictment.

8. Section 490 of the Code states:

(a) In addition to any other action that a board is permitted to take against a licensee, a board may suspend or revoke a license on the ground that the licensee has been convicted of a crime, if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the license was issued.

(b) Notwithstanding any other provision of law, a board may exercise any authority to discipline a licensee for conviction of a crime that is independent of the authority granted under subdivision (a) only if the crime is substantially related to the qualifications, functions, or duties of the business or profession for which the licensee's license was issued.

(c) A conviction within the meaning of this section means a plea or verdict of guilty or a conviction following a plea of nolo contendere. Any action that a board is permitted to take following the establishment of a conviction may be taken when the time for appeal has elapsed, or the judgment of conviction has been affirmed on appeal, or when an order granting probation is made suspending the imposition of sentence, irrespective of a subsequent order under the provisions of Section 1203.4 of the Penal Code.

(d) The Legislature hereby finds and declares that the application of this section has been made unclear by the holding in *Petropoulos* v. *Department of Real Estate* (2006) 142 Cal.App.4th 554, and that the holding in that case has placed a significant number of statutes and regulations in question, resulting in potential harm to the consumers of California from licensees who have been convicted of crimes. Therefore, the Legislature finds and declares that this section establishes an independent basis for a board to impose discipline upon a licensee, and that the amendments to this section made by Chapter 33 of the Statutes of 2008 do not constitute a change to, but rather are declaratory of, existing law.

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9. Section 493 of the Code states:

(a) Notwithstanding any other law, in a proceeding conducted by a board within the department pursuant to law to deny an application for a license or to suspend or revoke a license or otherwise take disciplinary action against a person who holds a license, upon the ground that the applicant or the licensee has been convicted of a crime substantially related to the qualifications, functions, and duties of the licensee in question, the record of conviction of the crime shall be conclusive evidence of the fact that the conviction occurred, but only of that fact.

(b) (1) Criteria for determining whether a crime is substantially related to the qualifications, functions, or duties of the business or profession the board regulates shall include all of the following:

(A) The nature and gravity of the offense.

(B) The number of years elapsed since the date of the offense.

(C) The nature and duties of the profession.

(2) A board shall not categorically bar an applicant based solely on the type of conviction without considering evidence of rehabilitation.

(c) As used in this section, "license" includes "certificate," "permit," "authority," and "registration."

(d) This section does not in any way modify or otherwise affect the existing authority of the following entities in regard to licensure:

(1) The State Athletic Commission.

(2) The Bureau for Private Postsecondary Education.

(3) The California Horse Racing Board.

(e) This section shall become operative on July 1, 2020.

COST RECOVERY

10. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of

investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for 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.

(g) (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 hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL ALLEGATIONS

11. On or about August 27, 2020, California Highway Patrol (CHP) officers observed Respondent's vehicle traveling at a high rate of speed and weaving through traffic lanes. The officers initiated a traffic stop. Respondent exited his vehicle and looked back at the officer's patrol vehicle. Respondent appeared disoriented and had an unsteady balance. Upon making contact with Respondent, officers noticed that Respondent had trouble following their directions and difficulty focusing on their faces.

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12. Officers began to interview Respondent and, while doing so, detected the odor of alcohol emitting from his breath and person. Officers also detected a slur in Respondent's speech. Respondent stated that he had not consumed any alcohol or taken any drugs or medication in 24 hours. Respondent indicated that he was sober and refused to answer the officer's pre-field sobriety test questions. Respondent also refused to perform any field sobriety tests and requested that his wife and lawyer be called to the scene of the traffic stop.

13. Respondent was placed under arrest and taken to the CHP West Los Angeles office. Officers asked Respondent to submit to a chemical breath test and he did not respond. Officers asked Respondent to submit to a blood test and he indicated that he wanted to speak with his counsel. A non-consensual blood draw warrant was obtained and Respondent was transported to the hospital. Respondent grew irate and continually pulled away from the nurse trying to draw his blood. Officers had to hold Respondent's arms and legs to assist in the blood draw. Subsequently, Respondent was transported to jail for booking.

14. Respondent's blood draw showed a blood alcohol concentration of .185% and .182%.

15. On or about November 6, 2020, in the case of *The People of the State of California vs. Vahram Ornekian,* Superior Court of California from the County of Los Angeles, case number OMN04531, Respondent was charged with driving under the influence of alcohol, in violation of Vehicle Code section 23152, subdivision (a), a misdemeanor. Respondent was also charged with driving under the influence while having a .08% or higher blood alcohol content, in violation of Vehicle Code section 23152, subdivision (b), a misdemeanor. Lastly, Respondent was charged with driving without a valid driver's license, in violation of Vehicle Code section 12500, subdivision (a).

16. On or about December 6, 2021, Respondent pled nolo contendre to driving under the influence while having a .08% or higher blood alcohol content, in violation of Vehicle Code section 23152, subdivision (b). The other counts were dropped as a result of the plea agreement.

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17. Respondent was sentenced on December 6, 2021, to three years' summary probation and ordered to complete a nine-month first offender alcohol program. Respondent was also ordered to serve three days in county jail, with the option to complete assessments in the alternative, and pay fines.

FIRST CAUSE FOR DISCIPLINE

(Conviction of a Crime)

18. Respondent is subject to disciplinary action under section 2236, subdivision (a), and sections 490 and 493 of the Code, in that he was convicted of a crime substantially related to the qualifications, functions, or duties of a physician and surgeon, as more particularly alleged in paragraphs 11 through 17, above, which are hereby incorporated by reference as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Use of Alcohol in a Dangerous Manner)

19. Respondent is subject to disciplinary action under section 2239 of the Code, insofar as Respondent used alcoholic beverages to the extent, or in such a manner, as to be dangerous or injurious to himself and to the public, as more particularly alleged in paragraphs 11 through 17, above, which are incorporated herein by reference as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

20. Respondent is subject to disciplinary action under section 2234 of the Code, in that he engaged in unprofessional conduct. The circumstances are as follows:

21. The allegations in the First and Second Causes for Discipline, in paragraphs 18 forth through 19, above, are incorporated herein by reference as if fully set forth.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 169106, issued to Respondent Vahram Ornekian, M.D.;

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

3. Ordering Respondent Vahram Ornekian, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: FEB 15 2022

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

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