

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

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

LISA N. NELMS, D.P.M.

**Doctor of Podiatric Medicine
License No. E-4325**

Respondent.

Case No: 500-2020-000972

DECISION AND ORDER

The attached Stipulated Surrender of License and Order is hereby 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 May 18, 2023.

DATED May 11, 2023.

PODIATRIC MEDICAL BOARD



**Brian Naslund
Executive Officer**

1 ROB BONTA
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 TRINA L. SAUNDERS
Deputy Attorney General
4 State Bar No. 207764
California Department of Justice
5 300 So. Spring Street, Suite 1702
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6 Telephone: (213) 269-6516
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7 *Attorneys for Complainant*

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. 500-2020-000972

13 LISA N. NELMS, D.P.M.

14 1031 Miramonte Drive, Unit 6
Santa Barbara, CA 93109

15 Podiatrist License No. D.P.M. 4325,

16 Respondent.
17

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

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

21 **PARTIES**

22 1. Brian Naslund (Complainant) is the Executive Officer of the Podiatric Medical Board
23 (Board). He brought this action solely in his official capacity and is represented in this matter by
24 Rob Bonta, Attorney General of the State of California, by Trina L. Saunders, Deputy Attorney
25 General.

26 2. Lisa N. Nelms, D.P.M. (Respondent) is representing herself in this proceeding and
27 has chosen not to exercise her right to be represented by counsel.
28

1 3. On or about March 8, 2001, the Board issued Podiatrist License No. DPM 4325 to
2 Respondent. That license was in full force and effect at all times relevant to the charges brought
3 in Accusation No. 500-2020-000972 and will expire on August 31, 2024, unless renewed.

4 **JURISDICTION**

5 4. Accusation No. 500-2020-000972 was filed before the Board, and is currently
6 pending against Respondent. The Accusation and all other statutorily required documents were
7 properly served on Respondent on January 12, 2023. Respondent timely filed her Notice of
8 Defense contesting the Accusation. A copy of Accusation No. 500-2020-000972 is attached as
9 Exhibit A and is incorporated by reference.

10 **ADVISEMENT AND WAIVERS**

11 5. Respondent has carefully read, and understands the charges and allegations in
12 Accusation No. 500-2020-000972. Respondent also has carefully read, and understands the
13 effects of this Stipulated Surrender of License and Order.

14 6. Respondent is fully aware of her legal rights in this matter, including the right to a
15 hearing on the charges and allegations in the Accusation; the right to be represented by counsel, at
16 her own expense; the right to confront and cross-examine the witnesses against her; the right to
17 present evidence and to testify on her own behalf; the right to the issuance of subpoenas to
18 compel the attendance of witnesses and the production of documents; the right to reconsideration
19 and court review of an adverse decision; and all other rights accorded by the California
20 Administrative Procedure Act and other applicable laws.

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

23 **CULPABILITY**

24 8. Respondent understands that the charges and allegations in Accusation No. 500-2020-
25 000972, if proven at a hearing, constitute cause for imposing discipline upon her Podiatrist
26 License.

27 9. For the purpose of resolving the Accusation without the expense and uncertainty of
28 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual

1 basis for the charges in the Accusation and that those charges constitute cause for discipline.
2 Respondent hereby gives up her right to contest that cause for discipline exists based on those
3 charges.

4 10. Respondent understands that by signing this stipulation she enables the Board to issue
5 an order accepting the surrender of her Podiatrist License without further process.

6 CONTINGENCY

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

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

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

21 ORDER

22 **IT IS HEREBY ORDERED THAT** Podiatrist License No. DPM 4325, issued to
23 Respondent Lisa N. Nelms, D.P.M., is surrendered and accepted by the Board.

24 1. The surrender of Respondent's Podiatrist License and the acceptance of the
25 surrendered license by the Board shall constitute the imposition of discipline against Respondent.
26 This stipulation constitutes a record of the discipline and shall become a part of Respondent's
27 license history with the Board.
28

2. Respondent shall lose all rights and privileges as a doctor of podiatric medicine in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 500-2020-000972 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.


5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of \$15,298 prior to issuance of a new or reinstated license.

6. 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 agency in the State of California, all of the charges and allegations contained in Accusation, No. 500-2020-000972 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 licensure.

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Podiatrist License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Podiatric Medical Board.

DATED: 3.28.23



LISA N. NELMS, D.P.M.
Respondent

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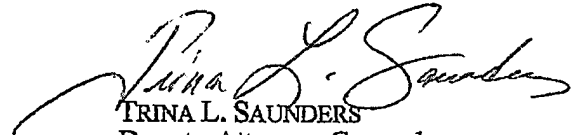
ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Podiatric Medical Board of the Department of Consumer Affairs.

DATED: April 11, 2023

Respectfully submitted,

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General


TRINA L. SAUNDERS
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 500-2020-000972

1 ROB BONTA
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2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 TRINA L. SAUNDERS
Deputy Attorney General
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Facsimile: (916) 731-2117
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 500-2020-000972

13 **LISA N. NELMS, DPM**
14 **1031 Miramonte Drive, Unit 6**
Santa Barbara, CA 93109

A C C U S A T I O N

15 Doctor of Podiatrist Medicine License
16 No. 4325,

17 Respondent.
18
19

20 **PARTIES**

21 1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as
22 the Executive Officer of the California Podiatric Medical Board (Board).

23 2. On March 8, 2001, the Board issued Podiatrist License Number DPM 4325 to Lisa N.
24 Nelms, DPM (Respondent). That license was in full force and effect at all times relevant to the
25 charges brought herein and will expire on August 31, 2024, unless renewed.

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8. Section 2266 of the Code provides that failure to maintain adequate and accurate medical records pertaining to patient care provided by the licensee constitutes unprofessional conduct.

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence: Failure to Document Prescriptions for Controlled Substances)

10. Respondent is subject to disciplinary action under section 2234(b), of the Code, in that she was grossly negligent in his care and treatment of Patient A.¹ The circumstances are as follows:

¹ The subject patient is referred to herein as Patient A to preserve patient confidentiality.

1 11. Patient A, an 82- year-old male, saw Respondent on January 12, 2016. Patient A had
2 a right lower leg ulcer which was debrided and dressing was applied.²

3 12. On January 19, 2016, Unna boot dressings were applied to treat Patient A's edema.

4 13. On January 26, 2016, Patient A's ulcers had resolved and Patient A was thereafter to
5 be seen on an as-needed basis.

6 14. Records in Patient A's chart from a second provider address lymphedema therapy.
7 The report indicates that on the pain scale Patient A was experiencing pain of 2 to 3,
8 approximately two times per month, which was aggravated by prolonged sitting. In addition,
9 Patient A was treated with manual lymph drainage and compression was applied.

10 15. A February 12, 2016, report related to Patient A's lymphedema treatment notes a
11 prescription for treatment. It indicates that the provider has been unable to reach Patient A.

12 16. A February 22, 2016, report related to Patient A's lymphedema treatment
13 recommends continued treatment.

14 17. A March 13, 2016, report related to Patient A's lymphedema treatment indicates that
15 Patient A was being discharged from care. The March 14, 2016 discharge summary indicates that
16 Patient A is to continue with compression pneumatic compression pumps and garments. The note
17 states that Patient A does not want to follow through with the equipment ordered and wants to
18 discontinue the treatment as the daily routine during visits is too difficult for him.

19 18. The record includes an October 20, 2016, note from Sansum Clinic. Patient A was
20 given prescriptions for clindamycin and Toradol

21 19. On March 1, 2016, Respondent evaluated the pain and swelling in Patient A legs.
22 Patient A was, "unable to where compression stockings due to difficulty putting them on."
23 Treating with continuous compression was suggested.

24 20. On March 4, 2016, an Unna boot was applied.

25 21. On March 11, 2016, it was reported that, "there is pain of palpation the area of chief
26 complaint and dressings were applied."

27
28 ² The facts outline the treatment Patient A received, as documented by Respondent in
Patient A's medical records, unless otherwise indicated.

1 22. On March 25, 2016, the Unna boot was removed and Patient A was to continue with
2 dry dressings.

3 23. On April 6, 2016, an "Unna boot was applied."

4 24. Respondent's chart note of April 13, 2016, indicates that Patient A is again being
5 treated with wet to dry dressings. Instructions were given to continue with daily dressing changes.
6 There is no pain noted on palpation of the area of chief complaint

7 25. Respondent's records include a home visit chart note dated November 15 2016,
8 which states that healing sandals were dropped off.

9 26. On April 28, 2016, Respondent cleansed the area of venous stasis dermatitis and
10 dressed up pre-ulcerative lesions with compression wraps.

11 27. On June 3, 2016, Respondent documented that Patient A had chronic venous
12 insufficiency and was unable to manage compression stockings.

13 28. On September 20, 2016, Patient A complained of a painful area on the left heel
14 occurring once per week. There is a skin lesion noted which was debrided, cream dispensed and a
15 heel cup.

16 29. On October 5, 2016, Patient A reported "increasing pain from the plan or ulceration
17 the wound was debrided and an Unna boot applied."

18 30. On October 28, 2016, Patient A had an ischemic ulceration on his left heel. The lesion
19 was debrided and dressing was applied as well as off-loading.

20 31. On November 1, 2016, Patient A was noted to have a continued ulceration and
21 edema. The wound was debrided and Unna boot dressing was applied.

22 32. On November 7, 2016, Patient A's wound was debrided and a compression wrap was
23 applied.

24 33. On November 21, 2016, Patient A's wound was debrided and he was given orders to
25 continue with daily dressing changes.

26 34. Patient A seen three additional times in 2016. On each visit local wound care was
27 rendered.

28

1 35. On January 6, 2017, Patient A was seen at home. An antibiotic and Norco 7.5, was
2 prescribed.

3 36. On January 13, 2017, a home visit was documented, wherein compression stockings
4 were applied.

5 37. On January 30, 2017, Patient A reported increasing pain. His wound was debrided
6 and he was referred to "GVW," if there was no improvement.

7 38. On February 1, 2017, at his office visit, Patient A was told to continue with local
8 dressings. He was referred to Cottage Health Systems. Doppler ultrasound was performed
9 indicating moderate arterial insufficiency on the left with an ABI .66. Some of the values were
10 unmeasurable and inconclusive due to calcified vessels.

11 39. On February 16, 2017, Respondent indicated that she believed there was an ischemia
12 component to the wound.

13 40. The record includes a chart note from a wound care provider, indicating that Patient
14 A believed the wound was healed. Patient A's heel was healed, but there was remaining concern
15 regarding his circulation.

16 41. On May 3, 2017, Patient A reported chronic painful heel ulceration. Superficial ulcers
17 were noted.

18 42. On March 21, 2017, Respondent reported a home visit and indicated that Patient A
19 was using a regular shoe and admitted to minimal elevation and had pain with ambulation.

20 43. On March 28, 2017, Respondent reported a home visit and noted that Patient A was
21 not changing his dressing regularly and a wet to dry dressing was applied.

22 44. On March 31, 2017, Respondent reported a home visit and noted that Patient A was
23 to continue with a wet to dry dressing.

24 45. On April 5, 2017, Respondent reported a home visit. Patient A reported that he could
25 not bear weight on his left heel due to pain. Patient A was to continue with local care.

26 46. During Respondent's home visit on April 26, 2017, local care was rendered and
27 Patient A was encouraged to continue elevation and to have limited ambulation.

28 47. During a May 3 2017, home visit local dressings were changed.

1 48. On May 10, 2017, Respondent noted that Patient A had increasing pain in his heel.
2 Patient A's wounds were rewrapped and he was prescribed 60 tablets of Norco.

3 49. On May 17, 2017, Respondent noted a home visit. Patient A had mild tenderness to
4 palpation. Local care was continued.

5 50. On May 30, 2017, Respondent noted a home visit. Local compression was applied.

6 51. On June 14, 2017, Respondent noted a home visit. Superficial ulcers were noted and
7 Patient A was to continue with local dressing changes.

8 52. On June 26, 2017, Respondent noted a home visit. Patient A was to continue with
9 local care and compression.

10 53. On July 12, 2017, Respondent noted a home visit. Local redress was applied.

11 54. On August 18, 2017, Respondent noted a home visit. Sharp debridement was
12 performed and local tissue dressing was applied.

13 55. On September 1, 2017, Respondent noted a home visit. Patient A was advised to
14 continue with local dressings and compression.

15 56. On September 26, 2017, Respondent noted a home visit. Local dressing was applied,
16 sharp debridement performed, and prescriptions for pain medication and a second medication
17 were noted in Patient A's chart.

18 57. On April 13, 2018, Patient A indicated local wound care and applied an Unna boot.

19 58. On May 1, 2018, local wound care and an Unna boot were applied.

20 59. On May 22, 2018, Respondent noted a home visit. Local wound care was applied and
21 home care was being arranged.

22 60. On June 15, 2018, Respondent noted a home visit. Local wound care was applied and
23 Patient A was to continue with the home health treatment.

24 61. On June 22, 2018, an Unna boot was applied.

25 62. On June 29, 2018, the Unna boot was removed.

26 63. On July 11, 2018, local care was again applied and Patient A was told to continue
27 with wet to dry dressings and compression.

28 64. On August 7, 2018, Respondent dropped off sandals to Patient A.

1 65. On September 7, 2018, Respondent noted that Patient A was doing well with the new
2 sandals, although he never removes them. Patient A admitted to not elevating his feet. Local
3 care and compression dressings were applied.

4 66. On September 26, 2018, Respondent provided local wound care and compression was
5 applied.

6 67. On November 2, 2018, Respondent applied a pro-four dressing.

7 68. On November 26, 2018, Patient A was wearing closed toe shoes. Respondent applied
8 local wound care and applied compression dressing.

9 69. On December 7, 2018, Patient A admitted to not elevating his feet. His wounds were
10 dressed and compression was applied.

11 70. On December 21, 2018, Patient A refused additional home health and wound center
12 evaluation. Respondent provided local care and compression was applied.

13 71. On January 4, 2019, Respondent provided local care and compression was applied.

14 72. On February 1, 2019, Respondent provided local care and compression dressings
15 were applied.

16 73. On April 12, 2019, Respondent provided local care as well as prescriptions for pain
17 medication, and Keflex.

18 74. On April 23, 2019, Respondent indicated that home health had resumed visits.
19 Patient A was noted to be wearing street clothes rather than sandals.

20 75. On May 13, 2019, Respondent debrided Patient A's wound and an Unna boot was
21 applied. Patient A was to continue with elevation and wearing his sandals.

22 76. On May 17, 2019 and May 21, 2019, local care was provided to Patient A and an
23 Unna boot was applied.

24 77. On May 31, 2019, local care was provided and new sandals were dispensed to Patient
25 A.

26 78. On June 4, 2019, local care and dressings were applied.

27 79. On July 16, 2019, Patient A complained of dampness. Patient A continued to refuse
28 home health and clinic.

1 80. On August 16, 2019, Respondent noted that Patient A was not getting regular
2 dressing changes. Respondent applied local care and compression

3 81. On September 16, 2019, Respondent noted that Patient A had a private home health
4 nurse. Respondent applied local dressings and applied compression.

5 82. On October 16, 2019, Respondent charted that compression and dressings were
6 applied.

7 83. On October 26, 2019, Respondent applied local wound care and prescribed Keflex
8 and pain medications. Respondent noted that Patient A requested 90 Norco tablets rather than 60,
9 due to increased pain.

10 84. On December 19, 2019, Respondent indicated that Patient A was doing better after
11 his discharge from the hospital. Patient A was noted to have an individual that comes by his
12 home three times per week to help him. Respondent noted having further discussions with
13 Patient A, who was requesting pain pills. She noted that someone must be taking them especially
14 since Patient A was in the hospital.

15 85. During the Board's investigation into Respondent's care and treatment of Patient A, a
16 CURES report detailing the dates of April 5, 2016 through May 28, 2020, was run. The CURES
17 report details that hydrocodone 7.5mg was repeatedly prescribed to Patient A, by Respondent.
18 Prescriptions for 60 tablets were noted to be a 10-day supply and those for 90 tablets were listed
19 as 15-day supplies.

20 86. Per the CURES report, in 2017, Respondent prescribed hydrocodone 7.5 mg which
21 was dispensed as follows: On November 18th - 60 tablets; and December 22nd - 60 tablets.

22 87. Per the CURES report, in 2018, Respondent prescribed hydrocodone 7.5 mg which
23 was dispensed as follows: January 14th - 60 tablets; February 8th - 60 tablets; February 24th - 60
24 tablets; March 31st - 60 tablets; May 1st - 60 tablets; May 29th - 60 tablets; June 29th - 60 tablets;
25 July 25th - 60 tablets; August 24th - 60 tablets; September 21st - 60 tablets; October 5th - 60
26 tablets; November 6th - 60 tablets; November 6th - 60 tablets; and December 6th - 60 tablets.

27 88. Per the CURES report, in 2019, Respondent prescribed hydrocodone 7.5 mg which
28 was dispensed as follows: January 3rd - 60 tablets; January 17th - 60 tablets; February 28th - 60

1 tablets; March 3rd – 60 tablets; April 19th – 60 tablets; May 13th – 90 tablets; June 7th – 90 tablets;
2 June 21st – 30 tablets; June 26th – 30 tablets; July 1st – 30 tablets; July 5th – 10 tablets; July 10th –
3 90 tablets; August 8th – 90 tablets; September 17th – 90 tablets; and October 26th – 90 tablets.

4 89. Respondent committed gross negligence by failing to document her prescribing of
5 controlled substances to Patient A.

6 **SECOND CAUSE FOR DISCIPLINE**

7 **(Gross Negligence: Failure to Properly Manage a Patient)**

8 90. Respondent is subject to disciplinary action under Code section 2234 (b) of the Code,
9 in that she failed to appropriately manage Patient A's care. The circumstances are as follows:

10 91. Paragraphs 11 through 88, inclusive, above are incorporated herein by reference as if
11 fully set forth.

12 92. Respondent consistently treated Patient A with 7.5mg Norco for pain, and did not
13 reduce his dosage or try alternatives to treat his pain. Instead, Respondent treated Patient A with
14 this narcotic medication on a long-term basis and failed to coordinate such care with other
15 providers to avoid overprescribing and to ensure the rendering of appropriate treatment.

16 **THIRD CAUSE FOR DISCIPLINE**

17 **(Failure to Maintain Adequate Records)**

18 93. Respondent is subject to disciplinary action under Business and Professions Code
19 section 2266 in that she failed to maintain adequate and accurate records in her care and treatment
20 of Patient A. The circumstances are as follows:

21 94. Paragraphs 11 through 88, inclusive, above are incorporated herein by reference as if
22 fully set forth.

23 95. Respondent failed to maintain complete and adequate records, in that she did not
24 document medications she prescribed to Patient A, between 2016, to 2019.

25 **PRAYER**

26 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
27 and that following the hearing, the Podiatric Medical Board issue a decision:
28

- 1 1. Revoking or suspending Podiatrist License Number DPM 4325, issued to Lisa N.
2 Nelms, DPM;
3 2. Ordering her to pay the Podiatric Medical Board the reasonable costs of the
4 investigation and enforcement of this case, pursuant to Business and Professions Code section
5 2497.5; and,
6 3. Taking such other and further action as deemed necessary and proper.

7
8 DATED: JAN 12 2023



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

Complainant

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