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

In the Matter of the First Amended Petition to Revoke Probation and Accusation Against:

Leon Jason Klapman, D.P.M.

Doctor of Podiatric Medicine License No. E-4433

Respondent.

Case No. 500-2022-001283

DECISION

The attached Stipulated Surrender of License and Order is hereby accepted and adopted as the Decision and Order of the Podiatric Medical Board, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on June 6, 2023.

IT IS SO ORDERED <u>May 30, 2023</u>.

PODIATRIC MEDICAL BOARD OF CALIFORNIA

Carolyn McAloon, D.P.M., President

1	ROB BONTA	
2	Attorney General of California EDWARD KIM	
3	Supervising Deputy Attorney General CHRISTINA SEIN GOOT	
4	Deputy Attorney General State Bar No. 229094	
5	California Department of Justice 300 So. Spring Street, Suite 1702	
6	Los Angeles, CA 90013 Telephone: (213) 269-6481	
7	Facsimile: (916) 731-2117 Attorneys for Complainant	
8		E WILL
	BEFOR PODIATRIC ME	
9	DEPARTMENT OF CO STATE OF C	
10	STATE OF C	ALIFORNIA
11	In the Matter of the First Amended Petition to	Case No. 500-2022-001283
12	Revoke Probation and Accusation Against:	OAH No. 2022080848
13	LEON J. KLAPMAN, D.P.M. 10832 Key West Avenue	STIPULATED SURRENDER OF
14	Northridge, CA 91362	LICENSE AND ORDER
15	Doctor of Podiatric Medicine License No. E-4433,	
16	Respondent.	
17		
18		
19	IT IS HEREBY STIPULATED AND AGR	EED by and between the parties to the above-
20	entitled proceedings that the following matters are	e true:
21	PAR	<u> </u>
22	1. Brian Naslund (Complainant) is the E	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 Calif	fornia, by Christina Sein Goot, Deputy Attorney
25	General.	
26	2. Leon J. Klapman, D.P.M. (Responder	nt) is represented in this proceeding by attorney
27	C. Keith Greer, Greer & Associates, 16855 West	Bernardo Drive, Suite 255, San Diego,
28	California 92127.	
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3. On July 3, 2002, the Board issued Doctor of Podiatric Medicine License No. E-4433 to Respondent. That license was in full force and effect at all times relevant to the charges brought in First Amended Petition to Revoke Probation and Accusation No. 500-2022-001283 and expired on December 31, 2021. Respondent's license is in delinquent status.

JURISDICTION

4. A First Amended Petition to Revoke Probation and Accusation in Case No. 500-2022-001283 was filed before the Board and is currently pending against Respondent. The First Amended Petition to Revoke Probation and Accusation and all other statutorily required documents were properly served on Respondent on November 2, 2022. All charges contained in the First Amended Petition to Revoke Probation and Accusation were deemed controverted. A copy of First Amended Petition to Revoke Probation and Accusation No. 500-2022-001283 is attached as Exhibit A and is incorporated by reference.

ADVISEMENT AND WAIVERS

- 5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Petition to Revoke Probation and Accusation No. 500-2022-001283. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.
- 6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Petition to Revoke Probation and Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 7. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

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CULPABILITY

- 8. Respondent admits the truth of each and every charge and allegation in First Amended Petition to Revoke Probation and Accusation No. 500-2022-001283, agrees that cause exists for discipline, and hereby surrenders his Doctor of Podiatric Medicine License No. E-4433 for the Board's formal acceptance.
- 9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Doctor of Podiatric Medicine License without further process.

CONTINGENCY

- 10. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Surrender and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 11. This Stipulated Surrender and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above-entitled matter.
- 12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- 13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED THAT Doctor of Podiatric Medicine License No. E-4433, issued to Respondent Leon J. Klapman, D.P.M., is surrendered and accepted by the Board.

- 1. The surrender of Respondent's Doctor of Podiatric Medicine License and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.
- 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 his pocket license and, if one was issued, his 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 First Amended Petition to Revoke Probation and Accusation No. 500-2022-001283 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 \$13,640.00 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 First Amended Petition to Revoke Probation and Accusation, No. 500-2022-001283 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.

[Signatures on following page]

ACCEPTANCE 1 I have carefully read the above Stipulated Surrender of License and Order and have fully 2 3 discussed it with my attorney, C. Keith Greer. I understand the stipulation and the effect it will have on my Doctor of Podiatric Medicine License. I enter into this Stipulated Surrender of 4 5 License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Podiatric Medical Board. 6 7 DocuSigned by: 4/7/2023 DATED: 8 FD383A1C908B426. LEON J. KLAPMAN, D.P.M. 9 Respondent 10 I have read and fully discussed with Respondent Leon J. Klapman, D.P.M. the terms and 11 conditions and other matters contained in this Stipulated Surrender of License and Order. I DocuSigned by: 12 approve its form and content. . Keith Green 4/7/2023 13 DATED: 0F755D92A5F2415... C. KEITH GREER 14 Attorney for Respondent 15 **ENDORSEMENT** 16 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted 17 for consideration by the Podiatric Medical Board of the Department of Consumer Affairs. 18 Respectfully submitted, DATED: 19 ROB BONTA 20 Attorney General of California EDWARD KIM 21 Supervising Deputy Attorney General 22 Edward Digitally signed by Edward Kim 23 CHRISTINA SEIN GOOT 24 Deputy Attorney General Attorneys for Complainant 25 26 27 LA2021605031 65855074.docx 28

Exhibit A

First Amended Petition to Revoke Probation and Accusation No. 500-2022-001283

1	ROB BONTA	
2	Attorney General of California EDWARD KIM	
3	Supervising Deputy Attorney General CHRISTINA SEIN GOOT	
4	Deputy Attorney General State Bar No. 229094	
5	Department of Justice 300 So. Spring Street, Suite 1702	
6	Los Angeles, CA 90013 Telephone: (213) 269-6481	
7	Facsimile: (916) 731-2117 Attorneys for Complainant	
8		
9	BEFOR PODIATRIC ME	
	DEPARTMENT OF C	
10	STATE OF C	ALIFORNIA
11	In the Matter of the First Amended Petition to Revoke Probation and Accusation Against:	Case No. 500-2022-001283 (previously filed erroneously as Case No. 1B-2013-232904)
12	LEON J. KLAPMAN, D.P.M.	
13	10832 Key West Avenue	FIRST AMENDED PETITION TO
14	Northridge, CA 91362	REVOKE PROBATION AND
15	Doctor of Podiatric Medicine License No. E-4433,	ACCUSATION
16		·
17	Respondent.	
18		
19	Complainant alleges:	
20	PAR	TIES .
21	Brian Naslund (Complainant) brings to	his First Amended Petition to Revoke Probation
22	and Accusation solely in his official capacity as the	ne Executive Officer of the Podiatric Medical
23	Board of California (Board), Department of Cons	umer Affairs.
24	2. On or about July 3, 2002, the Board is	ssued Doctor of Podiatric Medicine License
25	Number E-4433 to Leon J. Klapman, D.P.M. (Res	spondent). The Doctor of Podiatric Medicine
26	License was in effect at all times relevant to the c	harges brought herein and expired on December
27	31, 2021. Respondent's license is in delinquent s	tatus.
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FIRST AMENDED PETITION TO REVOKE PROBATION AND ACCUSATION (No. 500-2022-001283)

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DISCIPLINARY HISTORY

- 3. In a disciplinary action titled *In the Matter of the Accusation Against Leon J. Klapman, D.P.M.*, Case No. 1B-2013-232904, the Board, issued a Decision, effective January 20, 2017, in which Respondent's Doctor of Podiatric Medicine License was revoked. However, the revocation was stayed and Respondent's Doctor of Podiatric Medicine License was placed on probation for a period of five (5) years with certain terms and conditions, including completing additional education courses, having a practice and billing monitor, and paying cost recovery and probation monitoring costs. A copy of that Decision and Order (Decision) is attached as Exhibit A and is incorporated by reference.
- 4. The Petition to Revoke Probation and Accusation filed against Respondent on January 19, 2022, was filed with the incorrect case number. The correct case number for this First Amended Petition to Revoke Probation and Accusation is Case No. 500-2022-001283.

JURISDICTION

- 5. This First Amended Petition to Revoke Probation and Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.
 - 6. Section 118 of the Code states:
 - (a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.
 - (b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.
 - (c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

7. 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 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.

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

9. 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

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facts and circumstances regarding this violation are as follows:

- A. On or about January 15, 2020, Respondent was granted a waiver of CME requirements for the two-year renewal period beginning on December 31, 2017, and ending on December 31, 2019. Accordingly, Respondent was required to report compliance with 200 CME hours by the end of the next renewal period on December 31, 2021. The 200 CME hours included 100 CME hours required for license renewal and 100 CME hours required pursuant to Condition No. 1 of Respondent's probation.
- B. As of December 31, 2021, Respondent has not submitted proof of compliance with his requirement to complete 200 CME hours for the renewal period ending on December 31, 2021.
- C. Respondent's failure to provide proof of attendance of the hourly CME requirements pursuant to Condition Nos. 1 and 21 as alleged above, represent violations of the Board's disciplinary order as set forth in the Decision.

SECOND CAUSE TO REVOKE PROBATION

(Failure to Comply with Practice/Billing Monitor Condition)

- 16. At all times after the effective date of the Decision, Condition No. 4 of the Board's related disciplinary order stated:
 - 4. MONITORING PRACTICE/BILLING Within 30 days of the effective date of this Decision, the entire practice shall be monitored, including, but not limited to the following: medical records, charting, pre and postoperative evaluations, all surgical procedures and billing records.

The Board shall immediately, within the exercise of reasonable discretion, appoint a doctor of podiatric medicine from its panel of medical consultants or panel of expert reviewers as the monitor. The monitor shall provide quarterly reports to the Board or its designee which include an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of podiatric medicine or billing, or both, and whether Respondent is practicing podiatric medicine safely. The Board or its designee shall determine the frequency and practice areas to be monitored. Such monitoring shall be required for a minimum of one year during the term of probation. At the conclusion of the first year of monitoring, the monitor shall make recommendations to the Board or its designee regarding the frequency of and/or level of continued monitoring thereafter. The Board or its designee may at its sole discretion also require prior approval by the monitor of any medical or surgical procedures engaged in by the Respondent. The Respondent shall pay all costs of such monitoring and shall otherwise comply with all requirements of his or her contract with the monitor, a copy of which is attached as "Exhibit B -Agreement to Monitor Practice and/or Billing" (revised April 2004). If the monitor

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terminates the contract, or is no longer available, the Board or its designee shall appoint a new monitor immediately. Respondent shall not practice at any time during the probation until the Respondent provides a copy of the contract with the current monitor to the probation investigator and such contract is approved by the Board.

Respondent shall provide access to the practice monitor of Respondent's patient records and such monitor shall be permitted to make direct contact with any patients treated or cared for by Respondent and to discuss any matters related to Respondent's care and treatment of those patients. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to provide to the Board or its designee any relevant information. If the practice monitor deems it necessary to directly contact any patient, and thus require the disclosure of such patient's identity, Respondent shall notify the patient that the patient's identity has been requested pursuant to the Decision. This notification shall be signed and dated by each patient prior to the commencement or continuation of any examination or treatment of each patient by Respondent and a copy of such notification shall be maintained in each patient's file. The notifications signed by Respondent's patients shall be subject to inspection and copying by the Board or its designee at any time during the period of probation that Respondent is required to comply with this condition. The practice monitor will sign a confidentiality agreement requiring him or her to keep all patient information regarding Respondent's patients in complete confidence, except as otherwise required by the Board or its designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above, is a violation of probation.

In lieu of a monitor, Respondent may participate in a billing and coding professional enhancement program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense, and for a minimum of one year during the term of probation. At the conclusion of the first year of the program, the program evaluators shall make recommendations to the Board or its designee regarding the frequency of and/or level of continued participation by Respondent in the program thereafter.

- 17. Respondent's probation is subject to revocation because he failed to comply with Condition No. 4 of the Board's probationary order referenced above. The facts and circumstances regarding this violation are as follows:
- A. Respondent has failed to comply with Condition No. 4 since, on or about September 30, 2020, was the last time that Respondent's Practice and Billing Monitor reviewed his practice records. Since that date, Respondent has not made himself available to, nor returned the phone calls of, his Practice and Billing Monitor.
- B. Respondent's failure to provide access to his Practice and Billing Monitor pursuant to Condition No. 4 as alleged above, represent violations of the Board's disciplinary order as set

THIRD CAUSE TO REVOKE PROBATION

(Failure to Comply with Financial Obligations)

18. At all times after the effective date of the Decision, Condition No. 14 of the Board's related disciplinary order stated:

14. COMPLETION OF PROBATION Respondent shall comply with all

financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate will be fully restored.

19. At all times after the effective date of the Decision, Condition No. 16 of the Board's related disciplinary order stated:

16. COST RECOVERY Within 90 calendar days from the effective date of the Decision or other period agreed to by the Board or its designee and at least 60 days prior to the completion of probation, Respondent shall reimburse the Board the amount of \$12,435.00 for its investigative and prosecution costs. The filing of bankruptcy or period of non-practice by Respondent shall not relieve the Respondent of his/her obligation to reimburse the Board for its costs

20. At all times after the effective date of the Decision, Condition No. 18 of the Board's related disciplinary order stated:

18. <u>PROBATION MONITORING COSTS</u> Respondent shall pay the costs associated with probation monitoring each and every year of probation as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Board of Podiatric Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal year. Failure to pay costs within 30 calendar days of this date is a violation of probation.

21. Respondent's probation is subject to revocation because he failed to comply with Condition No. 14, Condition No. 16, and Condition No. 18, of the Board's disciplinary order referenced above. The facts and circumstances regarding this violation are as follows:

A. Respondent's term of probation under the Decision in Case No. 1B-2013-232904 was

scheduled to end on January 20, 2022.

B. Respondent has not made a payment towards cost recovery since on or about

September 29, 2020.

C. Respondent has not made a payment towards probation monitoring costs since on or

1	5. Taking such other and further	r action as deemed necessary and proper.
2	Taking such other and faither	detion as decined necessary and proper.
3	DATED: NOV 0 2 2022	PICOS
4		BRIAN DASLUND Executive Officer
5	·	Podiatric Medical Board Department of Consumer Affairs State of California
6		State of California Complainant
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Exhibit A

Decision and Order

Podiatric Medical Board of California Case No. 1B-2013-232904

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

In the Matter of the Accusation Against:)))
Leon Jason Klapman, D.P.M.) Case No. 1B-2013-232904
Doctor of Podiatric Medicine License No. E 4433)))
Respondent)))

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of Board of Podiatric Medicine, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on January 20, 2017.

IT IS SO ORDERED December 22, 2016.

BOARD OF PODIATRIC MEDICINE

By: John Y. Cha, DPM, President

1	KAMALA D. HARRIS Attorney General of California	
2	JUDITH T. ALVARADO Supervising Deputy Attorney General	•
3	CHRISTINA L. SEIN Deputy Attorney General	
4	State Bar No. 229094 California Department of Justice	
5	300 So. Spring Street, Suite 1702 Los Angeles, CA 90013	
6	Telephone: (213) 897-9444	
7	Facsimile: (213) 897-9395 Attorneys for Complainant	
8	BEFORE THE BOARD OF PODIATRIC MEDICINE DEPARTMENT OF CONSUMER AFFAIRS	
9		
10	STATE OF CA	ALIFURNIA
11	In the Matter of the Accusation Against:	Case No. 1B-2013-232904
12		OAH No. 2015080759
13		STIPULATED SETTLEMENT AND
14	Doctor of Podiatric Medicine	DISCIPLINARY ORDER
15	License No. E 4433,	
16	Respondent.	
17		
18	IT IS HEREBY STIPULATED AND AGRI	EED by and between the parties to the above-
19	entitled proceedings that the following matters are	true:
20	PART	CIES
21	1. Jason S. Campbell, J.D., the Executiv	e Officer of the Board of Podiatric Medicine
22	(Board), Department of Consumer Affairs, at the	time of the filing of the Accusation, brought this
23	action solely in his official capacity. Kathleen Co	oper, J.D. (Complainant) is the Interim
24	Executive Officer of the Board and is represented in this matter by Kamala D. Harris, Attorney	
25	General of the State of California, by Christina L. Sein, Deputy Attorney General.	
26	2. Respondent Leon J. Klapman, D.P.M	. (Respondent) is represented in this proceeding
27	by attorney C. Keith Greer, Esq., whose address is	s: 17150 Via Del Campo, Suite 100,
28	San Diego, CA 92127.	
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3. On or about July 3, 2002, the Board of Podiatric Medicine issued Doctor of Podiatric Medicine License No. E 4433 to Respondent. The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought in Accusation No. 1B-2013-232904, and will expire on December 31, 2017, unless renewed.

JURISDICTION

- 4. Accusation No. 1B-2013-232904 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on June 23, 2015. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 1B-2013-232904 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 1B-2013-232904. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to certain charges and allegations contained in Accusation No. 1B-2013-232904 and that he has thereby subjected his license to disciplinary

action.

10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 1B-2013-232904 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

CONTINGENCY

- 11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.
- 12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.
- 13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Doctor of Podiatric Medicine License No. E 4433 issued to Respondent Leon J. Klapman, D.P.M. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. <u>EDUCATION COURSE</u> Within 60 days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior

approval educational program(s) or course(s) which shall not be less than 25 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified or Board approved and limited to classroom, conference, or seminar settings. The educational program(s) or course(s) shall be at the Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements, which must be scientific in nature, for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 50 hours of CME of which 25 hours were in satisfaction of this condition.

2. <u>MEDICAL RECORD KEEPING COURSE</u> Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping, at Respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first 6 months of probation is a violation of probation.

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later. Completion of the medical record keeping course shall count towards fulfilling the Education Course requirement in Paragraph 1, above.

3. <u>ETHICS COURSE</u> Within 60 days of the effective date of this Decision, Respondent shall enroll in a course in ethics, at Respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first year is a violation of probation.

An ethics course taken after the acts that gave rise to the charges in the Accusation, but

prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after the effective date of the Decision. Completion of the ethics course shall count towards fulfilling the Education Course requirement in Paragraph 1, above.

4. <u>MONITORING - PRACTICE/BILLING</u> Within 30 days of the effective date of this Decision, the entire practice shall be monitored, including, but not limited to the following: medical records, charting, pre and postoperative evaluations, all surgical procedures and billing records.

The Board shall immediately, within the exercise of reasonable discretion, appoint a doctor of podiatric medicine from its panel of medical consultants or panel of expert reviewers as the monitor.

The monitor shall provide quarterly reports to the Board or its designee which include an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of podiatric medicine or billing, or both, and whether Respondent is practicing podiatric medicine safely.

The Board or its designee shall determine the frequency and practice areas to be monitored. Such monitoring shall be required for a minimum of one year during the term of probation. At the conclusion of the first year of monitoring, the monitor shall make recommendations to the Board or its designee regarding the frequency of and/or level of continued monitoring thereafter. The Board or its designee may at its sole discretion also require prior approval by the monitor of any medical or surgical procedures engaged in by the Respondent. The Respondent shall pay all costs of such monitoring and shall otherwise comply with all requirements of his or her contract with the monitor, a copy of which is attached as "Exhibit B - Agreement to Monitor Practice and/or Billing" (revised April 2004). If the monitor terminates the contract, or is no longer available, the Board or its designee shall appoint a new monitor immediately. Respondent shall

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27 28 not practice at any time during the probation until the Respondent provides a copy of the contract with the current monitor to the probation investigator and such contract is approved by the Board.

Respondent shall provide access to the practice monitor of Respondent's patient records and such monitor shall be permitted to make direct contact with any patients treated or cared for by Respondent and to discuss any matters related to Respondent's care and treatment of those patients. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to provide to the Board or its designee any relevant information. If the practice monitor deems it necessary to directly contact any patient, and thus require the disclosure of such patient's identity, Respondent shall notify the patient that the patient's identity has been requested pursuant to the Decision. This notification shall be signed and dated by each patient prior to the commencement or continuation of any examination or treatment of each patient by Respondent and a copy of such notification shall be maintained in each patient's file. The notifications signed by Respondent's patients shall be subject to inspection and copying by the Board or its designee at any time during the period of probation that Respondent is required to comply with this condition. The practice monitor will sign a confidentiality agreement requiring him or her to keep all patient information regarding Respondent's patients in complete confidence, except as otherwise required by the Board or its designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above, is a violation of probation.

In lieu of a monitor, Respondent may participate in a billing and coding professional enhancement program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense, and for a minimum of one year during the term of probation. At the conclusion of the first year of the program, the program evaluators shall make recommendations

to the Board or its designee regarding the frequency of and/or level of continued participation by Respondent in the program thereafter.

5. <u>RESTITUTION</u> Within 90 days of the effective date of this Decision, Respondent shall provide proof to the Board or its designee of restitution in the following amounts:

\$608.42 paid to Medicare and \$90.00 paid to Health Company ADM, in connection with the charges billed for services rendered to patient L.G.;

\$150.97 paid to Medicare and \$38.51 paid to AARP, in connection with the charges billed for services rendered to patient F.C.; and

\$140.35 paid to Medicare and \$35.80 paid to AARP, in connection with the charges billed for services rendered to patient M.C.

Failure to pay restitution shall be considered a violation of probation.

6. NOTIFICATION Prior to engaging in the practice of medicine, the Respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of podiatric medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Division or its designee within 15 calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

- 7. PHYSICIAN ASSISTANTS Prior to receiving assistance from a physician assistant, Respondent must notify the supervising physician of the terms and conditions of his/her probation.
- 8. <u>OBEY ALL LAWS</u> Respondent shall obey all federal, state and local laws, all rules governing the practice of podiatric medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.
- 9. <u>QUARTERLY DECLARATIONS</u> Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been

compliance with all the conditions of probation. Respondent shall submit quarterly declarations not later than 10 calendar days after the end of the preceding quarter.

10. PROBATION COMPLIANCE UNIT Respondent shall comply with the Board's probation unit. Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Respondent shall not engage in the practice of podiatric medicine in Respondent's place of residence. Respondent shall maintain a current and renewed California doctor of podiatric medicine's license.

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30 calendar days.

- 11. <u>INTERVIEW WITH THE BOARD OR ITS DESIGNEE</u> Respondent shall be available in person for interviews either at Respondent's place of business or at the probation unit office with the Board or its designee, upon request, at various intervals and either with or without notice throughout the term of probation.
- 12. <u>RESIDING OR PRACTICING OUT-OF-STATE</u> In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Respondent of the responsibility to

comply with the probationary terms and conditions, with the exception of this condition, and the following terms and conditions of probation: Obey All Law; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if Respondent's periods of temporary or permanent residence or practice outside California totals two years. However, Respondent's license shall not be cancelled as long as Respondent is residing and practicing podiatric medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two year period shall begin on the date probation is completed or terminated in that state.

13. FAILURE TO PRACTICE PODIATRIC MEDICINE - CALIFORNIA RESIDENT
In the event the Respondent resides in the State of California and for any reason Respondent stops practicing podiatric medicine in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California as defined in this condition will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to comply with the terms and conditions of probation. Non-practice is defined as any period of time exceeding thirty calendar days in which Respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program which has been approved by the Board or its designee shall be considered time spent in the practice of medicine. For purposes of this condition, non-practice due to a Board-ordered suspension or in compliance with any other condition of probation shall not be considered a period of non-practice.

Respondent's license shall be automatically cancelled if Respondent resides in California and for a total of two years, fails to engage in California in any of the activities described in Business and Professions Code section 2472.

14. <u>COMPLETION OF PROBATION</u> Respondent shall comply with all financial obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's

certificate will be fully restored.

- 15. <u>VIOLATION OF PROBATION</u> If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, the period of probation shall be extended until the matter is final, and no petition for modification of penalty shall be considered while there is an accusation or petition to revoke probation pending against Respondent.
- 16. <u>COST RECOVERY</u> Within 90 calendar days from the effective date of the Decision or other period agreed to by the Board or its designee and at least 60 days prior to the completion of probation, Respondent shall reimburse the Board the amount of \$12,435.00 for its investigative and prosecution costs. The filing of bankruptcy or period of non-practice by Respondent shall not relieve the Respondent of his/her obligation to reimburse the Board for its costs.
- 17. LICENSE SURRENDER Following the effective date of this Decision, if
 Respondent ceases practicing due to retirement or health reasons, or is otherwise unable to satisfy
 the terms and conditions of probation, Respondent may request the voluntary surrender of
 Respondent's license. The Board reserves the right to evaluate the Respondent's request and to
 exercise its discretion whether to grant the request or to take any other action deemed appropriate
 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
 designee and Respondent shall no longer practice podiatric medicine. Respondent will no longer
 be subject to the terms and conditions of probation and the surrender of Respondent's license
 shall be deemed disciplinary action. If Respondent re-applies for a podiatric medical license, the
 application shall be treated as a petition for reinstatement of a revoked certificate.
- 18. PROBATION MONITORING COSTS Respondent shall pay the costs associated with probation monitoring each and every year of probation as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Board of Podiatric Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal

1	I have read and fully discussed with Respondent LEON J. KLAPMAN, D.P.M. the term	
2	and conditions and other matters contained in the above Stipulated Settlement and Disciplinar	
3	Order. I approve its form and content.	
4		
5	DATED: Sept 2,2016 (6)	
6	C. KEITH GREER, ESQ. Attorney for Respondent	
7		
8	ENDORSEMENT	
9	The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully	
10	submitted for consideration by the Board of Podiatric Medicine.	
11		
12	Dated: Respectfully submitted,	
13	KAMALA D. HARRIS Attorney General of California	
14	JUDITH T. ALVARADO Supervising Deputy Attorney General	
15	Suportiong Dopaty Attorney General	
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17	CHRISTINA L. SEIN Deputy Attorney General	
18	Attorneys for Complainant	
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1	I have read and fully discussed with Respondent LEON J. KLAPMAN, D.P.M. the terms
2	and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
- 3	Order. I approve its form and content.
4	-
5	DATED:
6	C. KEITH GREER, ESQ. Attorney for Respondent
7	
8	ENDORSEMENT
9	The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
10	submitted for consideration by the Board of Podiatric Medicine.
11	Demontality makes week
12	Dated: 9/4/16 Respectfully submitted,
13	KAMALA D. HARRIS Attorney General of California JUDITH T. ALVARADO
14	Supervising Deputy Attorney General
15	Corce
16	CHRISTINA L. SEIN
17	Deputy Attorney General Attorneys for Complainant
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Exhibit B

Agreement to Monitor Practice and/or Billing



STATE AND CONSUMER SERVICES ASENCY · ARNOLD SCHWARZENEGGER, SOVERNOR MEDICAL BOARD OF CALIFORNIA BOARD OF PODIATRIC MEDICINE 2005 Evergreen Street, Suite 1300, Sacramento, CA 95815 P (916) 263-2647 F (916) 263-2651 www.BPM.CA.GOV



AGREEMENT TO MONITOR PRACTICE AND/OR BILLING

Introduction

The role of the practice and/or billing monitor (Monitor) is to ensure, to the extent possible, that the Probationer will conduct his/her practice with safety to the public and in a competent manner. The Monitor is responsible for reporting to the Board of Podiatric Medicine (Board) any identified problems or deficiencies in the quality of the Probationer's patient care, billing practices, medical record keeping, and/or professional conduct. The Monitor also fulfills the role of an educator and advisor to the Probationer, with the goal of assisting the Probationer to improve clinical skills and gain insight into practices that led to disciplinary action, so that learning and rehabilitation will occur. In order to provide this type of objective oversight, the Monitor must not have any prior or current business, personal, or other relationship with the Probationer that could reasonably be expected to compromise the ability of the Monitor to render fair and unbiased reports to the Board.

BPM-24A (4/08) [Page 1 of 2]

AGREEMENT	
l,, D.P.M., "N practice of, D.P.I	Monitor", hereby agree to monitor the medical and/or billing M., "Probationer."
I have received and have read a copy of the Accusation and Decision regarding the Probationer. I clearly understand the role of a Monitor and what is expected of me. I have no prior or current business, personal or other relationship with the Probationer that could reasonably be expected to compromise my ability to render fair and unbiased reports to the Board. I understand that the Probationer is responsible for all costs associated with the monitoring of his/her practice, and that the Board does not set these costs. I am not being compensated for my services by any form of bartering arrangement with the Probationer. I have reviewed the Monitoring Plan and (check one): Agree to monitor the Probationer as specified in the Plan. I am submitting a revised Monitoring Plan for approval by the assigned Investigator. I understand that the Investigator may reject my proposed revisions, in which case I may either decline to monitor the Probationer's practice, or submit a new proposed Monitoring Plan that is acceptable to the assigned Investigator. I agree to regularly submit written reports to the assigned Investigator regarding my review of the Probationer's practice. The due dates and required content of these reports is detailed in the Monitoring Plan. If I am no longer able or willing to continue to monitor the Probationer's practice, I agree to immediately notify	
the assigned Investigator.	·
Executed on	, 200, at
	, California.
(City) I declare under penalty of perjury under the laws correct.	(County) s of the State of California that the foregoing is true and
:	
Monitor (Print Name)	Signature
Monitor (Print Name) I have no prior or current business, personal or other rebe expected to compromise the (insert Monitor's name	Signature elationship with (insert Monitor's name) that could reasonably e) ability to render fair and unbiased reports to the Board. I have per hour for all work performed in executing the duties of
Monitor (Print Name) I have no prior or current business, personal or other rebe expected to compromise the (insert Monitor's name agreed to compensate the monitor at the rate of \$	elationship with (insert Monitor's name) that could reasonably ability to render fair and unbiased reports to the Board. I have
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Exhibit A

Accusation No. 1B-2013-232904

FILED STATE OF CALIFORNIA KAMALA D. HARRIS MEDICAL BOARD OF CALIFORNIA Attorney General of California JUDITH T. ALVARADO SACRAMENTO June 23 20/5 2 Supervising Deputy Attorney General 3 CHRISTINA L. SEIN Deputy Attorney General State Bar No. 229094 California Department of Justice 300 So. Spring Street, Suite 1702 Los Angeles, CA 90013 Telephone: (213) 897-9444 Facsimile: (213) 897-9395 6 E-mail. Christina.Sein@doj.ca.gov Attorneys for Complainant BEFORE THE BOARD OF PODIATRIC MEDICINE DEPARTMENT OF CONSUMER AFFAIRS 10 STATE OF CALIFORNIA 11 In the Matter of the Accusation Against: Case No. 1B-2013-232904 12 LEON J. KLAPMAN, D.P.M. 13 10832 Keywest Avenue ACCUSATION Northridge, CA 91326 14 Doctor of Podiatric Medicine License No. 15 4433, 16 Respondent. 17 18 19 Complainant alleges: 20 **PARTIES** Jason S. Campbell, J.D. (Complainant) brings this Accusation solely in his official 21 capacity as the Executive Officer of the Board of Podiatric Medicine (Board), Department of 22 23 Consumer Affairs. On or about July 3, 2002, the Board of Podiatric Medicine issued Doctor of Podiatric 24 Medicine License Number 4433 to Leon J. Klapman, D.P.M. (Respondent). Said license was in 25 full force and effect at all times relevant to the charges brought herein and will expire on 26 27 December 31, 2015, unless renewed. 28 111 (LEON J. KLAPMAN, D.P.M.) ACCUSATION

JURISDICTION

- This Accusation is brought before the Board under the authority of the following laws. All section references are to the Business and Professions 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 law judge who presided at the hearing shall be present during the board's consideration of the case

and shall assist and advise the board."

- 6. Section 810, subdivision (a), of the Code states:
- "(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including suspension or revocation of a license or certificate, for a health care professional to do any of the following in connection with his or her professional activities:
 - (1) Knowingly present or cause to be presented any false or fraudulent claim for the payment of a loss under a contract of insurance.
 - (2) Knowingly prepare, make, or subscribe any writing, with intent to present or use the same, or to allow it to be presented or used in support of any false or fraudulent claim."
 - Section 2234 of the Code states in pertinent part:

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

- "(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.

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(LEON J. KLAPMAN, D.P.M.) ACCUSATION

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December 8, 2011, February 9, 2012, April 12, 2012, June 14, 2012, August 12, 2012, August 23, 2012 and November 1, 2012.

- 11. Respondent's later-generated typed treatment note dated December 8, 2011, which is not the original handwritten note, indicates that Belmont Village staff noted that L.G. had a painful skin lesion on the bottom of his right heel. Respondent treated L.G. with sharp debridement of the skin lesion and antiseptic dressing. Respondent's note did not mention that L.G. had been treated by another podiatrist, M.W., D.P.M., exactly one week earlier. Respondent billed Medicare for, among other things, removal of a skin lesion.
- 12. During each of the next six visits Respondent made to L.G., a cursory exam and nail debridement was performed for painful, thick, hypertrophic nails. On one of these occasions, Respondent billed Medicare for the removal of hypertrophic skin lesions.
- 13. During this period of time, L.G. had already been under the care of his established podiatrist, Dr. M.W. Dr. M.W. had established a relationship with L.G. at Belmont Village dating back to August 10, 2010 and had signed treatment consent forms for each date of service. Dr. M.W.'s progress notes indicate a regular pattern of treatment from August 10, 2010 to May 3, 2012. Dr. M.W.'s progress note dated December 1, 2011, just one week prior to Respondent's visit to L.G., does not mention a large painful skin lesion nor does it report the presence of a hyperkeratotic lesion.
- 14. Neither L.G. nor his wife signed an informed consent form to allow Respondent to treat L.G. Respondent claimed that Belmont Village was responsible for obtaining his consent to treat residents. The Executive Director and Director of Nursing at Belmont Village, however, advised that they do not typically obtain consent for podiatric treatments for their residents; rather, consents for treatment are handled between the patient, or the responsible family member, and the treating podiatrist directly. Belmont Village certified that there were no records relating to consent for Respondent to treat L.G.
- 15. During an interview with the Board investigator, Respondent stated that he did not review L.G.'s medical chart and did not check to see if there was a consent for treatment form or if the patient had previously been seen by an established podiatrist. He admitted that he only

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reviews patient charts for billing information and basic information, such as allergies.

Patients F.C. and M.C.

- 16. On or about July 30, 2013, Respondent treated patients F.C. and M.C., a married couple, in their independent living apartment at The Village at Northridge, which offers independent and assisted living apartments. During Respondent's visit with F.C. and M.C., Respondent clipped their toenails on both feet and did not remove any calluses or hyperkeratotic skin lesions. Respondent cut F.C. and M.C. in the process of clipping toenails. Respondent treated F.C. and M.C. for the first and last time on July 30, 2013.
- 17. Respondent did not bill Medicare for or chart in his medical records the nail debridement, which was the primary reason for his visit with F.C. and M.C. Instead, Respondent charted in his medical records that he removed hyperkeratotic skin lesions on both patients.

 Respondent's billing records include charges for removing hyperkeratotic skin lesions on both patients and a charge for therapeutic strapping of F.C., none of which occurred during the visit.
- 18. Respondent's medical records do not contain signed consent to treatment forms for either F.C. or M.C. Respondent claimed that The Village at Northridge obtained signed treatment consent forms on his behalf from the independent living residents. The Executive Director and Director of Assisted Living of The Village at Northridge advised that residents in independent living obtain healthcare on their own. Therefore, the staff would not take Respondent's consent forms to obtain consent from residents; rather, Respondent would be responsible for patient consent on his own.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

- 19. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code in that he was grossly negligent in his care and treatment of patients L.G., F.C., and M.C. The circumstances are as follows:
- 20. The standard of care requires that, prior to initiating patient care, a podiatrist must obtain informed consent to treat a patient, either from the patient or the person responsible for the care of the patient. In cases where the patient has dementia or cognitive issues, a spouse, family

member, or conservator may have the authority to consent to treatment on the patient's behalf. The person authorized to sign the consent should understand what treatment will be performed and the possible risks and benefits to the proposed treatment. It is the responsibility of the treating podiatrist to discuss these issues and ensure the responsible party understands. The podiatrist is also responsible for making sure that the signed consent is present in the medical records of the patient.

- 21. The standard of care requires that, in mentally compromised patients, the podiatrist is ultimately responsible to make sure he has valid consent to treat the patient, even if in non-emergent situations it delays treatment briefly.
- 22. The standard of care provides that medical records shall be accurate, complete and professional. The medical records should contribute to the quality of care as well as the continuity of care. It shall document that the patient was accurately informed of their condition, as well as the risks, benefits, and alternatives to treatment.
- 23. The standard of care requires that podiatrists maintain accurate and adequate medical records, regardless of whether the patient is treated in the office, hospital, nursing home or the patient's home, which includes the following:
 - A. Inclusion of a signed informed consent to treatment in the records.
 - B. Prohibition against creating false or fraudulent medical records for the purposes of billing or avoiding medical fault.
- 24. Respondent's treatment of patients L.G., F.C., and M.C., as set forth above in paragraphs 10 through 18, includes the following acts and/or omissions which constitute extreme departures from the standard of care:
 - A. Respondent failed to obtain signed informed consent for treatment of L.G. prior to the seven occasions on which he treated L.G.
 - Respondent failed to obtain signed informed consent for treatment of F.C. and
 M.C.

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- C. Respondent's medical records, including the documentation of procedures that were not performed, do not reflect the treatment that was provided to F.C. and M.C.
- 25. Respondent's acts and/or omissions as set forth in paragraphs 20 through 24, above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Insurance Fraud)

- 26. Respondent is subject to disciplinary action under section 810, subdivision (a)(2), in that Respondent improperly billed and upcoded for the treatment provided to L.G., F.C., and M.C. The circumstances are as follows:
- 27. The standard of care requires that medical billing accurately reflect the level of care and service provided to the patient by the podiatrist. Current Procedural Terminology (CPT) codes, of which there are many, have specific definitions. Upcoding is coding for a higher level of service than is actually performed and is a form of improper medical billing. Upcoding overinflates the cost of treatment and may be harmful to the patient as it overstates the patient's condition.
- 28. Evaluation and Management codes (E & M codes) are used when evaluation or reevaluation of a patient is necessary. E & M codes are used when the doctor spends time
 reviewing the patients past medical history, evaluates his current condition and prepares a
 treatment plan. The more complex the patient's history, condition, and treatment decision
 making, the higher the code and compensation.
- 29. Technical/surgical codes are used when the podiatrist actually does something to the patient (e.g., giving an injection, debriding nails, shaving hyperkeratotic skin lesions). The more advanced the procedure, the higher the reimbursement in general.
- 30. Pursuant to the American Medical Association, for use of the CPT code 99326, three key elements must be present: (1) a new visit; (2) a detailed history; and (3) medical decision making of moderate complexity. This includes coordination with other providers/agencies to

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address the needs of the patient, and the patient's problems are of moderate to high severity. Physician usually spend about 45 minutes with the patient and/or family.

- 31. CPT code 11305 is used for the removal of epidermal and dermal lesions without a full thickness dermal excision, which includes the use of local anesthesia, chemical or electrocautherization of the wound. The code, typically used by dermatologists, is for definitive treatments, not palliative care.
- 32. E & M code 99336 requires the following elements to be present: (1) established patient treated in a rest home; (2) two of three of the following, (a) detailed interval history; (b) detailed physical examination; and (c) medical decision making of moderate complexity. The presenting problems are moderate to high severity. The physician usually spends 40 minutes with the patient and/or caregiver.
- 33. Respondent's treatment of patients L.G., F.C., and M.C., as set forth above in paragraphs 10 through 18, includes the following acts and/or omissions which constitute extreme departures from the standard of care:
 - A. Respondent billed CPT code 99326 for his initial visit to L.G. on December 8, 2011, and to F.C. and M.C. on July 30, 2013, which was improper and unjustified.
 - B. Respondent billed E & M code 99336 for each of the six visits to L.G. on February 9, 2012, April 12, 2012, June 14, 2012, August 12, 2012, August 23, 2012 and November 1, 2012, which was improper and unjustified.
 - C. Respondent billed CPT code 11305 for his visit to L.G. on November 1, 2012 and his visit to F.C. and M.C. on July 30, 2013, which was improper and unjustified.
 - D. Respondent billed for services that were not performed.
- 34. Respondent's acts and/or omissions as set forth in paragraphs 27 through 33, above, whether proven individually, jointly, or in any combination thereof, constitute insurance fraud pursuant to section 810, subdivision (a)(2), of the Code. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

- 35. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code in that he was negligent in his care and treatment of patients L.G., F.C., and M.C. The circumstances are as follows:
- 36. The standard of care requires that, prior to initiating patient care, a podiatrist must obtain informed consent to treat a patient, either from the patient or the person responsible for the care of the patient. In cases where the patient has dementia or cognitive issues, a spouse, family member, or conservator may have the authority to consent to treatment on the patient's behalf. The person authorized to sign the consent should understand what treatment will be performed and the possible risks and benefits to the proposed treatment. It is the responsibility of the treating podiatrist to discuss these issues and ensure the responsible party understands. The podiatrist is also responsible for making sure that the signed consent is present in the medical records of the patient.
- 37. The standard of care requires that, in mentally compromised patients, the podiatrist is ultimately responsible to make sure he has valid consent to treat the patient, even if in non-emergent situations it delays treatment briefly.
- 38. The standard of care provides that medical records shall be accurate, complete and professional. The medical records should contribute to the quality of care as well as the continuity of care. It shall document that the patient was accurately informed of their condition, as well as the risks, benefits, and alternatives to treatment.
- 39. The standard of care requires that podiatrists maintain accurate and adequate medical records, regardless of whether the patient is treated in the office, hospital, nursing home or the patient's home, which includes the following:
 - A. Inclusion of a signed informed consent to treatment in the records.
 - B. Documentation of patient history, including any conditions that would affect the patient's ability to reason or make their own decisions, i.e., dementia.
 - C. Prohibition against creating false or fraudulent medical records for the purposes

of billing or avoiding medical fault.

- D. Medical chart errors must be corrected by a single line through the errors and the physician's initials in the margin next to the line out.
- 40. Respondent's treatment of patients L.G., F.C., and M.C., as set forth above in paragraphs 10 through 18, includes the following acts and/or omissions which constitute a departure from the standard of care:
 - A. Respondent failed to obtain signed informed consent for treatment of L.G. prior to the seven occasions on which he treated L.G.
 - B. Respondent failed to obtain signed informed consent for treatment of F.C. and M.C.
 - C. Respondent's medical records, including the documentation of procedures that were not performed, do not reflect the treatment that was provided to F.C. and M.C.
 - D. Respondent failed to document a history of L.G.'s medical history, including his dementia and aphasia. There are discrepancies between the original handwritten note and the typed note for the initial visit on December 8, 2011. Respondent's medical records fail to note that L.G. was already under the care of an established podiatrist who had just seen him seven days earlier. Respondent failed to correct mistakes in L.G.'s medical records in the standard method of a simple line through the error and initialing.
 - E. Respondent failed to document a medical history for F.C. and M.C.
- 41. Respondent's acts and/or omissions as set forth in paragraphs 36 through 40, above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE

(Dishonesty or Corruption)

42 Respondent is subject to disciplinary action under section 2234, subdivision (e), of the Code in that he exhibited dishonesty or corruption substantially related to the qualifications,

functions, or duties of a podiatrist in his care and treatment of patients L.G., F.C., and M.C. The circumstances are as follows:

- 43. Complainant refers to and, by this reference, incorporates paragraphs 10 through 18, above, as though set forth fully herein.
- 44. The allegations of the Second Cause for Discipline are incorporated herein by reference as if fully set forth.
- 45. Respondent's acts and/or omissions as set forth in paragraphs 43 through 44, above, whether proven individually, jointly, or in any combination thereof, constitute dishonesty or corruption substantially related to the qualifications, functions, or duties of a podiatrist, pursuant to section 2234, subdivision (e), of the Code. Therefore, cause for discipline exists.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

- 46. Respondent is subject to disciplinary action under section 2266 of the Code in that Respondent failed to maintain adequate and accurate records of his care and treatment of patients L.G., F.C., and M.C. The circumstances are as follows:
- 47. The standard of care provides that medical records shall be accurate, complete and professional. The medical records should contribute to the quality of care as well as the continuity of care. It shall document that the patient was accurately informed of their condition, as well as the risks, benefits, and alternatives to treatment.
- 48. The standard of care requires that podiatrists maintain accurate and adequate medical records, regardless of whether the patient is treated in the office, hospital, nursing home or the patient's home, which includes the following:
 - A. Inclusion of a signed informed consent to treatment in the records.
 - B. Documentation of patient history, including any conditions that would affect the patient's ability to reason or make their own decisions, i.e., dementia.
 - C. Prohibition against creating false or fraudulent medical records for the purposes of billing or avoiding medical fault.
 - D. Medical chart errors must be corrected by a single line through the errors and

the physician's initials in the margin next to the line out.

- 49. Respondent's treatment of patients L.G., F.C., and M.C., as set forth above in paragraphs 10 through 18, includes the following acts and/or omissions which constitute the failure to maintain adequate and accurate records:
 - A. Respondent failed to obtain signed informed consent for treatment of L.G., F.C., and M.C.
 - B. Respondent's medical records, including the documentation of procedures that were not performed, do not reflect the treatment that was provided to F.C. and M.C.
 - C. Respondent failed to document a history of L.G.'s medical history, including his dementia and aphasia. There are discrepancies between the original handwritten note and the typed note for the initial visit on December 8, 2011. Respondent's medical records fail to note that L.G. was already under the care of an established podiatrist who had just seen him seven days earlier. Respondent failed to correct mistakes in L.G.'s medical records in the standard method of a simple line through the error and initialing.
 - D. Respondent failed to document a medical history for F.C. and M.C.
- 50. Respondent's acts and/or omissions as set forth in paragraphs 47 through 49, above, whether proven individually, jointly, or in any combination thereof, constitute failure to maintain adequate and accurate records, pursuant to section 2266 of the Code. Therefore, cause for discipline exists.

PRAYER

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

- 1. Revoking or suspending Doctor of Podiatric Medicine License Number 4433 issued to Leon J. Klapman, D.P.M.;
- 2. Ordering Leon J. Klapman, D.P.M. to pay the Board of Podiatric Medicine the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

(LEON J. KLAPMAN, D.P.M.) ACCUSATION