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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. 500-2021-001219

13 **GRAY REYNOLDS WILLIAMS, D.P.M.**  
14 **975 Sereno Drive**  
**Vallejo, CA 94589-2441**

**ACCUSATION**

15 **Doctor of Podiatric Medicine License**  
16 **No. 4081,**

17 Respondent.  
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20 **PARTIES**

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

23 2. On or about July 1, 1997, the Podiatric Medical Board issued Doctor of Podiatric  
24 Medicine License Number 4081 to GRAY REYNOLDS WILLIAMS, D.P.M. (Respondent). The  
25 Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the  
26 charges brought herein and will expire on October 31, 2024, unless renewed.

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## JURISDICTION

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

4. Section 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.

## STATUTORY PROVISIONS

5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the

licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

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

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

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

6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

#### **COST RECOVERY**

7. 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 that one year period for those unpaid costs.

1 (f) All costs recovered under this section shall be deposited in the Board of  
2 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.

3 **FACTUAL ALLEGATIONS**

4 8. Respondent is a podiatrist at Kaiser Permanente (Kaiser) in Vallejo, California. He is  
5 board certified in foot surgery and reconstructive rear foot and ankle surgery.

6 9. Patient A was a long-standing patient at Kaiser and had numerous visits with  
7 Respondent to address Achilles tendonitis.

8 10. On or about February 1, 2017, Patient A<sup>1</sup> presented to Kaiser for a "foot problem."  
9 Dr. H.P. treated Patient A during this visit, and noted that Patient A's shoe caused a callus/blister  
10 on her left heel. Patient A indicated that she removed the top layer of skin from the callus the day  
11 before and was concerned about infection. Dr. H.P. found that Patient A had an ulcer on the left  
12 foot, but there was no evidence of an infection. Dr. H.P. instructed Patient A to apply  
13 Polysporin<sup>2</sup> and to keep the ulcer protected. Patient A was also instructed to call or return to  
14 Kaiser if the symptoms worsened.

15 11. On or about February 3, 2017, Patient A sent Respondent a message, through Kaiser's  
16 messaging portal, regarding the callus on her heel inquiring how quickly she could anticipate the  
17 callus to heal. Respondent sent a response providing at-home treatment options for Patient A.

18 12. On or about February 6, 2017, Patient A sent Respondent another message  
19 complaining that her heel was worsening despite her efforts, which included using corn removers  
20 and aperture pads. Respondent instructed Patient A to book an in-person appointment.

21 13. On or about February 13, 2017, Patient A presented to Respondent for a recheck of  
22 the callus. Respondent pared away at the callus and instructed Patient A to use aperture pads with  
23 antibiotic ointment and Band-Aids. Respondent noted the possibility of putting Patient A in a  
24 cast, if the heel was not better in two weeks.

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27 <sup>1</sup> The patient is identified as "Patient A" in this Accusation to protect her privacy.

28 <sup>2</sup> Polysporin, also known as bacitracin and polymyxin, is a combination topical antibiotic  
used to help prevent infections from cuts, scrapes and/or burns.

1 14. Throughout February 2017, Patient A continued to send Respondent messages  
2 complaining about the heel pain. Another practitioner also saw patient A during this time and,  
3 after a physical evaluation, Dr. T.N. indicated Patient A had a plantar medial heel wound<sup>3</sup> with an  
4 underlying ulceration. Dr. T.N. debrided the callus (wound) and treated it with silver nitrate,  
5 padding, and a walker.

6 15. On or about March 24, 2017, Dr. T.N. noted that the heel ulceration had healed with  
7 residual callus. Later in the month, Patient A again complained about the wound, indicating that  
8 it was getting larger.

9 16. On or about June 6, 2017, Patient A presented to Respondent for a recheck of the  
10 wound. Respondent noted that Patient A's wound was most likely a wart, and Respondent  
11 scheduled an excision and biopsy with hyfrecation<sup>4</sup> of the wart.

12 17. On or about June 13, 2017, the wart was excised. Respondent noted that the base of  
13 the lesion was somewhat irregular and granular, and did not peel away from the basement  
14 membrane easily. Respondent indicated that he would recheck the site in two weeks and if there  
15 was a quick regrowth of the wart, he would conduct a biopsy.

16 18. On or about June 28, 2017, Respondent noted that the wound was progressing  
17 normally and Patient A would be reevaluated in six weeks. However, on or about June 30, 2017,  
18 Patient A sent a message complaining that the wound looked worse.

19 19. On or about August 8, 2017, Respondent evaluated Patient A and noted a possible  
20 recurrence of the wart, although there was no ulceration or maceration. Respondent treated the  
21 wart with Mediplast.<sup>5</sup>

22 20. Throughout the remainder of August 2017, Patient A repeatedly complained that the  
23 wound pain was increasing.

24 21. On or about September 6, 2017, Patient A presented to Respondent, who found that  
25 the heel was completely healed and there was no obvious regrowth of the wart.

26 <sup>3</sup> Wound is used interchangeably with "lesion" throughout this Accusation.

27 <sup>4</sup> Hyfrecation is a minor surgery procedure performed for lesions such as warts and skin  
tags. A small needle with an electrical pulse is used to burn away the lesions.

28 <sup>5</sup> Mediplast, also known as salicylic acid, is used on the skin to treat common skin and  
foot warts, by causing the wart to gradually peel off.

1       22. From October 2017 through February 2018, there was a cycle of wound pain and  
2 additional treatment to the wound.

3       23. Throughout March 2018, Respondent noted that the wound was healing and Patient A  
4 felt better. However, by July 2018, Respondent noted that the wound had returned and was  
5 growing larger.

6       24. On or about July 27, 2018, Respondent conducted a biopsy of the wound. The  
7 pathology report indicated there was an overall histologic impression of a melanoma.<sup>6</sup>  
8 Consequently, on or about August 8, 2018, Respondent discussed the diagnosis with Patient A  
9 and referred her to an oncologist.

10                                   **FIRST CAUSE FOR DISCIPLINE**

11                                   (Gross Negligence)

12       25. Respondent is subject to disciplinary action under Code section 2234, subdivision (b),  
13 in that he was grossly negligent in his care and treatment of Patient A. The circumstances are as  
14 follows:

15       26. Complainant hereby re-alleges the facts set forth in paragraphs 8 through 24, above,  
16 as though fully set forth.

17       27. The standard of care when treating a skin lesion is to monitor the lesion to see if it  
18 acts as expected and continues to progress as expected, therefore validating the appropriateness of  
19 the current treatment plan. If the lesion does not progress as expected, then it is necessary to  
20 further evaluate or perform additional testing to see if there may be another diagnosis. There are  
21 many atypical presentations of any lesion. As such, a biopsy offers the best diagnostic  
22 information when a lesion does not progress as expected. Further, when there are repeated  
23 recurrences of a lesion, or when a lesion does not fit the classic mold, a biopsy is essential.

24       28. Respondent evaluated Patient A's wound multiple times. The wound, and associated  
25 pain, seemingly got better but would regress. In Respondent's chart notes dated June 13, 2017,  
26 he noted that the base of the wound did not appear as expected for a wart. This should have been  
27 indication to obtain a specimen via biopsy.

28       <sup>6</sup> Melanoma is a form of skin cancer that begins in the pigment-producing cells.

29. Throughout the treatment period, Respondent and Dr. T.N. noted several times that they would recommend a biopsy if the wound did not progress. However, a biopsy did not occur until July 27, 2018. Respondent's failure to timely obtain a biopsy after recognizing that the wound did not fit the classic appearance and after multiple failed treatments to eradicate the wound constitutes an extreme departure from the standard of care.

## SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

30. Respondent is subject to disciplinary action under Code section 2266 in that he failed to maintain adequate and accurate medical records pertaining to his care and treatment of Patient A. The circumstances are as follows:

31. Complainant hereby re-alleges the facts set forth in paragraphs 10 through 24, above, as though fully set forth.

32. The standard of care is to document a patient's condition accurately, as a source of reference for the primary provider and for other providers, should they need to get involved with the care and treatment of the patient. Specifically, since there are clear variations to any skin lesion, proper documentation is imperative.

33. Respondent's documentation of Patient A's wound was poor. There was no documentation of size of the wound, which was simply described as a wart in the records. Respondent also failed to include common characteristics used to describe warts. Further, Respondent did not document how fast the wound was growing and did not include notes with each photograph found in the records.

34. Respondent's failure to accurately document clinical findings constitutes the failure to maintain adequate and accurate medical records for Patient A and is a simple departure of the standard of care.

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**PRAYER**

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

1. Revoking or suspending Doctor of Podiatric Medicine License Number 4081, issued to Respondent Gray Reynolds Williams, D.P.M.;
2. Ordering Respondent Gray Reynolds Williams, D.P.M. to pay the Board the reasonable costs of the investigation and enforcement of this case;
3. Ordering Respondent Gray Reynolds Williams, D.P.M. to pay the Board the probation monitoring costs, if placed on probation; and
3. Taking such other and further action as deemed necessary and proper.

DATED: JAN 19 2024

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

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