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

In the Matter of the Accusation Against: Fares Jeries Rabadi, M.D. Physician's and Surgeon's Certificate No. A 66578 Respondent.	Case No.: 800-2017-037241

DECISION

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

This Decision shall become effective at 5:00 p.m. on September 30, 2021.

IT IS SO ORDERED: August 31, 2021.

MEDICAL BOARD OF CALIFORNIA

Alejandra Campoverdi, Vice Chair
Panel B

MATTHEW RODRIQUEZ
Acting Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **FARES JERIES RABADI, M.D.** **18350 Roscoe Blvd., Suite 514** **Northridge, CA 91325** **Physician's and Surgeon's Certificate No. A 66578,** Respondent.	Case No. 800-2017-037241 OAH No. 2020100884 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Matthew Rodriquez, Acting Attorney General of the State of California, by Joshua M. Templet, Deputy Attorney General.

2. Respondent Fares Jeries Rabadi, M.D. (Respondent) is represented in this proceeding by attorney Albert J. Garcia, whose address is 2000 Powell Street, Suite 1290, Emeryville, CA 94608.

3. On or about September 25, 1998, the Board issued Physician's and Surgeon's Certificate No. A 66578 to Respondent. The certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2017-037241, and will expire on May 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-037241 (Accusation) 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 September 29, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the Accusation 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 the Accusation. Respondent has also carefully read, fully discussed with his 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 understands and agrees that the charges and allegations in the Accusation, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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10. Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

12. 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.

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in the Accusation shall be deemed true, correct, and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. 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.

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16. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 66578 issued to Respondent Fares Jeries Rabadi, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for two years with the following terms and conditions:

1. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices 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.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent.

Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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.

3. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation 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 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 Board or its designee within 15 calendar days.

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

4. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

5. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

6. QUARTERLY DECLARATIONS. 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.

7. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. 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, subdivision (b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

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 thirty (30) calendar days.

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.

8. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards' Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for a Respondent residing outside of 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 Laws; General Probation Requirements; and Quarterly Declarations.

10. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

11. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. 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, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

12. 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 to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not 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 medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

13. 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 Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

14. FUTURE ADMISSIONS CLAUSE. 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 action agency in the State of California, all of the charges and allegations contained in the Accusation 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 license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Albert J. Garcia. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 4/22/2021

FARES JERIES RABADI, M.D.
Respondent

I have read and fully discussed with Respondent Fares Jeries Rabadi, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: April 22, 2021

Albert Garcia
ALBERT J. GARCIA
Attorney for Respondent

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

DATED: April 23, 2021

Respectfully submitted,

MATTHEW RODRIQUEZ
Acting Attorney General of California
E. A. JONES III
Supervising Deputy Attorney General

Joshua M. Templet

JOSHUA M. TEMPLET
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-037241

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Fares Jeries Rabadi, M.D.** 18350 Roscoe Blvd., Suite 514 Northridge, CA 91325 **Physician's and Surgeon's Certificate No. A 66578,** Respondent.	Case No. 800-2017-037241 **ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On September 25, 1998, the Board issued Physician's and Surgeon's Certificate Number A 66578 to Fares Jeries Rabadi, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on May 31, 2022, unless renewed.

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JURISDICTION

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

4. Section 2004 of the Code provides that the Board shall have the responsibility for the enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

5. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

6. At all times relevant to this matter, Respondent was licensed and practicing medicine in California.

STATUTORY PROVISIONS

7. 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.
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> . . .

8. Section 2266 of the Code states that the failure of a physician to maintain adequate and accurate records relating to the provision of services to his patients constitutes unprofessional conduct.

FACTUAL ALLEGATIONS

9. Respondent practices internal medicine as a primary care physician.

Patient P-1

10. Patient P-1[1] was 39-years old when Respondent began treating him, in July 2008. Respondent saw P-1 on an almost monthly basis from January 2014 through December 2017 and treated him for chronic neck and low back pain and generalized anxiety disorder. Respondent also diagnosed P-1 with opioid dependency.

11. Respondent's treatment records for P-1 are handwritten and barely legible, with minimal information. The only vital sign that Respondent documented is blood pressure, and the only physical examination he documented is of the patient's lungs, heart, and sometimes abdomen. In his records for each of the patient's visits, Respondent documented "refusing detox" and continuing to prescribe the patient Norco[2]® tablets to be taken every six hours or as needed for his chronic neck and low back pain, and Xanax[3]® 2 mg tablets to be taken every eight hours or as needed for his generalized anxiety disorder.

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[1] The patients are designated in this document as P-1 and P-2 to protect their privacy. Respondent knows the names of the patients and can confirm their identities through discovery.

[2] Norco® is a trade name of hydrocodone-acetaminophen, a combination of two pain medications: hydrocodone bitartrate, a semisynthetic narcotic, and acetaminophen (trade names of which include Tylenol®). The tablets that Respondent prescribed P-1 contained 10 mg of hydrocodone bitartrate and 325 mg of acetaminophen. Effective October 6, 2014, the Drug Enforcement Administration (DEA) placed hydrocodone-acetaminophen on Schedule II of the Controlled Substances Act pursuant to title 21 of the Code of Federal Regulations, section 1308.12, subdivision (b)(1)(vi). The DEA had previously classified it as a Schedule III controlled substance. Hydrocodone-acetaminophen is a dangerous drug as defined in Code section 4022, and a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e).

[3] Xanax® is a trade name of alprazolam, a benzodiazepine. It is a psychotropic drug used to treat anxiety and panic disorders. The DEA placed it on Schedule IV of the Controlled Substances Act pursuant to title 21 of the Code of Federal Regulations, section 1308.14, subdivision (c)(2). Alprazolam is a dangerous drug as defined in section 4022, and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(1).

12. Prescribing records apart from those maintained by Respondent confirm that each month he prescribed 100 Norco® tablets and 90 Xanax® 2 mg tablets to P-1.

Patient P-2

13. Patient P-2 was 59-years old when Respondent began treating her, in approximately August 2009. According to Respondent's records of his treatment of P-2 between December 2013 and December 2017, he treated her for chronic neck and low back pain, generalized anxiety disorder, and chronic insomnia, among other conditions.

14. Respondent's treatment records for P-2 are handwritten and barely legible, with minimal information. The only vital sign that Respondent documented is blood pressure, and the only physical examination he documented is of the patient's lungs, heart, and sometimes abdomen. Respondent documented regularly prescribing the patient, for years, Xanax® 0.25 mg tablets to be taken daily or as needed for her generalized anxiety disorder, and two Dalmane[4]® 15 mg tablets every evening or as needed for her chronic insomnia.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

15. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, because he engaged in the following acts of gross negligence in the care and treatment of patients P-1 and P-2, as alleged above:

A. Respondent's continued prescribing of controlled substances to P-1, whom he diagnosed with opioid dependency, without a plan to taper him off controlled substances, without monitoring his compliance with the tapering plan through toxicology screening and by checking CURES[5], and without referring the patient to and

[4] Dalmane® is a trade name of flurazepam, a benzodiazepine. It is a psychotropic drug used to treat insomnia. The DEA placed it on Schedule IV of the Controlled Substances Act pursuant to title 21 of the Code of Federal Regulations, section 1308.14, subdivision (c)(25). Flurazepam is a dangerous drug as defined in section 4022, and a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d)(14).

[5] The Controlled Substance Utilization Review and Evaluation System (CURES) is a database of scheduled controlled substance prescriptions meant to reduce prescription drug abuse and diversion by making a patient's prescribing information accessible by each of his health care providers. Among other information, CURES shows each prescription written for and filled by a patient.

confirming his treatment by a pain management physician, was an extreme departure from the standard of care.

B. Respondent's failure to document the following elements of his treatment of P-1 was an extreme departure from the standard of care:

   a. Clinical indications and potential contraindications for the controlled substances that he prescribed to P-1;

   b. P-1's clinical response to the prescribed medications;

   c. P-1's history of controlled substance use, including prior failed trials and contraindications;

   d. P-1's history of alternative and complementary treatment, including psychotherapy, cognitive behavioral therapy, stress reduction techniques, meditation, exercise, physical therapy, use of a TENS unit, acupuncture, trigger point injections, epidural steroid injections, or other non-medication-based pain management modalities; and

   e. Respondent's routine monitoring of the patient's use of controlled substances as prescribed, including through toxicology screening and by checking CURES.

C. Respondent's long term prescribing of narcotics and benzodiazepines to P-1, the combination of which results in a high risk of profound sedation, respiratory depression, coma, and even death, was an extreme departure from the standard of care.

D. Respondent's failure to document the following elements of his treatment of P-2 was an extreme departure from the standard of care:

   a. Clinical indications and potential contraindications for the controlled substances that he prescribed to P-2;

   b. P-2's clinical response to the prescribed medications;

   c. P-2's history of controlled substance use, including prior failed trials and contraindications;

   d. P-2's history of alternative and complementary treatment, including psychotherapy, cognitive behavioral therapy, stress reduction techniques,

meditation, exercise, physical therapy, use of a TENS unit, acupuncture, trigger point injections, epidural steroid injections, or other non-medication-based pain management modalities; and

e. Respondent's routine monitoring of the patient's use of controlled substances as prescribed, including through toxicology screening and by checking CURES.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

16. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, because he engaged in repeated negligent acts in his care and treatment of patients P-1 and P-2. These acts include those alleged in the First Cause for Discipline.

THIRD CAUSE FOR DISCIPLINE

(Inadequate Records)

17. Respondent is subject to disciplinary action under section 2266 of the Code, because he failed to maintain adequate records of the medical services that he provided to patients P-1 and P-2, as alleged above.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 66578, issued to Fares Jeries Rabadi, M.D.;

2. Revoking, suspending, or denying approval of Fares Jeries Rabadi, M.D.'s authority to supervise physician assistants and advanced practice nurses;

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3. Ordering Fares Jeries Rabadi, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: SEP 29 2020

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

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