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

In the Matter of the Accusation Against: **Cranford Lavern Scott, M.D.** **Physician's and Surgeon's Certificate No. C 32142** **Respondent.**	**Case No.: 800-2018-047019**

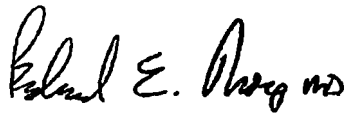
DECISION

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 March 18, 2022.

IT IS SO ORDERED: February 16, 2022.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the Accusation Against: **CRANFORD LAVERN SCOTT, M.D.** **P.O. BOX 1010** **INGLEWOOD, CA 90308** **Physician's and Surgeon's Certificate No. C 32142** Respondent.	Case No. 800-2018-047019 OAH No. 2021030032 **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 Rob Bonta, Attorney General of the State of California, by Brian D. Bill, Deputy Attorney General.

2. Respondent Cranford Laverne Scott (Respondent) is represented in this proceeding by attorney Nathan Mubasher, Esq., whose address is: 2621 Green River Rd., Suite 105, PMB 403, Corona, CA 92882.

3. On or about April 9, 1970, the Board issued Physician's and Surgeon's Certificate No.

C 32142 to Cranford Laverne Scott (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-047019, and will expire on February 28, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-047019 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 February 26, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-047019 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. 800-2018-047019. 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 Accusation No. 800-2018-047019, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case

or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2018-047019, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. C 32142 to disciplinary action.

12. 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.

RESERVATION

13. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

14. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California 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.

15. 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 Accusation No. 800-2018-047019 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.

16. 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 agreement of the parties in this above entitled matter.

17. 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.

18. 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. C 32142 issued to Respondent CRANFORD LAVERN SCOTT, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. 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.

2. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice and billing monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current

business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice and billing shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of practice and billing, and whether Respondent is practicing medicine safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee 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 during the term of probation.

4. PROHIBITED PRACTICE. During probation, Respondent is prohibited from engaging in concierge service practice. After the effective date of this Decision, all patients being treated by the Respondent shall be notified that the Respondent is prohibited from engaging in concierge service practice. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

5. 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.

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

7. 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.

8. 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.

9. 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.

10. 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.

11. 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's 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; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing..

12. 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.

13. 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.

14. 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.

15. 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.

16. 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 Accusation No. 800-2018-047019 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.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Nathan Mubasher, Esq. 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: 11/05/2021

Cranford L Scott, M.D.

CRANFORD LAVERNE SCOTT
Respondent

I have read and fully discussed with Respondent Cranford Laverne Scott the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/05/2021

Nathan Mubasher

NATHAN MUBASHER, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Nathan Mubasher, Esq. 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: _____ _____
CRANFORD LAVERNE SCOTT
Respondent

I have read and fully discussed with Respondent Cranford Laverne Scott the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____ _____
NATHAN MUBASHER, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: November 5, 2021

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-047019

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Feb. 26 20 20
BY M. Francis ANALYST

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

In the Matter of the Accusation Against:	Case No. 800-2018-047019
Cranford Lavern Scott, M.D. **P.O. Box 1010** **Ingelwood, CA 90308** **Physician's and Surgeon's Certificate No. C 32142,** Respondent.	**A C C U S A T I O N**

PARTIES

1. Christine J. Lally (Complainant) brings this Accusation solely in her official capacity as the Interim Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about April 9, 1970, the Medical Board issued Physician's and Surgeon's Certificate Number C 32142 to Cranford Lavern Scott, 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 February 28, 2021, 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 2220 of the Code states:

"Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

"(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

"(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

"(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon."

5. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

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

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

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

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

6. Section 2228 of the Code states:

"The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

"(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

"(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

"(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

"(d) Providing the option of alternative community service in cases other than violations relating to quality of care."

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.

"...

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

"..."

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8. 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."

DEFINITIONS

9. Temazepam. A benzodiazepine sedative indicated to treat insomnia. Combining with other substances, particularly alcohol, can slow breathing and possibly lead to death. Tempazepam is a controlled substance.

10. Chlordiazepoxide. A benzodiazepine sedative indicated to treat anxiety, acute alcohol withdrawal symptoms, and tremor. Combining with alcohol can slow breathing and possibly lead to death. Chlordiazepoxide is a controlled substance.

11. Zolpidem. A nonbenzodiazepine, hypnotic sedative used to treat insomnia. Combining with alcohol can slow breathing and possibly lead to death. Zolpidem is a controlled substance.

12. Quetiapine. An atypical antipsychotic medication indicated to treat bipolar disorder, schizophrenia, and sudden onset episodes of mania or depression. Combining with alcohol can cause side effects to become more severe.

FACTUAL ALLEGATIONS

Background Information

13. Respondent began the care and treatment of Patient No. 1[1] on, or about, January 2, 2013. Patient No. 1 had a long history of severe alcohol addiction and mental health issues. Patient No. 1 was under the care of a psychiatrist, Dr. No. 1, prior to, and during his treatment with Respondent. Patient No. 1's addiction issues resulted in multiple periods of hospitalization and multiple unsuccessful attempts at seeking drug and alcohol treatment. On January 16, 2014, Patient No. 1 died as a result of suffocation by choking on food due to acute alcohol intoxication.

Respondent's Care and Treatment of Patient No. 1

14. On January 2, 2013, Patient No. 1 was transported by a mutual friend, and patient of Respondent, to the Brotmon Hospital Emergency Department due to acute alcohol intoxication.

[1] Initials are used to protect patient privacy.

The mutual friend asked Respondent to treat Patient No. 1. Respondent agreed and admitted Patient No. 1 to Brotmon Hospital under a false name to obtain treatment for alcohol addiction. Patient No. 1 requested that a false name be used because he was engaged in a contentious divorce and child custody case and wanted to prevent the disclosure of his treatment. Patient No. 1 remained in the hospital for five to seven days. Respondent charted his care and treatment of Patient No. 1 during the stay at the hospital. During the Board investigation Respondent was unable to produce the Brotmon Hospital records as he could not recall the false name used to admit Patient No. 1.

15. After his stay in the hospital, Patient No. 1 asked Respondent to be his primary care physician. According to Respondent, Patient No. 1 hired him as a "concierge physician," to be available at any time of the day. According to Respondent, Patient No. 1 offered to pay Respondent $40.00 per hour, every hour of every day, regardless of whether Respondent provided treatment. Patient No. 1 was the only concierge medicine patient Respondent has treated during his career.

16. On January 21, 2013, Patient No. 1 fell while intoxicated. Patient No. 1 sustained a facial injury. Respondent escorted Patient No. 1 to the Torrance Memorial Hospital Emergency Department to obtain x-rays. According to Respondent, emergency department physicians wanted to perform a CAT scan of Patient No. 1's cervical spine and head. However, Patient No. 1 only wanted to submit to an MRI. Patient No. 1 left Torrance Memorial Hospital against the advice of the emergency department doctors. Respondent then drove Patient No. 1 to Centinela Hospital Medical Center to obtain the MRI. While at Centinela Hospital Medical Center, Respondent documented the following:

A. Patient No. 1 sustained a fall while severely intoxicated.

B. Patient No. 1 acts in a self-destructive manner and is his "own wors[t] enemy," regarding his sobriety. Patient No. 1 refused to seek group support through Alcoholics Anonymous.

C. Patient No. 1 was "obviously in need of acute [and] chronic detoxification and rehabilitation." Respondent also noted that outpatient treatment was necessary for

Patient No. 1 to achieve and maintain sobriety.

D. The treatment plan called for Patient No. 1 to "remain under [Respondent's] clinical observation with 24-hour assisted care... to hopefully get [Patient No. 1] through this acute social situation he is now having to encounter."

E. The day prior to the fall, Respondent evaluated Patient No. 1 during a house call. Patient No. 1 was intoxicated due to alcohol use and concomitantly using chlordiazepoxide and quetiapine. Respondent was concerned that Patient No. 1 may need to be hospitalized. However, after several hours of observation, Respondent deemed Patient No. 1 medically safe to remain at home. Patient No. 1 promised Respondent that he would refrain from alcohol use.

17. Respondent documented only four in-office visits with Patient No. 1. According to the medical records, Patient No. 1 was treated at Respondent's office on the following dates:

A. March 1, 2013. Patient No. 1 sought treatment for a blister on his right foot. The records are largely incomplete and illegible. Respondent failed to document the medications Patient No. 1 was taking. Additionally, Respondent failed to document that he prescribed controlled substances to Patient No. 1, and the medical indication for the controlled substances.

B. March 22, 2013. Patient No. 1 sought treatment for a blister on his right foot. The records are largely incomplete and illegible. Respondent failed to document the medications Patient No. 1 was taking. Additionally, Respondent failed to document that he prescribed controlled substances to Patient No. 1, and the medical indication for the controlled substances.

C. April 12, 2013. The records lack a chief complaint and are largely incomplete and illegible. However, it appears that Respondent's assessment included "Blister of R foot" and "bradycardia." Respondent failed to document the medications Patient No. 1 was taking. Additionally, Respondent failed to document that he prescribed controlled substances to Patient No. 1, and the medical indication for the controlled substances.

D. May 15, 2013. The records lack a chief complaint and are largely incomplete and illegible. Respondent diagnosed Patient No. 1 with "Insomnia," but failed to document the reason for the diagnosis. Respondent failed to document the medications Patient No. 1 was taking. Additionally, Respondent failed to document that he prescribed controlled substances to Patient No. 1, and the medical indication for the controlled substances.

18. During the course of treatment, Respondent prescribed temazepam 11 times, chlordiazepoxide 14 times, and zolpidem three times; all are controlled substances. Respondent failed to document the indication for the drugs, or that the drugs were prescribed.

19. During an interview with the Board, Respondent made the following statements regarding his care and treatment of Patient No. 1:

A. Respondent spoke with Dr. No. 1 monthly, but never documented the conversations because Patient No. 1 did not want his treatment documented. Dr. No. 1 informed Respondent that Patient No. 1 was "very dependent...and very vulnerable to alcohol."

B. Respondent did not believe Patient No. 1's alcohol dependency was severe because Patient No. 1 was "functioning and working full time." Respondent further stated that when he was released from Brotmon Hospoital, Patient No. 1 was "totally sober...[and] wasn't drinking at all."

C. Respondent did not believe that either in-patient or out-patient addiction treatment was necessary as Patient No. 1 was "functioning quite well" and "working fulltime."

D. Respondent believed that Patient No. 1 was "healthy as ever" and "just had a drinking problem."

E. Regarding the concierge medical services provided, Respondent stated that he was "just probably giving the emotional support that [Dr. No. 1 thought was necessary]." Respondent described his therapeutic role as a "secondary psychiatrist," and his care and treatment generally consisted of "just talking to [Patient No. 1]."

F. Patient No. 1 would telephone Respondent "four times a day." The telephone calls often were focused on Patient No. 1's work or child custody issues. Respondent

described the telephone calls as "just a telephone conversation."

G. Respondent conducted house calls "at least weekly" or he would "meet [Patient No. 1] for dinner." Respondent also "took [Patient No. 1] to places [Patient No. 1] wanted to go."

H. Respondent admitted that portions of his records were illegible.

I. Respondent admitted that he failed to maintain various lab test results in the patient file.

J. Respondent admitted that he conducted house calls for Patient No. 1 but did not maintain medical records for those visits.

K. Respondent admitted that he conducted daily "concierge medicine phone calls" but did not maintain records of those calls.

L. Patient No. 1 requested that Respondent not create health records, as Patient No. 1 wanted to prevent discovery of this information during his divorce/child custody case.

M. Respondent believes that his failure to create medical records was appropriate as he complied with Patient No. 1's request.

N. Respondent stated that continuity of care was a non-issue, despite the lack of proper medical documentation, because Patient No. 1 could relay his medical history to future providers.

Fraudulent/Bad Faith Transfers of Monies

20. During the course of treatment, multiple large money transfers were made to Respondent from a Goldman Sachs Account owned by Patient No. 1. The following are the dates and amounts of the various transfers from the Goldman Sachs Account to Respondent:

	Date of Transfer	Amount Transferred
A.	March 5, 2013	$27,180.00
B.	June 27, 2013	$12,741.00
C.	August 20, 2013	$18,500.00
D.	November 15, 2013	$59,984.59
E.	December 19, 2013	$69,000.00

F. December 19, 2013 $69,000.00

An additional $125,000.00 payment, identified as "NW [Net Worth] asset prepayment of medical concierge services 125k," was noted on Patient No. 1's "Net Worth Statement." Between March 5, 2013, and December 19, 2013, a total of $381,135.59 was transferred from Patient No. 1 to Respondent.

21. During the period of treatment, Patient No. 1 had medical insurance coverage through Anthem Blue Cross (Anthem). During the same period, Respondent was listed as a preferred provider for Anthem. During the period of treatment, Respondent made no claims for reimbursement to Anthem.

22. According to Dr. No. 1, Respondent asked Patient No. 1 to borrow money. During treatment, Dr. No. 1 advised Patient No. 1 to refer Respondent to a bank, rather than extending a personal loan.

23. Respondent submitted written billing statements to Patient No. 1. According to the statements, Respondent charged for "Professional Concierge Medical Services" including: "Office Visits," "Daily Concierge Therapeutic Phone Calls," "Concierge Home Care Visit[s]," "Office Visit[s] and Diagnostic Tests," and "Concierge ER and Outpatient Care."

24. During an interview with the Board, Respondent made the following statements regarding his financial dealings with Patient No. 1:

A. Respondent billed Patient No. 1 for office visits on March 26, 2013, and April 3, 2013, but failed to document the visits.

B. Respondent told Patient No. 1 that he wanted extra funds to refurbish his office. Patient No. 1 "may have [written the word] loan on the [funds transfer instrument]."

C. Respondent also believed that a portion of the monies transferred were considered an "advanced payment" for his concierge services to be rendered in January 2014.

<u>Lawsuit to Reclaim Monies Obtained Through Undue Influence, and/or Bad Faith</u>

25. On or about January 5, 2016, Patient No. 1's estate (Estate) filed a petition in Los Angeles Superior Court to "Determine Title to and Require Transfer of Personal Property to Estate." An amended and second amended petition were subsequently filed. The Estate alleged

that Respondent obtained monies described in Paragraph 19, above, through undue influence in bad faith or through the commission of dependent adult financial abuse, pursuant to California Probate Code, section 850, subdivision (a)(2)(D). The Estate further alleged that Respondent was liable for punitive damages in an amount twice the value of the monies obtained because Respondent acted in bad faith, and through undue influence over Patient No. 1, pursuant to California Probate Code, section 859.

26. Respondent refused to comply with the Estate's discovery requests for financial and/or medical records related to Patient No. 1.

27. On November 2, 2018, the Estate filed a Motion for Summary Judgment (MSJ) and sought an order terminating the case in favor of the Estate.

28. Respondent failed to file an opposition to the MSJ.

29. On January 22, 2019, the Court granted the MSJ. On February 21, 2019, the Court made the following orders:

A. There was no triable issue of material fact and the estate was entitled to judgment as a matter of law.

B. Respondent was liable to the Estate for:

a. $381,405, for claims brought pursuant to California Probate Code, section 850, subdivision (a)(2)(D).

b. $762,810, for punitive damages, pursuant to California Probate Code, section 859.

c. $192,369.78, for prejudgment interest.

30. On July 3, 2019, the Court ordered Respondent to pay Petitioner's attorneys' fees in the amount of $233,674.50.

31. As of November 7, 2019, Respondent has not made an attempt to comply with the Court's order.

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FIRST CAUSE FOR DISCIPLINE

(Committing a Dishonest and/or Corrupt Act)

32. Respondent Cranford Lavern Scott, M.D. is subject to disciplinary action under section 2234, subdivision (e), in that Respondent committed an act involving dishonesty or corruption substantially related to the qualifications, functions, or duties of a physician and surgeon, when he obtained payments in the amount of $381,405 from Patient No. 1 in bad faith, and/or with undue influence. The circumstances are as follows:

33. The facts and circumstances alleged in Paragraphs 13 through 31 above, are incorporated by reference as if set forth in full herein.

SECOND CAUSE FOR DISCIPLINE

(Failure to maintain adequate records)

34. Respondent Cranford Lavern Scott, M.D. is subject to disciplinary action under section 2234, subdivision (a), and section 2266, in that Respondent failed to create and maintain adequate medical records during his care and treatment of Patient No. 1. The circumstances are as follows:

35. The facts and circumstances alleged in Paragraphs 13 through 19 above, are incorporated by reference as if set forth in full herein.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number C 32142, issued to Cranford Lavern Scott, M.D.;

2. Revoking, suspending or denying approval of Cranford Lavern Scott, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Cranford Lavern Scott, 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: FEB 26 2020

CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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