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

In the Matter of the First Amended Accusation Against: Fombe Ndiforchu, M.D. Physician's and Surgeon's Certificate No. A 26721 Respondent.	Case No. 800-2019-058350

DECISION

The attached Stipulated Surrender of License and 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 16, 2022.

IT IS SO ORDERED March 9, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
REBECCA L. SMITH
Deputy Attorney General
State Bar No. 179733
300 South Spring Street, Suite 1702
Los Angeles, CA 90013
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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 First Amended Accusation Against: FOMBE NDIFORCHU, M.D. 454 East Carson Plaza Drive, Suite 110 Carson, CA 90746 Physician's and Surgeon's Certificate No. A 26721, Respondent.	Case No. 800-2019-058350 OAH No. 2022010552 **STIPULATED SURRENDER OF LICENSE AND 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 Rebecca L. Smith, Deputy Attorney General.

2. Fombe Ndiforchu, M.D. (Respondent) is represented in this proceeding by attorneys Peter R. Osinoff and Carolyn W. Lindholm, whose address is 355 South Grand Avenue, Suite 1750, Los Angeles, CA 90071-1562.

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3. On or about June 23, 1975, the Board issued Physician's and Surgeon's Certificate No. A 26721 to Respondent. That license was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-058350 and will expire on January 31, 2023, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2019-058350 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on December 30, 2021. Respondent timely filed his Notice of Defense contesting the First Amended Accusation. A copy of First Amended Accusation No. 800-2019-058350 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2019-058350. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

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CULPABILITY

8. Respondent understands that the charges and allegations in First Amended Accusation No. 800-2019-058350, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the First Amended Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

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

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

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

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ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 26721, issued to Respondent Fombe Ndiforchu, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

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

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

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2019-058350 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $2,670.00 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in First Amended Accusation, No. 800-2019-058350 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorneys Peter R. Osinoff and Carolyn W. Lindholm. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 3/3/2022

FOMBE NDIFORCHU, M.D.
Respondent

I have read and fully discussed with Respondent Fombe Ndiforchu, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 3/3/2022

PETER R. OSINOFF
CAROLYN W. LINDHOLM,
Attorney for Respondent

ENDORSEMENT

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

DATED: 3/4/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-058350

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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 First Amended Accusation Against: **FOMBE NDIFORCHU, M.D.** **454 East Carson Plaza Drive, Suite 110** **Carson, CA 90746-3231** **Physician's and Surgeon's Certificate No. A 26721,** Respondent.	Case No. 800-2019-058350 **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On or about June 23, 1975, the Board issued Physician's and Surgeon's Certificate Number A 26721 to Fombe Ndiforchu, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2023, unless renewed.

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JURISDICTION

3. This First Amended 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 states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

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.

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(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 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.

7. 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.

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COST RECOVERY

8. Business and Professions Code section 125.3 states that:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for 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.

(g)(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 the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in

that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that he committed gross negligence in his care and treatment of Patient 1.[1] The circumstances are as follows:

10. Patient 1, a then 12-year-old female, underwent a right salpingo-oophorectomy[2] in January 2016 for ovarian torsion[3] due to ovarian teratoma.[4]

11. On August 29, 2016 at approximately 8:00 p.m., Patient 1 presented to the emergency department at Providence Little Company of Mary Hospital with complaints of abdominal pain. She had returned from Costa Rica after traveling with her family two days earlier. She reported developing right lower quadrant abdominal pain at about 7:00 p.m. She had multiple episodes of vomiting green bile, with no blood, no diarrhea and no fevers. She was seen by emergency room physician, Dr. A.L. Upon examination, Dr. A.L. noted that there was mild tenderness to very deep palpation of the right quadrant of the patient's abdomen and that it was nondistended, with positive bowel sounds. He further noted that there was no visceromegaly, rebound or guarding. An abdominal ultrasound was interpreted as being negative. An ultrasound of the appendix revealed no sonographic evidence of acute appendicitis. The patient's laboratory studies were essentially within normal limits. A report of a CT scan of the abdomen and pelvis performed on August 30, 2016 at 1:58 a.m. revealed a collapsed/mildly thickened colon consistent with colitis. It also showed pelvic free fluid, and non-specific mild dilation of the small bowel loops in the low abdomen, containing fecal material. Dr. A.L. concluded that Patient 1 likely had colitis.[5] By

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[1] For privacy purposes, the patient in this First Amended Accusation is referred to as Patient 1, with the identity of the patient disclosed to Respondent in discovery.

[2] Salpingo-oophorectomy is the surgical removal of an ovary and fallopian tube.

[3] Ovarian torsion is a condition occurring when the ovary or fallopian tubes twist on the tissues that support them.

[4] Ovarian teratoma is a dermoid cyst of the ovary, usually benign.

[5] Colitis is inflammation of the lining of the colon.

4:24 a.m., Patient 1 was noted to be comfortable, and her abdominal exam was noted to be benign at that time. She was discharged at approximately 4:34 a.m., with anti-nausea medications and instructions to drink plenty of fluids, take Tylenol and Motrin for pain, and to follow up with her primary care physician for further evaluation.

12. Patient 1 continued to vomit after her emergency room discharge earlier that morning and her vomit had started to turn to a darker green color. Patient 1's mother then took Patient 1 to her primary care doctor's office. Given the persistent abdominal pain and emesis, Patient 1's primary care physician sent Patient 1 to the emergency department at Torrance Memorial Medical Center. Patient 1 was then admitted to Torrance Memorial Medical Center by hospitalist, Dr. J.O. for dehydration, intractable vomiting, and severe abdominal pain. A surgical consultation with Respondent was requested.

13. Patient 1 was seen in consultation by Respondent at 10:04 p.m. on August 30, 2016. Respondent concluded that the patient's abdominal exam was normal. He noted that the results of the CT scan from the outside facility showed "colitis," an ultrasound revealed a normal remaining ovary, and an abdominal x-ray series showed "no air-fluid levels or evidence of obstruction." Respondent did not review the actual imaging studies from Providence Little Company of Mary Hospital and did not request copies of the studies. Respondent noted that the patient's bilious emesis "suggested early viral gastroenteritis which may be viral." He recommended stool cultures, fluid resuscitation, and to advance to a clear liquid diet the following morning. Respondent did not include an intestinal obstruction in his initial differential diagnosis and he failed to recommend follow up abdominal x-rays should Patient 1 not be able to tolerate a clear liquid diet. Respondent noted that Patient 1 could be discharged to home with a possible referral to a gastroenterologist.

14. The standard of care requires that an initial surgical consultant perform a history and physical, and review of all laboratory and radiology studies in order to form a differential diagnosis and make recommendations. Respondent committed an extreme departure from the standard of care in performing an incomplete evaluation and failing to recognize intestinal

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obstruction as a potential etiology of emesis in a patient that had undergone a previous abdominal operation.

15. Dr. J.O. did not discharge Patient 1. Patient 1's symptoms of pain and vomiting progressed over the course of twenty-four to forty-eight hours, until the evening of September 1, 2016. Respondent had seen Patient 1 at approximately 7:30 p.m. on August 31, 2016, and again the next morning at approximately 9:22 a.m. On both occasions, the patient had continued to complain of abdominal pain and Respondent noted that the patient had a benign abdominal examination.[6] Respondent's assessment was bilious emesis, severe dehydration, persistent emesis and sudden onset of severe abdominal pain of an undetermined etiology and that a pediatric gastroenterology consult was recommended if her symptoms persisted. On September 1, 2016, Respondent also noted that Patient 1 does not appear to have a surgical abdomen.

16. On September 1, 2016, Patient 1 was also seen in consultation by gastroenterologist, Dr. M.M., because of the persistent emesis. Dr. M.M.'s impression was that Patient 1 was suffering from constipation. A nasogastric tube drip of magnesium citrate was ordered along with continued round-the-clock antiemetic and as-needed Reglan.

17. After initiation of the magnesium citrate, the patient's abdomen became distended and she vomited most of the fluid administered. Dr. M.M. was concerned that the patient may have an obstruction. She ordered an abdominal study to be performed STAT and an upper GI study with small bowel follow through to be done the next morning. The abdominal films performed at 8:00 p.m. on September 1, 2016, revealed air fluid levels consistent with a bowel obstruction. This information resulted in a text from the hospitalist, Dr. J.O., to Respondent. Respondent testified in deposition that he received the information regarding the air fluid levels by either texts or telephone call at around 9:00 p.m. or 10:00 p.m. Despite learning the x-ray results in a patient who continued to have pain and vomiting three days after she presented with these symptoms, Respondent did not see the patient that night and concluded that the "intestinal obstruction does not mandate surgery at this time."

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[6] On September 1, 2016, Respondent noted that "Patient does not appear to be in pain in spite of her complaints."

18. The standard of care requires that surgical consultants engage in daily in-patient follow-up, including progress notes describing examination, findings, assessment and plan, as well as communication with the primary service until there are no active surgical issues or the patient is discharged.

19. When Respondent was contacted by Dr. J.O. on the evening of September 1, 2016 by text and subsequently by telephone regarding a significant change in the clinical status of Patient 1 with new findings of intestinal obstruction, he failed to see the patient. Respondent committed an extreme departure from the standard of care in failing to recognize a change in clinical status of a patient with an intestinal obstruction despite communication for a primary inpatient service.

20. The following morning, Respondent did not see Patient 1 at Torrance Memorial Hospital prior to going to another hospital to perform elective outpatient operations.

21. Respondent committed an extreme departure from the standard of care by failing to see Patient 1 on the morning of September 2, 2016, given the change in her clinical status overnight prior to performing outpatient elective procedures at another facility.

22. Mid-day on September 2, 2016, Respondent arrived at Torrance Memorial. By this time, Patient 1 had become febrile and tachycardic with abdominal distention. Given his examination of the patient and review of the previous night's x-rays, Respondent determined that Patient 1 had a small bowel obstruction and needed a laparotomy. This recommendation was made to Patient 1's parents, who declined to have Respondent operate on their daughter and requested that Dr. S.L., the surgeon who had performed the salpino-oophorectomy, be contacted.

23. Patient 1 was taken to the operating room on the afternoon of September 2, 2016 by Dr. S.L., assisted by Respondent. An adhesive band at the terminal ileum was found to be the etiology of the small bowel obstruction. Patient 1 was unstable during the operation and required the initiation of blood pressure support. She also sustained a significant systemic insult resulting in shock and organ failure requiring a higher level of care. She was transferred to UCLA Children's Hospital where she underwent another surgery due to decompress abdominal compartment syndrome, which required surgery to open the abdomen and place a wound vac. She had a long protracted postoperative course. She was taken to the operating room several

times before the abdomen was finally closed. She had an acute kidney injury which required hemofiltration. She developed a Clostridium difficile infection. She was placed on total parenteral nutrition for a period of time. She developed ischemia in two toes requiring amputation. She was ultimately discharged from UCLA three months later in November 2016.

24. Respondent's acts and/or omissions as set forth in paragraphs 8 through 22, above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

25. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he engaged in repeated acts of negligence in the care and treatment of Patient 1. The circumstances are as follows:

26. The allegations of the First Cause for Discipline are incorporated herein by reference as if fully set forth.

27. Each of the alleged acts of gross negligence set forth above in the First Cause for Discipline is also a negligent act.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

28. Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate medical records for Patient 1. The circumstances are as follows:

29. The allegations in the First and Second Causes for Discipline above are incorporated herein by reference as if fully set forth.

30. Respondent failed to maintain adequate and accurate medical records for Patient 1. Respondent's progress notes fail to set forth adequate history and physical examinations as well as assessment and specific diagnoses concerning the conditions being addressed.

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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 A 26721, issued to Respondent Fombe Ndiforchu, M.D.;

2. Revoking, suspending or denying approval of Respondent Fombe Ndiforchu, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Fombe Ndiforchu, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: DEC 30 2021

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

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