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

In the Matter of the Second Amended Accusation Against: Paul Carlton Norwood, Jr., M.D. Physician's and Surgeon's Certificate No. A 38798 Respondent.	Case No.: 800-2019-051892

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 16, 2022.

IT IS SO ORDERED: August 17, 2022.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
LYNETTE D. HECKER
Deputy Attorney General
State Bar No. 182198
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2320
Facsimile: (559) 445-5106
Attorneys for Complainant

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

In the Matter of the Second Amended Accusation Against: **Paul Carlton Norwood, Jr., M.D.** **550 E. Herndon Ave., Suite 101** **Fresno, CA 93720** **Physician's and Surgeon's Certificate No. A 38798** Respondent.	Case No. 800-2019-051892 OAH No. 2021030829 **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 Lynette D. Hecker, Deputy Attorney General.

2. Paul Carlton Norwood, Jr., M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about July 19, 1982, the Board issued Physician's and Surgeon's Certificate No. A 38798 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Second Amended Accusation No. 800-2019-051892, and will expire on July 31, 2022, unless renewed.

JURISDICTION

4. Second Amended Accusation No. 800-2019-051892 was filed before the Board, and is currently pending against Respondent. The original Accusation and all other statutorily required documents were properly served on Respondent on March 16, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. The Second Amended Accusation and all other statutorily required document were properly served on Respondent on March 23, 2022. This stipulation shall serve as Respondent's Notice of Defense pursuant to Government Code section 11506, subdivision (a)(4).

5. A copy of Second Amended Accusation No. 800-2019-051892 is attached as "Exhibit A" and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in Second Amended Accusation No. 800-2019-051892. Respondent has also carefully read, 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 Second Amended Accusation; the right to be represented by counsel at his own expense; 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.

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CULPABILITY

9. Respondent admits the truth of each and every charge and allegation in Second Amended Accusation No. 800-2019-051892.

10. Respondent understands and agrees that the charges and allegations in Second Amended Accusation No. 800-2019-051892, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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 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. 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 Second Amended Accusation No. 800-2019-051892 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.

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14. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 38798 issued to Respondent, Paul Carlton Norwood, Jr., M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

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 Second Amended 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. 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 Second Amended 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.

4. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the

effective date of this Decision, Respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee. Respondent, at the program's discretion, shall undergo and complete the program's assessment of Respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24 hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision(s), Accusation(s) and any other information that the Board or its designee deems relevant. The program shall evaluate Respondent at the end of the training and the program shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee.

Failure to complete the entire program not later than six (6) months after Respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with program recommendations. At the completion of the program, Respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

The program has the authority to determine whether or not Respondent successfully completed the program.

A professional boundaries course taken after the acts that gave rise to the charges in the Second Amended 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.

If Respondent fails to complete the program within the designated time period, Respondent shall cease the practice of medicine within three (3) calendar days after being notified by the

Board or its designee that Respondent failed to complete the program.

5. MONITORING - PRACTICE. 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 monitor, 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 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 medicine, 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.

STANDARD CONDITIONS

6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, Respondent shall provide a true copy of this Decision and the Second Amended 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.

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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. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena enforcement, as applicable, incurred on and after January 1, 2022, in the amount of $7,200 (seven thousand two hundred dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Any and all requests for a payment plan shall be submitted in writing by Respondent to the Board.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

9. 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.

10. 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).

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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.

11. 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.

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

13. 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.

14. 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.

15. 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.

16. 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.

17. 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 Second Amended Accusation No. 800-2019-051892 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 Stipulated Settlement and Disciplinary Order. 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: 3/25/22

PAUL CARLTON NORWOOD, JR., M.D.
Respondent

ENDORSEMENT

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

DATED: 03/25/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

LYNETTE D. HECKER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Second Amended Accusation No. 800-2019-051892

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
LYNETTE D. HECKER
Deputy Attorney General
State Bar No. 182198
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2320
Facsimile: (559) 445-5106
Attorneys for Complainant

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

In the Matter of the Second Amended Accusation Against: **Paul Carlton Norwood, Jr., M.D.** **550 E. Herndon Ave., Suite 101** **Fresno, CA 93720** **Physician's and Surgeon's Certificate No. A 38798,** Respondent.	Case No. 800-2019-051892 OAH No. 2021030829 **SECOND AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Second 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 July 19, 1982, the Medical Board issued Physician's and Surgeon's Certificate Number A 38798 to Paul Carlton Norwood, Jr., 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 July 31, 2024, unless renewed.

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JURISDICTION

3. This Second 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 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.

STATUTORY PROVISIONS

5. Section 2234 of the Code, states:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated

negligent acts.

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

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

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

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

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

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

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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[1], with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

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[1] As of November 18, 2021, Section 125.3 of the Code has been amended to remove subsection (k), which precluded the Board from collecting costs. The Board may collect investigation, prosecution, and other costs incurred for a disciplinary proceeding against a licensee beginning January 1, 2022.

DEFINITIONS

8. Acyclovir is an antiviral drug that is used to treat infections caused by herpes viruses, such as genital herpes, cold sores, shingles, and chickenpox. It will not cure herpes, but slows the growth and spread of the herpes virus in the body and can lessen the symptoms of the infection.

9. Fluconazole is an antifungal medicine. It is used to treat infections caused by fungus, which can invade any part of the body including the mouth, throat, esophagus, lungs, bladder, genital area, and the blood.

10. Metronidazole is an antibiotic that fights bacteria. It is used to treat bacterial infections of the vagina, stomach or intestines, liver, skin, joints, brain, heart, and respiratory tract.

11. Ondansetron blocks the actions of chemicals in the body that can trigger nausea and vomiting.

12. Promethazine-codeine syrup is primarily used to relieve coughing, ease allergy signs, and also ease some of the symptoms associated with the common cold.

FACTUAL ALLEGATIONS

Patient A

13. In or around 2013, a female pharmaceutical sales representative (Patient A)[2] began visiting Respondent's office, marketing medications manufactured by her employer.

14. From on or about May of 2014, through on or about January of 2015, and again on or about July of 2015, through on or about April of 2016, Respondent and Patient A engaged in an extramarital affair. During their affair, Respondent and Patient A engaged in sexual activities and/or intercourse approximately one-hundred times.

15. During their affair, Respondent became Patient A's doctor by ordering medications for her. Specifically, on or about October 8, 2014, Respondent ordered both promethazine-codeine syrup and 20 ondansetron HCL for Patient A. On or about November 25, 2014, Respondent ordered 25 acyclovir 800 mg tablets and 30 acyclovir 400 mg tablets for Patient A. On or about October 16, 2015, Respondent ordered 2 fluconazole 150 mg tablets and 24

[2] The patients' names are redacted to protect their privacy.

metronidazole 250 mg tablets for Patient A. On or about April 11, 2016, Respondent ordered 10 fluconazole 100 mg tablets and miconazole nitrate 2% cream for Patient A. Respondent did not document an examination of Patient A, order any testing, or document a diagnosis before ordering these medications for Patient A; indeed, Respondent did not create or maintain any medical records pertaining to his treatment of Patient A. However, Respondent diagnosed Patient A with herpes and yeast infections, and treated her for those conditions. Patient A terminated the affair in or around March or April of 2016.

16. Thereafter, in or around February of 2017, Respondent contacted Patient A's then-employer and told the employer about the sexual relationship he had with Patient A.

17. On or about May 7, 2017, Respondent came to Patient A's house where he encountered her in-laws. Respondent told Patient A's in-laws about the affair and attempted to show them a partially nude photograph of Patient A.

18. On or about May 15, 2017, Respondent sent the partially nude photograph of Patient A to one of her work colleagues, and subsequently also sent the colleague a letter that explicitly detailed their affair and a medical condition that Patient A had.

19. In or about May of 2017, Respondent contacted Patient A's then-employer and told the employer about his sexual relationship with Patient A.

20. On or about June 28, 2017, Respondent sent a letter that contained explicit details of the affair and a medical condition of Patient A's to a number of Patient A's friends, family, and business colleagues who were listed on Patient A's Facebook page.

21. On or about June 29, 2017, one of Patient A's business colleagues who received Respondent's letter contacted Respondent, and expressed disbelief of the contents of his letter. Respondent then sent the partially nude photograph of Patient A to her business colleague.

22. Respondent did not obtain Patient A's consent to distribute the partially nude photograph of her to anyone, nor did he obtain Patient A's consent to distribute the letter detailing their affair and her medical condition.

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23. On or about October 27, 2017, Patient A obtained a five-year domestic violence restraining order against Respondent for abuse, as that word is defined in California Family Code section 6203.

Patient B

24. Patient B, a 70-year-old female, was referred to Respondent for osteopenia (low bone density) for which she was currently taking Prolia. She had previously had a "severe reaction" to a once per week bisphosphonate (a class of osteoporosis/osteopenia medication).

25. Respondent first saw Patient B on or about July 25, 2019, at which time he indicated in a letter to the referring provider that he would obtain "authorization from her insurance company" to give her Reclast (an alternative medication for osteopenia). Respondent noted that Patient B previously had a possible adverse reaction to an oral bisphosphonate and cited this as the reason he was trying Reclast instead. Though Respondent may have had a discussion with Patient B regarding the side effects of Reclast, he failed to document any such discussion in Patient B's medical records.

26. Patient B received Reclast on or about August 5, 2019. Within the next few days, Patient B suffered a myriad of side-effects for which she presented to the local hospital emergency department, her family medicine provider, and her ophthalmologist.

27. Respondent saw Patient B in follow-up on or about August 12, 2019. He documented an extensive physical examination but failed to mention any discussion relating to Patient B's recent symptoms after her Reclast infusion despite the fact that they were unresolved such that she was still under the care of her ophthalmologist and family practitioner.

Patient C

28. Respondent first saw Patient C, a 40-year-old male, on or about December 5, 2019, for his type 2 diabetes. Respondent advised Patient C to stop glipizide (an oral medicine for diabetes) and to increase Basaglar insulin by 2 units every night until his fasting glucose was 100 mg/dL. Respondent also discussed with Patient C reducing his carbohydrate intake. Respondent ordered repeat labs, medications to control Patient C's blood pressure, and a potassium supplement.

29. Patient C returned for a follow-up visit on or about January 23, 2020. In that visit, a discussion occurred wherein Respondent assumed that Patient C had HIV, and stated as much to Patient C, because of Patient C's use of a medication for HIV prevention. Patient C was offended by this statement because he does not have HIV, but rather takes the medication for prevention only. Patient C then attempted to leave the exam room, but Respondent stood between Patient C and the door attempting to make amends and reconcile with Patient C – this despite Patient C asking to leave up to three times.

Patient D

30. Patient D is a 49-year-old female who Respondent saw on or about September 16, 2019, for hyperthyroidism, a history of thyroid nodules, and a possible sinus issue. A prior ultrasound, from on or about July 19, 2019, revealed bilateral thyroid nodules.

31. During that visit, Respondent diagnosed Patient D with "allergic rhinitis," "hyperthyroidism," "major depressive disorder," and "benign neoplasm of thyroid gland." Respondent prescribed an antihistamine typically used for allergy symptoms, a nasal spray frequently used for allergy symptoms, nasal irrigation, an anti-depressant, and a medication for her overactive thyroid. Respondent's clinic note indicated that he performed a breast exam on Patient D, when he did not perform any such exam.

Patient E

32. Patient E presented for an appointment with Respondent on or about June 27, 2019. Patient E's wife attended the appointment with him. During the appointment, there was a discussion about Patient E's prescription for treating erectile dysfunction. As part of that discussion, Patient E's wife raised concerns that her husband was cheating on her. Respondent attempted to convince Patient E's wife that Patient E was not cheating on her. The discussion became heated and Respondent raised his voice at Patient E's wife. Respondent told Patient E's wife that she was delusional for continually accusing Patient E of cheating on her, and that Patient E is not a handsome man and does not have the capability of having an affair.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

33. Respondent has subjected his Physician's and Surgeon's Certificate No. A 38798 to disciplinary action under section 2234, subdivision (b) of the Code, in that he committed gross negligence by ordering prescriptive medications for Patient A without an appropriate prior examination and a medical indication, by distributing her protected medical information to others without her consent, and by distributing a private image of her to others without her consent. The circumstances are set forth in paragraphs 13 through 23, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

34. The standard of care dictates that the practice of evaluating, diagnosing, treating, or prescribing controlled substances to a family member, employee, or friend is discouraged. In general, physicians should not treat themselves or members of their own families, and by extension, individuals with whom they are having an active sexual affair. However, it may be acceptable to do so in limited circumstances:

(a) in emergency settings or isolated settings where there is no other qualified physician available, until such time as another physician becomes available; or

(b) for short-term, minor problems.

Any treatment or care provided must be documented and relevant information must be conveyed to the patient's primary care physician. Respondent's treatment of Patient A, which he failed to document and relay to her primary care physician and which did not occur in a setting where there was no other qualified physician available, and was not for a short-term, minor problem, constitutes gross negligence and unprofessional conduct.

35. The standard of care dictates that patients need to be able to trust that a physician will protect information shared in confidence. Respondent's acts of sharing Patient A's protected health information with other individuals without her consent constitutes gross negligence and unprofessional conduct.

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SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

36. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 38798 to disciplinary action under section 2234, subdivision (c) of the Code, in that he committed repeated acts of negligence: (1) as to Patient A by ordering prescriptive medications for her without documenting an appropriate prior examination and a medical indication, by distributing her protected medical information to others without her consent, and by distributing a private image of her to others without her consent; (2) as to Patients B and D for failure to maintain adequate and accurate records; and (3) as to Patient E by injecting himself into an issue within Patient E's marital relationship. The circumstances are set forth in paragraphs 13 through 23, 24 through 27, 30 through 31, and 32, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

37. The standard of care dictates that consistent, current, and complete documentation in the medical record is an essential component of quality patient care. A physician cannot prescribe medication for a patient without documentation of an appropriate prior exam and a medical indication for the prescription and an adequate and accurate medical record relating to the provision of services to the patient. Respondent's prescribing medications to Patient A without keeping any medical records noting an adequate exam or testing to confirm a diagnosis constitutes negligence.

38. The standard of care dictates that Physicians may discuss marital issues with patients if this is a concern that is raised and the physician feels comfortable assisting the patient with the issues. When doing so, the physician should utilize a neutral approach, such as encouraging marriage counseling or open communication between the patient and spouse so they can personally resolve their issues. Respondent's engaging in a heated argument with Patient E's wife because of her concern that Patient E was cheating on her constitutes negligence.

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THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

39. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 38798 to disciplinary action under section 2234, subdivision (c) of the Code, in that he committed acts of unprofessional conduct with Patients A, C, and E. The circumstances are set forth in paragraphs 13 through 23, 28 through 29, and 32, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

40. The standard of care dictates that patients should be allowed to leave an appointment under their own free will. Respondent's failure to allow Patient C to leave the appointment when Patient C desired to do so constitutes unprofessional conduct.

41. The standard of care dictates that physicians should treat patients and their family members with respect. Respondent's calling Patient E's wife delusional in the setting of her husband's office visit constitutes unprofessional conduct.

FOURTH CAUSE FOR DISCIPLINE

(Recordkeeping)

42. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 38798 to disciplinary action under section 2234, as defined by section 2266 of the Code, in that he failed to create and maintain adequate and accurate medical records in his care and treatment of Patients A, B, and D. The circumstances are set forth in paragraphs 15, 25, 27, and 31 above, which are incorporated here by reference as if fully set forth.

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 38798, issued to Respondent Paul Carlton Norwood, Jr., M.D.;

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

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3. Ordering Respondent Paul Carlton Norwood, Jr., M.D., to pay the Board the costs of the investigation and enforcement of this case incurred beginning on January 1, 2022, and if placed on probation, the costs of probation monitoring; and

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

DATED: MAR 23 2022

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

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