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

In the Matter of the First Amended Accusation Against: Ronald Godwin Persaud, M.D. Physician's and Surgeon's Certificate No. C 52276 Respondent.	Case No.: 800-2018-049765

DECISION

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

This Decision shall become effective at 5:00 p.m. on September 30, 2022.

IT IS SO ORDERED: August 31, 2022.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
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ALEXANDRA M. ALVAREZ
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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: **RONALD GODWIN PERSAUD, M.D.** **4505 Las Virgenes Road, Suite 204** **Calabasas, CA 91302** **Physician's and Surgeon's Certificate No. C 52276** Respondent.	Case No. 800-2018-049765 OAH No. 2021120297 **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 Keith C. Shaw, Deputy Attorney General.

2. Respondent Ronald Godwin Persaud, M.D. (Respondent) is represented in this proceeding by attorney Gary Wittenberg, Esq., whose address is: 1901 Avenue of the Stars, Suite 1750, Los Angeles, CA 90067.

3. On or about March 30, 2006, the Board issued Physician's and Surgeon's Certificate No. C 52276 to Ronald Godwin Persaud, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-049765, and will expire on November 30, 2023, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2018-049765 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 June 23, 2022. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2018-049765 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 First Amended Accusation No. 800-2018-049765. 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 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.

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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 First Amended Accusation No. 800-2018-049765, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent gives up his right to contest that, at a hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in the First Amended Accusation.

11. 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 Medical Board of California, all of the charges and allegations contained in First Amended Accusation No. 800-2018-049765 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.

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.

CONTINGENCY

13. 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.

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 the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 52276 issued to Respondent Ronald Godwin Persaud, M.D., is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years from the effective date of the Decision on the following terms and conditions:

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. 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 30 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, including an emphasis on the prescribing of controlled substances, 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 55 hours of CME of which 30 hours were in satisfaction of this condition.

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

A prescribing practices course taken after the acts that gave rise to the charges in the First 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.

4. 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 First 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.

5. 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 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 First 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.

6. 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(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 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 notification. 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 five (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.

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

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

9. 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.

10. 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, in the amount of $4,960.00. 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.

11. 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.

12. 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.

13. 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.

14. 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..

15. 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.

16. 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.

17. 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.

18. 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.

19. 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 First Amended Accusation No. 800-2018-049765 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, Gary Wittenberg, 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: 7/18/22

RONALD GODWIN PERSAUD, M.D.
Respondent

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

DATED: 7/18/22

GARY WITTENBERG, 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: July 18, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

Keith Shaw

KEITH C. SHAW
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **RONALD GODWIN PERSAUD, M.D.** 4505 Las Virgenes Road, Suite 204 Calabasas, CA 91302 **Physician's and Surgeon's Certificate No. C 52276,** Respondent.	Case No. 800-2018-049765 **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 March 30, 2006, the Board issued Physician's and Surgeon's Certificate No. C 52276 to Ronald Godwin Persaud, 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 November 30, 2023, unless renewed.

JURISDICTION

3. This First Amended Accusation is brought before the Medical Board of California, Department of Consumer Affairs, 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."

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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:

". . .

"(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.

". . . ."

6. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more

than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

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."

8. Section 2229 of the Code states that the protection of the public shall be the highest priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a licensee should be made when possible, Section 2229, subdivision (c), states that when rehabilitation and protection are inconsistent, protection shall be paramount.

COST RECOVERY

9. 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, 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.

PERTINENT DRUGS

10. **Adderall**, a mixture of d-amphetamine and l-amphetamine salts in a ratio of 3:1, is a central nervous system (CNS) stimulant of the amphetamine class, and is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for attention-deficit hyperactivity disorder (ADHD) and narcolepsy. According to the Drug Enforcement Administration (DEA), amphetamines, such as Adderall, are

considered a drug of abuse. "The effects of amphetamines and methamphetamine are similar to cocaine, but their onset is slower and their duration is longer." (Drugs of Abuse – A DEA Resource Guide (2017), at p. 50.) Adderall and other stimulants are contraindicated for patients with a history of drug abuse.

11. **Clonazepam**, a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used to treat seizure disorders and panic disorders. The maximum daily dose of clonazepam is generally not to exceed 4 mg per day. Concomitant use of clonazepam with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has identified benzodiazepines, such as clonazepam, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.)

12. **Gabapentin** is a prescription painkiller belonging to its own drug class, Gabapentinoids. It is primarily used as an anti-epileptic drug, and also used as an anticonvulsant and nerve pain medication.

13. **Lisdexamfetamine**, commonly known by the trade name Vyvanse, is a central nervous system stimulant. It affects chemicals in the brain and nerves that contribute to hyperactivity and impulse control. Lisdexamfetamine is used to treat ADHD. The DEA has identified amphetamines, such as lisdexamfetamine, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 50.)

14. **Lorazepam**, also known by the trade name Ativan, is used for anxiety and sedation in the management of anxiety disorder for short-term relief from the symptoms of anxiety or anxiety associated with depressive symptoms. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance as defined by section 11057 of the Health and Safety Code. Lorazepam is not recommended for use in patients with primary depressive disorders. Sudden withdrawal from lorazepam can produce withdrawal symptoms including seizures.

15. **Methylphenidate**, commonly known by the trade name Ritalin, is a central nervous system stimulant. It affects chemicals in the brain and nerves that contribute to hyperactivity and

impulse control. Methylphenidate is used to treat ADHD and narcolepsy. The DEA has identified amphetamines, such as methylphenidate, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 50.)

16. **Paroxetine**, an antidepressant, belongs to a group of drugs known as an SSRI (selective serotonin reuptake inhibitor). It's commonly used to treat depression and sometimes for obsessive compulsive disorder (OCD), panic attacks, anxiety or post-traumatic stress disorder (PTSD).

17. **Soma**, a trade name for carisoprodol tablets, is a muscle-relaxant and sedative. It is a dangerous drug as defined in section 4022 and is a Schedule IV controlled substance as defined by Health and Safety Code section 11057. It can be habit forming and its side effects may impair thinking or reactions; it can increase dizziness and drowsiness.

18. **Tramadol** is a synthetic opioid used to treat moderate to severe pain, especially post-surgery. It has a high risk for addiction and dependence.

19. **Trazodone** is an antidepressant used to treat major depressive disorder. It belongs to a group of drugs called serotonin receptor antagonists and reuptake inhibitors (SARIs).

20. **Venlafaxine**, an antidepressant, belongs to a group of drugs called SSNRIs. Venlafaxine affects chemicals in the brain that may be unbalanced in people with depression.

21. **Xanax** (alprazolam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders. Concomitant use of Xanax with opioids "may result in profound sedation, respiratory depression, coma, and death." The DEA has identified benzodiazepines, such as Xanax, as a drug of abuse. (Drugs of Abuse, DEA Resource Guide (2017 Edition), at p. 59.)

22. **Zolpidem**, known by the trade name Ambien, is a Schedule IV controlled substance, and a sedative primarily used to treat insomnia. It is an addictive substance and users should avoid alcohol as serious interactions may occur.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

23. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of patients L and B,[1] as more particularly alleged hereinafter:

PATIENT L

24. Respondent began treatment with Patient L, a then 25-year-old male, on or about September 6, 2018. The patient reported a history of anxiety, panic attacks, insomnia, and ADHD. Patient L stated that his ADHD symptoms were being adequately treated by Adderall. He denied substance use disorder. Patient L had a spinal cord disorder and was paralyzed from the waist down. Following a comprehensive mental status examination, Respondent diagnosed Patient L with panic disorder and ADHD. Respondent continued the patient on Adderall (60 mg daily), and started alprazolam (1 mg daily), zolpidem (10 mg nightly), and paroxetine (20 mg daily). The dosage of Adderall prescribed to Patient L was above the maximum recommended dosage, yet Respondent did not document the reason for this high dosage, nor obtain vital signs of the patient. Additionally, Respondent did not provide the justification or document informed consent regarding the combination of scheduled medications prescribed, nor did he check CURES[2] prior to prescribing these medications. Respondent also failed to provide an adequate justification for the long-term use of zolpidem, a medication indicated for short-term use.

25. On or about September 13, 2018, Respondent tripled the dosage of alprazolam (3 mg daily) and provided an early refill without an office visit. Further, Respondent did not document this increase in dosage (other than the medication log), provide a reason for the increased dosage, nor review CURES prior to issuing this prescription. On or about October 3, 2018, Respondent again increased the dosage of alprazolam (3.5 mg), despite Patient L reporting that he was taking 4 mg daily, more than the prescribed dosage. Further, Respondent did not document a discussion

[1] The patients listed in this document are unnamed to protect their privacy. Respondent knows the name of the patients and can confirm their identity through discovery.

[2] The Controlled Substance Utilization Review and Evaluation System (CURES) is a platform that tracks all Schedule II – IV controlled substances dispensed to patients in California.

regarding any concerns of substance use disorder or diversion. Respondent continued regular prescriptions for Adderall and zolpidem, increased the dosage of paroxetine (30 mg daily), and started trazadone (100 mg nightly) and buspirone, an anti-anxiety medication (30 mg daily). Respondent checked CURES the day prior to this visit. On or about November 1, 2018, Respondent again increased the dosage of alprazolam (4 mg daily).

26. Respondent committed gross negligence in his care and treatment of Patient L which included, but was not limited to, the following:

(a) Respondent tripled the dosage of alprazolam without an office visit and failed to adequately document this increased dosage, provide a justification, or review CURES prior to prescribing this medication.

PATIENT B

27. Respondent began treating Patient B, a then 24-year-old female, on or about March 6, 2018. The patient reported a history of numerous psychiatric symptoms, including anxiety, ADHD, and psychosis. Following a comprehensive mental status examination, Respondent diagnosed Patient B with schizophrenia and ADHD. Respondent continued her prior prescriptions for lurasidone, an antipsychotic (60 mg daily); aripiprazole, an antipsychotic (2 mg daily);[3] lamotrigine (anticonvulsant); lisdexamfetamine (20 mg daily); clonazepam (1 mg daily); vilazodone (SSRI antidepressant); and trazodone (100 mg nightly).

28. On or about May 29, 2018, Patient B reported anxiety and command auditory hallucinations of self-harm. However, Respondent did not conduct a suicide risk assessment, document how to treat the patient's psychosis, or document the risks associated with the use of stimulants by a patient with psychosis. Respondent discontinued lisdexamfetamine and started Adderall (10 mg daily).

29. On or about July 3, 2018, Patient B reported continued auditory hallucinations. Respondent discontinued trazodone as it was reportedly contributing to the patient's nightmares. The following month, Patient B again reported auditory hallucinations, but her medications were

[3] The general starting daily dosage of aripiprazole to treat schizophrenia is 10 mg, yet Respondent only prescribed 2 mg; Respondent prescribed lurasidone at 60 mg even though the maximum dosage is 160 mg, then decreased it further to 40 mg in April 2019.

unchanged. On or about November 5, 2018, Respondent discontinued clonazepam and started alprazolam (1.5 mg daily). On this date, Respondent also checked CURES for the first time, and would check CURES on six additional occasions through approximately June 2020. Yet on none of these occasion did Respondent document an analysis of his CURES review or note that Patient B was regularly prescribed opiates by other providers, including oxycodone and hydrocodone.

30. Between approximately May 2019 and September 2019, Respondent's documentation indicated that Patient B did not have any prescription refills, but pharmacy records reflect that numerous prescriptions were issued by Respondent during this time, including Adderall. On or about November 18, 2019, Adderall was discontinued, but it was not documented. On or about December 5, 2019, Patient B reported having a seizure and increased anxiety from Adderall, and Respondent switched her back to lisdexamfetamine. Several days later, Respondent issued a prescription for clonazepam without an office visit and ceased alprazolam, however, it is only noted in the medication logs and not the medical notes.

31. On or about January 3, 2020, Patient B reported worsening anxiety and panic. Respondent increased clonazepam (3 mg daily) and lamotrigine (150 mg daily). On or about March 3, 2020, Patient B was switched from lisdexamfetamine to methylphenidate (20 mg daily) without an office visit or documenting informed consent. Soon after, the patient reported palpitations associated with methylphenidate, and Respondent lowered the dosage to 10 mg daily.

32. On or about June 8, 2020, Patient B reported taking a higher dosage of methylphenidate than prescribed, and again hearing command auditory hallucinations of self-harm. Respondent in turn increased the dosage of methylphenidate back to 20 mg daily, but again failed to conduct a suicide risk assessment or substance use disorder assessment.

33. Respondent committed gross negligence in his care and treatment of Patient B which included, but was not limited to, the following:

(a) Respondent failed to adequately address the patient's command auditory hallucinations of self-harm on or about May 29, 2018; and

(b) Respondent failed to adequately address the patient's command auditory hallucinations of self-harm on or about June 8, 2020.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

34. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of patients L, S, and B, as more particularly alleged herein.

PATIENT L

35. Respondent committed repeated negligent acts in his care and treatment of Patient L which included, but was not limited to, the following:

(a) Paragraphs 23 through 26, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to address the reason Adderall was prescribed above the maximum recommended daily dosage;

(c) Respondent failed to provide a clear justification and explanation of the risks associated with the concurrent use of Adderall, alprazolam, and zolpidem;

(d) Respondent failed to monitor CURES prior to prescribing controlled substances;

(e) Respondent failed to obtain vital signs when prescribing scheduled medications, including Adderall;

(f) Respondent prescribed zolpidem, a medication indicated for short-term insomnia use, for long-term use without clear justification; and

(g) Respondent failed to address concerns of diversion or substance use disorder following the patient's admission to taking more than the prescribed dosage of alprazolam.

PATIENT S

36. Respondent started treating Patient S, a then 42-year-old male, on or about August 26, 2016. The patient reported symptoms of depression and ADHD, and denied substance use disorder. Following a comprehensive mental status examination, Respondent diagnosed Patient S

with persistent depressive disorder and ADHD. Respondent continued the patient's previously prescribed medications, including venlafaxine (150 mg daily), lisdexamfetamine (200 mg daily), trazodone (200 mg nightly), and gabapentin (3200 mg daily). Patient S came in for monthly appointments the remainder of 2016 and the treatment plan remained unchanged. On or about November 29, 2016, Patient S began receiving regular prescriptions for tramadol from another prescriber.

37. On or about January 13, 2017, Patient S reported worsening symptoms of depression. Respondent switched him from lisdexamfetamine to Adderall (20 mg daily), while continuing the other regular prescriptions. Starting in approximately January 2017 through January 2018, Patient S received regular prescriptions for opioids from another provider, and at times, multiple providers. These medications included acetaminophen-codeine and hydrocodone. Patient S also started receiving regular prescriptions for Soma from another provider from approximately February 2017 through April 2018. On or about February 17, 2017, Patient S reported drowsiness from taking trazodone, which was then decreased.

38. On or about March 17, 2017, Respondent increased the dosage of Adderall (30 mg daily) and trazodone (150 mg nightly) following Patient S reporting poor focus and anxiety. On or about October 4, 2017, Patient S reported being in a car accident. On or about December 18, 2017, Respondent added lorazepam (1 mg daily) as the patient reported continuing depression and anxiety. On or about June 11, 2018, Respondent switched venlafaxine to desvenlafaxine, another antidepressant, but resumed venlafaxine the following month after Patient S reported having withdrawal symptoms from stopping venlafaxine.

39. On or about October 31, 2018, Respondent checked CURES for the first time, and would check CURES on six additional occasions through approximately May 2020. However, on none of these occasions did Respondent document an analysis of his CURES review or make notations of the multiple opioids being prescribed by other providers. On or about January 18, 2019, Respondent switched the patient from lorazepam to alprazolam (.75 mg daily) after Patient S reported lorazepam to be ineffective. Even though Respondent noted that lorazepam was

discontinued on this date, he prescribed lorazepam on two additional occasions to the patient. On or about May 31, 2019, Patient S reported having cannabis in his urine.

40. Since starting treatment with Respondent on or about August 26, 2016, Patient S repeatedly complained of symptoms of ongoing depression and life stressors. However, Respondent did not alter his antidepressant medications until starting desvenlafaxine on or about June 11, 2018, and the antidepressants were largely unchanged thereafter. Moreover, Respondent failed to document a suicide risk assessment following numerous reports of increasing depression, and prescribed benzodiazepines, which can worsen depression. Further, Respondent did not advise Patient S of the risks associated with the concurrent use of opiates and benzodiazepines at the time he prescribed benzodiazepines.

41. Respondent committed repeated negligent acts in his care and treatment of Patient S which included, but was not limited to, the following:

(a) Respondent failed to timely monitor CURES and, as a result, overlooked that the patient was being prescribed opiates and sedatives by other providers at the same time Respondent was prescribing controlled substances;

(b) Respondent prescribed lorazepam despite a recent car accident and complaints of drowsiness, and without monitoring CURES;

(c) Respondent noted that lorazepam was discontinued, yet issued two subsequent prescriptions without proper documentation;

(d) Respondent failed to document a consideration of substance use disorder when the patient admitted to marijuana use;

(e) Respondent failed to document an analysis of his CURES review or make notations of the multiple opioids being prescribed by other prescribers;

(f) Respondent failed to advise the patient of the risks associated with the concurrent use of opiates and benzodiazepines;

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(g) Respondent failed to properly address the patient's symptoms of depression; and

(h) Respondent failed to document a suicide risk assessment despite repeated reports of depression and life stressors.

PATIENT B

42. Respondent committed repeated negligent acts in his care and treatment of Patient B which included, but was not limited to, the following:

(a) Paragraphs 27 through 33, above, are hereby incorporated by reference and realleged as if fully set forth herein;

(b) Respondent failed to timely monitor CURES and, as a result, missed that the patient was also being prescribed opiates by other providers at the same time Respondent was prescribing controlled substances;

(c) Respondent failed to document an analysis of his CURES review or make notations of the multiple opiates being prescribed by other prescribers;

(d) Respondent failed to adequately document prescriptions of controlled substances between May 2019 through September 2019;

(e) Respondent prescribed clonazepam on or about December 8, 2019, without an office visit;

(f) Respondent switched Patient B from lisdexamfetamine to methylphenidate on or about March 3, 2020, without an office visit or documenting informed consent;

(g) Respondent failed to conduct a substance use disorder assessment following the patient's admission that she was taking more than the prescribed amount of methylphenidate; and

(h) Respondent failed to increase and/or change the patient's antipsychotic medications despite continuous psychotic symptoms.

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THIRD CAUSE FOR DISCIPLINE

(Repeated Acts of Clearly Excessive Prescribing)

43. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 725, of the Code, in that he has committed repeated acts of clearly excessive prescribing of drugs or treatment to patients L, S, and B, as determined by the standard of the community of physicians, as more particularly alleged in paragraphs 23 through 42, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

44. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of patients L, S, and B, as more particularly alleged in paragraphs 23 through 43, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 No. C 52276, issued to Respondent Ronald Godwin Persaud, M.D.;

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

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

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

DATED: JUN 23 2022

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

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