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

In the Matter of the Accusation	)	
Against:	)	
	)	
	)	
STANCIL E.D. JOHNSON, M.D.	)	Case No. 8002014007866
	)	
Physician's and Surgeon's	)	
Certificate No. C28935	)	
	)	
Respondent	)	
<u> </u>	(	

### ORDER CORRECTING NUNC PRO TUNC DECISION

On its own motion, the Medical Board of California (hereafter "board") hereby corrects the signature block of this Decision to indicate the correct signer.

IT IS SO ORDERED: November 7, 2017.

MEDICAL BOARD OF CALIFORNIA

Ronald Lewis, M.D., Chair

Panel A

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

•
Case No. 8002014007866
·

### **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 December 7, 2017.

IT IS SO ORDERED: November 7, 2017.

MEDICAL BOARD OF CALIFORNIA

Kristina D. Lawson, J.D., Chair

Panel B

1	Xavier Becerra		
2	Attorney General of California JANE ZACK SIMON	·	
3	Supervising Deputy Attorney General MACHAELA M. MINGARDI	·	
4	Deputy Attorney General State Bar No. 194400		
5	455 Golden Gate Avenue, Suite 11000 San Francisco, CA 94102-7004		
6	Telephone: (415) 703-5696 Facsimile: (415) 703-5480		
7	Attorneys for Complainant		
8	BEFOR MEDICAL BOARD		
9	DEPARTMENT OF CO STATE OF C	ONSUMER AFFAIRS	
10			
11	In the Matter of the Accusation Against:	Case No. 800-2014-007866	
12	STANCIL ENOS JOHNSON, M.D.		
13	P.O. Box 5396 Carmel, CA 93921	STIPULATED SETTLEMENT AND DISCIPLINARY ORDER	
14	Physician's and Surgeon's Certificate No. C28935		
15 16	Respondent.		
17.	IT IS HEREBY STIPULATED AND AGR	EED by and between the parties to the above-	
18	entitled proceedings that the following matters are	e true:	
19	<u>PAR</u>	ΠES	
20	1. Kimberly Kirchmeyer (Complainant)	is the Executive Director of the Medical Board	
21	of California (Board). She brought this action solely in her official capacity and is represented in		
22	this matter by Xavier Becerra, Attorney General of	of the State of California, by Machaela M.	
23	Mingardi, Deputy Attorney General.	•	
24	2. Stancil Enos Johnson, M.D. (Respond	dent) is represented in this proceeding by	
25	attorney Andrew H. Swartz, whose address is 550	Hartnell Street, Suite A-1, Monterey, CA	
26	93940.		
27	3. On or about April 11, 1967, the Board	d issued Physician's and Surgeon's Certificate	
28	No. C28935 to Respondent. The Physician's and	Surgeon's Certificate was in full force and effect	
	II		

at all times relevant to the charges brought in Accusation No. 800-2014-007866, and will expire on May 31, 2019, unless renewed.

### JURISDICTION

- 4. Accusation No. 800-2014-007866 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 11, 2017. Respondent timely filed his Notice of Defense contesting the Accusation.
- 5. A copy of Accusation No. 800-2014-007866 is attached as exhibit A and incorporated herein by reference.

### ADVISEMENT AND WAIVERS

- 6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-007866. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.
- 7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.
- 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

### **CULPABILITY**

Respondent understands and agrees that the charge and allegation in Accusation No.
 800-2014-007866, if proven at a hearing, constitute cause for imposing discipline upon his
 Physician's and Surgeon's Certificate.

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 10. Respondent agrees that 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

- 11. 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.
- 12. 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.
- 13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

### **DISCIPLINARY ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C28935 issued to Respondent Stancil Enos Johnson, 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. <u>EDUCATION COURSE</u>. 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. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

Respondent shall participate in and successfully complete the classroom component of the course

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

A medical record keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.

Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the program would have been approved by the Board or its designee had the program been taken after the effective date of this Decision.

Respondent shall submit a certification of successful completion to the Board or its

designee not later than 15 calendar days after successfully completing the program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

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

- 6. <u>SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE</u>

  <u>NURSES.</u> During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.
- 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.
- 8. <u>QUARTERLY DECLARATIONS</u>. 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.

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(b).

## Place of Practice

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

### License Renewal

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

## Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice ,Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return.

- 10. <u>INTERVIEW WITH THE BOARD OR ITS DESIGNEE</u>. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.
- 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training

program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

- 12. <u>COMPLETION OF PROBATION</u>. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.
- 13. <u>VIOLATION OF PROBATION</u>. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until

the matter is final.

- 14. <u>LICENSE SURRENDER</u>. Following the effective date of this Decision, if
  Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
  the terms and conditions of probation, Respondent may request to surrender his or her license.
  The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
  determining whether or not to grant the request, or to take any other action deemed appropriate
  and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
  shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
  designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
  to the terms and conditions of probation. If Respondent re-applies for a medical license, the
  application shall be treated as a petition for reinstatement of a revoked certificate.
- 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

### ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Andrew H. Swartz. 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 8/11/17

STANCIL ENOS JOHNSON,

Respondent

1	I have read and fully discussed with Respondent Stancil Enos Johnson, M.D. the terms and
2	conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
3	I approve its form and content.
4	DATED: 8/11/17 Andu TUND
5	ANDREW H. SWARTZ  Attorney for Respondent
6	
7	<u>ENDORSEMENT</u>
8	The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully
9	submitted for consideration by the Medical Board of California.
10	120/201
11	Dated: 8 20 207 Respectfully submitted,
12	XAVIER BECERRA Attorney General of California
13	JANE ZACK SIMON Supervising Deputy Attorney General
14	LA. O ella
15 16	MACHAELA M. MINGARDI Deputy Attorney General
17	Attorneys for Complainant
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	·

# Exhibit A

Accusation No. 800-2014-007866

- 1	
1	XAVIER BECERRA
2	Attorney General of California  JANE ZACK SIMON  FILED
3	Supervising Deputy Attorney General STATE OF CALIFORNIA
,	Deputy Attorney General
4	State Bar No. 194400 455 Golden Gate Avenue, Suite 11000  SACRIMENTO 20 77 BY ANALYST
5	San Francisco, CA 94102-7004
6	Telephone: (415) 703-5696 Facsimile: (415) 703-5480
	Attorneys for Complainant
7	BEFORE THE
8	MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS
9	STATE OF CALIFORNIA
10	
	In the Matter of the Accusation Against: Case No. 800-2014-007866
11	STANCIL E.D. JOHNSON, M.D. A C C U S A T I O N
12	P:O. Box 5396 Carmel, CA 93921
13	
14	Physician's and Surgeon's Certificate No. C28935,
15	
}	Respondent.
16	
17	Complainant alleges:
18	<u>PARTIES</u>
19	1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
20	capacity as the Executive Director of the Medical Board of California, Department of Consumer
21	Affairs (Board).
22	2. On or about April 11, 1967, the Medical Board issued Physician's and Surgeon's
23	Certificate Number C28935 to Stancil E.D. Johnson, M.D. (Respondent). The Physician's and
24	Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein
25	and will expire on May 31, 2017, unless renewed.
26	<u>JURISDICTION</u>
27	3. This Accusation is brought before the Board, under the authority of the following
28	laws. All section references are to the Business and Professions Code unless otherwise indicated.
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- 4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.
  - 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.

. . . .

- "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
- "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
- "(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

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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."

#### **FACTS**

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

## PATIENT P-11

- 8. Patient P-1 is a now 52-year-old woman who has been a patient of Respondent for a number of years covering at least the period from 2008 through 2014. During that time, Respondent treated P-1 for insomnia, chronic headaches, depression and anxiety, and chronic sinusitis.
- 9. Respondent repeatedly prescribed Ambien<sup>2</sup>, a controlled substance, for P-1 for insomnia over the years of her treatment. He did not maintain records documenting the course of treatment, whether or not symptoms improved, or consideration of alternative treatments.
- 10. Respondent prescribed multiple different antibiotics for P-1 for sinusitis over a period of several years. He did not maintain records documenting a workup or examination supporting his diagnosis of chronic sinusitis; consultation with a specialist, internist, or general practitioner; reasons for selecting or changing antibiotics; or consideration of alternative treatments.
- 11. Respondent treated P-1's chronic pain condition with diclofenac<sup>3</sup>, an anti-inflammatory drug, over at least a four-year-period without documenting a workup, any discussions with P-1 of the potential side effects of the medication, consultation with appropriate pain specialists, or the course of treatment and its effectiveness or lack of effectiveness.

### PATIENT P-2

12. Patient P-2, Respondent's now 70-year-old wife, was treated by Respondent with various medications from at least 2005 through April 2015. He did not maintain a patient chart or other documentation for P-2.

<sup>2</sup> Ambien, a trade name for zolpidem tartrate, is a non-benzodiazepine hypnotic. Ambien is a dangerous drug as defined in section 4022 and a Schedule IV controlled substance. It is indicated for the short-term treatment of insomnia.

<sup>&</sup>lt;sup>1</sup> The patients are designated in this document as Patients P-1 through P-3 to protect their privacy. Respondent knows the names of the patients and can confirm their identities through discovery.

<sup>&</sup>lt;sup>3</sup> Diclofenac, also known by the trade name Voltaren, is a nonsteroidal anti-inflammatory drug (NSAID). It is a dangerous drug as defined in section 4022. Diclofenac is used to treat mild to moderate pain, or signs and symptoms of osteoarthritis or rheumatoid arthritis. Diclofenac may cause stomach or intestinal bleeding.

- Respondent prescribed diclofenac for P-2 approximately 34 times from 2012 to 2015. He failed to document the condition for which it was being prescribed—which he has subsequently identified as osteoarthritis—or the course or results of the treatment.
- Respondent prescribed hydrochlorothiazide<sup>4</sup>, a dangerous drug, for P-2 on multiple occasions between 2012 and 2015 and, during the same time period, prescribed antibiotics for her on several occasions. In neither case did he document the condition or conditions he was treating—which he has subsequently identified as edema and pneumonia, respectively—the rationale for prescribing the medications, any monitoring for side effects, or the course of the treatment.

### PATIENT P-3

- Patient P-3 is a now 83-year-old man who has been a patient of Respondent since the early 1980s. During that time, Respondent has treated P-3 for depression, anxiety, and PTSD.
- Respondent prescribed major psychiatric medications for P-3 including the antidepressants Zoloft<sup>5</sup> and Paxil<sup>6</sup> and the anti-anxiety medication Xanax<sup>7</sup>.
- Respondent's medical records for P-3 are extremely sparse and include neither an initial comprehensive psychiatric evaluation nor regular progress notes reflecting details of his encounters with P-3, the justification for the medications prescribed, informed consent, medication monitoring, or treatment evaluation and plan.

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<sup>5</sup> Zoloft, a trade name for sertraline hydrochloride, is an antidepressant. It is a dangerous drug as defined in section 4022.

Paxil, a trade name for paroxetine hydrochloride, is an antidepressant. It is a dangerous drug as defined in section 4022.

Xanax is a trade name for alprazolam, a benzodiazepine and anxiolytic. Xanax is used for the management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as defined in section 4022, a schedule IV controlled substance.

<sup>&</sup>lt;sup>4</sup> Hydrochlorothiazide is a thiazide diuretic (water pill) used to treat hypertension and fluid retention (edema) by helping to prevent the absorption of too much salt which can cause fluid retention. It is a dangerous drug as defined in section 4022. The use of hydrochlorothiazide must be monitored because, among other things, it can cause an electrolyte imbalance.

### FIRST CAUSE FOR DISCIPLINE

## (Repeated Negligent Acts, Failure to Maintain Sufficient Medical Records)

- 18. Respondent is guilty of unprofessional conduct and subject to disciplinary action under section 2234, subdivisions (a) (violating the Medical Practice Act) and (c) (repeated negligent acts), and section 2266 (inadequate records) of the Code in that Respondent engaged in the conduct described above including, but not limited to, the following:
- A. Respondent failed to sufficiently document the evaluation and progress of Patient P
  1's ongoing treatment for insomnia and failed to document justification for the treatment provided.
- B. Respondent prescribed multiple antibiotics to Patient P-1 over a period of time without sufficient workup or documentation.
- C. Respondent treated P-1's chronic pain condition over an extended period of time with anti-inflammatory medications without sufficient justification or documentation of treatment progress and without recommending specialist consultation.

### SECOND CAUSE FOR DISCIPLINE

# (Repeated Negligent Acts, Failure to Maintain Sufficient Medical Records)

- 19. Respondent is guilty of unprofessional conduct and subject to disciplinary action under section 2234, subdivisions (a) (violating the Medical Practice Act) and (c) (repeated negligent acts), and section 2266 (inadequate records) of the Code in that Respondent engaged in the conduct described above including, but not limited to, the following:
- A. Respondent provided treatment and long-term follow-up for his wife, Patient P-2, for general medical conditions with medications which do not usually fall under the scope of training or practice for psychiatrists.
  - B. Respondent failed to maintain treatment records for Patient P-2.

## THIRD CAUSE FOR DISCIPLINE

# (Failure to Maintain Sufficient Medical Records)

20. Respondent is guilty of unprofessional conduct and subject to disciplinary action under section 2234, subdivisions (a) (violating the Medical Practice Act) and (c) (repeated