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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO March 9 20 18
BY [Signature] ANALYST

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2016-022456

13 Laurance Folkey Johnson, M.D.
595 E. Colorado Blvd, #335
Pasadena, CA 91101-2039

ACCUSATION

14 Physician's and Surgeon's Certificate
No. G 17122,

15 Respondent.

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17
18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
21 capacity as the Executive Director of the Medical Board of California, Department of Consumer
22 Affairs (Board).

23 2. On or about September 12, 1969, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 17122 to Laurance Folkey Johnson, M.D. (Respondent). The Physician's
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on November 30, 2018, unless renewed.

1 **JURISDICTION**

2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

4 4. Section 2227 of the Code provides that a licensee who is found guilty under the
5 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
6 one year, placed on probation and required to pay the costs of probation monitoring, or such other
7 action taken in relation to discipline as the Board deems proper.

8 5. Section 2234 of the Code, states:

9 "The board shall take action against any licensee who is charged with unprofessional
10 conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not
11 limited to, the following:

12 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
13 violation of, or conspiring to violate any provision of this chapter.

14 "(b) Gross negligence.

15 "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or
16 omissions. An initial negligent act or omission followed by a separate and distinct departure from
17 the applicable standard of care shall constitute repeated negligent acts.

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

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

25 "(d) Incompetence.

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

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

1 “(g) The practice of medicine from this state into another state or country without meeting
2 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not
3 apply to this subdivision. This subdivision shall become operative upon the implementation of the
4 proposed registration program described in Section 2052.5.

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

8 6. Section 820 of the Code states:

9 "Whenever it appears that any person holding a license, certificate or permit under this
10 division or under any initiative act referred to in this division may be unable to practice his or her
11 profession safely because the licentiate's ability to practice is impaired due to mental illness, or
12 physical illness affecting competency, the licensing agency may order the licentiate to be
13 examined by one or more physicians and surgeons or psychologists designated by the agency.
14 The report of the examiners shall be made available to the licentiate and may be received as direct
15 evidence in proceedings conducted pursuant to Section 822."

16 7. Section 822 of the Code states:

17 "If a licensing agency determines that its licentiate's ability to practice his or her
18 profession safely is impaired because the licentiate is mentally ill, or physically ill affecting
19 competency, the licensing agency may take action by any one of the following methods:

20 "(a) Revoking the licentiate's certificate or license.

21 "(b) Suspending the licentiate's right to practice.

22 "(c) Placing the licentiate on probation.

23 "(d) Taking such other action in relation to the licentiate as the licensing agency in its
24 discretion deems proper.

25 "The licensing section shall not reinstate a revoked or suspended certificate or license until
26 it has received competent evidence of the absence or control of the condition which caused its
27 action and until it is satisfied that with due regard for the public health and safety the person's
28 right to practice his or her profession may be safely reinstated."

1 **CAUSE FOR DISCIPLINE**

2 **(Mental Impairment)**

3 8. Respondent Laurance Folkey Johnson, M.D. is subject to disciplinary action under
4 Code sections 820 and 822 in that he suffers from a condition that makes him unsafe to practice
5 medicine. The circumstances are as follows:

6 A. The Board received a complaint from patient A. In about March 2016, patient A.
7 made an appointment to see Respondent because she was experiencing anxiety and depression.
8 She went to see him in Pasadena; there was no receptionist or anyone else in the office. Patient
9 A. filled out paperwork but no vital signs were taken.

10 B. During the session, Respondent asked patient A. questions about school and family,
11 but he would interrupt her and tell her about women he dated, vacations with girlfriends and
12 inappropriately told her about a woman he dated who would orgasm every time he kissed her.

13 C. Respondent suggested that patient A. take Xanax, and when she asked if it was
14 addicting, he said only for those with an addictive personality, so she declined. Respondent told
15 patient A. she was attractive and suggested she come back to see him. She never did.

16 D. Based on the complaint, Investigator F.M.G. asked for the records of patient A. from
17 Respondent. The investigator called and spoke with Respondent on the phone, and he told her he
18 had been treating patient A. for over 20 years; that was not true. They agreed to the date of
19 March 14, 2017, for a subject interview. Later in the day Respondent called back and asked for
20 the patient's name again. He called again on February 24, 2017, and asked for the patient's name
21 yet again. On February 27, 2017, he asked Investigator F.M.G. for treatment dates because he
22 could not find the patient's records.

23 E. On February 28, 2017, Investigator F.M.G. received a phone message from Mr. K.,
24 stating he was Respondent's attorney and explaining that Respondent did not remember talking to
25 the investigator about the interview.

26 F. On March 3, 2017, Investigator F.M.G. spoke with Mr. K. The Respondent told his
27 attorney he did not recall patient A., or ever treating her, and Respondent was confused about the
28 subject interview since he did not remember agreeing to one. The investigator explained to Mr.

1 K. that she spoke with Respondent several times, and Respondent spoke to others in the office.
2 Based on this behavior, Investigator F.M.G. was concerned about his mental status so she asked
3 Mr. K. if Respondent would agree to a voluntary mental evaluation pursuant to Business and
4 Professions Code section 820.

5 G. Respondent agreed to the voluntary mental and physical evaluation. On June 3, 2017,
6 Dr. B. performed a mental evaluation of Respondent. During Dr. B's evaluation, Respondent
7 informed him that he did not remember treating patient A., although Respondent had spoken with
8 the investigator and others in her office about this patient.

9 H. As part of the evaluation, Dr. C., a psychologist, gave Respondent some
10 neuropsychological tests. The findings were significant in that she found Respondent's
11 performance in the areas of executive functioning, problem solving, and conceptual reasoning
12 was far below average. She also found that the results of the testing were consistent with
13 frontotemporal dementia and supported a finding of DSM-5 diagnosis for unspecified
14 neurocognitive disorder.

15 I. Dr. B.'s evaluation showed Respondent has dementia, and that there are significant
16 deficits in his short and long- term memory. Dr. B. opined that Respondent is not competent to
17 practice medicine due to evidence of anxiety, adjustment disorder and frontotemporal dementia,
18 which includes significant memory impairment.

19
20 **PRAYER**

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

23 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 17122,
24 issued to Laurance Folkey Johnson, M.D.;

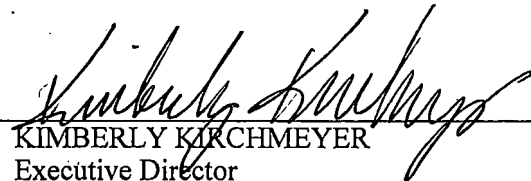
25 2. Revoking, suspending or denying approval of Laurance Folkey Johnson, M.D.'s
26 authority to supervise physician assistants and advanced practice nurses;

27 3. Ordering Laurance Folkey Johnson, M.D., if placed on probation, to pay the Board
28 the costs of probation monitoring; and

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

DATED: March 9, 2018


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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