

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

In the Matter of the Accusation
Against:

Thomas Jerome Lancaster, M.D.

Physician's and Surgeon's
Certificate No. G 70162

Case No. 800-2016-024953

Respondent.

DECISION

The attached Stipulated Settlement and Discipline 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 23, 2020.

IT IS SO ORDERED: November 23, 2020.

MEDICAL BOARD OF CALIFORNIA



Ronald H. Lewis, M.D., Chair
Panel A

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 RYAN J. YATES
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

14 **THOMAS JEROME LANCASTER, M.D.**
15 **101 Cirby Hills Drive**
Roseville, CA 95678

16 **Physician's and Surgeon's Certificate**
17 **No. G 70162**

18 Respondent.

Case No. 800-2016-024953

OAH No. 2020021178

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Interim Executive Director of the Medical
24 Board of California (Board). Complainant brought this action solely in his official capacity and is
25 represented in this matter by Xavier Becerra, Attorney General of the State of California, by Ryan
26 J. Yates, Deputy Attorney General.

27 2. Respondent Thomas Jerome Lancaster, M.D. (Respondent) is represented in this
28 proceeding by attorney David M. Balfour, whose address is: 1925 Palomar Oaks Way, Suite 220

1 Carlsbad, CA 92008. On or about October 29, 1990, the Board issued Physician's and Surgeon's
2 Certificate No. G 70162 to Respondent. The Physician's and Surgeon's Certificate was in full
3 force and effect at all times relevant to the charges brought in Accusation No. 800-2016-024953,
4 and will expire October 31, 2020, unless renewed.

5 **JURISDICTION**

6 3. Accusation No. 800-2016-024953 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on July 26, 2019. Respondent timely filed his Notice of Defense
9 contesting the Accusation.

10 4. A copy of Accusation No. 800-2016-024953 is attached as exhibit A and incorporated
11 herein by reference. First Amended Accusation No. 800-2016-024953 will be filed in conjunction
12 with the execution of this document. First Amended Accusation No. 800-2016-024953 is attached
13 a exhibit B and incorporated herein by reference.

14 **ADVISEMENT AND WAIVERS**

15 5. Respondent has carefully read, fully discussed with counsel, and understands the
16 charges and allegations in Accusation No. 800-2016-024953. Respondent has also carefully read,
17 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
18 Disciplinary Order.

19 6. Respondent is fully aware of his legal rights in this matter, including the right to a
20 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
21 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
22 to the issuance of subpoenas to compel the attendance of witnesses and the production of
23 documents; the right to reconsideration and court review of an adverse decision; and all other
24 rights accorded by the California Administrative Procedure Act and other applicable laws.
25 Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set
26 forth above.

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1 CULPABILITY

2 7. Respondent understands that the charges and allegations in First Amended
3 Accusation No. 800-2016-024953, if proven at a hearing, constitute cause for imposing discipline
4 upon his Physician's and Surgeon's Certificate.

5 8. For the purpose of resolving the First Amended Accusation without the expense and
6 uncertainty of further proceedings, Respondent agrees that, at a hearing, complainant could
7 establish a *prima facie* case with respect to the charges and allegations contained in First
8 Amended Accusation No. 800-2016-024953 and that those charges constitute cause for discipline.
9 Respondent hereby gives up his right to contest that cause for discipline exists based on those
10 charges.

11 9. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below,
12 requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1,
13 serves to protect the public interest.

14 Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and
15 he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order
16 below.

17 CONTINGENCY

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

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1 shall not issue an oral or written recommendation or approval to a patient or a patient's primary
2 caregiver for the possession or cultivation of marijuana for the personal medical purposes of the
3 patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the
4 medical opinion, after an appropriate prior examination and medical indication, that a patient's
5 medical condition may benefit from the use of marijuana, Respondent shall so inform the patient
6 and shall refer the patient to another physician who, following an appropriate prior examination
7 and medical indication, may independently issue a medically appropriate recommendation or
8 approval for the possession or cultivation of marijuana for the personal medical purposes of the
9 patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent
10 shall inform the patient or the patient's primary caregiver that Respondent is prohibited from
11 issuing a recommendation or approval for the possession or cultivation of marijuana for the
12 personal medical purposes of the patient and that the patient or the patient's primary caregiver
13 may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal
14 medical purposes of the patient. Respondent shall fully document in the patient's chart that the
15 patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits
16 Respondent from providing the patient or the patient's primary caregiver information about the
17 possible medical benefits resulting from the use of marijuana.

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

26 Respondent shall keep these records in a separate file or ledger, in chronological order. All
27 records and any inventories of controlled substances shall be available for immediate inspection
28

1 and copying on the premises by the Board or its designee at all times during business hours and
2 shall be retained for the entire term of probation.

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

13 5. PRESCRIBING PRACTICES COURSE. Within sixty (60) calendar days of the
14 effective date of this Decision, Respondent shall enroll in a course in prescribing practices
15 approved in advance by the Board or its designee. Respondent shall provide the approved course
16 provider with any information and documents that the approved course provider may deem
17 pertinent. Respondent shall participate in and successfully complete the classroom component of
18 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
19 successfully complete any other component of the course within one (1) year of enrollment. The
20 prescribing practices course shall be at Respondent's expense and shall be in addition to the
21 Continuing Medical Education (CME) requirements for renewal of licensure. A prescribing
22 practices course taken after the acts that gave rise to the charges in the Accusation, but prior to the
23 effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted
24 towards the fulfillment of this condition if the course would have been approved by the Board or
25 its designee had the course been taken after the effective date of this Decision. Respondent shall
26 submit a certification of successful completion to the Board or its designee not later than fifteen
27 (15) calendar days after successfully completing the course, or not later than 15 calendar days
28 after the effective date of the Decision, whichever is later.

1 6. MEDICAL RECORD KEEPING COURSE. Within sixty (60) calendar days of the
2 effective date of this Decision, Respondent shall enroll in a course in medical record keeping
3 approved in advance by the Board or its designee. Respondent shall provide the approved course
4 provider with any information and documents that the approved course provider may deem
5 pertinent. Respondent shall participate in and successfully complete the classroom component of
6 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall
7 successfully complete any other component of the course within one (1) year of enrollment. The
8 medical record keeping course shall be at Respondent's expense and shall be in addition to the
9 Continuing Medical Education (CME) requirements for renewal of licensure. A medical record
10 keeping course taken after the acts that gave rise to the charges in the Accusation, but prior to the
11 effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted
12 towards the fulfillment of this condition if the course would have been approved by the Board or
13 its designee had the course been taken after the effective date of this Decision. Respondent shall
14 submit a certification of successful completion to the Board or its designee not later than fifteen
15 (15) calendar days after successfully completing the course, or not later than 15 calendar days
16 after the effective date of the Decision, whichever is later.

17 7. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar
18 days of the effective date of this Decision, Respondent shall enroll in a professionalism program,
19 that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
20 Respondent shall participate in and successfully complete that program. Respondent shall
21 provide any information and documents that the program may deem pertinent. Respondent shall
22 successfully complete the classroom component of the program not later than six (6) months after
23 Respondent's initial enrollment, and the longitudinal component of the program not later than the
24 time specified by the program, but no later than one (1) year after attending the classroom
25 component. The professionalism program shall be at Respondent's expense and shall be in
26 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

27 A professionalism program taken after the acts that gave rise to the charges in the
28 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board

1 or its designee, be accepted towards the fulfillment of this condition if the program would have
2 been approved by the Board or its designee had the program been taken after the effective date of
3 this Decision.

4 Respondent shall submit a certification of successful completion to the Board or its
5 designee not later than 15 calendar days after successfully completing the program or not later
6 than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

7 8. PROFESSIONAL BOUNDARIES PROGRAM. Within sixty (60) calendar days
8 from the effective date of this Decision, Respondent shall enroll in a professional boundaries
9 program approved in advance by the Board or its designee. Respondent, at the program's
10 discretion, shall undergo and complete the program's assessment of Respondent's competency,
11 mental health and/or neuropsychological performance, and at minimum, a 24 hour program of
12 interactive education and training in the area of boundaries, which takes into account data
13 obtained from the assessment and from the Decision(s), Accusation(s) and any other information
14 that the Board or its designee deems relevant. The program shall evaluate Respondent at the end
15 of the training and the program shall provide any data from the assessment and training as well as
16 the results of the evaluation to the Board or its designee. Failure to complete the entire program
17 not later than six (6) months after Respondent's initial enrollment shall constitute a violation of
18 probation unless the Board or its designee agrees in writing to a later time for completion. Based
19 on Respondent's performance in and evaluations from the assessment, education, and training, the
20 program shall advise the Board or its designee of its recommendation(s) for additional education,
21 training, psychotherapy and other measures necessary to ensure that Respondent can practice
22 medicine safely. Respondent shall comply with program recommendations. At the completion of
23 the program, Respondent shall submit to a final evaluation. The program shall provide the results
24 of the evaluation to the Board or its designee. The professional boundaries program shall be at
25 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
26 requirements for renewal of licensure. The program has the authority to determine whether or not
27 Respondent successfully completed the program. A professional boundaries course taken after
28 the acts that gave rise to the charges in the Accusation, but prior to the effective date of the

1 Decision may, in the sole discretion of the Board or its designee, be accepted towards the
2 fulfillment of this condition if the course would have been approved by the Board or its designee
3 had the course been taken after the effective date of this Decision. If Respondent fails to
4 complete the program within the designated time period, Respondent shall cease the practice of
5 medicine within three (3) calendar days after being notified by the Board or its designee that
6 Respondent failed to complete the program.

7 9. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within sixty (60)
8 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical
9 competence assessment program approved in advance by the Board or its designee. Respondent
10 shall successfully complete the program not later than six (6) months after Respondent's initial
11 enrollment unless the Board or its designee agrees in writing to an extension of that time. The
12 program shall consist of a comprehensive assessment of Respondent's physical and mental health
13 and the six (6) general domains of clinical competence as defined by the Accreditation Council on
14 Graduate Medical Education and American Board of Medical Specialties pertaining to
15 Respondent's current or intended area of practice. The program shall take into account data
16 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
17 Accusation(s), and any other information that the Board or its designee deems relevant. The
18 program shall require Respondent's on-site participation for a minimum of three (3) and no more
19 than five (5) days as determined by the program for the assessment and clinical education
20 evaluation. Respondent shall pay all expenses associated with the clinical competence
21 assessment program. At the end of the evaluation, the program will submit a report to the Board
22 or its designee which unequivocally states whether the Respondent has demonstrated the ability to
23 practice safely and independently. Based on Respondent's performance on the clinical
24 competence assessment, the program will advise the Board or its designee of its
25 recommendation(s) for the scope and length of any additional educational or clinical training,
26 evaluation or treatment for any medical condition or psychological condition, or anything else
27 affecting Respondent's practice of medicine. Respondent shall comply with the program's
28 recommendations. Determination as to whether Respondent successfully completed the clinical

1 competence assessment program is solely within the program's jurisdiction. If Respondent fails
2 to enroll, participate in, or successfully complete the clinical competence assessment program
3 within the designated time period, Respondent shall receive a notification from the Board or its
4 designee to cease the practice of medicine within three (3) calendar days after being so notified.
5 If the Respondent did not successfully complete the clinical competence assessment program, the
6 Respondent shall not resume the practice of medicine until a final decision has been rendered on
7 the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to
8 the reduction of the probationary time period.

9 10. MONITORING – PRACTICE/BILLING. Within thirty (30) calendar days of the
10 effective date of this Decision, Respondent shall submit to the Board or its designee for prior
11 approval as a practice and billing monitor(s), the name and qualifications of one or more licensed
12 physicians and surgeons whose licenses are valid and in good standing, and who are preferably
13 American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or
14 current business or personal relationship with Respondent, or other relationship that could
15 reasonably be expected to compromise the ability of the monitor to render fair and unbiased
16 reports to the Board, including but not limited to any form of bartering, shall be in Respondent's
17 field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all
18 monitoring costs. The Board or its designee shall provide the approved monitor with copies of
19 the Decision(s) and Accusation(s), and a proposed monitoring plan. Within fifteen (15) calendar
20 days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall
21 submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully
22 understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If
23 the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised
24 monitoring plan with the signed statement for approval by the Board or its designee. Within sixty
25 (60) calendar days of the effective date of this Decision, and continuing throughout probation,
26 Respondent's practice and billing shall be monitored by the approved monitor. Respondent shall
27 make all records available for immediate inspection and copying on the premises by the monitor
28 at all times during business hours and shall retain the records for the entire term of probation. If

1 Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of
2 this Decision, Respondent shall receive a notification from the Board or its designee to cease the
3 practice of medicine within three (3) calendar days after being so notified. Respondent shall
4 cease the practice of medicine until a monitor is approved to provide monitoring responsibility.
5 The monitor(s) shall submit a quarterly written report to the Board or its designee which includes
6 an evaluation of Respondent's performance, indicating whether Respondent's practices are within
7 the standards of practice of medicine and billing, and whether Respondent is practicing medicine
8 safely and billing appropriately. It shall be the sole responsibility of Respondent to ensure that
9 the monitor submits the quarterly written reports to the Board or its designee within ten (10)
10 calendar days after the end of the preceding quarter. If the monitor resigns or is no longer
11 available, Respondent shall, within five (5) calendar days of such resignation or unavailability,
12 submit to the Board or its designee, for prior approval, the name and qualifications of a
13 replacement monitor who will be assuming that responsibility within fifteen (15) calendar days.
14 If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the
15 resignation or unavailability of the monitor, Respondent shall receive a notification from the
16 Board or its designee to cease the practice of medicine within three (3) calendar days after being
17 so notified Respondent shall cease the practice of medicine until a replacement monitor is
18 approved and assumes monitoring responsibility. In lieu of a monitor, Respondent may
19 participate in a professional enhancement program approved in advance by the Board or its
20 designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and
21 semi-annual review of professional growth and education. Respondent shall participate in the
22 professional enhancement program at Respondent's expense during the term of probation.

23 11. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
24 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
25 where: 1) Respondent merely shares office space with another physician but is not affiliated for
26 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
27 location. If Respondent fails to establish a practice with another physician or secure employment
28 in an appropriate practice setting within 60 calendar days of the effective date of this Decision,

1 Respondent shall receive a notification from the Board or its designee to cease the practice of
2 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
3 practice until an appropriate practice setting is established. If, during the course of the probation,
4 the Respondent's practice setting changes and the Respondent is no longer practicing in a setting
5 in compliance with this Decision, the Respondent shall notify the Board or its designee within
6 five (5) calendar days of the practice setting change. If Respondent fails to establish a practice
7 with another physician or secure employment in an appropriate practice setting within 60 calendar
8 days of the practice setting change, Respondent shall receive a notification from the Board or its
9 designee to cease the practice of medicine within three (3) calendar days after being so notified.
10 The Respondent shall not resume practice until an appropriate practice setting is established.

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

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

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

23 14. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
24 governing the practice of medicine in California and remain in full compliance with any court
25 ordered criminal probation, payments, and other orders.

26 15. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
27 under penalty of perjury on forms provided by the Board, stating whether there has been
28 compliance with all the conditions of probation.

1 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
2 of the preceding quarter.

3 16. GENERAL PROBATION REQUIREMENTS.

4 Compliance with Probation Unit

5 Respondent shall comply with the Board's probation unit.

6 Address Changes

7 Respondent shall, at all times, keep the Board informed of Respondent's business and
8 residence addresses, email address (if available), and telephone number. Changes of such
9 addresses shall be immediately communicated in writing to the Board or its designee. Under no
10 circumstances shall a post office box serve as an address of record, except as allowed by Business
11 and Professions Code section 2021, subdivision (b).

12 Place of Practice

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

16 License Renewal

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

19 Travel or Residence Outside California

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

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

26 17. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
27 available in person upon request for interviews either at Respondent's place of business or at the
28 probation unit office, with or without prior notice throughout the term of probation.

1 18. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training
9 program which has been approved by the Board or its designee shall not be considered non-
10 practice and does not relieve Respondent from complying with all the terms and conditions of
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
12 on probation with the medical licensing authority of that state or jurisdiction shall not be
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

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

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

21 Periods of non-practice will not apply to the reduction of the probationary term. Periods of
22 non-practice for a Respondent residing outside of California will relieve Respondent of the
23 responsibility to comply with the probationary terms and conditions with the exception of this
24 condition and the following terms and conditions of probation: Obey All Laws; General Probation
25 Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled
26 Substances; and Biological Fluid Testing.

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1 19. COMPLETION OF PROBATION. Respondent shall comply with all financial
2 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
3 completion of probation. Upon successful completion of probation, Respondent's certificate shall
4 be fully restored.

5 20. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
6 of probation is a violation of probation. If Respondent violates probation in any respect, the
7 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
8 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
9 Probation, or an Accusation is filed against Respondent during probation, the Board shall have
10 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
11 the matter is final.

12 21. LICENSE SURRENDER. Following the effective date of this Decision, if
13 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
14 the terms and conditions of probation, Respondent may request to surrender his or her license.
15 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
16 determining whether or not to grant the request; or to take any other action deemed appropriate
17 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
18 shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the
19 Board or its designee and Respondent shall no longer practice medicine. Respondent will no
20 longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical
21 license, the application shall be treated as a petition for reinstatement of a revoked certificate.

22 22. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
23 with probation monitoring each and every year of probation, as designated by the Board, which
24 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
25 California and delivered to the Board or its designee no later than January 31st of each calendar
26 year.

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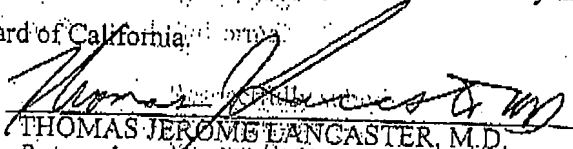
1 23. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
2 a new license or certification, or petition for reinstatement of a license, by any other health care
3 licensing action agency in the State of California, all of the charges and allegations contained in
4 First Amended Accusation No. 800-2016-024953 shall be deemed to be true, correct, and
5 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
6 seeking to deny or restrict license.

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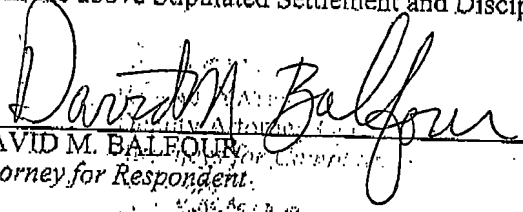
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David Balfour. 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.

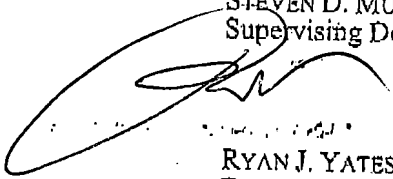
DATED: 8/6/2020 
THOMAS JEROME LANCASTER, M.D.
Respondent

I have read and fully discussed with Respondent Thomas Jerome Lancaster, 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: 8/7/2020 
DAVID M. BALEFOUR
Attorney for Respondent

ENDORSEMENT

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

DATED: 8/7/2020
Respectfully submitted,
XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2016-024953

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8 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation
Against:

Case No. 800-2016-024953

13 **THOMAS JEROME LANCASTER, M.D.**
14 **1230 Pearsall Way**
Yuba City, CA 95991
15 **Physician's and Surgeon's Certificate**
No. G 70162,

FIRST AMENDED ACCUSATION

16 Respondent.

17
18 **PARTIES**

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

22 2. On or about October 29, 1990, the Medical Board issued Physician's and Surgeon's
23 Certificate No. G 70162 to Thomas Jerome Lancaster, 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
25 herein and will expire on October 31, 2020, unless renewed.

26 ///

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28 ///

JURISDICTION

1
2 3. This First Amended Accusation is brought before the Board, under the authority of
3 the following laws. All section references are to the Business and Professions Code unless
4 otherwise indicated.

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

9 5. Section 2234 of the Code, states:

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

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

15 “(b) Gross negligence.

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

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

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

26 “(d) Incompetence.

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

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

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

5 6. Section 2261 of the Code states:

6 “Knowingly making or signing any certificate or other document directly or indirectly
7 related to the practice of medicine or podiatry which falsely represents the existence or
8 nonexistence of a state of facts, constitutes unprofessional conduct.”

9 7. Section 2262 of the Code states:

10 “Altering or modifying the medical record of any person, with fraudulent intent, or creating
11 any false medical record, with fraudulent intent, constitutes unprofessional conduct.

12 “In addition to any other disciplinary action, the Division of Medical Quality or the
13 California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars (\$500)
14 for a violation of this section.”

15 8. Section 2266 of the Code states:

16 “The failure of a physician and surgeon to maintain adequate and accurate records relating
17 to the provision of services to their patients constitutes unprofessional conduct.”

18 9. Section 810 of the Code states:

19 “(a) It shall constitute unprofessional conduct and grounds for disciplinary action, including
20 suspension or revocation of a license or certificate, for a health care professional to do any of the
21 following in connection with his or her professional activities:

22 (1) Knowingly present or cause to be presented any false or fraudulent claim for the
23 payment of a loss under a contract of insurance.

24 (2) Knowingly prepare, make, or subscribe any writing, with intent to present or use
25 the same, or to allow it to be presented or used in support of any false or fraudulent claim.

26 “(b) It shall constitute cause for revocation or suspension of a license or certificate for a
27 health care professional to engage in any conduct prohibited under Section 1871.4 of the
28 Insurance Code or Section 549 or 550 of the Penal Code.

1 “(c)(1) It shall constitute cause for automatic suspension of a license or certificate issued
2 pursuant to Chapter 4 (commencing with Section 1600), Chapter 5 (commencing with Section
3 2000), Chapter 6.6 (commencing with Section 2900), Chapter 7 (commencing with Section
4 3000), or Chapter 9 (commencing with Section 4000), or pursuant to the Chiropractic Act or the
5 Osteopathic Act, if a licensee or certificate holder has been convicted of any felony involving
6 fraud committed by the licensee or certificate holder in conjunction with providing benefits
7 covered by worker's compensation insurance, or has been convicted of any felony involving
8 Medi-Cal fraud committed by the licensee or certificate holder in conjunction with the Medi-Cal
9 program, including the Denti-Cal element of the Medi-Cal program, pursuant to Chapter 7
10 (commencing with Section 14000), or Chapter 8 (commencing with Section 14200), of Part 3 of
11 Division 9 of the Welfare and Institutions Code. The board shall convene a disciplinary hearing to
12 determine whether or not the license or certificate shall be suspended, revoked, or some other
13 disposition shall be considered, including, but not limited to, revocation with the opportunity to
14 petition for reinstatement, suspension, or other limitations on the license or certificate as the
15 board deems appropriate.

16 (2) It shall constitute cause for automatic suspension and for revocation of a license or
17 certificate issued pursuant to Chapter 4 (commencing with Section 1600), Chapter 5
18 (commencing with Section 2000), Chapter 6.6 (commencing with Section 2900), Chapter 7
19 (commencing with Section 3000), or Chapter 9 (commencing with Section 4000), or pursuant to
20 the Chiropractic Act or the Osteopathic Act, if a licensee or certificate holder has more than one
21 conviction of any felony arising out of separate prosecutions involving fraud committed by the
22 licensee or certificate holder in conjunction with providing benefits covered by worker's
23 compensation insurance, or in conjunction with the Medi-Cal program, including the Denti-Cal
24 element of the Medi-Cal program pursuant to Chapter 7 (commencing with Section 14000), or
25 Chapter 8 (commencing with Section 14200), of Part 3 of Division 9 of the Welfare and
26 Institutions Code. The board shall convene a disciplinary hearing to revoke the license or
27 certificate and an order of revocation shall be issued unless the board finds mitigating
28 circumstances to order some other disposition.

1 (3) It is the intent of the Legislature that paragraph (2) apply to a licensee or
2 certificate holder who has one or more convictions prior to January 1, 2004, as provided in this
3 subdivision.

4 (4) Nothing in this subdivision shall preclude a board from suspending or revoking a
5 license or certificate pursuant to any other provision of law.

6 (5) "Board," as used in this subdivision, means the Dental Board of California, the
7 Medical Board of California, the Board of Psychology, the State Board of Optometry, the
8 California State Board of Pharmacy, the Osteopathic Medical Board of California, and the State
9 Board of Chiropractic Examiners.

10 (6) "More than one conviction," as used in this subdivision, means that the licensee or
11 certificate holder has one or more convictions prior to January 1, 2004, and at least one
12 conviction on or after that date, or the licensee or certificate holder has two or more convictions
13 on or after January 1, 2004. However, a licensee or certificate holder who has one or more
14 convictions prior to January 1, 2004, but who has no convictions and is currently licensed or
15 holds a certificate after that date, does not have "more than one conviction" for the purposes of
16 this subdivision.

17 "(d) As used in this section, health care professional means any person licensed or certified
18 pursuant to this division, or licensed pursuant to the Osteopathic Initiative Act, or the
19 Chiropractic Initiative Act."

20 **PERTINENT DRUG INFORMATION**

21 10. Alprazolam – Generic name for the drug Xanax. Alprazolam is a short-acting
22 benzodiazepine used to treat anxiety, and is a Schedule IV controlled substance pursuant to Code
23 of Federal Regulations Title 21 section 1308.14. Alprazolam is a dangerous drug pursuant to
24 California Business and Professions Code section 4022 and is a Schedule IV controlled substance
25 pursuant to California Health and Safety Code section 11057(d).

26 11. Amphetamine salts – Generic name for the drug Adderall, which is a combination
27 drug containing four salts of the two enantiomers of amphetamine, a Central Nervous System
28 (CNS) stimulant of the phenethylamine class. Adderall is used to treat attention deficit

1 hyperactivity disorder and narcolepsy but can be used recreationally as an aphrodisiac and
2 euphoriant. Adderall is habit forming. Amphetamine salts are a Schedule II controlled substance
3 pursuant to Code of Federal Regulations Title 21 section 1308.12(d) and a dangerous drug
4 pursuant to Business and Professions Code section 4022.

5 12. Aripiprazole – Generic name for the drug Abilify, among others. Aripiprazole is an
6 atypical antipsychotic, primarily used in the treatment of schizophrenia and bipolar disorder.
7 Other uses include as an add-on treatment in major depressive disorder, tic disorders and
8 irritability associated with autism. It is taken by mouth or by injection into a muscle.
9 Aripiprazole is a dangerous drug pursuant to California Business and Professions Code section
10 4022.

11 13. Dextroamphetamine-Amphetamine – Generic name for Adderall XR, Mydayis.
12 Dextroamphetamine-Amphetamine is used to treat attention deficit hyperactivity disorder and
13 narcolepsy. It is a combination medication containing four (4) salts of amphetamine, and works
14 as a central nervous system stimulant. Dextroamphetamine-Amphetamine is a Schedule II
15 controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12 and Health
16 and Safety Code, section 11055, subdivision (b), and a dangerous drug pursuant to Business and
17 Professions Code, section 4022.

18 14. Hydromorphone hydrochloride – Generic name for the drug Dilaudid.
19 Hydromorphone hydrochloride (“hcl”) is a potent opioid agonist that has a high potential for
20 abuse and risk of producing respiratory depression. Hydromorphone hcl is a short-acting
21 medication used to treat severe pain. Hydromorphone hcl is a Schedule II controlled substance
22 pursuant to Code of Federal Regulations Title 21 section 1308.12, and a dangerous drug pursuant
23 to California Business and Professions Code section 4022 and is a Schedule II controlled
24 substance pursuant to California Health and Safety Code section 11055(b).

25 15. Lamotrigine – Generic name for the drug Lamictal, among others. Lamotrigine is
26 an anticonvulsant medication used to treat epilepsy and bipolar disorder. Epileptic symptoms
27 treated include focal seizures, tonic-clonic seizures, and seizures in Lennox-Gastaut syndrome. In
28 bipolar disorder, it is used to treat acute episodes of depression and rapid cycling in bipolar type

1 II and to prevent recurrence in bipolar type I. Lamotrigine is a dangerous drug, pursuant to
2 Business and Professions Code, section 4022.

3 16. Lorazepam – Generic name for Ativan. Lorazepam is a member of the
4 benzodiazepine family and is a fast-acting anti-anxiety medication used for the short-term
5 management of severe anxiety. Lorazepam is a Schedule IV controlled substance pursuant to
6 Code of Federal Regulations Title 21 section 1308.14(c) and Health and Safety Code section
7 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
8 4022.

9 17. Methylphenidate – Generic name for Ritalin, is a central nervous system stimulant
10 medication used to treat attention deficit hyperactivity disorder (ADHD) and narcolepsy. It is a
11 first line medication for ADHD. It is taken by mouth or applied to the skin. Methylphenidate is a
12 Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section
13 1308.12 and Health and Safety Code, section 11055, subdivision (b), and a dangerous drug
14 pursuant to Business and Professions Code, section 4022.

15 18. Oxycodone – Generic name for OxyContin, Roxicodone, and Oxecta. Oxycodone
16 carries a high risk for addiction and dependence, and can cause respiratory distress and death
17 when taken in high doses or when combined with other substances, especially alcohol.
18 Oxycodone is a short-acting opioid analgesic used to treat moderate to severe pain. OxyContin
19 ER is a long-acting opioid formulation consisting of an extended-release mechanism. Oxycodone
20 is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section
21 1308.12. Oxycodone is a dangerous drug pursuant to California Business and Professions Code
22 section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety
23 Code section 11055(b).

24 19. Sertraline – Generic name for the drug Zoloft, is an antidepressant of the selective
25 serotonin reuptake inhibitor (SSRI) class. It is used to treat major depressive disorder, obsessive-
26 compulsive disorder, panic disorder, post-traumatic stress disorder, premenstrual dysphoric
27 disorder, and social anxiety disorder. Sertraline is a dangerous drug pursuant to Business and
28 Professions Code section 4022.

1 outside of the BCBH records system, and were unknown and inaccessible to anyone other than
2 Respondent.

3 26. The Board obtained certified pharmacy profiles pertaining to Patient A from the
4 dates of March 5, 2014, to September 13, 2016. During that time period, Respondent prescribed
5 large amounts of a variety of controlled substances to Patient A. For example, between March 5,
6 2014, and September 13, 2016, Respondent prescribed or refilled the following controlled
7 substances to Patient A:

Date Filled	Prescription	Quantity	Dosage	Schedule
March 5, 2014	Alprazolam	60 tablets	0.5 mg.	IV
April 3, 2014	Alprazolam	60 tablets	0.5 mg.	IV
May 20, 2014	Alprazolam	60 tablets	0.5 mg.	IV
July 11, 2014	Alprazolam	120 tablets	1 mg.	IV
August 10, 2014	Alprazolam	120 tablets	1 mg.	IV
September 6, 2014	Alprazolam	120 tablets	1 mg.	IV
September 16, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
September 28, 2014	Alprazolam	120 tablets	1 mg.	IV
October 21, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
October 24, 2014	Temazepam	30 capsules	30 mg.	IV
October 26, 2014	Alprazolam	120 tablets	1 mg.	IV
November 23, 2014	Zolpidem tartrate	30 tablets	10 mg	IV
November 23, 2014	Alprazolam	120 tablets	1 mg.	IV
December 12, 2014	Temazepam	30 capsules	30 mg.	IV
December 21, 2014	Alprazolam	120 tablets	1 mg.	IV
January 9, 2015	Temazepam	30 capsules	30 mg.	IV
January 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
January 20, 2015	Alprazolam	120 tablets	1 mg.	IV
February 8, 2015	Temazepam	30 capsules	30 mg.	IV

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February 17, 2015	Alprazolam	120 tablets	1 mg.	IV
March 5, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
March 17, 2015	Alprazolam	120 tablets	1 mg.	IV
March 23, 2015	Temazepam	30 capsules	30 mg.	IV
April 2, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
April 14, 2015	Alprazolam	120 tablets	1 mg.	IV
April 21, 2015	Temazepam	30 capsules	30 mg.	IV
May 6, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
May 21, 2015	Temazepam	30 capsules	30 mg.	IV
June 4, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
June 12, 2015	Alprazolam	120 tablets	1 mg.	IV
June 18, 2015	Temazepam	30 capsules	30 mg.	IV
July 2, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
July 10, 2015	Alprazolam	120 tablets	1 mg.	IV
July 30, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
August 10, 2015	Alprazolam	120 tablets	1 mg.	IV
August 26, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
September 9, 2015	Alprazolam	120 tablets	1 mg.	IV
September 23, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
October 13, 2015	Alprazolam	120 tablets	1 mg.	IV
October 21, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
November 11, 2015	Alprazolam	120 tablets	1 mg.	IV
November 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV
December 1, 2015	Dextroamphetamine- Amphetamine	30 tablets	10 mg	II
December 3, 2015	Alprazolam	120 tablets	1 mg.	IV
December 15, 2015	Dextroamphetamine- Amphetamine	60 tablets	10 mg	II
December 17, 2015	Zolpidem tartrate	30 tablets	10 mg	IV

1	December 30, 2015	Alprazolam	120 tablets	1 mg.	IV
2	January 13, 2016	Dextroamphetamine- Amphetamine	60 tablets	10 mg	II
3	January 15, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
4	February 3, 2016	Amphetamine salt combo	60 tablets	20 mg	II
5	February 3, 2016	Alprazolam	120 tablets	1 mg.	IV
6	February 3, 2016	Temazepam	30 capsules	30 mg.	IV
7	February 8, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
8	February 24, 2016	Amphetamine salt combo	60 tablets	30 mg	II
9	February 29, 2016	Alprazolam	120 tablets	1 mg.	IV
10	February 29, 2016	Temazepam	30 capsules	30 mg.	IV
11	March 7, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
12	March 25, 2016	Temazepam	30 capsules	30 mg.	IV
13	March 25, 2016	Alprazolam	120 tablets	1 mg.	IV
14	April 8, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
15	April 26, 2016	Methylphenidate HCL	30 tablets	20 mg	II
16	May 9, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
17	May 9, 2016	Alprazolam	120 tablets	1 mg.	IV
18	May 10, 2016	Methylphenidate HCL	60 tablets	20 mg	II
19	June 2, 2016	Alprazolam	120 tablets	1 mg.	IV
20	June 2, 2016	Temazepam	30 capsules	30 mg.	IV
21	June 6, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
22	June 6, 2016	Methylphenidate HCL	60 tablets	20 mg	II
23	June 30, 2016	Temazepam	30 capsules	30 mg.	IV
24	June 30, 2016	Alprazolam	120 tablets	1 mg.	IV
25	June 30, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
26	July 1, 2016	Methylphenidate HCL	60 tablets	20 mg	II
27					
28					

July 29, 2016	Methylphenidate HCL	60 tablets	20 mg	II
August 9, 2016	Temazepam	30 capsules	30 mg.	IV
August 9, 2016	Zolpidem tartrate	30 tablets	10 mg	IV
August 9, 2016	Alprazolam	120 tablets	1 mg.	IV
September 13, 2016	Alprazolam	120 tablets	1 mg.	IV
September 13, 2016	Temazepam	30 capsules	30 mg.	IV

27. During the aforementioned time period, Patient A was also being prescribed large amounts of oxycodone HCL, hydromorphone HCL, and morphine sulfate by other medical practitioners.

28. Although Respondent had prescribed Patient A high doses of benzodiazepines, stimulants, sleep medicine, and opioids during the aforementioned time period—which required intensive monitoring—Respondent only saw Patient A during his visits with the patient’s grandchild, who was a BCBH patient. Those visits with the BCBH patient, which lasted approximately thirty (30) minutes, required Respondent to address the BCBH patient’s medical problems, which were extensive. Each of the prescriptions issued to Patient A by Respondent were from BCBH prescription pads. Additionally, during Respondent’s care and treatment of Patient A, Respondent solely used the BCBH facility and BCBH’s property. Respondent failed to coordinate the care and treatment of Patient A with his other medical providers. This failure deprived Patient A from ancillary services that could have helped address his underlying issues.

29. On or about April 14, 2016, Patient A’s wife called BCBH staff on the telephone. During the telephone call, she was irate and yelled at staff members for not having completed a PAR/TAR¹ for Patient A. The staff member responded that BCBH was unable to do anything without first speaking with Respondent.

30. On or about May 10, 2016, Patient A arrived at the BCBH waiting room. He was upset, and loudly banged on the lobby door and yelled as he attempted to gain entry through the

¹ A Participating Provider (PAR) has an agreement with a particular health insurance payer. A Treatment Authorization Request (TAR) is submitted to Medi-Cal, in order to receive authorization for a particular medical action.

1 locked door. He then telephoned Respondent, who arrived shortly after, walked with Patient A to
2 the facility's parking lot, and gave Patient A an envelope. Patient A then left the facility.

3 31. On May 31, 2016, Respondent authored a progress note regarding Patient A,
4 which stated, "[Patient A] called and asked for a 3 mos supply of meds-wrote them out but
5 informed, no more, after today, thus encouraging them to get care elsewhere, ASAP."

6 Nonetheless, Respondent continued to prescribe controlled substances to Patient A, without any
7 clinical documentation or charting, until September 13, 2016.²

8 32. Following notice that he was the subject of an investigation by the Department of
9 Consumer Affairs (DCA) Division of Investigation (DOI), on or about February 20, 2019,
10 Respondent drafted retroactive records related to his care and treatment of Patient A, and
11 provided the records to the assigned investigator. The records, which pertained to five (5) patient
12 visits, which began in "Spring 2015" and ended on February 9, 2016, were inaccurate and did not
13 cover the complete timeframe during which Patient A was seen. They additionally do not cover
14 critical events, such as when Patient A acted disruptively at BCBH, or why Patient A's
15 benzodiazepine dose was quadrupled shortly into his treatment. The notes additionally failed to
16 list all of the medications prescribed to Patient A.

17 **Patient B**

18 33. On or about May 24, 2016, Respondent treated Patient B, a then eight (8) year old
19 foster child. During the visit, Patient B's foster mother stated that she had repeatedly attempted
20 to obtain the drug, Abilify, for Patient B, however, Medi-Cal repeatedly denied the requests.
21 Respondent asked Patient B's mother if she had private insurance, to which she replied that she
22 did. Respondent replied that he would write a prescription for Abilify in her name, so that she
23 could fill it and administer the Abilify for the use of Patient B.

24 34. Although he was aware of its illegality, before ending the visit, Respondent wrote,
25 on a BCBH prescription pad, a prescription for three (3) refills of thirty (30) Abilify tablets, in
26 twenty (20) milligram doses, in Patient B's foster mother's name.

27
28 ² Respondent's contract with BCBH was terminated on June 10, 2016.

1 35. Following the visit with Patient B and Patient B's foster mother, Respondent
2 entered a treatment note, which stated the following:

3 "Subjective: [redacted] never got the Risperdal since it wasn't covered but have been
4 relying on samples of Abilify with excellent results. No PTSD symptoms, no cycling,
5 no suicidal/homicidal thoughts and no side effects. Sleep, interest, energy, concert,
6 appetite are fine.

7 "O: relax, verbal, broad affect.

8 "A: PTSD, rule out mood disorder NOS.

9 "Plan: stop the Risperdal and go back to Abilify, continue clonidine and return to
10 clinic in three months."

11 Respondent additionally entered in Patient B's treatment notes that he had prescribed Abilify to
12 Patient B's mother.

13 36. Despite the fact that Respondent's notes pertaining to the May 24, 2016, visit with
14 Patient B contain the basic elements of the SOAP³ format, the notes failed to adequately convey
15 many necessary aspects of the examination, such as compliance or objective findings—
16 specifically, speech, attention, and/or thought process. More importantly, Respondent's notes
17 failed to convey why Patient B was in need of extreme medications that are not authorized by
18 Medi-Cal. Nor do the notes mention the guidelines Respondent was following in treating Patient
19 B. Respondent's notes fail to address whether laboratory monitoring is being done and whether
20 benefits of treatment outweigh the risks for Patient B.

21 37. Following notice that he was the subject of an investigation by DOI, on or about
22 April 29, 2019, Respondent provided a retroactive chart regarding his care and treatment of
23 Patient B. In the chart, Respondent admitted to prescribing Abilify to Patient B's foster mother,
24 which was intended for Patient B, and that Patient B's foster mother was never his patient.

25 38. On or about June 12, 2019, Respondent participated in an interview with DOI.
26 During the interview, Respondent stated that he prescribed the Abilify, which was intended for
27 Patient B, to Patient B's foster mother, because he was "worried about her hurting herself or
28 others or having to require hospitalization." When asked if the agreement to prescribe to Patient

³ The SOAP note is a method of documentation employed by health care providers to transcribe notes in a patient's chart. The standard SOAP note format consists of the subjective component, objective component, assessment, and plan.

1 B's foster mother was documented, Respondent replied that it all occurred verbally. After being
2 shown the prescription, Respondent acknowledged that there did not appear to have been an
3 emergency. He additionally acknowledged that the amount prescribed should have lasted Patient
4 B over a year, which appeared inconsistent with an emergency scenario. Further, he
5 acknowledged that he was aware that it was inappropriate to prescribe for one person with the
6 intent of the prescription being used by another person.

7 **Patient C**

8 39. On or about May 31, 2016, Respondent began treating Patient C at BCBH. Patient
9 C was a minor teenager, who was taking prescribed Zoloft, Abilify, Lamictal, and Ativan, from a
10 previous medical provider. Prior to concluding the visit, Respondent wrote two (2) Zoloft
11 prescriptions to Patient C, which resulted in Patient C receiving 400 milligrams of Zoloft daily.⁴
12 Due to the high amount of Zoloft prescribed by Respondent, Patient C's daily Zoloft dose
13 exceeded the recommended limit. This resulted in Patient C's insurance refusing to cover the full
14 amount of the Zoloft prescription. In response, Respondent wrote one prescription for thirty (30)
15 200-milligram tablets of Zoloft, to be processed through Patient C's mother's insurance company.
16 Respondent also wrote a second prescription for sixty (60) 100-milligram tablets of Zoloft, to be
17 paid for in cash.

18 40. When transcribing the two Zoloft prescriptions, Respondent failed to adequately or
19 accurately document important information. Specifically, when writing the sixty (60) tablet
20 prescription for Zoloft, Respondent should have documented it as a once-a-day dosage.
21 Additionally, since two (2) different pill strengths of the same medication were intended to be
22 taken concurrently, Respondent should have stated in both prescriptions that they were being used
23 in conjunction.

24 41. Following the visit, Respondent entered the following progress notes regarding his
25 care and treatment of Patient C:

26 "Subjective: [redacted] is doing very good with the current meds combination but still
27 has some OCD [obsessive compulsive disorder] symptoms of skin picking and is

28 ⁴ Respondent stated in his June 16, 2019, interview with DOI that he had an understanding
with Patient C's mother that Patient C was to only take 300 milligrams of Zoloft daily.

1 enuretic [bedwetting] at night but mom does not want to change any of the meds. No
2 depression, no significant mood swings, is happy overall and sleep, interest, energy,
3 concentration, and appetite are fine. No suicidal or homicidal thoughts and no side
4 effects. [sic]

5 "O: chunky, lesions on arms from skin picking, blunted affect.

6 "A: mood disorder NOS, OCD, Asperger's.

7 "Plan: continue Zoloft, Lamictal, Rexulti and Ativan and return to clinic in three
8 months."

9 42. Respondent failed to document accurate and adequate treatment notes for Patient
10 C. Despite the fact that Respondent's notes contain the basic elements of the SOAP format, the
11 notes failed to adequately convey many necessary aspects of the examination, such as compliance
12 or objective findings—specifically, speech, attention, and/or thought process. More importantly,
13 Respondent's notes failed to convey why Patient C, a minor patient, was in need of extreme
14 medications and high doses. Although Respondent stated in his interview that he believed that he
15 might have discussed decreasing the Zoloft doses to Patient C's mother, Respondent's notes lack
16 any documentation of the discussion. Respondent additionally failed to clearly document in the
17 notes that he was issuing two prescriptions for the same medication, with the intention for the
18 medications to be filled concurrently. Moreover, Respondent failed to properly document his
19 reasons for prescribing such an unusual dosage of Zoloft to Patient C.

20 43. Respondent committed the following acts of gross negligence regarding Patient A:

- 21 a.) Respondent provided unauthorized psychiatric care for a personal friend at
22 BCBH;
23 b.) Respondent engaged in substandard record keeping and documentation; and
24 c.) Respondent overprescribed controlled substances.

25 44. Respondent committed gross negligence regarding Patient B, in that Respondent
26 wrote a prescription for Patient B's mother, which was intended for Patient B.

27 45. Respondent committed gross negligence regarding Patient C, in that Respondent
28 engaged in substandard record keeping and documentation.

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SECOND CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

46. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 23 through 45 above, which are hereby realleged and incorporated by reference as if fully set forth herein. Respondent additionally engaged in the following unprofessional conduct:

Patient D

47. On or about March 28, 2018, Respondent and his daughter were visiting a personal friend, who is a licensed veterinarian. During the visit, Respondent's friend's dog escaped its kennel and bit Respondent's minor daughter on the head. Following the dog bite, Respondent supervised and aided his friend in the unlicensed practice of medicine on humans, while his friend sutured the child's wounds. After the placement of sutures was completed, Respondent obtained a ten (10) day supply of cephalexin (antibiotics), from his friend, to administer to the child.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

48. Respondent's license is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he committed repeated negligent acts. The circumstances are set forth in paragraphs 23 through 47, above, which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

49. Respondent committed repeated negligent acts regarding Patient B in that Respondent engaged in substandard record keeping and documentation.

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1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Creating False Records)**

3 50. Respondent's license is subject to disciplinary action under section 2262 in that he
4 created false medical records with fraudulent intent. The circumstances are set forth in paragraphs
5 33 through 38, which are incorporated here by reference as if fully set forth.

6 **FIFTH CAUSE FOR DISCIPLINE**

7 **(Signing False Records)**

8 51. Respondent's license is subject to disciplinary action under section 2261 in that he
9 signed a false medical record. The circumstances are set forth in paragraphs 33 through 38,
10 which are incorporated here by reference as if fully set forth.

11 **SIXTH CAUSE FOR DISCIPLINE**

12 **(False Claims to Medi-Cal, Dishonesty)**

13 52. Respondent's license is subject to disciplinary action under section 810,
14 subdivisions (a)(1) and (a)(2), and 2234, subdivision (e), in that Respondent knowingly submitted
15 false claims to Medi-Cal and knowingly created false treatment records to support those false
16 claims. The circumstances are set forth in paragraphs 33 through 38, which are incorporated here
17 by reference as if fully set forth.

18 **SEVENTH CAUSE FOR DISCIPLINE**

19 **(Failure to Maintain Accurate and Adequate Records)**

20 53. Respondent's license is subject to disciplinary action under section 2266, in that he
21 failed to maintain adequate and accurate records. The circumstances are set forth in paragraphs
22 23 through 52, which are incorporated here by reference as if fully set forth.

23 **DISCIPLINARY CONSIDERATIONS**

24 54. To determine the degree of discipline, if any, to be imposed on Respondent,
25 Complainant alleges that on or about January 26, 2007, in a prior disciplinary action entitled *In*
26 *the Matter of the Accusation Against Thomas Jerome Lancaster, M.D.* before the Medical Board
27 of California, in Case Number 02-2003-149423, Respondent's license was placed on probation for
28 five (5) years—which included several terms and conditions—for gross negligence, repeated

