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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *April 11, 2018*
BY: *[Signature]* **ANALYST**

8 *Attorneys for Complainant*

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

12
13 In the Matter of the First Amended Accusation
Against:
14 **LEON FAJERMAN, M.D.**
15 **1876 Altozano Drive**
El Cajon, CA 92020-1001
16
17 **Physician's and Surgeon's Certificate**
No. A 33156,
18
19 Respondent.

Case No. 800-2016-027360
OAH No. 2018010471
FIRST AMENDED ACCUSATION

20 Complainant alleges:

21 **PARTIES**

- 22 1. Kimberly Kirchmeyer (Complainant) brings this First Amended Accusation solely in
23 her official capacity as the Executive Director of the Medical Board of California, Department of
24 Consumer Affairs (Board).
- 25 2. On or about November 17, 1978, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 33156 to Leon Fajerman, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate expired on February 28, 2018, and has not been renewed.

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JURISDICTION

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2 3. This First Amended Accusation, which supersedes Accusation No. 800-2016-027360,
3 filed on September 13, 2017, in the above-entitled matter, is brought before the Board, under the
4 authority of the following laws. All section references are to the Business and Professions Code
5 unless otherwise indicated.

6 4. Section 2227 of the Code states:

7 “(a) A licensee whose matter has been heard by an administrative law judge of the Medical
8 Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default
9 has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary
10 action with the board, may, in accordance with the provisions of this chapter:

11 “(1) Have his or her license revoked upon order of the board.

12 “(2) Have his or her right to practice suspended for a period not to exceed one year upon
13 order of the board.

14 “(3) Be placed on probation and be required to pay the costs of probation monitoring upon
15 order of the board.

16 “(4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the board.

18 “(5) Have any other action taken in relation to discipline as part of an order of probation, as
19 the board or an administrative law judge may deem proper.

20 “....”

21 5. Section 118, subdivision (b) of the Code states:

22 “The suspension, expiration, or forfeiture by operation of law of a license issued by a
23 board in the [Department of Consumer Affairs], or its suspension, forfeiture, or cancellation
24 by order of the board or by order of a court of law, or its surrender without the written
25 consent of the board, shall not, during any period in which it may be renewed, restored,
26 reissued, or reinstated, deprive the board of its authority to institute or continue a
27 disciplinary proceeding against the licensee upon any ground provided by law or to enter an

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1 order suspending or revoking the license or otherwise taking disciplinary action against the
2 licensee on any such ground.”

3 6. Section 726 of the Code states:

4 “(a) The commission of any act of sexual abuse, misconduct, or relations with a patient,
5 client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any
6 person licensed under this or under any initiative act referred to in this division.

7 “(b) This section shall not apply to consensual sexual contact between a licensee and his or
8 her spouse or person in an equivalent domestic relationship when that licensee provides medical
9 treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent
10 domestic relationship.”

11 7. Section 2234 of the Code states:

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

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

17 “ ...

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

19 “....”

20 8. Unprofessional conduct has been defined as conduct which breaches the rules or
21 ethical code of the medical profession, or conduct which is unbecoming a member in good
22 standing of the medical profession, and which demonstrates an unfitness to practice medicine.

23 (See *Shea v. Bd. Of Medical Examiners (1978) Cal.App.3d 564, 575.*)

24 **FIRST CAUSE FOR DISCIPLINE**

25 **(Sexual Abuse, Misconduct, or Relations with a Patient)**

26 9. Respondent Leon Fajerman, M.D. is subject to disciplinary action under sections 726,
27 2227 and 2234 of the Code in that he committed one or more acts of sexual abuse, misconduct or
28 relations with a patient, as more particularly alleged hereinafter:

1 10. At all times relevant to the allegations described herein, Respondent was a
2 psychiatrist practicing in offices in or around San Diego County, California including, but not
3 limited to, offices in San Diego, El Cajon, Chula Vista or San Ysidro (or any combination
4 thereof).

5 **Patient A**¹

6 11. In or around May 2007, patient "A" ("Patient A"), an adult woman, visited
7 Respondent for the first time for psychiatric treatment. Since that date, Patient A has had
8 approximately 40 treatment visits with Respondent. At all times, Patient A's communications
9 with Respondent have been in Spanish.

10 12. On or about October 19, 2016, Patient A visited Respondent for a scheduled
11 psychiatric appointment. As this visit was concluding, Respondent told Patient A that their next
12 appointment would be in January of the following year (2017). Respondent held up an
13 appointment card in his hand and then placed the card and his hand inside the top of her dress,
14 touching one of her breasts with his hand.

15 13. Patient A reached under her dress and took the appointment card, but Respondent
16 kept his hand on her breast. He then began rubbing her breast, telling her that it felt good.
17 Patient A replied that it did not feel good and pulled away from Respondent.

18 14. Respondent then hugged Patient A. Patient A again attempted to pull away.
19 However, Respondent kissed Patient A on her lips and inserted his tongue into her mouth.
20 Patient A closed her mouth and Respondent removed his tongue from her mouth. Respondent
21 then began to kiss Patient A on her neck. Patient A pulled her head down toward her shoulders in
22 an effort to prevent him from kissing her.

23 15. Respondent then pulled up the bottom of Patient A's dress and placed one of his
24 hands on one of her buttocks. He told her that he would like to undress her.

25 16. Respondent then placed his hand under Patient A's underwear and touched her
26 vagina.

27
28 ¹ Patient names have been withheld in the interest of preserving witnesses' privacy.

1 17. Patient A pulled away from Respondent and told him that what was happening was
2 not right, and that she needed to leave. Respondent asked Patient A to come back later that same
3 day, and within the next few days. At one point, he suggested that Patient A tell her spouse that
4 she was going to a casino but instead come to meet Respondent. Patient A refused.

5 18. Respondent also asked Patient A to return on an upcoming Friday when nobody
6 would be in the office so that they could have sexual intercourse. Patient A told Respondent that
7 it was not going to happen and left.

8 19. On or about December 21, 2016, at the direction of law enforcement officers,
9 Patient A attempted to conduct a controlled call with Respondent. However, she was not able to
10 reach him by telephone. At the direction of law enforcement officers, Patient A agreed to have an
11 audio recording application installed on her personal cellular telephone to capture audio from
12 telephone calls made to a designated telephone number.

13 20. On or about December 22, 2016, Patient A spoke with Respondent by telephone.
14 Among other things, they discussed what occurred during the October 19, 2016 appointment.
15 Patient A told Respondent that it had been worrisome for her when he placed the appointment
16 card on her breast and kissed her. In response, Respondent asked Patient A if she had not liked it,
17 to which she replied that she had not.

18 21. At another point during the December 22, 2016 conversation, Patient A asked
19 Respondent if he remembered touching her breasts and butt, kissing her on the mouth and neck,
20 and touching her private parts. Respondent replied that something like that had happened.

21 22. At another point in the December 22, 2016 conversation, Respondent told Patient A
22 that he would not touch her at their future scheduled appointment and promised that it would not
23 happen again.

24 23. On or about January 6, 2017, Patient A spoke with Respondent by telephone. Among
25 other things, they again discussed what had occurred during the October 19, 2016 appointment.
26 At one point in the conversation, Patient A asked Respondent what he thought about what had
27 occurred. Respondent replied that it was better to discuss it face-to-face as opposed to over the

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1 phone, but said that it was something in the moment, that he had hugged her and kissed her, but
2 that it was not like someone had attacked her or made her.

3 24. Patient A told Respondent that that was not all that had happened. She told
4 Respondent that he had kissed her neck, touched her breasts, buttocks and private parts, and told
5 her that he wanted to get her naked and have sex with her. Patient A asked him what he thought
6 with respect to this or what his desire was. Respondent replied that if he did that, that showed
7 interest.

8 25. At another point in the conversation, Patient A asked Respondent if what had
9 happened was a thing in the moment or if he wanted something more with her. Respondent said
10 that he did not know. He said that he had not made plans for it and that it was something in the
11 moment. He added that time will tell, and that if someone doesn't want it, it would be over. He
12 stated that the topic is not that dramatic.

13 26. At another point in the conversation, Patient A asked Respondent what he felt when
14 he was hugging her and kissing her, and if he was excited or aroused. Respondent replied by
15 talking about attraction. He indicated that it was human nature and feelings that one knows well
16 and suddenly happen. Patient A asked Respondent if, at the time, his penis was ready in order to
17 have sex with her. Respondent replied no, but that if it would have continued a little more,
18 probably, yes.

19 27. Patient A also asked Respondent if he had been aroused sexually or felt anything
20 when he touched her private parts, or if it was a turn-on. Respondent replied yes, and that it was
21 interesting and attractive. But, he added, that it was three seconds and he is not that quick.

22 28. Later in the conversation, Patient A told Respondent that she would like to meet with
23 him the following day (January 7, 2017), which he had proposed earlier in the conversation.
24 Patient A told Respondent that she wanted to know what part of her body he had liked the most,
25 to know if and where Patient A should perfume herself. Respondent told her to wear perfume all
26 over, from top to bottom. Patient A then asked Respondent if that meant that he liked all of her,
27 to which he replied, "Yes. Of course, baby."

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1 29. Later in the conversation, Patient A again asked Respondent what part of her body he
2 had liked the most. On this occasion, Respondent initially responded that he would tell her the
3 following day (January 7, 2017). Patient A asked him to tell her while they were speaking (on
4 January 6, 2017) and, at one point, Respondent stated that he would need to see her body again.
5 Patient A asked if this meant he was going to get her naked, to which Respondent replied that if
6 Patient A wanted to, he would.

7 30. Later in the conversation, Respondent stated that he liked Patient A's person, in
8 general, and how Patient A is. He added that he also liked the parts of her body that are attractive.
9 He stated that he is not blind, deaf and mute, and that he has feelings. Respondent eventually
10 stated that the part of Patient A's body he enjoyed touching the most was her breasts.

11 31. Toward the end of their conversation on January 6, 2017, Patient A told Respondent
12 that she was unsure whether she would go to see him the following day (January 7, 2017).
13 Patient A also asked about a separate appointment that had been previously scheduled for
14 January 11, 2017. In particular, Patient A asked Respondent whether Patient A could see him at
15 his office in El Cajon instead of his Chula Vista office. Respondent replied, no, because they
16 would have the same story with the people, so they would end up doing nothing. Patient A
17 understood Respondent to mean that he did not want her to meet him in his El Cajon office
18 because other people would be present in the vicinity, which would mean that they would not be
19 able to engage in any kind of sexual conduct. Patient A replied, "Ohh. Then we are going to do
20 something," to which Respondent replied that they would decide then, like healthy people.

21 **Patient B**

22 32. On or about December 16, 2016, patient "B" ("Patient B") presented to Respondent
23 for the first time for a psychiatric appointment at a San Ysidro Health Center (SYHC) facility in
24 Chula Vista, California. Patient B presented to Respondent for a second psychiatric appointment
25 with him at a SYHC facility in Chula Vista on or about January 31, 2017.

26 33. On or about March 31, 2017, Patient B presented to Respondent for a psychiatric
27 appointment at a SYHC facility in Chula Vista. When Patient B entered the appointment room,
28 Respondent commented on how "inviting" she looked. Patient B asked Respondent what he

1 meant by his comment. Respondent replied that she was inviting to men. Patient B asked for
2 further clarification, at which point Respondent changed the subject.

3 34. At or near the end of the appointment on or about March 31, 2017, Patient B began to
4 cry. Respondent approached Patient B and embraced her. While embracing her, Respondent
5 pushed her chest against his causing Patient B to feel uncomfortable. Patient B told Respondent
6 that she was "okay now." Respondent let her go and Patient B left the appointment.

7 35. On or about May 12, 2017, Patient B presented to Respondent for a psychiatric
8 appointment at a SYHC facility in Chula Vista. At or near the end of this appointment, Patient B
9 stood up to leave. Respondent stood up and met Patient B face-to-face before she could exit the
10 appointment room. Respondent pushed Patient B against a wall of the room and forcibly kissed
11 her on her mouth, and groped one of her breasts with his hand.

12 36. Patient B asked Respondent why he was doing this, to which Respondent replied,
13 "when you like something, you go for it." Patient B was in shock and did not know what to do.
14 She told Respondent that somebody would see them through a window into the room.

15 37. Respondent replied that he had another office nearby and asked her to meet him there
16 later the same day, where they could talk and "continue this." Patient B left the appointment but
17 did not meet Respondent later in the day.

18 38. On or about June 9, 2017, Patient B presented to Respondent for a psychiatric
19 appointment at a SYHC facility in Chula Vista. During this appointment, it appeared that
20 Respondent was groping, or otherwise touching, himself in or around his groin area.

21 39. At or near the end of the June 9, 2017 appointment, Respondent stood up from his
22 seat. Patient B believed this indicated that her appointment was over, so she stood up as well.
23 Respondent approached Patient B, embraced her and began to forcefully kiss her on her mouth.
24 Respondent pushed Patient B back into one of the room's corners and continued to forcibly kiss
25 her. Respondent pressed his body against Patient B's body and groped one of her breasts.
26 Respondent reached under Patient B's blouse with one of his hands, but Patient B pushed his
27 hand down before it could reach beyond her stomach area.

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1 40. Respondent asked Patient B if she could meet him later, at his "private office."
2 Patient B replied, "yes," so that Respondent would stop. Respondent let her go, and explained to
3 her where his private office was located. Patient B left the appointment, but did not meet
4 Respondent at his private office later that day.

5 41. On or about June 10, 2017, Patient B arrived to her residence after dropping off her
6 child at school. Patient B observed a car pull up near her residence. The driver rolled down the
7 window and Patient B recognized the driver as Respondent. Patient B was shocked and fearful,
8 and asked Respondent what he was doing there. Respondent stated that he thought they were
9 going to his private office. Patient B stated that there was no way she could go. Respondent sped
10 off, angrily.

11 42. Over the following weeks, Respondent called Patient B multiple times. Among other
12 things, Respondent asked about or attempted to coordinate a private meeting with Patient B
13 during these calls.

14 43. Throughout the months leading up to and including July 2017, Patient B had been
15 experiencing significant emotional distress due to a close family member's medical issues, which
16 ultimately resulted in the family member's death in or around June 2017. During one of
17 Respondent's telephone calls, Patient B agreed to meet Respondent at his private office, in the
18 hope that he could prescribe her a medication to help her cope with her emotional distress.

19 44. On the day of the meeting, in or around July 2017, Patient B began to feel uneasy
20 about the situation and contacted Respondent to tell him that she was having an issue with her car.
21 Respondent offered to pick up Patient B at her residence, which he proceeded to do.

22 45. Respondent drove Patient B to a brown office building in Chulá Vista. There,
23 Respondent took Patient B to a private office on the second floor of the building.

24 46. Once Respondent and Patient B had entered the private office, Respondent grabbed
25 her arm and pushed her onto a couch in the office. Respondent got on top of Patient B and kissed
26 her, as well as groped her breasts and genitalia over her clothes. Patient B felt Respondent's
27 erection pressed up against her body.

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1 47. Patient B was petrified. She managed to get up from beneath Respondent, and off the
2 couch. She told Respondent that she was hypoglycemic and that she would faint if she did not eat
3 soon.

4 48. Respondent stated that they could leave only if Patient B "showed him something."
5 Patient B turned away from him and briefly pulled down her pants and showed him her buttocks.
6 Respondent lunged at her, but Patient B got to the door at the entrance of the private office and
7 opened it. Respondent told Patient B, in Spanish, that he was going to give her a kiss. Patient B
8 told Respondent that he had to take her to eat because she felt very ill.

9 49. Respondent drove Patient B to a nearby restaurant. After a meal, Respondent began
10 to drive Patient B back to the private office. Patient B was very frightened and told Respondent
11 that she could not go back because she had to pick up her child. Respondent became very upset
12 and drove Patient B back to her residence.

13 **Patient C**

14 50. On or about December 27, 2016, patient "C" ("Patient C") presented to Respondent at
15 a SYHC facility in San Ysidro, California for a psychiatric appointment.

16 51. At or near the conclusion of the appointment, Respondent grabbed Patient C's
17 shoulders with both of his hands and pulled her towards him. Respondent pulled down the
18 neckline of Patient C's dress and exposed one of her breasts. Respondent licked the exposed
19 breast and nipple. Patient C was very upset and attempted to press Respondent's head into her
20 breast in a suffocating manner to get him to stop.

21 52. Thereafter, Respondent stuck his tongue out and told Patient C to kiss him, in
22 Spanish. Patient C told Respondent that she did not want to and told him to stay away from her.
23 Patient C broke away from Respondent and left the appointment.

24 53. Later the same day, on or about December 27, 2016, Patient C received a telephone
25 call from Respondent. During the call, Respondent asked Patient C if he could come over and
26 visit her. Patient C refused.

27 54. After the December 27, 2016 incident, Patient C, needing medication to treat her
28 ailments, presented to Respondent additional times for psychiatric treatment at a SYHC facility in

1 San Ysidro. During one of these appointments, Respondent apologized to Patient C, told her that
2 his conduct had been a mistake, and stated that if the clinic found out about his conduct he would
3 be out of a job.

4 55. At or near the end of one of these subsequent appointments, Patient C requested from
5 Respondent a prescription for pain medication to treat pain she was suffering in or around her tail
6 bone. Respondent replied that he did not have his prescription book with him and that it was at
7 his private office. Respondent told Patient C that his private office was close by and that she
8 could follow him there. Patient C agreed.

9 56. Respondent and Patient C left the SYHC facility in San Ysidro, and Patient C
10 followed Respondent, by car, to a brown office building. There, Respondent took Patient C to a
11 private office on the second floor of the building.

12 57. While in his private office, Respondent undressed Patient C, touched Patient C's
13 breasts, buttocks, and vagina, and had unprotected sexual intercourse with Patient C. At one
14 point during this encounter, Patient C asked Respondent to stop, to which he replied that he was
15 going to give her the medication she had requested.

16 58. After Respondent finished having sexual intercourse with Patient C, she got dressed
17 right away. Patient C told Respondent that she felt bad. Respondent told her that he thought it
18 was what she wanted since she followed him to his office. Respondent provided Patient C with a
19 prescription for the medication she had requested.

20 **Patient D**

21 59. In or around 2016 and 2017, patient "D" ("Patient D") visited Respondent multiple
22 times for psychiatric treatment.

23 60. On one or more occasions during an appointment with Patient D, Respondent caused
24 Patient D to become uncomfortable by conduct including, without limitation, making statements
25 regarding Patient D's romantic or sexual relationships or appearance, or Respondent's own
26 personal life, or by initiating physical contact with Patient D.

27 61. On or about June 23, 2017, Patient D visited Respondent for a scheduled appointment
28 in Chula Vista. At or near the conclusion of this visit, Respondent pulled Patient D toward him,

1 grabbed and squeezed one of Patient D's breasts, and kissed Patient D on her mouth. Patient D
2 resisted Respondent and was able to pull away, after which she left the office, scared and in
3 shock.

4 **Patient E**

5 62. Beginning in or around 2010, patient "E" ("Patient E") presented to Respondent
6 multiple times for psychiatric treatment at medical offices in San Ysidro or Chula Vista,
7 California.

8 63. On one or more occasions during an appointment with Patient E, Respondent caused
9 Patient E to become uncomfortable by conduct including, but not limited to, making statements
10 regarding Patient E's romantic or sexual relationships or appearance, or initiating physical contact
11 with Patient E.

12 64. On or about June 8, 2017, Patient E presented to Respondent for a scheduled
13 appointment. During this appointment, Respondent wrote a prescription and placed it on
14 Patient E's chest, embraced and attempted to kiss Patient E on the lips, placed both of his hands
15 on Patient E's chest and touched her breasts, and grabbed one of Patient E's hands and placed it
16 on or near his crotch, over his pants. Patient E resisted and was alarmed by Respondent's
17 conduct, and left the office in distress.

18 **Patient F**

19 65. In or around the beginning of 2017, patient "F" ("Patient F") began to see Respondent
20 for psychiatric services at a SYHC facility in Chula Vista.

21 66. On or about June 15, 2017, Patient F presented to Respondent for a scheduled
22 appointment. At or near the conclusion of Patient F's appointment, Respondent kissed Patient F
23 on her lips and touched her breasts and her vagina, over her pants. Patient F resisted Respondent's
24 conduct and left the office, crying.

25 **Patient G**

26 67. From in or around 2009 to in or around February 2017, patient "G" ("Patient G")
27 presented to Respondent for psychiatric treatment on multiple occasions.

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1 68. On one or more occasions during an appointment with Patient G, Respondent caused
2 Patient G to become uncomfortable by conduct including, without limitation, making statements
3 regarding Patient G's romantic or sexual relationships or appearance, or initiating physical contact
4 with Patient G.

5 69. In or around February 2017, Patient G visited Respondent for a scheduled
6 appointment in Chula Vista. At or near the conclusion of the appointment, Respondent kissed
7 Patient G on the lips and touched one of her breasts over her blouse. Patient G rushed out of
8 Respondent's office.

9 **Witness H**

10 70. The minor child of witness "H" ("Witness H") attended multiple psychiatric
11 appointments with Respondent from in or around 2016 to in or around June 2017. Typically,
12 Witness H would take her child to and from the appointments. On multiple occasions, Witness H
13 met alone with Respondent after her child's psychiatry session. During such meetings, Witness H
14 would often share her observations or concerns regarding her child's progress, and Respondent
15 would provide Witness H with prescriptions for the child.

16 71. In or about June 2017, Witness H and her child presented to a scheduled appointment
17 with Respondent in San Ysidro. After her child's session with Respondent ended, Witness H
18 alone met with Respondent in his office. At or near the end of this meeting with Witness H,
19 Respondent approached Witness H and extended one of his arms around Witness H's back and
20 placed his hand over her shoulder. Respondent put his other hand under Witness H's long-sleeve
21 shirt and reached up toward Witness H's breasts. Respondent touched one of Witness H's
22 breasts, over her bra, before Witness H was able to push Respondent away. Witness H confronted
23 Respondent and then left his office, startled and scared.

24 **SECOND CAUSE FOR DISCIPLINE**

25 **(General Unprofessional Conduct)**

26 72. Respondent has further subjected his Physician's and Surgeon's Certificate
27 No. A 33156 to disciplinary action under sections 2227 and 2234 of the Code in that he has
28 engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct

1 that is unbecoming to a member in good standing of the medical profession, and which
2 demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 to 71,
3 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

4 **THIRD CAUSE FOR DISCIPLINE**

5 **(Violating or Attempting to Violate, Directly or Indirectly, Any Provision of the Medical
6 Practice Act)**

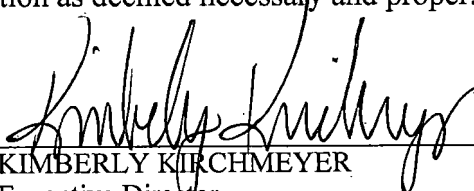
7 73. Respondent has further subjected his Physician's and Surgeon's Certificate
8 No. A 33156 to disciplinary action under section 2234, subdivision (a), of the Code in that he
9 violated or attempted to violate, directly or indirectly, any provision of the Medical Practice Act,
10 as more particularly alleged in paragraphs 9 to 72, above, which are hereby incorporated by
11 reference and realleged as if fully set forth herein.

12 **PRAYER**

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

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 33156, issued to
16 Respondent Leon Fajerman, M.D.;
- 17 2. Revoking, suspending or denying approval of Respondent Leon Fajerman, M.D.'s
18 authority to supervise physician assistants and advanced practice nurses;
- 19 3. Ordering Respondent Leon Fajerman, M.D., if placed on probation, to pay the Board
20 the costs of probation monitoring; and
- 21 4. Taking such other and further action as deemed necessary and proper.

22
23 DATED: April 11, 2018


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