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7

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

12 In the Matter of the Petition to Revoke Probation
13 Against:

Case No. 800-2016-027627

14 CRISELDA CALAYAN ABAD-SANTOS, M.D.

15 21900 Burbank Boulevard, Suite 300
16 Woodland Hills, California 91367-7418

**PETITION TO REVOKE
PROBATION**

17 Physician's and Surgeon's Certificate A 105195,

Respondent.

18 Complainant alleges:

19 PARTIES

- 20 1. Kimberly Kirchmeyer (Complainant) brings this Petition to Revoke Probation solely
21 in her official capacity as the Executive Director of the Medical Board of California ("Board").
22 2. On August 13, 2008, the Board issued Physician's and Surgeon's Certificate number
23 A 105195 to Criselda Calayan Abad-Santos, M.D. ("Respondent"). Said Certificate was in effect
24 at all times relevant to the charges brought herein and will expire on December 31, 2017, unless
25 renewed.

26 DISCIPLINARY HISTORY

- 27 3. On August 5, 2011, the Executive Director of the Board filed Accusation No. 05-
28 2010-205633 against Respondent entitled *In the Matter of Accusation Against Criselda Calayan*

1 *Abad-Santos, M.D.*

2 4. On December 28, 2011, Respondent entered into a Stipulated Settlement and
3 Disciplinary Order with the Board to resolve Accusation No. 05-2010-205633.

4 5. In said disciplinary action No. 05-2010-205633, the Board issued a Decision,
5 effective March 30, 2012, in which Respondent's Physician's and Surgeon's Certificate was
6 revoked. However, the revocation was stayed and Respondent's Certificate was placed on
7 probation for three years upon certain terms and conditions. A copy of said Decision is attached
8 hereto as Exhibit B and is incorporated herein by reference as if fully set forth.

9 6. On April 10, 2014, the Executive Director of the Board filed a Petition to Revoke
10 Probation in case number D1-2010-205633 against Respondent entitled *In the Matter of the*
11 *Petition to Revoke Probation Against Criselda Calayan Abad-Santos, M.D.*

12 7. On January 16, 2015, Respondent entered into a Stipulated Settlement and
13 Disciplinary Order with the Board to resolve the Petition to Revoke Probation No. D1-2010-
14 205633.

15 8. In said disciplinary action No. D1-2010-205633, the Board issued a Decision,
16 effective April 1, 2015, in which Respondent's Physician's and Surgeon's Certificate was
17 revoked. However, the revocation was stayed and Respondent's Certificate was placed on
18 probation for another year with the condition that she re-enroll in PACE and comply with the
19 terms and conditions of her prior disciplinary order of March 30, 2012. A copy of said Decision
20 is attached hereto as Exhibit A and is incorporated herein by reference as if fully set forth.
21 Respondent's probation is currently set to expire on November 8, 2016.

22 JURISDICTION

23 9. This Petition to Revoke Probation is brought before the Board under the authority of
24 the following laws. All section references are to the Business and Professions Code ("Code"),
25 unless otherwise indicated

26 10. Section 2227 of the Code provides that a licensee who is found guilty under the
27 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
28 one year, placed on probation and required to pay the costs of probation monitoring, or such other

1 action taken in relation to discipline as the Division deems proper.

2 11. Section 2228 of the Code states, in pertinent part:

3 "The authority of the board . . . to discipline a licensee by placing . . . her on probation
4 includes, but is not limited to, the following:

5 "(a) Requiring the licensee to obtain additional professional training and to pass an
6 examination upon the completion of the training. The examination may be written or oral, or
7 both, and may be a practical or clinical examination, or both, at the option of the board or the
8 administrative law judge.

9 "(b) Requiring the licensee to submit to a complete diagnostic examination by one or more
10 physicians and surgeons appointed by the Board. If an examination is ordered, the board shall
11 receive and consider any other report of a complete diagnostic examination given by one or more
12 physicians and surgeons of the licensee's choice.

13 "(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including
14 requiring notice to applicable patients that the licensee is unable to perform the indicated
15 treatment, where appropriate.

16 "(d) Providing the option of alternative community service in cases other than violations
17 relating to quality of care."

18 CAUSE TO REVOKE PROBATION

19 (Failure to Comply with Recommendations of Clinical Training Program – Condition 1)

20 12. As set forth above in Paragraphs 6, 7, and 8, in case number D1-2010-205633, the
21 Board placed Respondent on probation subject to numerous conditions. Condition 1 states, in
22 pertinent part, as follows:

23 "1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the
24 effective date of this Decision, respondent shall re-enroll in a clinical training or
25 educational program equivalent to the Physician Assessment and Clinical Education
26 Program (PACE) offered at the University of California - San Diego School of Medicine
27 ("Program")."

28 " "

1 “Based on respondent’s performance and test results in the assessment and clinical
2 education, the Program will advise the Division or its designee of its recommendation(s) for
3 the scope and length of any additional educational or clinical training, treatment for any
4 medical condition, treatment for any psychological condition, or anything else affecting
5 respondent’s practice of medicine. Respondent shall comply with the Program
6 recommendations prior to the expiration of probation. “. . . .“

7 ““At the completion of any additional educational or clinical training, respondent
8 shall submit to and pass an examination. The Program’s determination whether or not
9 respondent passed the examination or successfully completed the Program shall be
10 binding.”

11 “Respondent shall complete the Program not later than 6 months after respondent’s
12 initial enrollment unless the Division or its designee agrees in writing to a later time for
13 completion.

14 “Failure to participate in and complete successfully all phases of the clinical
15 training program outlined above is a violation of probation.”

16 13. Respondent’s probation is subject to revocation under Code section 2227 in that she
17 failed to comply with probation by violating Condition 1, referenced above. The facts and
18 circumstances are as follows:

19 A. On June 20-24, 2016, Respondent returned to the Physician Assessment and
20 Clinical Education Program (PACE Program) offered at the University of California - San Diego
21 School of Medicine for reassessment after failing the program previously in June 2013.

22 B. On September 8, 2016, the Board received a final report from the U.C. San
23 Diego PACE Program, dated August 31, 2016, reporting that Respondent had passed the PACE
24 Program with significant deficiencies noted. In order to address the deficiencies noted during
25 Respondent’s reassessment, the PACE Program recommended that : 1) Respondent’s practice be
26 monitored for a minimum of one year by a board-certified psychiatrist, or in the alternative that
27 Respondent enroll and participate in the PACE Professional Enhancement Program (PEP); 2)
28 Respondent should repeat a medical records keeping course due to the deficiencies in her

1 charting; 3) Respondent participate in a psychopharmacology course through the Massachusetts
2 General Hospital or the 2016 Neuroscience Education Institute Psychopharmacology course due
3 to her failing score in the psychopharmacology exam; 4) Respondent should retake one of the
4 buprenorphine waiver training courses due to her lack of knowledge regarding Suboxone and
5 opiates; and 5) Respondent should submit to a toxicology screen due to her unprofessional
6 conduct, significant time delays and pauses during the PRIMUM. PACE made these
7 recommendations to address the concerns about Respondent's ability to practice medicine safely
8 and that her overall performance in the PACE program which was noted to be a Pass, Category
9 3.¹

10 14. Respondent is therefore out of compliance with Probation Condition 1 – Clinical
11 Training Program – in that she failed to complete the recommendations of the PACE program as
12 outlined above which are required by Condition 1 of the disciplinary order.

13 PRAYER

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

16 1. Revoking the probation that was granted by the Medical Board of California in Case
17 No. D1-2010-205633, and imposing the disciplinary order that was stayed thereby revoking
18 Physician's and Surgeon's Certificate Number A 105195 issued to Criselda Calayan. Abad-
19 Santos, M.D.;

20 2. Revoking or suspending Physician's and Surgeon's Certificate Number A 105195,
21 issued to Respondent;

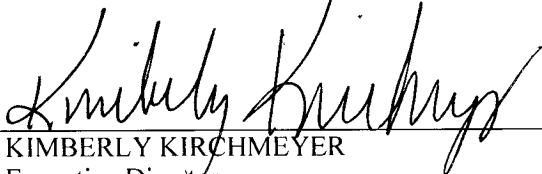
22 _____
23 ¹ The PACE Program has defined four possible outcomes of the physician assessment: PASS, Category 1
24 signifying a good to excellent performance in most or all areas measured and is consistent with safe practice and
25 competency with no significant deficiencies noted; PASS WITH RECOMMENDATIONS Category 2 signifies a
26 performance during which minor deficiencies were noted that do not affect the physician's ability to practice safely
27 and the physician performed competently overall. **Category 3 signifies significant deficiencies noted, and the
28 physician is capable of practicing safely, but may not currently be reaching her full potential. Physicians in
this category are likely to have broad deficiencies that cover multiple domains and will require a considerable
educational investment and occasionally a change in behavior;** and FAIL, Category 4 signifying poor
performance that is not compatible with overall physician competency and safe practice. Physicians in this category
performed poorly on all (or nearly all) aspects of the assessment. Some physicians in this category may be capable of
remediating their clinical competency to a safe level. [**Emphasis added.**]

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3. If continued on probation, ordering Respondent to pay the Medical Board of California the reasonable costs of the probation monitoring; and

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

DATED: November 7, 2016



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

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62178466.docx

Exhibit A

Decision and Order

Medical Board of California Case No. D1-2010-205633

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

In the Matter of the Petition to Revoke)
Probation Against:)

CRISELDA C. ABADSANTOS, M.D.)

Case No. D1-2010-205633

Physician's and Surgeon's)
Certificate No. A 105195)

Respondent.)
_____)

DECISION AND ORDER

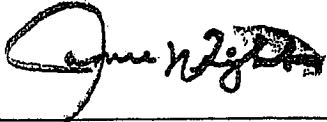
The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on April 1, 2015.

IT IS SO ORDERED March 2, 2015.

MEDICAL BOARD OF CALIFORNIA

By: _____


Jamie Wright, J.D., Chair
Panel A

1 KAMALA D. HARRIS
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
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8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
9 **STATE OF CALIFORNIA**

10 In the Matter of the Petition to Revoke
Probation Against:

Case No. D1-2010-205633

11 CRISELDA C. ABADSANTOS, M.D.
12 433 N. Camden Dr., Suite 400
13 Beverly Hills, CA 90210

OAH No. 2014070727

14 Physician's and Surgeon's Certificate Number
A 105195

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 Respondent.
16

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

19 PARTIES

20 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
21 Board of California. She brought this action solely in her official capacity and is represented in
22 this matter by Kamala D. Harris, Attorney General of the State of California, by Colleen M.
23 McGurrin, Deputy Attorney General.

24 2. Criselda C. AbadSantos, M.D. ("Respondent") is represented in this proceeding by
25 attorney Benjamin J. Fenton, Esq., whose address is: 1990 South Bundy Drive Suite 777
26 Los Angeles, California 90025.

27 3. On or about August 18, 2008, the Medical Board of California issued Physician's and
28 Surgeon's Certificate Number A 105195 to Respondent. Said Certificate Number A 105195 was

1 revoked subject to a Decision and Order by way of a Stipulated Settlement in Medical Board
2 Case Number 05-2010-205633, which was effective at 5:00 p.m. on March 30, 2012. Said
3 revocation, however, was stayed and Respondent was placed on three (3) years probation, was
4 ordered to enroll in and successfully complete the PACE program, and was prohibited from
5 prescribing to and treating family members, along with other terms and conditions, at all times
6 relevant to the charges brought in the Petition to Revoke Probation No. D1-2010-205633. Said
7 Physician's and Surgeon's Certificate and will expire on December 31, 2015, unless renewed.

8 JURISDICTION

9 4. Petition to Revoke Probation No. D1-2010-205633 was filed before the Medical
10 Board of California (Board) , Department of Consumer Affairs, and is currently pending against
11 Respondent. The Petition to Revoke Probation and all other statutorily required documents were
12 properly served on Respondent on April 10, 2014. Respondent timely filed her Notice of Defense
13 contesting the Petition to Revoke Probation.

14 5. A copy of Petition to Revoke Probation No. D1-2010-205633 is attached as Exhibit A
15 and incorporated herein by reference.

16 ADVISEMENT AND WAIVERS

17 6. Respondent has carefully read, fully discussed with counsel, and understands the
18 charges and allegations in Petition to Revoke Probation No. D1-2010-205633. Respondent has
19 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated
20 Settlement and Disciplinary Order.

21 7. Respondent is fully aware of her legal rights in this matter, including the right to a
22 hearing on the charges and allegations in the Petition to Revoke Probation; the right to be
23 represented by counsel at her own expense; the right to confront and cross-examine the witnesses
24 against her; the right to present evidence and to testify on her own behalf; the right to the issuance
25 of subpoenas to compel the attendance of witnesses and the production of documents; the right to
26 reconsideration and court review of an adverse decision; and all other rights accorded by the
27 California Administrative Procedure Act and other applicable laws.

1 revocation is stayed and Respondent is placed on probation for an additional one (1) year, in
2 addition to the time remaining on the original probationary order in Medical Board Case Number
3 05-2010-205633, on the following terms and conditions.

4 1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date
5 of this Decision, respondent shall re-enroll in the Physician Assessment and Clinical Education
6 Program (PACE) offered at the University of California - San Diego School of Medicine
7 ("Program").

8 The Program shall consist of a Comprehensive Assessment program comprised of an
9 assessment of respondent's physical and mental health; basic clinical and communication skills
10 common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's
11 specialty or sub-specialty, and at minimum, a 40 hour program of clinical education in the area of
12 practice in which respondent was alleged to be deficient and which takes into account data
13 obtained from the assessment, Decision(s), Accusation(s), and any other information that the
14 Division or its designee deems relevant. Respondent shall pay all expenses associated with the
15 re-enrollment in the clinical training program.

16 Based on respondent's performance and test results in the assessment and clinical
17 education, the Program will advise the Division or its designee of its recommendation(s) for the
18 scope and length of any additional educational or clinical training, treatment for any medical
19 condition, treatment for any psychological condition, or anything else affecting respondent's
20 practice of medicine. Respondent shall comply with the Program recommendations prior to the
21 expiration of probation. If Respondent enrolls in and successfully passes or completes the
22 Program prior to the effective date of the Decision and Order, Respondent shall comply with any
23 and all of the Program recommendations which must be completed prior to the expiration of the
24 probationary term.

25 At the completion of any additional educational or clinical training, respondent shall submit
26 to and pass an examination. The Program's determination whether or not respondent passed the
27 examination or successfully completed the Program shall be binding.

28 Respondent shall complete the Program not later than 6 months after respondent's initial

1 enrollment unless the Division or its designee agrees in writing to a later time for completion.

2 Failure to participate in and complete successfully all phases of the clinical training
3 program outlined above shall be a violation of probation.

4 2. PROHIBITED PRACTICE During the probationary term, respondent shall
5 continue to be prohibited from prescribing, furnishing, and/or providing samples of narcotics,
6 dangerous drugs, and/or controlled substances to any family member. Respondent shall further
7 be prohibited from treating, diagnosing, or counseling any family member during probation.

8 After the effective date of this Decision, the first time that a family member seeking the
9 prohibited services contacts respondent, respondent shall orally notify the family member that
10 respondent is prohibited from prescribing, furnishing, and/or providing samples of narcotics,
11 dangerous drugs, and/or controlled substances to any family member and is further prohibited
12 from treating, diagnosing, or counseling any family member during the probationary period.

13 Respondent shall maintain a log of all family members to whom the required oral notification was
14 made. The log shall contain the: 1) family member's name, address and phone number; 2)
15 family member's medical record number, if available; 3) the full name of the person making the
16 notification; 4) the date the notification was made; and 5) a description of the notification given.
17 Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the
18 log available for immediate inspection and copying on the premises at all times during business
19 hours by the Division or its designee, and shall retain the log for the entire term of probation.
20 Failure to maintain a log as defined in the section, or to make the log available for immediate
21 inspection and copying on the premises during business hours is a violation of probation.

22 In addition to the required oral notification, after the effective date of this Decision, the first
23 time that a family member who seeks the prohibited services presents to respondent, respondent
24 shall provide a written notification to the family member stating that respondent is prohibited
25 from prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or
26 controlled substances to any family member and is further prohibited from treating, diagnosing,
27 or counseling any family member during the probationary period. Respondent shall maintain a
28 copy of the written notification in the family member's file, shall make the notification available

1 for immediate inspection and copying on the premises at all times during business hours by the
2 Division or its designee, and shall retain the notification for the entire term of probation. Failure
3 to maintain the written notification as defined in the section, or to make the notification available
4 for immediate inspection and copying on the premises during business hours is a violation of
5 probation.

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

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

18 Failure to maintain all records, to provide immediate access to the inventory, or to make all
19 records available for immediate inspection and copying on the premises, shall constitute a
20 violation of probation.

21 4. PSYCHOPHARMACOLOGY: A MASTER CLASS (EDUCATION COURSE).
22 Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a course
23 entitled Psychopharmacology: A Master Class, offered by Harvard Medical School, or an
24 educational course equivalent to the course offered by Harvard Medical School in
25 psychopharmacology, at respondent's expense, approved in advance by the Division or its
26 designee. Failure to successfully complete the course during the first 12 months of probation is a
27 violation of probation.

28 A psychopharmacology master class or course taken after the acts that gave rise to the

1 charges in the Petition to Revoke Probation, but prior to the effective date of the Decision may, in
2 the sole discretion of the Division or its designee, be accepted towards the fulfillment of this
3 condition if the course or class would have been approved by the Division or its designee had the
4 course been taken after the effective date of this Decision.

5 Respondent shall submit a certification of successful completion to the Division or its
6 designee not later than 15 calendar days after successfully completing the course, or not later than
7 15 calendar days after the effective date of the Decision, whichever is later.

8 5. EDUCATION COURSE – AMERICAN PSYCHIATRIC ASSOCIATION
9 REFRESHER COURSE(S). Within 60 calendar days of the effective date of this Decision,
10 respondent shall enroll in a refresher course(s) offered by the American Psychiatric Association
11 (APA), or educational refresher course(s) equivalent to the course(s) offered through the APA, at
12 respondent's expense, approved in advance by the Division or its designee. The educational
13 program(s) or course(s) taken shall be no less than 6 hours and shall be aimed at correcting any
14 areas of deficient practice or knowledge and shall be Category I certified. The educational
15 program(s) or course(s) shall be in addition to the Continuing Medical Education (CME)
16 requirements for renewal of licensure. Failure to successfully complete the course during the first
17 12 months of the new probationary period shall be a violation of probation.

18 A refresher class or course(s) taken after the acts that gave rise to the charges in the Petition
19 to Revoke Probation, but prior to the effective date of the Decision may, in the sole discretion of
20 the Division or its designee, be accepted towards the fulfillment of this condition if the course or
21 class would have been approved by the Division or its designee had the course been taken after
22 the effective date of this Decision.

23 Respondent shall submit a certification of successful completion to the Division or its
24 designee not later than 15 calendar days after successfully completing the course, or not later than
25 15 calendar days after the effective date of the Decision, whichever is later.

26 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
27 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
28 Chief Executive Officer at every hospital where privileges or membership are extended to

1 Respondent, at any other facility where Respondent engages in the practice of medicine,
2 including all physician and locum tenens registries or other similar agencies, and to the Chief
3 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
4 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
5 calendar days.

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

7 7. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent
8 is prohibited from supervising physician assistants.

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

12 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly
13 declarations under penalty of perjury on forms provided by the Board, stating whether there has
14 been compliance with all the conditions of probation.

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

17 10. GENERAL PROBATION REQUIREMENTS.

18 Compliance with Probation Unit

19 Respondent shall comply with the Board's probation unit and all terms and conditions of
20 this Decision.

21 Address Changes

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

27 Place of Practice

28 Respondent shall not engage in the practice of medicine in Respondent's or patient's place

1 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
2 facility.

3 License Renewal

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

6 Travel or Residence Outside California

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

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

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

16 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board
17 or its designee in writing within 15 calendar days of any periods of non-practice lasting more than
18 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
19 defined as any period of time Respondent is not practicing medicine in California as defined in
20 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
21 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
22 time spent in an intensive training program which has been approved by the Board or its designee
23 shall not be considered non-practice. Practicing medicine in another state of the United States or
24 Federal jurisdiction while on probation with the medical licensing authority of that state or
25 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall
26 not be considered as a period of non-practice.

27 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
28 months, Respondent shall successfully complete a clinical training program that meets the criteria

1 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
2 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

5 Periods of non-practice will relieve Respondent of the responsibility to comply with the
6 probationary terms and conditions with the exception of this condition and the following terms
7 and conditions of probation: Obey All Laws; and General Probation Requirements.

8 13. COMPLETION OF PROBATION. Respondent shall comply with all financial
9 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
10 completion of probation. Upon successful completion of probation, Respondent's certificate shall
11 be fully restored.

12 14. VIOLATION OF PROBATION. Failure to fully comply with any term or
13 condition of probation is a violation of probation. If Respondent violates probation in any
14 respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke
15 probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to
16 Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,
17 the Board shall have continuing jurisdiction until the matter is final, and the period of probation
18 shall be extended until the matter is final.

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

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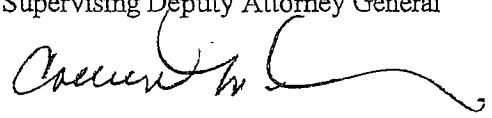
ENDORSEMENT

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

Dated: 1/20/2015

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General



COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

LA2013609716; 61467739.doc

Exhibit A

Petition to Revoke Probation No. D1-2010-205633

1 KAMALA D. HARRIS
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
300 South Spring Street, Suite 1702
5 Los Angeles, California 90013
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 10, 2014
BY: J. [Signature] ANALYST

7
8 BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
9 STATE OF CALIFORNIA

10 In the Matter of the Petition to Revoke Probation
Against:

Case No. D1-2010-205633

11
12 CRISELDA CALAYAN ABAD-SANTOS, M.D.
433 North Camden Drive, Suite 400
13 Beverly Hills, California 90210

PETITION TO REVOKE
PROBATION

14 Physician's and Surgeon's Certificate Number A
105195,

15 Respondent.
16

17 Complainant alleges:

18 PARTIES

19 1. Kimberly Kirchmeyer (Complainant) brings this Petition to Revoke Probation solely
20 in her official capacity as the Executive Director of the Medical Board of California ("Board").

21 2. On August 13, 2008, the Board issued Physician's and Surgeon's Certificate Number
22 A 105195 to CRISELDA CALAYAN ABAD-SANTOS, M.D. ("Respondent"). Said Certificate
23 was in effect at all times relevant to the charges brought herein and will expire on December 31,
24 2015, unless renewed.

25 DISCIPLINARY HISTORY

26 3. On August 5, 2011, the Executive Director of the Board filed Accusation No. 05-
27 2010-205633 against Respondent entitled *In the Matter of Accusation Against Criselda Calayan*
28 *Abad-Santos, M.D.*."

1 requiring notice to applicable patients that the licensee is unable to perform the indicated
2 treatment, where appropriate.

3 "(d) Providing the option of alternative community service in cases other than violations
4 relating to quality of care, as defined by the Division of Medical Quality."¹

5 CAUSE TO REVOKE PROBATION

6 (Failure to Successfully Complete Clinical Training Program – Condition 1)

7 9. As set forth above in Paragraphs 3, 4, and 5, in case number 05-2010-205633, the
8 Board placed Respondent on probation subject to numerous conditions. Condition 1 states as
9 follows:

10 "1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the
11 effective date of this Decision, respondent shall enroll in a clinical training or educational
12 program equivalent to the Physician Assessment and Clinical Education Program (PACE)
13 offered at the University of California - San Diego School of Medicine ("Program").

14 The Program shall consist of a Comprehensive Assessment program comprised of
15 a two-day assessment of respondent's physical and mental health; basic clinical and
16 communication skills common to all clinicians; and medical knowledge, skill and judgment
17 pertaining to respondent's specialty or sub-specialty, and at minimum, a 40 hour program
18 of clinical education in the area of practice in which respondent was alleged to be deficient
19 and which takes into account data obtained from the assessment, Decision(s),
20 Accusation(s); and any other information that the Division or its designee deems relevant.
21 Respondent shall pay all expenses associated with the clinical training program.

22 Based on respondent's performance and test results in the assessment and clinical
23 education, the Program will advise the Division or its designee of its recommendation(s) for
24 the scope and length of any additional educational or clinical training, treatment for any
25 medical condition, treatment for any psychological condition, or anything else affecting

26 ¹ California Business and Professions Code section 2002, as amended and effective January 1, 2008,
27 provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practice Act (Bus.
28 & Prof. Code § 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical
Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

1 respondent's practice of medicine. Respondent shall comply with Program
2 recommendations.

3 At the completion of any additional educational or clinical training, respondent
4 shall submit to and pass an examination. The Program's determination whether or not
5 respondent passed the examination or successfully completed the Program shall be
6 binding.

7 Respondent shall complete the Program not later than 6 months after respondent's
8 initial enrollment unless the Division or its designee agrees in writing to a later time for
9 completion.

10 Failure to participate in and complete successfully all phases of the clinical
11 training program outlined above is a violation of probation."

12 10. Respondent's probation is subject to revocation under Code section 2227 in that she
13 failed to comply with probation by violating Condition 1, referenced above. The facts and
14 circumstances are as follows:

15 A. On August 6 - 7, 2012, Respondent participated in Phase I of the Physician
16 Assessment and Clinical Education Program (PACE Program) offered at the University of
17 California - San Diego School of Medicine.

18 B. On June 10 - 14, 2013, Respondent returned to the PACE Program for Phase
19 II, the clinical education and assessment portion of the program which takes place in the actual
20 clinical environment of the U.C. San Diego Medical Center or one of its satellite clinics.

21 C. On July 31, 2013, the Board received a final report from the U.C. San Diego
22 PACE Program, dated July 24, 2013, reporting that the PACE Program had serious concerns
23 about Respondent's ability to practice medicine safely and that her overall performance on the
24 comprehensive, seven day physician assessment portion of the program was consistent
25 with a "Fail, Category 4."²

26 ² The PACE Program has defined four possible outcomes of the physician assessment: PASS, Category 1
27 signifying a good to excellent performance in most or all areas measured and is consistent with safe practice and
28 competency with no significant deficiencies noted; PASS WITH RECOMMENDATIONS Category 2 signifies a
performance during which minor deficiencies were noted that do not affect the physician's ability to practice safely
(continued...)

1 11. Respondent is therefore out of compliance with Probation Condition 1 – Clinical
2 Training Program – in that she failed to successfully complete all phases of the clinical training
3 program as required by said condition.

4 PRAYER

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

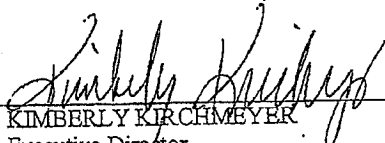
7 1. Revoking the probation that was granted by the Medical Board of California in Case
8 No. 05-2010-205633 and imposing the disciplinary order that was stayed thereby revoking
9 Physician's and Surgeon's Certificate Number A 105195 issued to CRISELDA CALAYAN.
10 ABAD-SANTOS, M.D.;

11 2. Revoking or suspending Physician's and Surgeon's Certificate Number A 105195,
12 issued to Respondent;

13 3. If continued on probation, ordering Respondent to pay the Medical Board of
14 California the costs of the probation monitoring; and

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

16
17 DATED: April 10, 2014



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

Complainant

22
23
24
25 (...continued)
26 and the physician performed competently overall. Category 3 signifies deficiencies noted, and the physician is
27 capable of practicing safely, but likely shows broad deficiencies that cover multiple domains and require considerable
28 educational investment; and FAIL, Category 4 signifying poor performance that is not compatible with overall
physician competency and safe practice. Physicians in this category performed poorly on all (or nearly all) aspects of
the assessment. Some physicians in this category may be capable of remediating their clinical competency to a safe
level.

DECLARATION OF SERVICE BY CERTIFIED AND FIRST CLASS MAIL

IN THE MATTER OF THE PETITION TO REVOKE PROBATION AGAINST:

CRISELDA C. ABADSANTOS, M.D. CASE No. D1-2010-205633

I, the undersigned, declare that I am over 18 years of age and not a party to the within cause; my business address is 2005 Evergreen Street, Suite 1200, Sacramento, California 95815. I served a true copy of the attached:

DECISION

by mail on each of the following, by placing same in an envelope (or envelopes) addressed (respectively) as follows:

NAME AND ADDRESS

CERT NO.

Criselda C. Abadsantos, M.D.
433 N. Camden Drive, Suite 400
Beverly Hills, CA 90210

7013 2250 0002 0250 7338
& 1st Class Mail

Benjamin J. Fenton, Esq.
1990 South Bundy Drive, Suite 777
Los Angeles, CA 90025

U.S. MAIL SERVICE

Colleen M. McGurrin
Deputy Attorney General
California Department of Justice
300 South Spring Street, Suite 1702
Los Angeles, CA 90013

U.S. MAIL SERVICE

Each said envelope was then, on March 2, 2015, sealed and deposited in the United States mail at Sacramento, California, the county in which I am employed, either as certified mail or first class U.S. mail with the postage thereon fully prepaid and return receipt requested for the certified mail.

Executed on March 2, 2015, at Sacramento, California.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.



John Yelchak, Declarant

Exhibit B

Decision and Order

Medical Board of California Case No. 05-2010-205633

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

In the Matter of the Accusation Against:)

CRISELDA CALAYAN ABADSANTOS, M.D.)

) Case No. 05-2010-205633

Physician's and Surgeon's)
Certificate No. A 105195)

Respondent.)
_____)

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order is hereby adopted by the Medical Board of California, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on March 30, 2012.

IT IS SO ORDERED March 2, 2012.

MEDICAL BOARD OF CALIFORNIA

By:

Shelton Duruisseau

Shelton Duruisseau, Ph.D., Chair
Panel A

1 KAMALA D. HARRIS
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
300 South Spring Street, Suite 1702
5 Los Angeles, California 90013
Telephone: (213) 620-2511
6 Facsimile: (213) 897-9395
Attorneys for Complainant

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
9 **STATE OF CALIFORNIA**

10 In the Matter of the Accusation Against:

11 Criselda Calayan Abadsantos, M.D.
27013 Cliffie Way
12 Canyon Country, California 91387
13 Physician's and Surgeon's Certificate No.
A 105195

14 Respondent.
15

Case No. 05-2010-205633

OAH No. 2011090868

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

18 PARTIES

19 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical Board of
20 California (Board), Department of Consumer Affairs. She brought this action solely in her
21 official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the
22 State of California, by Colleen M. McGurrin, Deputy Attorney General.

23 2. Respondent Criselda Calayan AbadSantos, M.D. is represented in this proceeding by
24 attorney Sherwin C. Edelberg, Esq., whose address is: Sherwin C. Edelberg, Esq., Edelsberg &
25 Espina, 18757 Burbank Blvd., Suite 215, Tarzana, California 91356.

26 3. On or about August 13, 2008, the Board issued Physician's and Surgeon's Certificate
27 No. A 105195 to Criselda Calayan AbadSantos, M.D. The Physician's and Surgeon's Certificate
28 was in full force and effect at all times relevant to the charges brought in Accusation No. 05-

1 2010-205633 and will expire on December 31, 2013, unless renewed.

2 JURISDICTION

3 4. Accusation No. 05-2010-205633 was filed before the Board, and is currently pending
4 against Respondent. The Accusation and all other statutorily required documents were properly
5 served on Respondent on August 5, 2011. Respondent timely filed her Notice of Defense
6 contesting the Accusation. A copy of Accusation No. 05-2010-205633 is attached as Exhibit "A"
7 and is incorporated herein by reference.

8 ADVISEMENT AND WAIVERS

9 5. Respondent has carefully read, fully discussed with counsel, and understands the
10 charges and allegations in Accusation No. 05-2010-205633. Respondent has also carefully read,
11 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
12 Disciplinary Order will have on Physician's and Surgeon's certificate and her ability to practice
13 medicine in California.

14 6. Respondent is fully aware of her legal rights in this matter, including the right to a
15 hearing on the charges and allegations in the Accusation; the right to be represented by counsel at
16 her own expense; the right to confront and cross-examine the witnesses against her; the right to
17 present evidence and to testify on her own behalf; the right to the issuance of subpoenas to
18 compel the attendance of witnesses and the production of documents; the right to reconsideration
19 and court review of an adverse decision; and all other rights accorded by the California
20 Administrative Procedure Act and other applicable laws.

21 7. Respondent freely, voluntarily, knowingly, and intelligently waives and gives up each
22 and every right set forth above.

23 CULPABILITY

24 8. Respondent admits the truth of each and every charge and allegation contained in the
25 Third Cause for Discipline and Fourth Cause for Discipline as alleged in Accusation No. 05-
26 2010-205633.

27 9. Respondent agrees that her Physician's and Surgeon's Certificate No. A 105195 is
28 subject to discipline and she agrees to be bound by the Board's probationary terms as set forth in

1 the Disciplinary Order below.

2 CONTINGENCY

3 10. This stipulation shall be subject to approval by the Medical Board of California.
4 Respondent understands and agrees that counsel for Complainant and the staff of the Board may
5 communicate directly with the Board regarding this stipulation and settlement, without notice to
6 or participation by Respondent or her counsel. By signing the stipulation, Respondent
7 understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation
8 prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation
9 as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or
10 effect, except for this paragraph, it shall be inadmissible in any legal action between the parties,
11 and the Board shall not be disqualified from further action by having considered this matter.

12 11. The parties understand and agree that facsimile copies of this Stipulated Settlement
13 and Disciplinary Order, including facsimile signatures thereto, shall have the same force and
14 effect as the originals.

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

18 DISCIPLINARY ORDER

19 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 105195 issued
20 to Respondent Criselda Calayan AbadSantos, M.D. is revoked. However, the revocation is stayed
21 and Respondent is placed on probation for three (3) years on the following terms and conditions:

22 1. CLINICAL TRAINING PROGRAM Within 60 calendar days of the effective date
23 of this Decision, respondent shall enroll in a clinical training or educational program equivalent to
24 the Physician Assessment and Clinical Education Program (PACE) offered at the University of
25 California - San Diego School of Medicine ("Program").

26 The Program shall consist of a Comprehensive Assessment program comprised of a two-
27 day assessment of respondent's physical and mental health; basic clinical and communication
28 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to

1 respondent's specialty or sub-specialty, and at minimum, a 40 hour program of clinical education
2 in the area of practice in which respondent was alleged to be deficient and which takes into
3 account data obtained from the assessment, Decision(s), Accusation(s), and any other information
4 that the Division or its designee deems relevant. Respondent shall pay all expenses associated
5 with the clinical training program.

6 Based on respondent's performance and test results in the assessment and clinical
7 education, the Program will advise the Division or its designee of its recommendation(s) for the
8 scope and length of any additional educational or clinical training, treatment for any medical
9 condition, treatment for any psychological condition, or anything else affecting respondent's
10 practice of medicine. Respondent shall comply with Program recommendations.

11 At the completion of any additional educational or clinical training, respondent shall submit
12 to and pass an examination. The Program's determination whether or not respondent passed the
13 examination or successfully completed the Program shall be binding.

14 Respondent shall complete the Program not later than 6 months after respondent's initial
15 enrollment unless the Division or its designee agrees in writing to a later time for completion.

16 Failure to participate in and complete successfully all phases of the clinical training
17 program outlined above is a violation of probation.

18 2. PROHIBITED PRACTICE During probation, respondent is prohibited from
19 prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or controlled
20 substances to any family member. Respondent is further prohibited from treating, diagnosing, or
21 counseling any family member during probation. After the effective date of this Decision, the
22 first time that a family member seeking the prohibited services contacts respondent, respondent
23 shall orally notify the family member that respondent is prohibited from prescribing, furnishing,
24 and/or providing samples of narcotics, dangerous drugs, and/or controlled substances to any
25 family member and is further prohibited from treating, diagnosing, or counseling any family
26 member during the probationary period. Respondent shall maintain a log of all family members
27 to whom the required oral notification was made. The log shall contain the: 1) family member's
28 name, address and phone number; 2) family member's medical record number, if available; 3) the

1 full name of the person making the notification; 4) the date the notification was made; and 5) a
2 description of the notification given. Respondent shall keep this log in a separate file or ledger, in
3 chronological order, shall make the log available for immediate inspection and copying on the
4 premises at all times during business hours by the Division or its designee, and shall retain the log
5 for the entire term of probation. Failure to maintain a log as defined in the section, or to make the
6 log available for immediate inspection and copying on the premises during business hours is a
7 violation of probation.

8 In addition to the required oral notification, after the effective date of this Decision, the first
9 time that a family member who seeks the prohibited services presents to respondent, respondent
10 shall provide a written notification to the family member stating that respondent is prohibited
11 from prescribing, furnishing, and/or providing samples of narcotics, dangerous drugs, and/or
12 controlled substances to any family member and is further prohibited from treating, diagnosing,
13 or counseling any family member during the probationary period. Respondent shall maintain a
14 copy of the written notification in the family member's file, shall make the notification available
15 for immediate inspection and copying on the premises at all times during business hours by the
16 Division or its designee, and shall retain the notification for the entire term of probation. Failure
17 to maintain the written notification as defined in the section, or to make the notification available
18 for immediate inspection and copying on the premises during business hours is a violation of
19 probation.

20 3. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO
21 RECORDS AND INVENTORIES

22 Respondent shall maintain a record of all controlled
23 substances ordered, prescribed, dispensed, administered or possessed by respondent, and any
24 recommendation or approval which enables a patient or patient's primary caregiver to possess or
25 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health
26 and Safety Code section 11362.5, during probation, showing all the following: 1) the name and
27 address of the patient; 2) the date; 3) the character and quantity of controlled substances involved;
28 and 4) the indications and diagnoses for which the controlled substance was furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All

1 records and any inventories of controlled substances shall be available for immediate inspection
2 and copying on the premises by the Division or its designee at all times during business hours and
3 shall be retained for the entire term of probation.

4 Failure to maintain all records, to provide immediate access to the inventory, or to make all
5 records available for immediate inspection and copying on the premises, shall constitute a
6 violation of probation.

7 4. PRESCRIBING PRACTICES COURSE Within 60 calendar days of the effective
8 date of this Decision, respondent shall enroll in a course in prescribing practices, at respondent's
9 expense, approved in advance by the Division or its designee. Failure to successfully complete
10 the course during the first 12 months of probation is a violation of probation.

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

16 Respondent shall submit a certification of successful completion to the Division or its
17 designee not later than 15 calendar days after successfully completing the course, or not later than
18 15 calendar days after the effective date of the Decision, whichever is later.

19 5. MEDICAL RECORD KEEPING COURSE Within 60 calendar days of the effective
20 date of this decision, respondent shall enroll in a course in medical record keeping, at
21 respondent's expense, approved in advance by the Division or its designee. Failure to
22 successfully complete the course during the first 12 months of probation is a violation of
23 probation.

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

1 Respondent shall submit a certification of successful completion to the Division or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later.

4 6. ETHICS COURSE Within 60 calendar days of the effective date of this Decision,
5 respondent shall enroll in a course in ethics, at respondent's expense, approved in advance by the
6 Division or its designee. Failure to successfully complete the course during the first 12 months of
7 probation is a violation of probation.

8 An ethics course taken after the acts that gave rise to the charges alleged in the Third and
9 Fourth Cause for Discipline in the Accusation, but prior to the effective date of the Decision may,
10 in the sole discretion of the Division or its designee, be accepted towards the fulfillment of this
11 condition if the course would have been approved by the Division or its designee had the course
12 been taken after the effective date of this Decision.

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

16 7. NOTIFICATION Prior to engaging in the practice of medicine, the respondent shall
17 provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief
18 Executive Officer at every hospital where privileges or membership are extended to respondent,
19 at any other facility where respondent engages in the practice of medicine, including all physician
20 and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every
21 insurance carrier which extends malpractice insurance coverage to respondent. Respondent shall
22 submit proof of compliance to the Division or its designee within 15 calendar days.

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

24 8. SUPERVISION OF PHYSICIAN ASSISTANTS During probation, respondent is
25 prohibited from supervising physician assistants.

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

1 10. QUARTERLY DECLARATIONS Respondent shall submit quarterly declarations
2 under penalty of perjury on forms provided by the Division, stating whether there has been
3 compliance with all the conditions of probation. Respondent shall submit quarterly declarations
4 not later than 10 calendar days after the end of the preceding quarter.

5 11. PROBATION UNIT COMPLIANCE Respondent shall comply with the Division's
6 probation unit. Respondent shall, at all times, keep the Division informed of respondent's
7 business and residence addresses. Changes of such addresses shall be immediately
8 communicated in writing to the Division or its designee. Under no circumstances shall a post
9 office box serve as an address of record, except as allowed by Business and Professions Code
10 section 2021(b).

11 Respondent shall not engage in the practice of medicine in respondent's place of residence.
12 Respondent shall maintain a current and renewed California physician's and surgeon's license.

13 Respondent shall immediately inform the Division, or its designee, in writing, of travel to
14 any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than
15 30 calendar days.

16 12. INTERVIEW WITH THE DIVISION, OR ITS DESIGNEE Respondent shall be
17 available in person for interviews either at respondent's place of business or at the probation unit
18 office, with the Division or its designee, upon request at various intervals, and either with or
19 without prior notice throughout the term of probation.

20 13. RESIDING OR PRACTICING OUT-OF-STATE In the event respondent should
21 leave the State of California to reside or to practice, respondent shall notify the Division or its
22 designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is
23 defined as any period of time exceeding 30 calendar days in which respondent is not engaging in
24 any activities defined in Sections 2051 and 2052 of the Business and Professions Code.

25 All time spent in an intensive training program outside the State of California which has
26 been approved by the Division or its designee shall be considered as time spent in the practice of
27 medicine within the State. A Board-ordered suspension of practice shall not be considered as a
28 period of non-practice. Periods of temporary or permanent residence or practice outside

1 California will not apply to the reduction of the probationary term. Periods of temporary or
2 permanent residence or practice outside California will relieve respondent of the responsibility to
3 comply with the probationary terms and conditions with the exception of this condition and the
4 following terms and conditions of probation: Obey All Laws; Probation Unit Compliance; and
5 Cost Recovery.

6 Respondent's license shall be automatically cancelled if respondent's periods of temporary
7 or permanent residence or practice outside California total two years. However, respondent's
8 license shall not be cancelled as long as respondent is residing and practicing medicine in another
9 state of the United States and is on active probation with the medical licensing authority of that
10 state, in which case the two year period shall begin on the date probation is completed or
11 terminated in that state.

12 14. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT

13 In the event respondent resides in the State of California and for any reason respondent
14 stops practicing medicine in California, respondent shall notify the Division or its designee in
15 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any
16 period of non-practice within California, as defined in this condition, will not apply to the
17 reduction of the probationary term and does not relieve respondent of the responsibility to comply
18 with the terms and conditions of probation. Non-practice is defined as any period of time
19 exceeding 30 calendar days in which respondent is not engaging in any activities defined in
20 sections 2051 and 2052 of the Business and Professions Code.

21 All time spent in an intensive training program which has been approved by the Division or
22 its designee shall be considered time spent in the practice of medicine. For purposes of this
23 condition, non-practice due to a Board-ordered suspension or in compliance with any other
24 condition of probation, shall not be considered a period of non-practice.

25 Respondent's license shall be automatically cancelled if respondent resides in California
26 and for a total of two years, fails to engage in California in any of the activities described in
27 Business and Professions Code sections 2051 and 2052.

28 ///

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

5 16. 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 Division, after giving respondent notice and the opportunity to be heard, may revoke probation
8 and carry out the disciplinary order that was stayed. If an Accusation, Petition to Revoke
9 Probation, or an Interim Suspension Order is filed against respondent during probation, the
10 Division shall have continuing jurisdiction until the matter is final, and the period of probation
11 shall be extended until the matter is final.

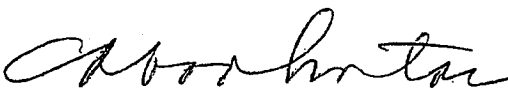
12 17. LICENSE SURRENDER Following the effective date of this Decision, if
13 respondent ceases practicing due to retirement, health reasons or is otherwise unable to satisfy the
14 terms and conditions of probation, respondent may request the voluntary surrender of
15 respondent's license. The Division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

23 18. PROBATION MONITORING COSTS Respondent shall pay the costs associated
24 with probation monitoring each and every year of probation, as designated by the Division, which
25 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
26 California and delivered to the Division or its designee no later than January 31 of each calendar
27 year. Failure to pay costs within 30 calendar days of the due date is a violation of probation.

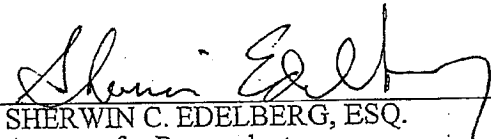
28 ///

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Sherwin C. Edelberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate and my ability to practice medicine in California during the probationary term. I enter into this Stipulated Settlement and Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 12/28/11 
CRISELDA CALAYAN ABADSANTOS, M.D.
Respondent

I have read and fully discussed with Respondent Criselda Calayan AbadSantos, 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: 12/29/11 
SHERWIN C. EDELBERG, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

Dated: 1/4/2012

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General



COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 05-2010-205633

1 KAMALA D. HARRIS
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar No. 147250
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, California 90013
6 Telephone: (213) 620-2511
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO, AUGUST 5, 2011
BY: JYSLCHAK ANALYST

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

11 In the Matter of the Accusation Against:
12 Criselda Calayan AbadSantos, M.D.
13 Antelope Valley Wellness Center
251-H East Avenue K-6
14 Lancaster, California 93535
15 Physician's and Surgeon's Certificate Number
A 105195,
16
17 Respondent.

Case No. 05-2010-205633
OAH No.

ACCUSATION

18 Complainant alleges:

19 PARTIES

- 20 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity
21 as the Executive Director of the Medical Board of California (Board).
22 2. On or about August 13, 2008, the Board issued Physician's and Surgeon's Certificate
23 number A 105195 to Criselda Calayan AbadSantos, M.D. (Respondent). That license was in full
24 force and effect at all times relevant to the charges brought herein and will expire on December
25 31, 2011, unless renewed.

26 JURISDICTION

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

1 BUSINESS AND PROFESSIONS CODE SECTIONS

2 4. Section 2227 of the Code states:

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

7 "(1) Have his or her license revoked upon order of the division.

8 "(2) Have his or her right to practice suspended for a period not to exceed one year upon
9 order of the division.

10 "(3) Be placed on probation and be required to pay the costs of probation monitoring upon
11 order of the division.

12 "(4) Be publicly reprimanded by the division.

13 "(5) Have any other action taken in relation to discipline as part of an order of probation, as
14 the division or an administrative law judge may deem proper.

15 "(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical
16 review or advisory conferences, professional competency examinations, continuing education
17 activities, and cost reimbursement associated therewith that are agreed to with the division and
18 successfully completed by the licensee, or other matters made confidential or privileged by
19 existing law, is deemed public, and shall be made available to the public by the board pursuant to
20 Section 803.1."

21 5. Section 2234 of the Code states, in pertinent part: "The Division of Medical Quality¹
22 shall take action against any licensee who is charged with unprofessional conduct. In addition to
23 other provisions of this article, unprofessional conduct includes, but is not limited to, the
24 following:

25 _____
26 ¹California Business and Professions Code section 2002, as amended and effective January 1, 2008,
27 provides that, unless otherwise expressly provided, the term "board" as used in the State Medical Practices Act (Bus.
28 & Prof. Code § 2000, et seq.) means the "Medical Board of California," and references to the "Division of Medical
Quality" and "Division of Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

1 "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical
3 Practice Act].

4 "(b) Gross negligence.

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

8 "(1) ... (2)."

9 "(d) ... (e)."

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

11 6. Section 2242 of the Code states, in pertinent part:

12 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022
13 without an appropriate prior examination and a medical indication, constitutes unprofessional
14 conduct.

15 "(b) No licensee shall be found to have committed unprofessional conduct within the
16 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of
17 the following applies:

18 "(1) The licensee was a designated physician ... serving in the absence of the patient's
19 physician ... , and if the drugs were prescribed, dispensed, or furnished only as necessary to
20 maintain the patient until the return of his or her practitioner, but in any case no longer than 72
21 hours.

22 "(2)(A) ... (B)."

23 "(3) The licensee was a designated practitioner serving in the absence of the patient's
24 physician ... , and was in possession of or had utilized the patient's records and ordered the
25 renewal of a medically indicated prescription for an amount not exceeding the original
26 prescription in strength or amount or for more than one refill.

27 "(4)"

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7. Section 4022 of the Code states, in pertinent part:

“‘Dangerous drug’ . . . includes the following:”

“(a) Any drug that bears the legend: ‘Caution: federal law prohibits dispensing without prescription,’ ‘Rx only.’ Or words of similar import.”

“(b)”

“(c) Any other drug . . . that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006.”

8. Section 4024 of the Code states, in pertinent part: “(a) Except as provided in subdivision (b), ‘dispense’ means the furnishing of drugs . . . upon a prescription from a physician . . . acting within the scope of . . . her practice.”

“(b) ‘Dispense’ also means and refers to the furnishing of drugs . . . directly to a patient by a physician . . . acting within the scope of . . . her practice.”

9. Section 4026 of the Code states: “‘Furnish’ means to supply by any means, by sale or otherwise.”

10. Section 4171, subdivision (a), of the Code states, in pertinent part: “Section 4170 shall not prohibit the furnishing of a limited quantity of samples by a prescriber, if the prescriber dispenses the samples to the patient in the package provided by the manufacturer, no charge is made to the patient therefor, and an appropriate record is entered in the patient’s chart.”

11. Section 4021 of the Code states: “‘Controlled substance’ means substances listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.”

12. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.”

HEALTH AND SAFETY CODE SECTIONS

13. Section 11007 of the Health and Safety Code states, in pertinent part: “‘Controlled substances,’ unless otherwise specified, means a drug, substance, or immediate precursor which is listed in any schedule in Section . . . , 11055, . . . , 11057,”

14. Section 11055 of the Health and Safety Code states, in pertinent part:

1 “(a) The controlled substances listed in this section are included in Schedule II.”

2 “(b) Any of the following substances, . . . :”

3 “(1) Opium, opiate, and any salt, compound, derivative, . . . including the following:

4 “(A) . . . (L).”

5 “(M) Oxycodone.”

6 “(N) . . . (O).”

7 “(2) . . . (7).”

8 “(c)”

9 “(d) Stimulants. Unless specifically excepted or unless listed in another schedule, any
10 material, compound, mixture, or preparation which contains any quantity of the following
11 substances having a stimulant effect on the central nervous system: “

12 “(1) Amphetamine, its salts, optical isomers, and salts of its isomers.”

13 “(2) . . . (8).”

14 “(e) . . . (f).”

15 15. Section 11057 of the Health and Safety Code states, in pertinent part:

16 “(a) The controlled substances listed in this section are included in Schedule IV.”

17 “(b) . . . (c).”

18 “(d) Depressants. Unless specifically excepted or unless listed in another schedule, any
19 material, compound, mixture, or preparation which contains any quantity of the following
20 substances, including its salts, isomers, and salts of isomers whenever the existence of those salts,
21 isomers, and salts of isomers is possible within the specific chemical designation: “

22 “(1) . . . (15).”

23 “(16) Lorazepam.”

24 “(17) . . . (32).”

25 “(e)”

26 “(f) Stimulants. Unless specifically excepted or unless listed in another schedule, any
27 material, compound, mixture, or preparation which contains any quantity of the following
28 substances having a stimulant effect on the central nervous system, including its salts, isomers . .

1 .. and salts of isomers is possible within the specific chemical designation.”

2 “(1) ... (3).”

3 “(4) Phentermine.”

4 “(5) ... (8).”

5 “(g)”

6 16. Section 11210 of the Health and Safety Code states, in pertinent part:

7 “A physician . . . , may prescribe for, furnish to, or administer controlled substances to . . .
8 her patient when the patient is suffering from a disease, ailment, injury, or infirmities attendant
9 upon old age, other than addiction to a controlled substance.”

10 “The physician, . . . shall prescribe, furnish, or administer controlled substances only when
11 in good faith . . . she believes the disease, ailment, injury, or infirmity requires the treatment.”

12 “The physician, . . . , shall prescribe, furnish, or administer controlled substances only in the
13 quantity and for the length of time as are reasonably necessary.”

14 17. Section 11190 of the Health and Safety Code states, in pertinent part:

15 “(a) Every practitioner, other than a pharmacist, who prescribes or administers a
16 controlled substance classified in Schedule II shall make a record that, as to the transaction,
17 shows all of the following:

18 “(1) The name and address of the patient.”

19 “(2) The date.”

20 “(3) The character, including the name and strength, and quantity of controlled substances
21 involved.”

22 “(b) The prescriber’s record shall show the pathology and purpose for which the controlled
23 substance was administered or prescribed.”

24 “(c)(1) ... (f)(2).”

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1 establish that this dangerous drug was medically indicated. Respondent did not order any
2 laboratory tests to evaluate the K.T.'s blood pressure or renal function to determine the suitability
3 of this type of treatment prior to furnishing the dangerous drug. Respondent did not monitor the
4 clinical effects or side effects of the dangerous drug. Respondent did not inform K.T. about the
5 potential side effects and/or adverse reactions to this dangerous drug. Respondent further
6 testified that she told K.T. "to go . . . see a psychiatrist, but she refused." Nonetheless,
7 Respondent continued to furnish samples of Pristiq to K.T.

8 21. In or about June and July 2010, Respondent prescribed 37.5 mg of Phentermine⁴, a
9 controlled substance, to K.T. because she was a "little chubby." At the same time, Respondent
10 prescribed thirty 50 mg tablets of hydrochlorothiazide⁵, a dangerous drug, to K.T. Prior to
11 writing the prescriptions, Respondent did not conduct an appropriate examination of K.T., nor
12 was Respondent aware of K.T.'s body mass index (BMI)⁶ to determine if phentermine was
13 medically indicated. Respondent did not order any blood or laboratory tests to check K.T.'s
14 cardiac or renal functions, nor potassium levels before writing the prescription. Respondent did
15 not monitor the clinical effects or side effects of the medications after they were prescribed.
16 Respondent did not inform K.T. of the potential side effects and/or adverse reactions to the
17 medications prescribed. The prescriptions were filled on or about June 13, 2010 and July 12,
18 2010. Respondent told the Board that the July 12, 2010 prescriptions for phentermine, a
19 controlled substance, and hydrochlorothiazide, a dangerous drug, were filled in California,
20 picked up by B.A.S., a male member of respondent's family, and mailed to K.T. who was residing
21 in another state.

22 22. In or about July 2010, Respondent prescribed sixty 100 mg tablets of Trazodone⁷, a

23 ⁴ Phentermine is a stimulant that is similar to an amphetamine. It is an appetite suppressant that affects the
24 central nervous system and is a Schedule IV Controlled Substance.

25 ⁵ Hydrochlorothiazide is a thiazide diuretic (water pill) that helps prevent the body from absorbing too
26 much salt, which can cause fluid retention. This medication is generally used to treat high blood pressure
27 (hypertention), and fluid retention in people with congestive heart failure, cirrhosis of the liver, or kidney disorders,
28 or edema caused by taking steroids or estrogen. This medication requires a prescription and is a dangerous drug.

⁶ Body Mass Index (BMI) is a measurement of the relative percentages of fat and muscle mass in the human
body, in which mass in kilograms is divided by height in meters squared. The result is used as an index of obesity.

⁷ Trazodone is an antidepressant medication that is thought to increase the activity of one of the brain
chemicals (serotonin) which may become unbalanced and cause depression. It is used to treat depression, but may
(continued...)

1 dangerous drug, to K.T. for insomnia. Prior to writing the prescription, Respondent did not speak
2 to K.T. nor did she physically see K.T. who was residing in another state at that time.
3 Respondent told the Board that she received a telephone call from her son (i.e., Respondent's son)
4 stating that K.T. was not sleeping well. When Respondent asked to speak with K.T. Respondent
5 was told that "she didn't want to talk to me." Nevertheless, Respondent wrote the prescription,
6 which was filled in California, on or about July 12, 2010, and picked up by B.A.S., who mailed
7 the dangerous drug to K.T. in another state. Prior to writing the prescription, Respondent did not
8 conduct an appropriate examination of K.T., nor did she perform any type of evaluation to
9 establish that the dangerous drug was medically indicated. Respondent did not inform K.T. of the
10 potential side effects and/or adverse reactions to the medication, nor did Respondent warn K.T.
11 that there was the possibility that she might start having suicidal thoughts when first starting this
12 dangerous drug. Respondent did not monitor the clinical effects or side effects of the dangerous
13 drug after it was prescribed.

14 23. In or about July 2010, Respondent prescribed sixty 500 mg tablets of Metformin⁸, a
15 dangerous drug, to K.T. Respondent told the Board that she prescribed Metformin to K.T.
16 because it is "also to help . . . weight loss." Prior to writing the prescription, Respondent did not
17 conduct an appropriate examination of K.T., nor perform any type of evaluation to establish that
18 the prescription was medically indicated. Respondent did not conduct or order any laboratory
19 tests to ascertain K.T.'s blood sugar levels, nor her liver, renal or pancreatic functions prior to
20 prescribing this dangerous drug. Respondent did not monitor the clinical effects or side effects of
21 the medication. In fact, Respondent did not see K.T. who was residing in another state when the
22 prescription was written. Respondent did not inform K.T. of the potential side effects and/or
23 adverse reactions to the dangerous drug, which could be life threatening. Nevertheless,
24 Respondent wrote the prescription, which was filled in California, picked up by B.A.S., on or

25
26 also be used for relief of anxiety disorders (e.g., sleeplessness, tension) and chronic pain. This medication requires a
prescription and is a dangerous drug.

27 ⁸ Metformin is an oral diabetes medicine that helps control blood sugar levels and is for people with Type 2
28 (non-insulin dependent) diabetes. This medication can cause lactic acidosis (a build-up of lactic acid in the body)
which can be fatal. This medication requires a prescription and is a dangerous drug.

1 about July 12, 2010, and mailed to K.T. in another state.

2 24. Respondent committed gross negligence in the care and treatment of K.T. by:

3 (a) Failing to perform an appropriate examination prior to prescribing the controlled
4 substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone,
5 Metformin, hydrochlorothiazide, and Pristiq;

6 (b) Failing to perform an evaluation to establish that the controlled substances and
7 dangerous drugs prescribed and furnished were medically indicated;

8 (c) Failing to order laboratory tests to evaluate K.T.'s liver and cardiac functions prior
9 to prescribing the controlled substances Adderall and phentermine;

10 (d) Failing to order laboratory tests to evaluate K.T.'s kidney, liver and pancreatic functions
11 and failing to test K.T.'s blood sugar and blood pressure levels before prescribing and/or
12 furnishing the dangerous drugs Trazodone, hydrochlorothiazide, Metformin and Pristiq;

13 (e) Failing to discuss the potential side effects, adverse reactions and/or allergic reactions
14 to the controlled substances and dangerous drugs prescribed and/or furnished;

15 (f) Failing to monitor the clinical effects or side effects of the controlled substances and
16 dangerous drugs prescribed and/or furnished; and

17 (g) Failing to maintain a medical chart.

18 PATIENT P.A.S.

19 25. In or about November 2009, and January and March 2010, Respondent prescribed to
20 P.A.S., a then twenty-three-year-old female relative, sixty 30 mg tablets of Adderall, a controlled
21 substance. Prior to writing the prescription, Respondent did not conduct an appropriate
22 examination of P.A.S., nor did she perform any type of evaluation to establish that the controlled
23 substance was medically indicated. Respondent did not order any laboratory tests to evaluate the
24 liver or cardiac functions of P.A.S. to determine the suitability for this type of stimulant
25 medication treatment. Additionally, Respondent initiated treatment at 60 mg a day without first
26 starting P.A.S. on the lowest dose (5 mg) and titrating upward after careful monitoring.
27 Respondent did not monitor the clinical effects or side effects of the controlled substance.
28 Respondent did not inform P.A.S. of the potential side effects and/or adverse reactions to the

1 Adderall. At all times mentioned herein, Respondent did not create or maintain a medical chart
2 for P.A.S.

3 26. In or about April 2010, Respondent prescribed thirty 50 mg tablets of Pristiq, a
4 dangerous drug, to P.A.S. Prior to writing the prescription, Respondent did not conduct an
5 appropriate examination of P.A.S., nor did she perform any type of evaluation to establish that the
6 dangerous drug was medically indicated. Respondent did not order any laboratory tests to
7 evaluate P.A.S.'s blood pressure or renal function to determine the suitability of this type of
8 treatment prior to prescribing the dangerous drug. Respondent did not monitor the clinical effects
9 or side effects of the dangerous drug, and did not monitor P.A.S.'s blood pressure or renal
10 function after prescribing this dangerous drug. There is no evidence that Respondent informed
11 P.A.S. about the potential side effects and/or allergic reactions to this dangerous drug.

12 27. Respondent committed gross negligence in the care and treatment of P.A.S. by:

13 (a) Failing to perform an appropriate examination prior to prescribing the controlled
14 substance Adderall, and the dangerous drug Pristiq;

15 (b) Failing to perform an evaluation to establish that the controlled substance and the
16 dangerous drug prescribed were medically indicated;

17 (c) Failing to order laboratory tests to evaluate P.A.S.'s liver and cardiac functions prior to
18 prescribing the controlled substance Adderall;

19 (d) Failing to order laboratory tests to evaluate and monitor P.A.S.'s blood pressure and
20 renal function prior to prescribing the dangerous drug Pristiq;

21 (e) Failing to discuss the potential side effects and/or adverse reactions to the Adderall and
22 Pristiq;

23 (f) Failing to monitor the clinical effects or side effects of the Adderall and Pristiq; and

24 (g) Failing to maintain a medical chart.

25 PATIENT B.A.S.

26 28. In or about June 2009, Respondent prescribed to B.A.S., a then forty-six year old male

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1 relative, ninety 2 mg tablets of Lorazepam⁹, a controlled substance, which was filed on or about
2 June 23, 2009. On or about July 1, 2009, B.A.S. filled another prescription for seven 2 mg tablets
3 of Lorazepam. Further, on or about August 27, 2009, B.A.S. filled another prescription from
4 Respondent for sixty 2 mg tablets of Lorazepam. Prior to writing the prescriptions, Respondent
5 did not conduct an appropriate examination of B.A.S., nor did Respondent perform any type of
6 evaluation to establish that the controlled substance was medically indicated. Respondent
7 initiated treatment at a high dose (4 - 6 mg a day) without first starting B.A.S. on the lowest
8 recommended dose (1 - 2 mg a day) and titrating upward after careful monitoring. There is no
9 evidence that Respondent informed B.A.S. about the potential side effects and/or adverse
10 reactions to the Lorazepam.

11 29. In or about August 2009, Respondent prescribed ninety tablets of OxyContin¹⁰, a
12 central nervous system depressant, to B.A.S. This medication was prescribed at the same time
13 Respondent was prescribing a high dosage of Lorazepam, another central nervous system
14 depressant. Respondent did not monitor the clinical effects or side effects of the OxyContin
15 which was filled on or about August 27, 2009.

16 30. In or about September and November 2009, and January and February 2010,
17 Respondent prescribed sixty 30 mg tablets of Adderall, a controlled substance, to B.A.S. Prior to
18 writing the prescription, Respondent did not conduct an appropriate examination of B.A.S., nor
19 did Respondent perform any type of evaluation to establish that this control substance was
20 medically indicated. Respondent did not order any laboratory tests to evaluate B.A.S.'s liver or
21 cardiac functions to determine the suitability for this type of stimulant medication treatment.
22 Additionally, Respondent initiated treatment at 60 mg a day without first starting with the lowest
23 dose (5 mg) and titrating upward after careful monitoring. Respondent did not monitor the
24 clinical effects or side effects of the controlled substance. There is no evidence that respondent

25 ⁹ Lorazepam (also known as Ativan, a trademark) is an anti-anxiety agent which is thought to depress the
26 central nervous system at the limbic system and disrupt neurotransmission in reticular (net like) activating system.
This is a Schedule IV controlled substance.

27 ¹⁰ OxyContin, also known by the generic name of oxycodone, is a narcotic pain reliever similar to morphine
28 used to treat moderate to severe pain that is expected to last for an extended period of time and is a Scheduled II
narcotic.

1 informed B.A.S. of the potential side effects and/or adverse reactions to the controlled substance.

2 31. Respondent committed gross negligence in the care and treatment of B.A.S. by:

3 (a) Failing to perform an appropriate examination prior to prescribing the controlled
4 substances Adderall and Lorazepam;

5 (b) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam
6 were medically indicated;

7 (c) Failing to order laboratory tests to evaluate B.A.S.'s liver and cardiac function
8 prior to prescribing the controlled substances Adderall and Lorazepam;

9 (d) Failing to inform B.A.S. about the potential side effects and adverse reactions to the
10 Adderall and Lorazepam; and

11 (e) Failing to monitor the clinical effects or side effects of the controlled substances.

12 PATIENT M.C.

13 32. In or about April 2010, Respondent prescribed to M.C., a then forty-four year-old
14 male relative, sixty 30 mg tablets of Adderall, a controlled substance, which was filled on or
15 about April 5, 2010. Respondent told the Board that M.C., who lives in the Philippines, was
16 running for a political position and needed "something to help him . . . have a little more energy
17 and stay up . . . so I gave him Adderall." Prior to writing the prescription, Respondent did not
18 conduct an appropriate examination of M.C., nor did she perform any type of evaluation to
19 establish that the Adderall was medically indicated. Respondent did order any laboratory tests to
20 evaluate M.C.'s liver or cardiac functions to determine the suitability for this type of stimulant
21 medication treatment. Additionally, Respondent initiated treatment at 60 mg a day without first
22 starting M.C. on the lowest recommended dose (5 mg) and titrating upward after careful
23 monitoring. Respondent did not monitor the clinical effects or side effects of the medication.
24 There is no evidence that Respondent informed M.C. of the potential side effects and/or adverse
25 reactions to the controlled substance. Respondent did not create or maintain a medical chart for
26 M.C.

27 33. Respondent committed gross negligence in the care and treatment of M.C. by:

28 (a) Failing to perform an appropriate examination prior to prescribing the controlled

1 substance Adderall;

2 (b) Failing to perform an evaluation to establish that the Adderall was medically indicated;

3 (c) Failing to order laboratory tests to evaluate M.C.'s liver and cardiac function prior to
4 prescribing Adderall;

5 (d) Failing to inform M.C. about the potential side effects and adverse reactions of the
6 Adderall;

7 (e) Failing to monitor the clinical effects or side effects of the Adderall; and

8 (f) Failing to maintain a medical chart.

9 PATIENT R.C.

10 34. On or about July 2010, Respondent prescribed to R.C., a male relative, 100 mg of
11 Pristiq, a dangerous drug. Respondent told the Board that she received a telephone call from
12 R.C., who lives in the Philippines and had been previously diagnosed with a bipolar disorder¹¹,
13 stating that he was experiencing some depression. Based upon that conversation, Respondent
14 wrote the prescription, which was filled on or about July 12, 2010 in California, and mailed to
15 R.C. in the Philippines. Prior to writing the prescription, Respondent did not see or conduct an
16 appropriate examination of R.C., nor did she perform any type of evaluation to establish that this
17 dangerous drug was medically indicated. Respondent did not order any laboratory tests to
18 evaluate R.C.'s blood pressure levels or renal function prior to prescribing the dangerous drug,
19 nor did Respondent monitor the clinical effects or side effects of the dangerous drug. There is no
20 evidence that respondent informed R.C. of the potential side effects and/or allergic reactions to
21 the medication prescribed. At all times mentioned herein, Respondent did not create or maintain
22 a medical chart for R.C.

23 35. In or about December 2010, Respondent prescribed 37.5 mg of Phentermine, a
24 controlled substance, to R.C. Prior to writing the prescription, Respondent did not see or conduct
25 an appropriate examination of R.C., nor was she aware of his body mass index to determine if
26 phentermine was medically indicated. Respondent did not check his blood pressure levels or

27 ¹¹ Bipolar disorder is a mood disorder that causes radical emotional changes and mood swings, from manic
28 highs to depressive lows.

1 order any laboratory tests to check his cardiac function. Respondent did not monitor R.C.'s blood
2 pressure nor the clinical effects or side effects of the Pristiq after the dangerous drug was mailed
3 to him in the Philippines. Respondent did not inform R.C. of the potential side effects and/or
4 adverse reactions to the phentermine. The prescription was filled on or about December 20,
5 2010, in California and mailed to R.C. in the Philippines.

6 36. Respondent committed gross negligence in the care and treatment of R.C. by:

7 (a) Failing to perform an appropriate examination prior to prescribing the controlled
8 substances phentermine, and dangerous drug Pristiq;

9 (b) Failing to perform an evaluation to establish that the phentermine and Pristiq were
10 medically indicated;

11 (c) Failing to order laboratory tests to evaluate R.C.'s cardiac function prior to prescribing
12 the controlled substances phentermine;

13 (d) Failing to order laboratory tests to evaluate R.C.'s renal function or blood
14 pressure prior to prescribing the dangerous drug Pristiq,;

15 (e) Failing to discuss the potential side effects and/or adverse reactions to the phentermine
16 and Pristiq prescribed;

17 (f) Failing to monitor the clinical effects or side effects of the phentermine and Pristiq after
18 they were prescribed; and

19 (g) Failing to maintain a medical chart.

20 SECOND CAUSE FOR DISCIPLINE

21 (Repeated Negligent Acts)

22 37. Respondent is subject to disciplinary action under Business and Professions Code
23 section 2234, subdivision (c), in that she committed repeated negligent acts in her care and
24 treatment of K.T., P.A.S., B.A.S., M.C., and R.C. The circumstances are as follows:

25 38. Paragraphs 19 through 23, 25 thorough 26, 28 through 30, 32, and 34 through 35,
26 inclusive, above are incorporated herein by reference as if fully set forth.

27 39. Respondent committed repeated negligent acts in the care and treatment of K.T.,
28 P.A.S., B.A.S., M.C., and R.C. by:

1 PATIENT K.T.

2 (a) Failing to perform an appropriate examination prior to prescribing the controlled
3 substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone,
4 Metformin, hydrochlorothiazide, and Pristiq;

5 (b) Failing to perform an evaluation to establish that the controlled substances and
6 dangerous drugs prescribed and furnished were medically indicated;

7 (c) Failing to order laboratory tests to evaluate K.T.'s liver and cardiac functions prior
8 to prescribing the controlled substances Adderall and phentermine;

9 (d) Failing to order laboratory tests to evaluate K.T.'s kidney, liver and pancreatic functions
10 and failing to test K.T.'s blood sugar and blood pressure levels before prescribing and/or
11 furnishing the dangerous drugs Trazodone, hydrochlorothiazide, Metformin and Pristiq;

12 (e) Failing to discuss the potential side effects, adverse reactions and/or allergic reactions
13 to the controlled substances and dangerous drugs prescribed and/or furnished;

14 (f) Failing to monitor the clinical effects or side effects of the controlled substances and
15 dangerous drugs prescribed and/or furnished; and

16 (g) Failing to maintain a medical chart.

17 PATIENT P.A.S.

18 (h) Failing to perform an appropriate examination prior to prescribing the controlled
19 substance Adderall, and the dangerous drug Pristiq;

20 (i) Failing to perform an evaluation to establish that the controlled substance and the
21 dangerous drug prescribed were medically indicated;

22 (j) Failing to order laboratory tests to evaluate P.A.S.'s liver and cardiac functions prior to
23 prescribing the controlled substance Adderall;

24 (k) Failing to order laboratory tests to evaluate and monitor P.A.S.'s blood pressure and
25 renal function prior to prescribing the dangerous drug Pristiq;

26 (l) Failing to discuss the potential side effects and/or adverse reactions to the Adderall and
27 Pristiq;

28 (m) Failing to monitor the clinical effects or side effects of the Adderall and Pristiq; and

1 (n) Failing to maintain a medical chart.

2 **PATIENT B.A.S.**

3 (o) Failing to perform an appropriate examination prior to prescribing the controlled
4 substances Adderall and Lorazepam;

5 (p) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam
6 were medically indicated;

7 (q) Failing to order laboratory tests to evaluate B.A.S.'s liver and cardiac function
8 prior to prescribing the controlled substances Adderall and Lorazepam;

9 (r) Failing to inform B.A.S. about the potential side effects and adverse reactions to the
10 Adderall and Lorazepam; and

11 (s) Failing to monitor the clinical effects or side effects of the controlled substances.

12 **PATIENT M.C.**

13 (t) Failing to perform an appropriate examination prior to prescribing the controlled
14 substance Adderall;

15 (u) Failing to perform an evaluation to establish that the Adderall was medically indicated;

16 (v) Failing to order laboratory tests to evaluate M.C.'s liver and cardiac function prior to
17 prescribing Adderall;

18 (w) Failing to inform M.C. about the potential side effects and adverse reactions of the
19 Adderall;

20 (x) Failing to monitor the clinical effects or side effects of the Adderall; and

21 (y) Failing to maintain a medical chart.

22 **PATIENT R.C.**

23 (z) Failing to perform an appropriate examination prior to prescribing the controlled
24 substances phentermine, and dangerous drug Pristiq;

25 (aa) Failing to perform an evaluation to establish that the phentermine and Pristiq were
26 medically indicated;

27 (bb) Failing to order laboratory tests to evaluate R.C.'s cardiac function prior to
28 prescribing the controlled substances phentermine;

1 (cc) Failing to order laboratory tests to evaluate R.C.'s renal function or blood
2 pressure prior to prescribing the dangerous drug Pristiq;

3 (dd) Failing to discuss the potential side effects and/or adverse reactions to the
4 phentermine and Pristiq prescribed;

5 (ee) Failing to monitor the clinical effects or side effects of the phentermine and Pristiq
6 after they were prescribed; and

7 (ff) Failing to maintain a medical chart.

8 **THIRD CAUSE FOR DISCIPLINE**

9 (Prescribing without an Appropriate Prior Examination)

10 40. Respondent is subject to disciplinary action under Business and Professions Code
11 section 2242, subdivision (a), in that she prescribed controlled substances and dangerous drugs
12 without an appropriate examination and medical indication in her care and treatment of patients
13 K.T., P.A.S, B.A.S., M.C., and R.C. The circumstances are as follows:

14 41. Paragraphs 19 through 23, 25 thorough 26, 28 through 30, 32, and 34 through 35,
15 inclusive, above are incorporated herein by reference as if fully set forth.

16 42. Respondent prescribed controlled substances and dangerous drugs without conducting
17 an appropriate examination prior to prescribing and/or furnishing the controlled substances and/or
18 dangerous drugs to K.T., P.A.S, B.A.S., M.C., and R.C. by:

19 **PATIENT K.T.**

20 (a) Failing to perform an appropriate examination prior to prescribing the controlled
21 substances Adderall and phentermine, and/or furnishing the dangerous drugs Trazodone,
22 Metformin, hydrochlorothiazide, and Pristiq; and

23 (b) Failing to perform an evaluation to establish that the controlled substances and
24 dangerous drugs prescribed and furnished were medically indicated.

25 **PATIENT P.A.S.**

26 (c) Failing to perform an appropriate examination prior to prescribing the controlled
27 substance Adderall, and the dangerous drug Pristiq; and

28 (d) Failing to perform an evaluation to establish that the controlled substance and the

1 dangerous drug prescribed were medically indicated.

2 PATIENT B.A.S.

3 (e) Failing to perform an appropriate examination prior to prescribing the controlled
4 substances Adderall and Lorazepam; and

5 (f) Failing to perform any type of evaluation to establish that the Adderall and Lorazepam
6 were medically indicated.

7 PATIENT M.C.

8 (g) Failing to perform an appropriate examination prior to prescribing the controlled
9 substance Adderall; and

10 (h) Failing to perform an evaluation to establish that the Adderall was medically indicated.

11 PATIENT R.C.

12 (i) Failing to perform an appropriate examination prior to prescribing the controlled
13 substances phentermine, and dangerous drug Pristiq; and

14 (j) Failing to perform an evaluation to establish that the phentermine and Pristiq were
15 medically indicated.

16 FOURTH CAUSE FOR DISCIPLINE

17 (Failure to Maintain Adequate and Accurate Records – K.T., P.A.S., M.C. and R.C.)

18 43. Respondent is subject to disciplinary action under Business and Professions Code
19 section 2266 in that she failed to maintain adequate and accurate records in her care and treatment
20 of K.T., P.A.S., M.C., and R.C. The circumstances are as follows:

21 44. Paragraphs 19 through 23, 25 thorough 26, 32, and 34 through 35, inclusive, above
22 are incorporated herein by reference as if fully set forth.

23 45. Respondent failed to maintain adequate and accurate records in the care and treatment
24 of K.T., P.A.S., M.C., and R.C. as alleged in Paragraphs 24, 27, 33, 36 and 39.

25 PRAYER

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

28 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 105195,

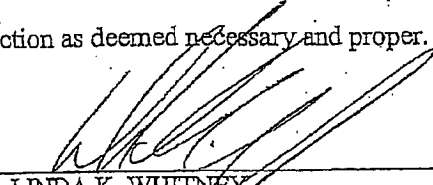
1 issued to Criselda Calayan AbadSantos, M.D.

2 2. Revoking, suspending or denying approval of her authority to supervise physician's
3 assistants, pursuant to section 3527 of the Code;

4 3. If placed on probation, ordering her to pay the Medical Board of California the costs
5 of probation monitoring; and

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

7
8 DATED: August 5, 2011.



LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California

Complainant

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