

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

**In the Matter of the Petition to Revoke)
Probation Against:)
)
)
Salvador A. Arella, M.D.)
)
Physician's and Surgeon's)
Certificate No. A 49797)
)
Respondent)
_____)**

Case No. 800-2017-032820

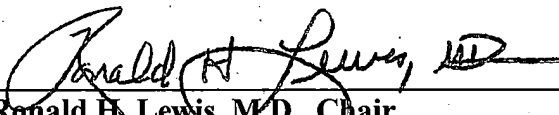
DECISION

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

This Decision shall become effective at 5:00 p.m. on November 30, 2018.

IT IS SO ORDERED: November 1, 2018.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
California Department of Justice
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6535
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

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 Against:

13 **SALVADOR A. ARELLA, M.D.**

14 **Physician's and Surgeon's Certificate No. A**
15 **49797,**

16 Respondent.

Case No. 800-2017-032820

OAH No. 2018020173

17 **STIPULATED SETTLEMENT AND**
18 **DISCIPLINARY ORDER**

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

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
22 of California. She brought this action solely in her official capacity and is represented in this
23 matter by Xavier Becerra, Attorney General of the State of California, by Tan N. Tran, Deputy
24 Attorney General.

25 2. Respondent Salvador A. Arella, M.D. (Respondent) is represented in this proceeding
26 by attorney James Victor Kosnett., whose address is: 111355 West Olympic Blvd, Suite 300, Los
27 Angeles, CA 90064.

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DISCIPLINARY ORDER

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2 14. It should be noted that in a prior disciplinary action entitled "*In the Matter of*
3 *Accusation Against Salvador A. Arella, M.D.*," Case No. 800-2014-004113, the Medical Board of
4 California issued a decision, effective January 27, 2017 (the "2017 Decision"), in which
5 Respondent's Physician's and Surgeon's Certificate was revoked. However, the revocation was
6 stayed and Respondent's was placed on probation for a period of seven (7) years with certain
7 terms and conditions. A copy of the 2017 Decision is attached as Exhibit B and is incorporated
8 herein by reference.
9

10 15. IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate Number
11 A49797 issued to Salvador A. Arella, M.D. is revoked pursuant to the 2017 Decision. However,
12 the revocation is stayed and two (2) additional years of probation is added to Respondent's
13 current probation with the following terms and conditions.

14 16. ACTUAL SUSPENSION. As part of probation, Respondent is suspended from the
15 practice of medicine subject to completion and the recommendation by the Clinical Competence
16 Assessment Program (term no. 18 below) that Respondent can practice medicine safely.
17

18 17. Respondent shall complete the Clinical Competence Assessment Program (term no.
19 18 below) prior to September 1, 2020, unless the Board or its designee agrees in writing to a later
20 time for completion.

21 18. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Respondent shall enroll
22 in a clinical competence assessment program approved in advance by the Board or its designee.

23 The program shall consist of a comprehensive assessment of Respondent's physical and
24 mental health and the six general domains of clinical competence as defined by the Accreditation
25 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
26 Respondent's current or intended area of practice. The program shall take into account data
27 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
28

1 Accusation(s), and any other information that the Board or its designee deems relevant. The
2 program shall require Respondent's on-site participation for a minimum of three (3) and no more
3 than five (5) days as determined by the program for the assessment and clinical education
4 evaluation. Respondent shall pay all expenses associated with the clinical competence
5 assessment program.

6 At the end of the evaluation, the program will submit a report to the Board or its designee
7 which unequivocally states whether the Respondent has demonstrated the ability to practice
8 safely and independently. Based on Respondent's performance on the clinical competence
9 assessment, the program will advise the Board or its designee of its recommendation(s) for the
10 scope and length of any additional educational or clinical training, evaluation or treatment for any
11 medical condition or psychological condition, or anything else affecting Respondent's practice of
12 medicine. Respondent shall comply with the program's recommendations.

13 Determination as to whether Respondent successfully completed the clinical competence
14 assessment program is solely within the program's jurisdiction.

15 If Respondent fails to enroll, participate in, or successfully complete the clinical
16 competence assessment program within the designated time period, Respondent shall receive a
17 notification from the Board or its designee to cease the practice of medicine within three (3)
18 calendar days after being so notified. The Respondent shall not resume the practice of medicine
19 until enrollment or participation in the outstanding portions of the clinical competence assessment
20 program have been completed. If the Respondent did not successfully complete the clinical
21 competence assessment program, the Respondent shall not resume the practice of medicine until a
22 final decision has been rendered on the accusation and/or a petition to revoke probation. The
23 cessation of practice shall not apply to the reduction of the probationary time period.

24 This term (i.e. Clinical Competence Assessment Program) hereby supersedes and replaces
25 term no. 8 (Clinical Training Program) of the 2017 Decision.

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1 19. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Condition No. 1
2 of the 2017 Decision is extended two (2) additional years.

3 20. All other terms and conditions of the 2017 Decision continue to apply and will
4 continue to apply until the termination of the entire nine (9) year probationary period.
5 Respondent is hereby bound by those other terms and conditions of the 2017 Decision.

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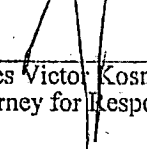
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, James Victor Kosnett. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board.

DATED: 8/8/18 
SALVADOR A. ARELLA, M.D.
Respondent

I have read and fully discussed with Respondent Salvador A. Arella, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 8/8/18 
James Victor Kosnett
Attorney for Respondent

ENDORSEMENT

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

Dated: August 6, 2018

Respectfully submitted,
XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General


TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Petition to Revoke Probation No. 800-2017-032820

1 XAVIER BECERRA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
CALIFORNIA DEPARTMENT OF JUSTICE
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-6793
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO *November 2 2017*
BY: *K. Noring* ANALYST

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

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

Case No. 800-2017-032820

13 SALVADOR A. ARELLA, M.D.
14 101 Dapplegray Road
Bell Canyon, CA 91307-1050

PETITION TO REVOKE PROBATION

15 Physician's and Surgeon's Certificate No. A
16 49797,

17 Respondent.

18
19 Complainant alleges:

20 **PARTIES**

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

24 2. On or about August 6, 1991, the Medical Board of California issued Physician's and
25 Surgeon's Certificate number A 49797 to Salvador A. Arella, M.D. (Respondent). The
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1 Physician's and Surgeon's Certificate was in effect at all times relevant to the charges
2 brought herein and will expire on August 31, 2019, unless renewed. This Certificate is in a
3 suspended status based on a "Cease Practice Order," dated August 11, 2017.

4 3. In a disciplinary action entitled "In the Matter of the Accusation Against Salvador A.
5 Arella, M.D.," Case No. 800-2014-004113, the Medical Board of California issued a decision,
6 effective January 27, 2017 (the "2017 Decision"), in which Respondent's Physician's and
7 Surgeon's Certificate was revoked. However, the revocation was stayed and Respondent was
8 placed on probation for a period of seven (7) years with certain terms and conditions. A copy of
9 the 2017 Decision is attached as Exhibit A and is incorporated by reference.

11 JURISDICTION

12 4. This Petition to Revoke Probation is brought before the Medical Board of California
13 (Board), Department of Consumer Affairs, under the authority of the following laws. All section
14 references are to the Business and Professions Code unless otherwise indicated.

15 5. Section 2004 of the Code states:

16 "The board shall have the responsibility for the following:

17 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
18 Act.

19 "(b) The administration and hearing of disciplinary actions.

20 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
21 administrative law judge.

22 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
23 disciplinary actions.

24 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
25 certificate holders under the jurisdiction of the board.

26 "(f) Approving undergraduate and graduate medical education programs.
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1 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
2 subdivision (f).

3 "(h) Issuing licenses and certificates under the board's jurisdiction.

4 "(i) Administering the board's continuing medical education program."

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

9 7. Section 2234 of the Code, states:

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

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

15 "(b) Gross negligence.

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

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

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

26 "(d) Incompetence.

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

1 rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall
2 not apply to the reduction of the probationary time period.”

3 Respondent has failed to comply/pass the PACE program, thus violating his probation.

4 The circumstances are as follows:

5 A. Respondent enrolled in PACE and attended Phase I on April 11-12, 2017, after
6 settlement of an Accusation concerning Respondent’s care and treatment of five patients,
7 including excessive prescribing and inadequate medical records.

8 B. Overall, Respondent’s performance on the Phase I, a two-day assessment, was
9 unsatisfactory and very concerning, and not within the standard of care. According to PACE
10 faculty, Respondent did not possess a good working knowledge of clinical psychiatry (his field of
11 specialty) in terms of diagnosis and differential diagnosis, and regarding the most common
12 treatments of the most common psychiatric illnesses. Also, Respondent’s clinical decisions were
13 not within the standard of care and his explanations for these decisions were unsupported by
14 scientific data. Based on Respondent’s performance on certain tests and interviews, PACE
15 faculty concluded that many of Respondent’s decisions and recommendations were potentially
16 harmful and put patients at risk of poor outcomes. Moreover, PACE faculty concluded that
17 Respondent demonstrated poor working knowledge, clinical judgment, poor communication
18 skills, and cultural sensitivity.

19 C. Due to Respondent’s deficits, PACE staff recommended that Respondent undergo
20 neuropsychological evaluation and other types of screening, before returning for Phase II.

21 D. Respondent returned on June 26-30, 2017 for Phase II, which is a clinical
22 education and assessment program provided in the actual clinical environment of the UC San
23 Diego Medical Center or one of its satellite clinics. Phase II is a formative and summative
24 assessment of the participant’s [Respondent’s] clinical skills, knowledge and judgment.
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1 E. Overall, Respondent's performance during Phase II was unsatisfactory and
2 concerning. During clinical observation, Respondent repeatedly recommended treating patients
3 with multiple medications and often in high doses, which were outside the standard of care.
4 PACE evaluators also noted that Respondent often displayed unprofessional behavior on multiple
5 occasions during patient encounters, including falling asleep, reading a magazine, and using his
6 cell phone.

7 F. During some exercises, PACE evaluators concluded that Respondent demonstrated
8 a lack of knowledge about opiate and benzodiazepine dependence, espoused a potentially
9 dangerous approach to psychopharmacology, and embraced potentially dangerous prescribing
10 practices. All of the PACE psychiatry faculty who evaluated Respondent's performance did so
11 completely independently, yet they all found the same set of deficiencies which in summary
12 described a clinical philosophy of polypharmacy with potentially dangerous controlled substances
13 and poor documentation.
14

15 G. Overall, Respondent's performance during the seven-day comprehensive PACE
16 assessment resulted in a grade of "FAIL-Category 4," which per PACE, signifies a poor
17 performance that is not compatible with overall physician competency and safe practice.
18 Respondent's lack of basic medical knowledge as shown by objective and subjective factors
19 shows that he is incompetent and subjects his license to discipline.
20

21 **PRAYER**

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

24 1. Revoking the probation that was granted by the Board in Case No. 800-2014-004113
25 and imposing the disciplinary order that was stayed, thereby revoking Physician's and Surgeon's
26 Certificate No. A 49797 issued to Respondent;
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1 2. For the grounds stated, revoking or suspending his Physician's and Surgeon's
2 Certificate;

3 3. Revoking, suspending or denying approval of Salvador A. Arella, M.D.'s authority to
4 supervise physician assistants and advance practice nurses;

5 4. Ordering him to pay the Medical Board of California the costs of probation
6 monitoring, if placed on probation; and

7 5. Taking such other and further action as deemed necessary and proper.

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10 DATED: November 2, 2017

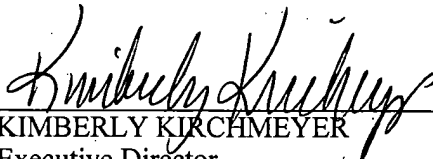

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

Exhibit A

2017 DECISION

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

In the Matter of the Accusation)
Against:)

Salvador A. Arella, M.D.)

Case No. 800-2014-004113

Physician's and Surgeon's)
Certificate No. A 49797)

Respondent)
_____)

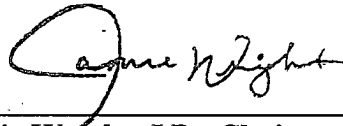
DECISION

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

This Decision shall become effective at 5:00 p.m. on January 27, 2017.

IT IS SO ORDERED: December 29, 2016.

MEDICAL BOARD OF CALIFORNIA



Jamie Wright, J.D., Chair
Panel A

1 KAMALA D. HARRIS
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
CALIFORNIA DEPARTMENT OF JUSTICE
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-6793
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2014-004113

12 **Salvador A. Arella, M.D.**
13 **1601 East Palmdale Blvd., Suite B**
14 **Palmdale, CA 93550**

OAH No. 2015121064

15 **Physician's and Surgeon's Certificate**
16 **No. A49797,**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17 Respondent.

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

21 PARTIES

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California. She brought this action solely in her official capacity and is represented in
24 this matter by Kamala D. Harris, Attorney General of the State of California, by Tan N. Tran,
25 Deputy Attorney General.

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1 14. In consideration of the foregoing admissions and stipulations, the parties agree that
2 the Board may, without further notice or formal proceeding, issue and enter the following
3 Disciplinary Order:

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 49797 issued
6 to Salvador A. Arella, M.D. (Respondent) is revoked. However, the revocation is stayed and
7 Respondent is placed on probation for seven (7) years on the following terms and conditions.

8 1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. During the first three
9 years of probation, Respondent shall not order, prescribe, dispense, administer, furnish, or possess
10 any controlled substances as listed in Schedule(s) II and III of the California Uniform Controlled
11 Substances Act, except for Ritalin, Vyvanse, and Adderall, if indicated.

12 Respondent shall not issue an oral or written recommendation or approval to a patient or a
13 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical
14 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If
15 Respondent forms the medical opinion, after an appropriate prior examination and medical
16 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent
17 shall so inform the patient and shall refer the patient to another physician who, following an
18 appropriate prior examination and medical indication, may independently issue a medically
19 appropriate recommendation or approval for the possession or cultivation of marijuana for the
20 personal medical purposes of the patient within the meaning of Health and Safety Code section
21 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that
22 Respondent is prohibited from issuing a recommendation or approval for the possession or
23 cultivation of marijuana for the personal medical purposes of the patient and that the patient or
24 the patient's primary caregiver may not rely on Respondent's statements to legally possess or
25 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully
26 document in the patient's chart that the patient or the patient's primary caregiver was so
27 informed. Nothing in this condition prohibits Respondent from providing the patient or the
28 patient's primary caregiver information about the possible medical benefits resulting from the use

1 of marijuana.

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

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

14 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
15 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
16 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
17 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
18 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
19 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
20 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
21 completion of each course, the Board or its designee may administer an examination to test
22 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
23 hours of CME of which 40 hours were in satisfaction of this condition.

24 4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the
26 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
27 University of California, San Diego School of Medicine (Program), approved in advance by the
28 Board or its designee. Respondent shall provide the program with any information and

1 documents that the Program may deem pertinent. Respondent shall participate in and
2 successfully complete the classroom component of the course not later than six (6) months after
3 Respondent's initial enrollment. Respondent shall successfully complete any other component of
4 the course within one (1) year of enrollment. The prescribing practices course shall be at
5 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
6 requirements for renewal of licensure.

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

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

15 5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
16 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to
17 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education
18 Program, University of California, San Diego School of Medicine (Program), approved in
19 advance by the Board or its designee. Respondent shall provide the program with any
20 information and documents that the Program may deem pertinent. Respondent shall participate in
21 and successfully complete the classroom component of the course not later than six (6) months
22 after Respondent's initial enrollment. Respondent shall successfully complete any other
23 component of the course within one (1) year of enrollment. The medical record keeping course
24 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education
25 (CME) requirements for renewal of licensure.

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

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

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

6 6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
7 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
8 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.
9 Respondent shall participate in and successfully complete that program. Respondent shall
10 provide any information and documents that the program may deem pertinent. Respondent shall
11 successfully complete the classroom component of the program not later than six (6) months after
12 Respondent's initial enrollment, and the longitudinal component of the program not later than the
13 time specified by the program, but no later than one (1) year after attending the classroom
14 component. The professionalism program shall be at Respondent's expense and shall be in
15 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

24 7. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
25 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
26 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
27 licenses are valid and in good standing, and who are preferably American Board of Medical
28 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal

1 relationship with Respondent, or other relationship that could reasonably be expected to
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

5 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
6 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
7 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
8 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
9 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
10 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
11 signed statement for approval by the Board or its designee.

12 Within 60 calendar days of the effective date of this Decision, and continuing throughout
13 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
14 make all records available for immediate inspection and copying on the premises by the monitor
15 at all times during business hours and shall retain the records for the entire term of probation.

16 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
17 date of this Decision, Respondent shall receive a notification from the Board or its designee to
18 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
19 shall cease the practice of medicine until a monitor is approved to provide monitoring
20 responsibility.

21 The monitor(s) shall submit a quarterly written report to the Board or its designee which
22 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
23 are within the standards of practice of medicine, and whether Respondent is practicing medicine
24 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
25 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
26 preceding quarter.

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

7 In lieu of a monitor, Respondent may participate in a professional enhancement program
8 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
9 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
10 chart review, semi-annual practice assessment, and semi-annual review of professional growth
11 and education. Respondent shall participate in the professional enhancement program at
12 Respondent's expense during the term of probation.

13 8. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date
14 of this Decision, Respondent shall enroll in a clinical training or educational program equivalent
15 to the Physician Assessment and Clinical Education Program (PACE) offered at the University of
16 California - San Diego School of Medicine ("Program"). Respondent shall successfully complete
17 the Program not later than six (6) months after Respondent's initial enrollment unless the Board
18 or its designee agrees in writing to an extension of that time.

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

27 Based on Respondent's performance and test results in the assessment and clinical
28 education, the Program will advise the Board or its designee of its recommendation(s) for the

1 scope and length of any additional educational or clinical training, treatment for any medical
2 condition, treatment for any psychological condition, or anything else affecting Respondent's
3 practice of medicine. Respondent shall comply with Program recommendations.

4 At the completion of any additional educational or clinical training, Respondent shall
5 submit to and pass an examination. Determination as to whether Respondent successfully
6 completed the examination or successfully completed the program is solely within the program's
7 jurisdiction.

8 If Respondent fails to enroll, participate in, or successfully complete the clinical training
9 program within the designated time period, Respondent shall receive a notification from the
10 Board or its designee to cease the practice of medicine within three (3) calendar days after being
11 so notified. The Respondent shall not resume the practice of medicine until enrollment or
12 participation in the outstanding portions of the clinical training program have been completed. If
13 the Respondent did not successfully complete the clinical training program, the Respondent shall
14 not resume the practice of medicine until a final decision has been rendered on the accusation
15 and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of
16 the probationary time period.

17 STANDARD CONDITIONS

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

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

27 10. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
28 prohibited from supervising physician assistants.

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

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

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

9 13. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

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

13 Address Changes

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

19 Place of Practice

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

23 License Renewal

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

26 Travel or Residence Outside California

27 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
28 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty

1 (30) calendar days.

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

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

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

19 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
20 months, Respondent shall successfully complete a clinical training program that meets the criteria
21 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
22 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

28 16. COMPLETION OF PROBATION. Respondent shall comply with all financial

1 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
2 completion of probation. Upon successful completion of probation, Respondent's certificate shall
3 be fully restored.

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

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

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

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Benjamin T. Ikuta. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10/27/2016 As Arella M.D.
Salvador A. Arella, M.D.
Respondent

I have read and fully discussed with Respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: _____
Benjamin T. Ikuta
Attorney for Respondent.

ENDORSEMENT

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

Dated: _____ Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

TANN, TRAN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2014-004113

1 KAMALA D. HARRIS
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 California Department of Justice
State Bar No. 197775
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-6793
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 28, 2015
BY: JYELCHAK ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 800-2014-004113

12 **Salvador A. Arella, M.D.**
13 **1601 East Palmdale Blvd., Suite B**
Palmdale, CA 93550

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A49797,**

Respondent.

16
17
18 Complainant alleges:

19 **PARTIES**

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

23 2. On or about August 6, 1991, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A49797 to Salvador A. Arella, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on August 31, 2015, unless renewed.

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28 ///

1 JURISDICTION

2 3. This Accusation is brought before the Medical Board of California (Board),
3 Department of Consumer Affairs, under the authority of the following laws. All section
4 references are to the Business and Professions Code unless otherwise indicated.

5 4. Section 2004 of the Code states:

6 "The board shall have the responsibility for the following:

7 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
8 Act.

9 "(b) The administration and hearing of disciplinary actions.

10 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
11 administrative law judge.

12 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
13 disciplinary actions.

14 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
15 certificate holders under the jurisdiction of the board.

16 "(f) Approving undergraduate and graduate medical education programs.

17 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
18 subdivision (f).

19 "(h) Issuing licenses and certificates under the board's jurisdiction.

20 "(i) Administering the board's continuing medical education program."

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

25 6. Section 2234 of the Code, states:

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

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.

3 "(b) Gross negligence.

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

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

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

14 "(d) Incompetence.

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

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

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

22 "(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview scheduled by the Board. This subdivision shall only apply to a
24 certificate holder who is the subject of an investigation by the board."

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1 7. Section 2242 of the Code states:

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

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

8 "(1) The licensee was a designated physician and surgeon or podiatrist serving in the
9 absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs
10 were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return
11 of his or her practitioner, but in any case no longer than 72 hours.

12 "(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed
13 vocational nurse in an inpatient facility, and if both of the following conditions exist:

14 "(A) The practitioner had consulted with the registered nurse or licensed vocational nurse
15 who had reviewed the patient's records.

16 "(B) The practitioner was designated as the practitioner to serve in the absence of the
17 patient's physician and surgeon or podiatrist, as the case may be.

18 "(3) The licensee was a designated practitioner serving in the absence of the patient's
19 physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized
20 the patient's records and ordered the renewal of a medically indicated prescription for an amount
21 not exceeding the original prescription in strength or amount or for more than one refill.

22 "(4) The licensee was acting in accordance with Section 120582 of the Health and Safety
23 Code."

24 8. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
25 adequate and accurate records relating to the provision of services to their patients constitutes
26 unprofessional conduct."

27 ///

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1 patient complains of depression, fatigue, trouble sleeping, anxiety, and the like. Throughout his
2 treatment of this patient, Respondent diagnosed the patient with Bipolar Disorder, Depression,
3 and adult ADHD (Attention Deficit Hyperactive Disorder).³ Records indicate that from 2009 to
4 April 2013, Respondent wrote many prescriptions to the patient including Depakote, Zyprexa,
5 Vicodin (Hydrocodone and Acetaminophen), Klonopin, Ambien, Clonidine, Gabapentin, Xanax,
6 Lithobid, Ativan, Doxepin, Neurontin, Seroquel, Valium (Diazepam), Trazodone, Lithium, and
7 Strattera.⁴

8 12. The records provided by Respondent are incomplete. Respondent stated that he
9 evaluated the patient in 2007, but there is no record of that visit. The notes for the visits are brief
10 and there is no way to understand Respondent's psychiatric thinking and assessment treatment
11 options and the patient's response to treatment. Respondent made many medication changes, but
12 he did not provide the rationale therefor. By itself, Respondent's medical records for this patient
13 does document his assessment of Bipolar Disorder, but the records provide no basis for such
14 assessment or treatment options offered or the patient's response to the treatment(s) (e.g. the
15 patient's progress throughout the treatment) in an understandable manner.

16 13. Records also indicate that Respondent prescribed opiates to the patient over the years
17 with no justification from a psychiatric standpoint for writing the medication.⁵ Respondent was
18 also writing prescriptions for pain medication, which is outside the scope of Respondent's
19 psychiatric practice, without any type of standardized assessment and treatment of pain or in
20 collaboration with any pain management physicians.⁶

21 14. Respondent's failure to maintain accurate and complete psychiatric records for the
22 patient, as well as his prescribing of opiates over the years with no justification from a psychiatric

23
24 (...continued)
provided and reviewed records for patient K.W. from January 8, 2009 to March 30, 2015.

25 ³ Respondent's diagnosis of adult ADHD is unsupported by the records.

26 ⁴ All dangerous drugs with potentially addictive traits and side effects, if used improperly
and/or overused.

27 ⁵ Respondent did insinuate in his interview with the Board that he was also writing
prescriptions to treat the patient's pain, which he thought was made worse by depression.

28 ⁶ For example, Respondent wrote Vicodin three times a day, which he acknowledges is a
high dose.

1 standpoint for writing the medication, and for reasons (e.g. for pain management) which are
2 outside the scope of Respondent's psychiatric practice, constitutes an extreme departure from the
3 standard of care.

4 Patient R.F.

5 15. Patient R.F. (or "patient") is a female patient who treated with Respondent from
6 approximately March 2004 to approximately March 2014.⁷ Records during this treatment period
7 indicate that Respondent wrote many prescriptions for this patient including Zyprexa, Effexor,
8 Xanax, Seroquel, Topamax, Invega, and Vicodin (hydrocodone and acetaminophen).⁸

9 16. Respondent's records for this patient are very sparse. There is no documentation of
10 Respondent's basis for his assessment, treatment options offered, or the patient's tolerance and
11 response to treatment.⁹ The medical records also do not provide any explanation why Respondent
12 was prescribing Vicodin to this patient for many years, and why he is treating the patient for pain,
13 as there is no discussion of any type of pain monitoring, nor is there any documentation of any
14 liver function tests or other laboratory findings to monitor the patient's tolerance to this pain
15 medication.¹⁰

16 17. There is no documentation of the care ending with this patient. The last documented
17 visit in the medical records is January 6, 2013, but prescription records indicate that Respondent
18 was writing Vicodin prescriptions for this patient until March 2014. Respondent did not provide
19 any documentation or explanation as to why the patient-physician relationship ended, and there

20 ⁷ Respondent provided the Board with records beginning March 1, 2004, when he makes
21 the diagnosis of Bipolar Disorder and depression. After this initial evaluation, there are no
22 records for this patient until August 15, 2006, continuing to approximately March 2014, when
Respondent apparently stops treating the patient.

23 ⁸ Records indicate that Respondent provided many refills for Vicodin ES for this patient
24 from April 2011 through March 2014. Respondent also acknowledged that some of the Vicodin
25 prescriptions had a high dosage of acetaminophen, which could affect the patient's liver function.
26 However, there were no labs in the chart to indicate that Respondent was writing for Vicodin, and
Respondent stated that the laboratory findings may have been lost when he moved his offices.

27 ⁹ Even Respondent, when asked about the patient's initial evaluation in 2004 and having
28 the records available to him, could not provide an account of what happened. Specifically,
Respondent, through his own notes, could not remember how he came to make the diagnosis of
Bipolar Disorder in this patient.

¹⁰ The risk of prescribing opiate medications empirically for pain is that the medications
are inherently addictive and associated with tolerance and withdrawal and therefore dangerous,
especially in patients who are vulnerable in suffering from addiction.

1 was no documentation that Respondent took a proactive role in ensuring continuity of psychiatric
2 care for his patients, either with Respondent at a new location or with another doctor.

3 18. Respondent's care and treatment of patient R.F., as described above, constitutes an
4 extreme departure from the standard of care.

5 Patient L.W.

6 19. Patient L.W. (or "patient") is a female patient who treated with Respondent from
7 approximately January 4, 2012 through July 25, 2014 for Bipolar Disorder and panic attacks.
8 Records during this treatment period indicate that Respondent wrote many prescriptions for this
9 patient including Seroquel, Xanax, Invega, Trazodone, Lithobid (lithium), Cymbalta, Diazepam,
10 and Alprazolam.

11 20. Respondent's records document no basis for his assessment of Bipolar Disorder.
12 Moreover, there is no documented basis for not including some of the other conditions the patient
13 reported suffering from, such as Post-Traumatic Stress Disorder (PTSD), and Generalized
14 Anxiety Disorder.¹¹ There was no documentation that Respondent evaluated the patient for
15 PTSD.

16 21. Moreover, Respondent prescribed to this patient Seroquel, Xanax, and Cymbalta,
17 despite the patient indicating that she had past medication problems with these same drugs. There
18 is no explanation as to why these medications were re-started. Also, there is no documentation in
19 the initial evaluation if the patient was even prescribed psychotropic medication and there is no
20 basis or reasoning given for prescribing three psychotropic medications at the same time
21 (Seroquel, Xanax, and Invega). Also, throughout the time Respondent was treating this patient,
22 there were many medication changes, however, the medical records do not document any basis
23 therefore. In reviewing these records, there is no understanding as to why the assessment was
24 made or not made, and why psychotropic medications were initially prescribed and changed.

25 ///

26 _____
27 ¹¹ The patient reported that her mental health issues began in 2000 when she was raped,
28 and that she had been previously diagnosed with PTSD and had been prescribed psychotropic
medication in the past.

1 22. Respondent also started his treatment of this patient with two antipsychotics/mood
2 stabilizers on his initial evaluation of Seroquel 900 mg, which exceeds the FDA maximum dose
3 (800 mg) of the medication, coupled with the medication in the same class, the anti-
4 psychotics/mood stabilizer Invega at a mid-range dose of 6 mg daily, which was overly-
5 aggressive treatment. Also, Respondent prescribed Lithium, but there were no laboratory results
6 in the records to indicate that there was serology monitoring, or that the kidney and thyroid
7 functions were monitored. Moreover, Respondent prescribed high doses of Xanax, as well as
8 Valium to a patient with a history of addiction. Lastly, Respondent moved his office and
9 terminated the physician-patient relationship with this patient without ensuring that the patient
10 had continuity of psychiatric care.

11 23. Respondent's care and treatment of patient L.W., as described above, constitutes an
12 extreme departure from the standard of care.

13 Patient L.C.

14 24. Patient L.C. (or "patient") is a female patient who treated at the clinic since 2005 by
15 at least three previous doctors. Respondent's first note of caring for this patient was April 14,
16 2014, and the last record of his treatment was on April 7, 2015.¹² He made the diagnoses of
17 Bipolar Disorder and later Schizoaffective Disorder.¹³ Records during Respondent's treatment of
18 this patient indicate that Respondent wrote many prescriptions for this patient including Ambien,
19 Valium, Lamictal, Lithium, Cymbalta, Klonopin, Latuda, and Topamax.

20 25. There is a large gap in the psychiatric treatment of this patient. Respondent makes
21 multiple medication changes, however, there is no documentation of the rationale for these
22 changes in the medical records provided for review. It is even difficult to determine from the
23 records how long Respondent provided care for this patient. As such, there is no way to

24 ¹² In his interview with the Board, Respondent reports that he is continuing to care for
25 patient L.C. Respondent also stated that he did not have access to other clinicians' notes prior to
26 the introduction of the current electronic medical record (EMR) system. Respondent also stated
27 that he did not utilize CURES, and that his system for checking to see if patients were receiving
28 multiple benzodiazepines from multiple providers would be having correspondence with the
insurance company informing him of this.

¹³ A mental illness that manifests with psychotic symptoms in combination with
symptoms of a mood disorder.

1 understand Respondent's psychiatric thinking and assessment of the treatment options and the
2 patient's response thereto. Also, the records do not reveal how Respondent made the diagnosis of
3 Bipolar Disorder (e.g. from previous diagnoses made by others, etc.), and how or why
4 Respondent later changed that diagnosis from Bipolar Disorder to Schizoaffective Disorder.

5 26. Respondent's care and treatment of patient L.C., as described above, as well as
6 Respondent's failure to maintain accurate and complete psychiatric records of his notes for
7 patient L.C. constitutes an extreme departure from the standard of care.

8 SECOND CAUSE FOR DISCIPLINE

9 (Repeated Negligent Acts – 5 Patients)

10 27. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
11 the Code in that he committed repeated negligent acts in his care of patients K.W., R.F., L.W.,
12 L.C., mentioned in the First Cause for Discipline above, as well as K.H. The circumstances are as
13 follows:

14 28. The facts and allegations in the First Cause for Discipline above, are incorporated by
15 reference as if set forth in full herein.

16 Respondent also committed simple negligent acts in his care of patients K.W., R.F., L.W.,
17 L.C., mentioned in the First Cause for Discipline above, as well as K.H. The circumstances are as
18 follows:

19 Patient K.W.

20 29. Respondent also committed repeated negligent acts in his care of patient K.W. above,
21 by diagnosing the patient with ADHD, without any substantiation, and by prescribing to her
22 benzodiazepines like Adderall on a chronic basis at relatively high doses for no diagnosed
23 condition. These acts represent simple departures from the standard of care.

24 Patient R.F.

25 30. Respondent also committed negligent acts in his care of patient R.F. above, by
26 prescribing Xanax to this patient with no clear reasoning provided in the medical record. The
27 specific circumstances regarding patient R.F. are as follows:

28 ///

1 31. Patient R.F. was prescribed Seroquel, which is an antipsychotic and mood stabilizer
2 that is commonly given to patients with Bipolar Disorder. Xanax is a benzodiazepine that is
3 usually prescribed for anxiety, not Bipolar Disorder. However, there is no assessment of anxiety
4 in the records reviewed. Moreover, there is a risk with empirical treatment of anxiety with
5 Xanax, as Xanax can be abused. This is a simple departure from the standard of care in the
6 psychiatric treatment offered to this patient, as she was prescribed Xanax with no clear reasoning
7 provided in the medical records.

8 Patient L.W.

9 32. Respondent also committed negligent acts in his care and treatment of patient L.W.
10 by failing to evaluate the patient for PTSD, which should have been addressed by Respondent
11 based on how she filled out Respondent's intake questionnaire. This represents a simple
12 departure from the standard of care.

13 Patient L.C.

14 33. The facts and allegations with respect to patient L.C., mentioned in the First Cause
15 for Discipline above, are incorporated by reference as if set forth in full herein.

16 Patient K.H.

17 34. Respondent also committed negligent acts in his care patient K.H. The
18 circumstances are as follows:

19 35. The records available for review for respondent's treatment of patient K.H. (or
20 "patient") were from approximately February 6, 2012 through January 7, 2015. According to
21 these notes, Respondent was treating the patient for Schizoaffective Disorder. Records during
22 this treatment period indicate that Respondent wrote many prescriptions for this patient including
23 Seroquel, Abilify, Remeron, Benadryl, and Ambien. Also included were records from the
24 patient's primary care physician (PCP) which indicated, among other things, that the patient was
25 being prescribed potentially-addictive medications such as Vicodin, Soma, Xanax, and Phenergen
26 with codeine cough syrup. It should also be noted that the PCP specifically

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28 ///

1 documented in his (i.e. the PCP's) records that patient K.H. was seeking pain meds and should
2 not be given refills.¹⁴

3 36. The initial record for review of this patient was February 6, 2012, but the patient was
4 not a new patient, as documented in the February 6, 2012 evaluation. The initial evaluation to
5 assess Respondent's psychiatric assessment of Schizoaffective Disorder was missing.
6 Respondent kept the same assessment (i.e. Schizoaffective Disorder) throughout his time caring
7 for this patient. There is no notation in the chart by Respondent that he had an understanding that
8 the patient was deemed med-seeking by the PCP. Therefore, Respondent's assessment and
9 evaluation is impaired because he did not seem to recognize any addiction in this patient, where it
10 was recognized by the PCP and documented in the chart. This is a simple departure from the
11 standard of care in the psychiatric evaluation of this patient provided by respondent in that he did
12 not make an assessment that the patient was med-seeking and did not evaluate the patient for
13 addiction.

14 37. Respondent made many changes and offered aggressive psychotropic medication
15 (e.g. some prescriptions were written for dosages above the FDA recommendations) for the
16 patient based on his complaints, and Respondent did not seem to consider whether the complaints
17 were legitimate or whether the patient was "med-seeking." Respondent was also writing
18 prescriptions (e.g. Seroquel, Remeron, Benadryl, Ambien, and Abilify) which can also be
19 sedating. Writing these prescriptions to a patient who is noted to be potentially abusing Vicodin
20 and Xanax, is not an effective treatment, as the sedative effects of the psychotropic medications
21 that Respondent prescribed could mimic the sedative effects of drugs abuse and prescription
22 medications that could be abused, such as Soma and Xanax. Therefore, that these medications
23 were deemed effective in the patient, may be a function of the patient's addiction (and more
24 reflective of a patient requesting sedating medications to mimic the sedative effects of drugs of
25

26 ¹⁴ When asked by the Medical Board as a matter of procedure and policy how he would
27 detect if patients are receiving addictive medications from multiple providers, Respondent stated
28 that he makes the assessment as to whether the patient is being manipulative. Respondent did not
acknowledge any type of review of the CURES database.

1 abuse) rather than the patient actually suffering from mental illnesses such as Schizoaffective
2 Disorder.

3 38. This is a simple departure from the standard of care in the psychiatric treatment
4 offered to the patient in that he was prescribed a very aggressive psychotropic medication
5 regimen that is extremely sedating and can be abused by patients with addiction.

6 THIRD CAUSE FOR DISCIPLINE

7 (Prescribing Without Exam/Indication)

8 39. By reason of the facts and allegations set forth in the First and Second Causes for
9 Discipline above, Respondent is subject to disciplinary action under section 2242 of the Code, in
10 that Respondent prescribed dangerous drugs to patients K.W., R.F., L.W., L.C., and K.H. without
11 an appropriate prior examination or medical indication therefor.

12 FOURTH CAUSE FOR DISCIPLINE

13 (Excessive Prescribing)

14 40. By reason of the facts and allegations set forth in the First and Second Causes for
15 Discipline above, Respondent is subject to disciplinary action under section 725 of the Code, in
16 that Respondent excessively prescribed dangerous drugs to patients K.W., R.F., L.W., L.C., and
17 K.H.

18 FIFTH CAUSE FOR DISCIPLINE

19 (Inadequate Records)

20 41. By reason of the facts and allegations set forth in the First and Second Causes for
21 Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in
22 that Respondent failed to maintain adequate and accurate records of his care and treatment of
23 patients K.W., R.F., L.W., L.C., and K.H.

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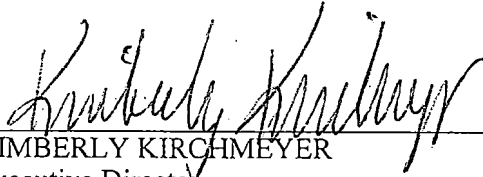
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A49797, issued to Salvador A. Arella, M.D.;
2. Revoking, suspending or denying approval of Salvador A. Arella, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Salvador A. Arella, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: July 28, 2015


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

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EXHIBIT B
2017 DECISION

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

In the Matter of the Accusation)
Against:)

Salvador A. Arella, M.D.)

Case No. 800-2014-004113

Physician's and Surgeon's)
Certificate No. A 49797)

Respondent)
_____)

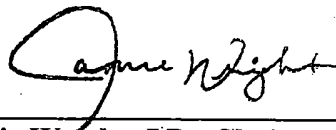
DECISION

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

This Decision shall become effective at 5:00 p.m. on January 27, 2017.

IT IS SO ORDERED: December 29, 2016.

MEDICAL BOARD OF CALIFORNIA



Jamie Wright, J.D., Chair
Panel A

1 KAMALA D. HARRIS
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 State Bar No. 197775
CALIFORNIA DEPARTMENT OF JUSTICE
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-6793
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2014-004113

13 **Salvador A. Arella, M.D.**
14 **1601 East Palmdale Blvd., Suite B**
Palmdale, CA 93550

OAH No. 2015121064

15 **Physician's and Surgeon's Certificate**
16 **No. A49797,**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17 Respondent.

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

21 PARTIES

22 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical
23 Board of California. She brought this action solely in her official capacity and is represented in
24 this matter by Kamala D. Harris, Attorney General of the State of California, by Tan N. Tran,
25 Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent does not contest that at an administrative hearing, complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 No. 800-2014-004113, and that he has thereby subjected his Physician's and Surgeon's Certificate
5 No. A 49797 to disciplinary action.

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

9 RESERVATION

10 11. The admissions made by Respondent herein are only for the purposes of this
11 proceeding, or any other proceedings in which the Medical Board of California or other
12 professional licensing agency is involved, and shall not be admissible in any other criminal or
13 civil proceeding.

14 CONTINGENCY

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

25 13. The parties understand and agree that Portable Document Format (PDF) and facsimile
26 copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format
27 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.
28

1 of marijuana.

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

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

14 3. EDUCATION COURSE. Within 60 calendar days of the effective date of this
15 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
16 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
17 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
18 correcting any areas of deficient practice or knowledge and shall be Category I certified. The
19 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
20 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
21 completion of each course, the Board or its designee may administer an examination to test
22 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
23 hours of CME of which 40 hours were in satisfaction of this condition.

24 4. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in prescribing practices equivalent to the
26 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,
27 University of California, San Diego School of Medicine (Program), approved in advance by the
28 Board or its designee. Respondent shall provide the program with any information and

1 documents that the Program may deem pertinent. Respondent shall participate in and
2 successfully complete the classroom component of the course not later than six (6) months after
3 Respondent's initial enrollment. Respondent shall successfully complete any other component of
4 the course within one (1) year of enrollment. The prescribing practices course shall be at
5 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
6 requirements for renewal of licensure.

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

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

15 5. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
16 date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to
17 the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education
18 Program, University of California, San Diego School of Medicine (Program), approved in
19 advance by the Board or its designee. Respondent shall provide the program with any
20 information and documents that the Program may deem pertinent. Respondent shall participate in
21 and successfully complete the classroom component of the course not later than six (6) months
22 after Respondent's initial enrollment. Respondent shall successfully complete any other
23 component of the course within one (1) year of enrollment. The medical record keeping course
24 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education
25 (CME) requirements for renewal of licensure.

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

1 been approved by the Board or its designee had the course been taken after the effective date of
2 this Decision.

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

6 6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
7 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
8 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.

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

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

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

24 7. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
25 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
26 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
27 licenses are valid and in good standing, and who are preferably American Board of Medical
28 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal

1 relationship with Respondent, or other relationship that could reasonably be expected to
2 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
3 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
4 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

5 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
6 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
7 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
8 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
9 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
10 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
11 signed statement for approval by the Board or its designee.

12 Within 60 calendar days of the effective date of this Decision, and continuing throughout
13 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
14 make all records available for immediate inspection and copying on the premises by the monitor
15 at all times during business hours and shall retain the records for the entire term of probation.

16 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
17 date of this Decision, Respondent shall receive a notification from the Board or its designee to
18 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
19 shall cease the practice of medicine until a monitor is approved to provide monitoring
20 responsibility.

21 The monitor(s) shall submit a quarterly written report to the Board or its designee which
22 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
23 are within the standards of practice of medicine, and whether Respondent is practicing medicine
24 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the
25 quarterly written reports to the Board or its designee within 10 calendar days after the end of the
26 preceding quarter.

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
28 such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

7 In lieu of a monitor, Respondent may participate in a professional enhancement program
8 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
9 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
10 chart review, semi-annual practice assessment, and semi-annual review of professional growth
11 and education. Respondent shall participate in the professional enhancement program at
12 Respondent's expense during the term of probation.

13 8. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date
14 of this Decision, Respondent shall enroll in a clinical training or educational program equivalent
15 to the Physician Assessment and Clinical Education Program (PACE) offered at the University of
16 California - San Diego School of Medicine ("Program"). Respondent shall successfully complete
17 the Program not later than six (6) months after Respondent's initial enrollment unless the Board
18 or its designee agrees in writing to an extension of that time.

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

27 Based on Respondent's performance and test results in the assessment and clinical
28 education, the Program will advise the Board or its designee of its recommendation(s) for the

1 scope and length of any additional educational or clinical training, treatment for any medical
2 condition, treatment for any psychological condition, or anything else affecting Respondent's
3 practice of medicine. Respondent shall comply with Program recommendations.

4 At the completion of any additional educational or clinical training, Respondent shall
5 submit to and pass an examination. Determination as to whether Respondent successfully
6 completed the examination or successfully completed the program is solely within the program's
7 jurisdiction.

8 If Respondent fails to enroll, participate in, or successfully complete the clinical training
9 program within the designated time period, Respondent shall receive a notification from the
10 Board or its designee to cease the practice of medicine within three (3) calendar days after being
11 so notified. The Respondent shall not resume the practice of medicine until enrollment or
12 participation in the outstanding portions of the clinical training program have been completed. If
13 the Respondent did not successfully complete the clinical training program, the Respondent shall
14 not resume the practice of medicine until a final decision has been rendered on the accusation
15 and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of
16 the probationary time period.

17 STANDARD CONDITIONS

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

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

27 10. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
28 prohibited from supervising physician assistants.

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

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

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

9 13. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

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

13 Address Changes

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

19 Place of Practice

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

23 License Renewal

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

26 Travel or Residence Outside California

27 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
28 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty

1 (30) calendar days.

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

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

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

19 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
20 months, Respondent shall successfully complete a clinical training program that meets the criteria
21 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
22 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

28 16. COMPLETION OF PROBATION. Respondent shall comply with all financial

1 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
2 completion of probation. Upon successful completion of probation, Respondent's certificate shall
3 be fully restored.

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

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

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

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ACCEPTANCE

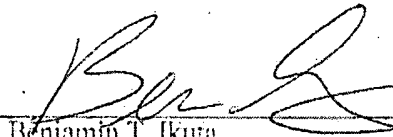
I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Benjamin T. Ikuta. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

Salvador A. Arella, M.D.
Respondent

I have read and fully discussed with Respondent the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 10/27/16


Benjamin T. Ikuta
Attorney for Respondent

ENDORSEMENT

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

Dated: _____

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

10/28/16

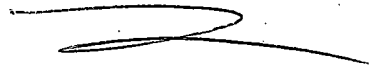

TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2014-004113

1 KAMALA D. HARRIS
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 TAN N. TRAN
Deputy Attorney General
4 California Department of Justice
State Bar No. 197775
5 300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 897-6793
Facsimile: (213) 897-9395
7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 22, 2015
BY: JHECHAK ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 800-2014-004113

12 Salvador A. Arella, M.D.
1601 East Palmdale Blvd., Suite B
13 Palmdale, CA 93550

ACCUSATION

14 Physician's and Surgeon's Certificate
15 No. A49797,

16 Respondent.

17
18 Complainant alleges:

19 PARTIES

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

23 2. On or about August 6, 1991, the Medical Board issued Physician's and Surgeon's
24 Certificate Number A49797 to Salvador A. Arella, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
26 herein and will expire on August 31, 2015, unless renewed.

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1 JURISDICTION

2 3. This Accusation is brought before the Medical Board of California (Board),
3 Department of Consumer Affairs, under the authority of the following laws. All section
4 references are to the Business and Professions Code unless otherwise indicated.

5 4. Section 2004 of the Code states:

6 "The board shall have the responsibility for the following:

7 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
8 Act.

9 "(b) The administration and hearing of disciplinary actions.

10 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an
11 administrative law judge.

12 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of
13 disciplinary actions.

14 "(e) Reviewing the quality of medical practice carried out by physician and surgeon
15 certificate holders under the jurisdiction of the board.

16 "(f) Approving undergraduate and graduate medical education programs.

17 "(g) Approving clinical clerkship and special programs and hospitals for the programs in
18 subdivision (f).

19 "(h) Issuing licenses and certificates under the board's jurisdiction.

20 "(i) Administering the board's continuing medical education program."

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

25 6. Section 2234 of the Code, states:

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

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.

3 (b) Gross negligence.

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

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

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

14 (d) Incompetence.

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

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

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

22 (h) The repeated failure by a certificate holder, in the absence of good cause, to attend and
23 participate in an interview scheduled by the Board. This subdivision shall only apply to a
24 certificate holder who is the subject of an investigation by the board."

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1 7. Section 2242 of the Code states:

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

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

8 "(1) The licensee was a designated physician and surgeon or podiatrist serving in the
9 absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs
10 were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return
11 of his or her practitioner, but in any case no longer than 72 hours.

12 "(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed
13 vocational nurse in an inpatient facility, and if both of the following conditions exist:

14 "(A) The practitioner had consulted with the registered nurse or licensed vocational nurse
15 who had reviewed the patient's records.

16 "(B) The practitioner was designated as the practitioner to serve in the absence of the
17 patient's physician and surgeon or podiatrist, as the case may be.

18 "(3) The licensee was a designated practitioner serving in the absence of the patient's
19 physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized
20 the patient's records and ordered the renewal of a medically indicated prescription for an amount
21 not exceeding the original prescription in strength or amount or for more than one refill.

22 "(4) The licensee was acting in accordance with Section 120582 of the Health and Safety
23 Code."

24 8. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
25 adequate and accurate records relating to the provision of services to their patients constitutes
26 unprofessional conduct."

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1 patient complains of depression, fatigue, trouble sleeping, anxiety, and the like. Throughout his
2 treatment of this patient, Respondent diagnosed the patient with Bipolar Disorder, Depression,
3 and adult ADHD (Attention Deficit Hyperactive Disorder).³ Records indicate that from 2009 to
4 April 2013, Respondent wrote many prescriptions to the patient including Depakote, Zyprexa,
5 Vicodin (Hydrocodone and Acetaminophen), Klonopin, Ambien, Clonidine, Gabapentin, Xanax,
6 Lithobid, Ativan, Doxepin, Neurontin, Seroquel, Valium (Diazepam), Trazodone, Lithium, and
7 Strattera.⁴

8 12. The records provided by Respondent are incomplete. Respondent stated that he
9 evaluated the patient in 2007, but there is no record of that visit. The notes for the visits are brief
10 and there is no way to understand Respondent's psychiatric thinking and assessment treatment
11 options and the patient's response to treatment. Respondent made many medication changes, but
12 he did not provide the rationale therefor. By itself, Respondent's medical records for this patient
13 does document his assessment of Bipolar Disorder, but the records provide no basis for such
14 assessment or treatment options offered or the patient's response to the treatment(s) (e.g. the
15 patient's progress throughout the treatment) in an understandable manner.

16 13. Records also indicate that Respondent prescribed opiates to the patient over the years
17 with no justification from a psychiatric standpoint for writing the medication.⁵ Respondent was
18 also writing prescriptions for pain medication, which is outside the scope of Respondent's
19 psychiatric practice, without any type of standardized assessment and treatment of pain or in
20 collaboration with any pain management physicians.⁶

21 14. Respondent's failure to maintain accurate and complete psychiatric records for the
22 patient, as well as his prescribing of opiates over the years with no justification from a psychiatric

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24 (...continued)
25 provided and reviewed records for patient K.W. from January 8, 2009 to March 30, 2015.

26 ³ Respondent's diagnosis of adult ADHD is unsupported by the records.

27 ⁴ All dangerous drugs with potentially addictive traits and side effects, if used improperly
28 and/or overused.

⁵ Respondent did insinuate in his interview with the Board that he was also writing
prescriptions to treat the patient's pain, which he thought was made worse by depression.

⁶ For example, Respondent wrote Vicodin three times a day, which he acknowledges is a
high dose.

1 standpoint for writing the medication, and for reasons (e.g. for pain management) which are
2 outside the scope of Respondent's psychiatric practice, constitutes an extreme departure from the
3 standard of care.

4 Patient R.F.

5 15. Patient R.F. (or "patient") is a female patient who treated with Respondent from
6 approximately March 2004 to approximately March 2014.⁷ Records during this treatment period
7 indicate that Respondent wrote many prescriptions for this patient including Zyprexa, Effexor,
8 Xanax, Seroquel, Topamax, Invega, and Vicodin (hydrocodone and acetaminophen).⁸

9 16. Respondent's records for this patient are very sparse. There is no documentation of
10 Respondent's basis for his assessment, treatment options offered, or the patient's tolerance and
11 response to treatment.⁹ The medical records also do not provide any explanation why Respondent
12 was prescribing Vicodin to this patient for many years, and why he is treating the patient for pain,
13 as there is no discussion of any type of pain monitoring, nor is there any documentation of any
14 liver function tests or other laboratory findings to monitor the patient's tolerance to this pain
15 medication.¹⁰

16 17. There is no documentation of the care ending with this patient. The last documented
17 visit in the medical records is January 6, 2013, but prescription records indicate that Respondent
18 was writing Vicodin prescriptions for this patient until March 2014. Respondent did not provide
19 any documentation or explanation as to why the patient-physician relationship ended, and there

20 ⁷ Respondent provided the Board with records beginning March 1, 2004, when he makes
21 the diagnosis of Bipolar Disorder and depression. After this initial evaluation, there are no
22 records for this patient until August 15, 2006, continuing to approximately March 2014, when
Respondent apparently stops treating the patient.

23 ⁸ Records indicate that Respondent provided many refills for Vicodin ES for this patient
24 from April 2011 through March 2014. Respondent also acknowledged that some of the Vicodin
prescriptions had a high dosage of acetaminophen, which could affect the patient's liver function.
25 However, there were no labs in the chart to indicate that Respondent was writing for Vicodin, and
Respondent stated that the laboratory findings may have been lost when he moved his offices.

26 ⁹ Even Respondent, when asked about the patient's initial evaluation in 2004 and having
the records available to him, could not provide an account of what happened. Specifically,
Respondent, through his own notes, could not remember how he came to make the diagnosis of
Bipolar Disorder in this patient.

27 ¹⁰ The risk of prescribing opiate medications empirically for pain is that the medications
are inherently addictive and associated with tolerance and withdrawal and therefore dangerous,
28 especially in patients who are vulnerable in suffering from addiction.

1 was no documentation that Respondent took a proactive role in ensuring continuity of psychiatric
2 care for his patients, either with Respondent at a new location or with another doctor.

3 18. Respondent's care and treatment of patient R.F., as described above, constitutes an
4 extreme departure from the standard of care.

5 Patient L.W.

6 19. Patient L.W. (or "patient") is a female patient who treated with Respondent from
7 approximately January 4, 2012 through July 25, 2014 for Bipolar Disorder and panic attacks.
8 Records during this treatment period indicate that Respondent wrote many prescriptions for this
9 patient including Seroquel, Xanax, Invega, Trazodone, Lithobid (lithium), Cymbalta, Diazepam,
10 and Alprazolam.

11 20. Respondent's records document no basis for his assessment of Bipolar Disorder.
12 Moreover, there is no documented basis for not including some of the other conditions the patient
13 reported suffering from, such as Post-Traumatic Stress Disorder (PTSD), and Generalized
14 Anxiety Disorder.¹¹ There was no documentation that Respondent evaluated the patient for
15 PTSD.

16 21. Moreover, Respondent prescribed to this patient Seroquel, Xanax, and Cymbalta,
17 despite the patient indicating that she had past medication problems with these same drugs. There
18 is no explanation as to why these medications were re-started. Also, there is no documentation in
19 the initial evaluation if the patient was even prescribed psychotropic medication and there is no
20 basis or reasoning given for prescribing three psychotropic medications at the same time
21 (Seroquel, Xanax, and Invega). Also, throughout the time Respondent was treating this patient,
22 there were many medication changes, however, the medical records do not document any basis
23 therefore. In reviewing these records, there is no understanding as to why the assessment was
24 made or not made, and why psychotropic medications were initially prescribed and changed.

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27 ¹¹ The patient reported that her mental health issues began in 2000 when she was raped,
28 and that she had been previously diagnosed with PTSD and had been prescribed psychotropic
medication in the past.

1 22. Respondent also started his treatment of this patient with two antipsychotics/mood
2 stabilizers on his initial evaluation of Seroquel 900 mg, which exceeds the FDA maximum dose
3 (800 mg) of the medication, coupled with the medication in the same class, the anti-
4 psychotics/mood stabilizer Invega at a mid-range dose of 6 mg daily, which was overly-
5 aggressive treatment. Also, Respondent prescribed Lithium, but there were no laboratory results
6 in the records to indicate that there was serology monitoring, or that the kidney and thyroid
7 functions were monitored. Moreover, Respondent prescribed high doses of Xanax, as well as
8 Valium to a patient with a history of addiction. Lastly, Respondent moved his office and
9 terminated the physician-patient relationship with this patient without ensuring that the patient
10 had continuity of psychiatric care.

11 23. Respondent's care and treatment of patient L.W., as described above, constitutes an
12 extreme departure from the standard of care.

13 Patient L.C.

14 24. Patient L.C. (or "patient") is a female patient who treated at the clinic since 2005 by
15 at least three previous doctors. Respondent's first note of caring for this patient was April 14,
16 2014, and the last record of his treatment was on April 7, 2015.¹² He made the diagnoses of
17 Bipolar Disorder and later Schizoaffective Disorder.¹³ Records during Respondent's treatment of
18 this patient indicate that Respondent wrote many prescriptions for this patient including Ambien,
19 Valium, Lamictal, Lithium, Cymbalta, Klonopin, Latuda, and Topamax.

20 25. There is a large gap in the psychiatric treatment of this patient. Respondent makes
21 multiple medication changes, however, there is no documentation of the rationale for these
22 changes in the medical records provided for review. It is even difficult to determine from the
23 records how long Respondent provided care for this patient. As such, there is no way to

24 ¹² In his interview with the Board, Respondent reports that he is continuing to care for
25 patient L.C. Respondent also stated that he did not have access to other clinicians' notes prior to
26 the introduction of the current electronic medical record (EMR) system. Respondent also stated
27 that he did not utilize CURES, and that his system for checking to see if patients were receiving
28 multiple benzodiazepines from multiple providers would be having correspondence with the
insurance company informing him of this.

¹³ A mental illness that manifests with psychotic symptoms in combination with
symptoms of a mood disorder.

1 understand Respondent's psychiatric thinking and assessment of the treatment options and the
2 patient's response thereto. Also, the records do not reveal how Respondent made the diagnosis of
3 Bipolar Disorder (e.g. from previous diagnoses made by others, etc.), and how or why
4 Respondent later changed that diagnosis from Bipolar Disorder to Schizoaffective Disorder.

5 26. Respondent's care and treatment of patient L.C., as described above, as well as
6 Respondent's failure to maintain accurate and complete psychiatric records of his notes for
7 patient L.C. constitutes an extreme departure from the standard of care.

8 SECOND CAUSE FOR DISCIPLINE

9 (Repeated Negligent Acts – 5 Patients)

10 27. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
11 the Code in that he committed repeated negligent acts in his care of patients K.W., R.F., L.W.,
12 L.C., mentioned in the First Cause for Discipline above, as well as K.H. The circumstances are as
13 follows:

14 28. The facts and allegations in the First Cause for Discipline above, are incorporated by
15 reference as if set forth in full herein.

16 Respondent also committed simple negligent acts in his care of patients K.W., R.F., L.W.,
17 L.C., mentioned in the First Cause for Discipline above, as well as K.H. The circumstances are as
18 follows:

19 Patient K.W.

20 29. Respondent also committed repeated negligent acts in his care of patient K.W. above,
21 by diagnosing the patient with ADHD, without any substantiation, and by prescribing to her
22 benzodiazepines like Adderall on a chronic basis at relatively high doses for no diagnosed
23 condition. These acts represent simple departures from the standard of care.

24 Patient R.F.

25 30. Respondent also committed negligent acts in his care of patient R.F. above, by
26 prescribing Xanax to this patient with no clear reasoning provided in the medical record. The
27 specific circumstances regarding patient R.F. are as follows:

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1 31. Patient R.F. was prescribed Seroquel, which is an antipsychotic and mood stabilizer
2 that is commonly given to patients with Bipolar Disorder. Xanax is a benzodiazepine that is
3 usually prescribed for anxiety, not Bipolar Disorder. However, there is no assessment of anxiety
4 in the records reviewed. Moreover, there is a risk with empirical treatment of anxiety with
5 Xanax, as Xanax can be abused. This is a simple departure from the standard of care in the
6 psychiatric treatment offered to this patient, as she was prescribed Xanax with no clear reasoning
7 provided in the medical records.

8 Patient L.W.

9 32. Respondent also committed negligent acts in his care and treatment of patient L.W.
10 by failing to evaluate the patient for PTSD, which should have been addressed by Respondent
11 based on how she filled out Respondent's intake questionnaire. This represents a simple
12 departure from the standard of care.

13 Patient L.C.

14 33. The facts and allegations with respect to patient L.C., mentioned in the First Cause
15 for Discipline above, are incorporated by reference as if set forth in full herein.

16 Patient K.H.

17 34. Respondent also committed negligent acts in his care patient K.H. The
18 circumstances are as follows:

19 35. The records available for review for respondent's treatment of patient K.H. (or
20 "patient") were from approximately February 6, 2012 through January 7, 2015. According to
21 these notes, Respondent was treating the patient for Schizoaffective Disorder. Records during
22 this treatment period indicate that Respondent wrote many prescriptions for this patient including
23 Seroquel, Abilify, Remeron, Benadryl, and Ambien. Also included were records from the
24 patient's primary care physician (PCP) which indicated, among other things, that the patient was
25 being prescribed potentially-addictive medications such as Vicodin, Soma, Xanax, and Phenergen
26 with codeine cough syrup. It should also be noted that the PCP specifically

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1 documented in his (i.e. the PCP's) records that patient K.H. was seeking pain meds and should
2 not be given refills.¹⁴

3 36. The initial record for review of this patient was February 6, 2012, but the patient was
4 not a new patient, as documented in the February 6, 2012 evaluation. The initial evaluation to
5 assess Respondent's psychiatric assessment of Schizoaffective Disorder was missing.
6 Respondent kept the same assessment (i.e. Schizoaffective Disorder) throughout his time caring
7 for this patient. There is no notation in the chart by Respondent that he had an understanding that
8 the patient was deemed med-seeking by the PCP. Therefore, Respondent's assessment and
9 evaluation is impaired because he did not seem to recognize any addiction in this patient, where it
10 was recognized by the PCP and documented in the chart. This is a simple departure from the
11 standard of care in the psychiatric evaluation of this patient provided by respondent in that he did
12 not make an assessment that the patient was med-seeking and did not evaluate the patient for
13 addiction.

14 37. Respondent made many changes and offered aggressive psychotropic medication
15 (e.g. some prescriptions were written for dosages above the FDA recommendations) for the
16 patient based on his complaints, and Respondent did not seem to consider whether the complaints
17 were legitimate or whether the patient was "med-seeking." Respondent was also writing
18 prescriptions (e.g. Seroquel, Remeron, Benadryl, Ambien, and Abilify) which can also be
19 sedating. Writing these prescriptions to a patient who is noted to be potentially abusing Vicodin
20 and Xanax, is not an effective treatment, as the sedative effects of the psychotropic medications
21 that Respondent prescribed could mimic the sedative effects of drugs abuse and prescription
22 medications that could be abused, such as Soma and Xanax. Therefore, that these medications
23 were deemed effective in the patient, may be a function of the patient's addiction (and more
24 reflective of a patient requesting sedating medications to mimic the sedative effects of drugs of
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26 ¹⁴ When asked by the Medical Board as a matter of procedure and policy how he would
27 detect if patients are receiving addictive medications from multiple providers, Respondent stated
28 that he makes the assessment as to whether the patient is being manipulative. Respondent did not
acknowledge any type of review of the CURES database.

1 abuse) rather than the patient actually suffering from mental illnesses such as Schizoaffective
2 Disorder.

3 38. This is a simple departure from the standard of care in the psychiatric treatment
4 offered to the patient in that he was prescribed a very aggressive psychotropic medication
5 regimen that is extremely sedating and can be abused by patients with addiction.

6 THIRD CAUSE FOR DISCIPLINE

7 (Prescribing Without Exam/Indication)

8 39. By reason of the facts and allegations set forth in the First and Second Causes for
9 Discipline above, Respondent is subject to disciplinary action under section 2242 of the Code, in
10 that Respondent prescribed dangerous drugs to patients K.W., R.F., L.W., L.C., and K.H. without
11 an appropriate prior examination or medical indication therefor.

12 FOURTH CAUSE FOR DISCIPLINE

13 (Excessive Prescribing)

14 40. By reason of the facts and allegations set forth in the First and Second Causes for
15 Discipline above, Respondent is subject to disciplinary action under section 725 of the Code, in
16 that Respondent excessively prescribed dangerous drugs to patients K.W., R.F., L.W., L.C., and
17 K.H.

18 FIFTH CAUSE FOR DISCIPLINE

19 (Inadequate Records)

20 41. By reason of the facts and allegations set forth in the First and Second Causes for
21 Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in
22 that Respondent failed to maintain adequate and accurate records of his care and treatment of
23 patients K.W., R.F., L.W., L.C., and K.H.

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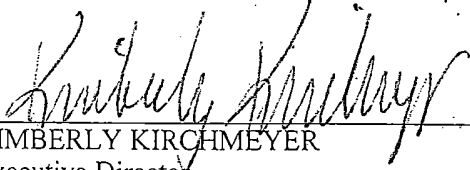
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A49797, issued to Salvador A. Arella, M.D.;
2. Revoking, suspending or denying approval of Salvador A. Arella, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Salvador A. Arella, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: July 28, 2015


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

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