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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. 101 Dapplegray Road Bell Canyon, CA 91307-1050 Physician's and Surgeon's Certificate No. A 49797, Respondent.	Case No. 800-2017-032820 **PETITION TO REVOKE PROBATION**

Complainant alleges:

PARTIES

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

2. On or about August 6, 1991, the Medical Board of California issued Physician's and Surgeon's Certificate number A 49797 to Salvador A. Arella, M.D. (Respondent). The

Physician's and Surgeon's Certificate was in effect at all times relevant to the charges brought herein and will expire on August 31, 2019, unless renewed. This Certificate is in a suspended status based on a "Cease Practice Order," dated August 11, 2017.

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decision, effective January 27, 2017 (the "2017 Decision"), in which Respondent's Physician's and Surgeon's Certificate was revoked.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

JURISDICTION

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

5. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

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

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

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

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

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

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

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

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

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

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

7. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

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

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

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

CAUSE TO REVOKE PROBATION

(Incompetence/Failure to Pass PACE Program)

8. At all times after the effective date of Respondent's probation, Condition 8 of the 2017 Decision states in pertinent part:

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

...

... Respondent shall comply with Program recommendations.

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

If Respondent fails to....successfully complete the clinical training program.....Respondent shall.....cease the practice of medicine within three (3) calendar days after being so notified....Respondent shall not resume the practice of medicine until a final decision has been

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

Respondent has failed to comply/pass the PACE program, thus violating his probation. The circumstances are as follows:

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

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

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

D. Respondent returned on June 26-30, 2017 for Phase II, which is a clinical education and assessment program provided in the actual clinical environment of the UC San Diego Medical Center or one of its satellite clinics. Phase II is a formative and summative assessment of the participant's [Respondent's] clinical skills, knowledge and judgment.

E. Overall, Respondent's performance during Phase II was unsatisfactory and concerning. During clinical observation, Respondent repeatedly recommended treating patients with multiple medications and often in high doses, which were outside the standard of care. PACE evaluators also noted that Respondent often displayed unprofessional behavior on multiple occasions during patient encounters, including falling asleep, reading a magazine, and using his cell phone.

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

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

PRAYER

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

1. Revoking the probation that was granted by the Board in Case No. 800-2014-004113 and imposing the disciplinary order that was stayed, thereby revoking Physician's and Surgeon's Certificate No. A 49797 issued to Respondent;

2. For the grounds stated, revoking or suspending his Physician's and Surgeon's Certificate;

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

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

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

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

KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
TAN N. TRAN
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Attorneys for Complainant

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.** **1601 East Palmdale Blvd., Suite B** **Palmdale, CA 93550** **Physician's and Surgeon's Certificate No. A49797,** Respondent.	Case No. 800-2014-004113 OAH No. 2015121064 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

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2. Respondent Salvador Arella, M.D. ("Respondent") is represented in this proceeding by attorney Benjamin T. Ikuta, Esq., whose address is: 111 W. Ocean Blvd., 14th Floor, P.O. Box 22636, Long Beach, CA 90801.

3. On or about August 6, 1991, the Medical Board of California issued Physician's and Surgeon's Certificate No. A 49797 to Salvador A. Arella, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-004113 and will expire on August 31, 2017, unless renewed.

JURISDICTION

4. Accusation No. 800-2014-004113 was filed before the Medical Board of California (Board) , Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 28, 2015. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2014-004113 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-004113. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

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

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

RESERVATION

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

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

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

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

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

of marijuana.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

STANDARD CONDITIONS

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

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

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

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

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

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

13. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

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

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

(30) calendar days.

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

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

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

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

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

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

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

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

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

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

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

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

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

TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

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: 10/28/16

Respectfully submitted,

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

TAN N. TRAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-004113

KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
TAN N. TRAN
Deputy Attorney General
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Attorneys for Complainant

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.** **1601 East Palmdale Blvd., Suite B** **Palmdale, CA 93550** **Physician's and Surgeon's Certificate No. A49797,** Respondent.	Case No. 800-2014-004113 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

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

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JURISDICTION

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

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

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

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

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

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

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

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

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

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

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

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

6. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

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

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

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

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7. Section 2242 of the Code states:

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

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

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

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

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

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

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

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

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

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9. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence – 4 Patients)

10. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code for the commission of acts or omissions involving gross negligence in the care and treatment of patients K.W., R.F., L.W., and L.C.[1] The circumstances are as follows:

Patient K.W.

11. Patient K.W. (or "patient") is a female patient who treated with Respondent, a psychiatrist, from approximately 2007 to the present.[2] On her Mental Disorder Questionnaire, the

[1] The patients are identified by initial to protect their privacy.

[2] Respondent reported that his first initial evaluation of this patient was on May 15, 2007, which is documented in a billing statement. However, the first note of a clinical encounter in the medical records provided by Respondent is January 8, 2009. Specifically, the Board was (continued...)

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

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

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

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

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

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

[4] All dangerous drugs with potentially addictive traits and side effects, if used improperly 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.

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

Patient R.F.

15. Patient R.F. (or "patient") is a female patient who treated with Respondent from approximately March 2004 to approximately March 2014.[7] Records during this treatment period indicate that Respondent wrote many prescriptions for this patient including Zyprexa, Effexor, Xanax, Seroquel, Topamax, Invega, and Vicodin (hydrocodone and acetaminophen).[8]

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

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

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

[8] Records indicate that Respondent provided many refills for Vicodin ES for this patient 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. 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.

[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.

[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.

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

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

Patient L.W.

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

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

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

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

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

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

Patient L.C.

24. Patient L.C. (or "patient") is a female patient who treated at the clinic since 2005 by at least three previous doctors. Respondent's first note of caring for this patient was April 14, 2014, and the last record of his treatment was on April 7, 2015.[12] He made the diagnoses of Bipolar Disorder and later Schizoaffective Disorder.[13] Records during Respondent's treatment of this patient indicate that Respondent wrote many prescriptions for this patient including Ambien, Valium, Lamictal, Lithium, Cymbalta, Klonopin, Latuda, and Topamax.

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

[12] In his interview with the Board, Respondent reports that he is continuing to care for patient L.C. Respondent also stated that he did not have access to other clinicians' notes prior to the introduction of the current electronic medical record (EMR) system. Respondent also stated that he did not utilize CURES, and that his system for checking to see if patients were receiving 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.

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

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

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts – 5 Patients)

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

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

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

Patient K.W.

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

Patient R.F.

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

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

Patient L.W.

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

Patient L.C.

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

Patient K.H.

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

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

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

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

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

[14] When asked by the Medical Board as a matter of procedure and policy how he would detect if patients are receiving addictive medications from multiple providers, Respondent stated 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.

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

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

THIRD CAUSE FOR DISCIPLINE

(Prescribing Without Exam/Indication)

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

FOURTH CAUSE FOR DISCIPLINE

(Excessive Prescribing)

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

FIFTH CAUSE FOR DISCIPLINE

(Inadequate Records)

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

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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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