

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

In the Matter of the Accusation  
Against:

Yaroslav Kushnir, M.D.

Physician's and Surgeon's  
License No. G24238

Respondent.

Case No. 800-2017-034874

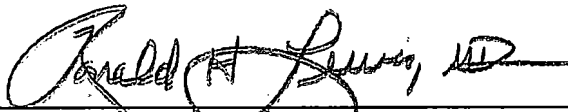
DECISION

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 March 3, 2021.

IT IS SO ORDERED: February 1, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:

Case No. 800-2017-034874

15 **YAROSLAV KUSHNIR, M.D.**  
16 **709 Third Avenue**  
17 **Chula Vista, CA 91910-5803**

OAH No. 2020070325

18 **Physician's and Surgeon's Certificate**  
19 **No. G 24238,**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

20 Respondent.

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

23 **PARTIES**

24 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). Christine J. Lally<sup>1</sup> brought this action solely in her official capacity, as the  
26 Interim Executive Director of the Board. They have been represented in this matter by Xavier

27 <sup>1</sup> On October 28, 2019, Christine J. Lally became the Interim Executive Director of the  
28 Medical Board when former Executive Director, Kimberly Kirchmeyer, became the Director of  
the Department of Consumer Affairs. On June 15, 2020, William Prasifka became the Executive  
Director of the Medical Board.

1 Becerra, Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney  
2 General.

3 2. Respondent Yaroslav Kushnir, M.D. (Respondent) is represented in this proceeding  
4 by attorney Gastone Bebi, Esq., whose address is: The Law Offices of Gastone Bebi, 501 West  
5 Broadway, Suite 1340, San Diego, CA 92101.

6 3. On or about April 4, 1973, the Board issued Physician's and Surgeon's Certificate  
7 No. G 24238 to Respondent. The Physician's and Surgeon's Certificate was in full force and  
8 effect at all times relevant to the charges brought in Accusation No. 800-2017-034874, and will  
9 expire on February 28, 2022, unless renewed.

#### 10 **JURISDICTION**

11 4. Accusation No. 800-2017-034874 was filed before the Board, and is currently  
12 pending against Respondent. The Accusation and all other statutorily required documents were  
13 properly served on Respondent on May 28, 2020. Respondent timely filed his Notice of Defense  
14 contesting the Accusation.

15 5. A copy of Accusation No. 800-2017-034874 is attached as Exhibit A and  
16 incorporated herein by reference.

#### 17 **ADVISEMENT AND WAIVERS**

18 6. Respondent has carefully read, fully discussed with counsel, and understands the  
19 charges and allegations in Accusation No. 800-2017-034874. Respondent has also carefully read,  
20 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
21 Disciplinary Order.

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

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

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

7 3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
8 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
9 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.

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

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

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

25 4. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the  
26 effective date of this Decision, Respondent shall enroll in a professional boundaries program  
27 approved in advance by the Board or its designee. Respondent, at the program's discretion, shall  
28 undergo and complete the program's assessment of Respondent's competency, mental health

1 and/or neuropsychological performance, and at minimum, a 24 hour program of interactive  
2 education and training in the area of boundaries, which takes into account data obtained from the  
3 assessment and from the Decision(s), Accusation(s) and any other information that the Board or  
4 its designee deems relevant. The program shall evaluate Respondent at the end of the training  
5 and the program shall provide any data from the assessment and training as well as the results of  
6 the evaluation to the Board or its designee.

7 Failure to complete the entire program not later than six (6) months after Respondent's  
8 initial enrollment shall constitute a violation of probation unless the Board or its designee agrees  
9 in writing to a later time for completion. Based on Respondent's performance in and evaluations  
10 from the assessment, education, and training, the program shall advise the Board or its designee  
11 of its recommendation(s) for additional education, training, psychotherapy and other measures  
12 necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with  
13 program recommendations. At the completion of the program, Respondent shall submit to a final  
14 evaluation. The program shall provide the results of the evaluation to the Board or its designee.  
15 The professional boundaries program shall be at Respondent's expense and shall be in addition to  
16 the Continuing Medical Education (CME) requirements for renewal of licensure.

17 The program has the authority to determine whether or not Respondent successfully  
18 completed the program.

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

24 If Respondent fails to complete the program within the designated time period, Respondent  
25 shall cease the practice of medicine within three (3) calendar days after being notified by the  
26 Board or its designee that Respondent failed to complete the program.

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1           5.    CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
2 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
3 program approved in advance by the Board or its designee. Respondent shall successfully  
4 complete the program not later than six (6) months after Respondent's initial enrollment unless  
5 the Board or its designee agrees in writing to an extension of that time.

6           The program shall consist of a comprehensive assessment of Respondent's physical and  
7 mental health and the six general domains of clinical competence as defined by the Accreditation  
8 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
9 Respondent's current or intended area of practice. The program shall take into account data  
10 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
11 Accusation(s), and any other information that the Board or its designee deems relevant. The  
12 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
13 than five (5) days as determined by the program for the assessment and clinical education  
14 evaluation. Respondent shall pay all expenses associated with the clinical competence  
15 assessment program.

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

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

25           If Respondent fails to enroll, participate in, or successfully complete the clinical  
26 competence assessment program within the designated time period, Respondent shall receive a  
27 notification from the Board or its designee to cease the practice of medicine within three (3)  
28 calendar days after being so notified. The Respondent shall not resume the practice of medicine



1 until enrollment or participation in the outstanding portions of the clinical competence assessment  
2 program have been completed. If the Respondent did not successfully complete the clinical  
3 competence assessment program, the Respondent shall not resume the practice of medicine until a  
4 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
5 cessation of practice shall not apply to the reduction of the probationary time period.]

6 Within 60 days after Respondent has successfully completed the clinical competence  
7 assessment program, Respondent shall participate in a professional enhancement program  
8 approved in advance by the Board or its designee, which shall include quarterly chart review,  
9 semi-annual practice assessment, and semi-annual review of professional growth and education.  
10 Respondent shall participate in the professional enhancement program at Respondent's expense  
11 during the term of probation, or until the Board or its designee determines that further  
12 participation is no longer necessary.

13 6. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
14 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
15 monitor, the name and qualifications of one or more licensed physicians and surgeons whose  
16 licenses are valid and in good standing, and who are preferably American Board of Medical  
17 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
18 relationship with Respondent, or other relationship that could reasonably be expected to  
19 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
20 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
21 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

16           If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
17 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
18 name and qualifications of a replacement monitor who will be assuming that responsibility within  
19 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
20 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
21 notification from the Board or its designee to cease the practice of medicine within three (3)  
22 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
23 replacement monitor is approved and assumes monitoring responsibility.

24           In lieu of a monitor, Respondent may participate in a professional enhancement program  
25 approved in advance by the Board or its designee that includes, at minimum, quarterly chart  
26 review, semi-annual practice assessment, and semi-annual review of professional growth and  
27 education. Respondent shall participate in the professional enhancement program at Respondent's  
28 expense during the term of probation.

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

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

10           8.    SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
12 advanced practice nurses.

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

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

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

21           11. GENERAL PROBATION REQUIREMENTS.

22           Compliance with Probation Unit

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

24           Address Changes

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

1 and Professions Code section 2021, subdivision (b).

2 Place of Practice

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

6 License Renewal

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

9 Travel or Residence Outside California

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

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

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

19 13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
22 defined as any period of time Respondent is not practicing medicine as defined in Business and  
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
25 Respondent resides in California and is considered to be in non-practice, Respondent shall  
26 comply with all terms and conditions of probation. All time spent in an intensive training  
27 program which has been approved by the Board or its designee shall not be considered non-  
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
2 on probation with the medical licensing authority of that state or jurisdiction shall not be  
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
4 period of non-practice.

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

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

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

12 Periods of non-practice for a Respondent residing outside of California will relieve  
13 Respondent of the responsibility to comply with the probationary terms and conditions with the  
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
15 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
16 Controlled Substances; and Biological Fluid Testing..

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

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

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

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

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**Exhibit A**

**Accusation No. 800-2017-034874**



1 XAVIER BECERRA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
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8 *Attorneys for Complainant*

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10 **BEFORE THE**  
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13 In the Matter of the Accusation Against:

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14 **YAROSLAV KUSHNIR, M.D.**  
709 Third Avenue  
15 Chula Vista, CA 91910-5803

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
No. G 24238,

17 Respondent.

18  
19 **PARTIES**

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

23 2. On or about April 4, 1973, the Medical Board issued Physician's and Surgeon's  
24 Certificate No. G 24238 to Yaroslav Kushnir, 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 February 28, 2022, unless renewed.

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JURISDICTION

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

5       4.    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       5.    Section 2234 of the Code, states:

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

12           ...

13           (b) Gross negligence.

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

17           ...

18           (d) Incompetence.

19           ...

20       6.    Unprofessional conduct under section 2234 is conduct which breaches the rules or  
21 ethical code of the medical profession, or conduct which is unbecoming to a member in good  
22 standing of the medical profession, which demonstrates an unfitness to practice medicine. (*Shea*  
23 *v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

24       7.    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 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence)

3 8. Respondent has subjected his Physician's and Surgeon's Certificate No. G 24238 to  
4 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of  
5 the Code, in that he was grossly negligent in his care and treatment of Patient A,<sup>1</sup> as more  
6 particularly alleged hereinafter:

7 9. Between in and around 2004, through in and around 2017, Respondent worked as a  
8 psychiatrist at Alvarado Parkway Institute (API). Throughout that time, API received numerous  
9 complaints from staff and patients regarding Respondent's disruptive behavior and/or sexually  
10 inappropriate comments.

11 10. On or about February 1, 2017, Patient A, a then twenty-one year old female patient  
12 was brought to API by her father, seeking emergency psychiatric admission due to her increased  
13 suicidal ideation and psychiatric behavior. Patient A had a psychiatric history that included  
14 diagnoses of bipolar disorder, occupational defiant disorder, and mood disorder, as well as  
15 multiple prior hospitalizations and contacts with law enforcement. During her initial evaluation,  
16 Patient A was noted to be floridly psychotic, responding to internal stimuli, making bizarre  
17 movements, and rambling incoherently. Patient A admitted to using methamphetamines the day  
18 prior, and her urine drug screen was positive for methamphetamine and benzodiazepines. Patient  
19 A was admitted to API on a voluntary basis under the psychiatric care of Respondent. On that  
20 same date, Respondent evaluated the patient and diagnosed her with schizoaffective disorder,  
21 bipolar type, and stimulant dependence (methamphetamine).

22 11. Between on or about February 1, 2017, through on or about May 10, 2017,  
23 Respondent evaluated Patient A several times each week. Throughout that time period,  
24 Respondent's notes in the patient's chart are short, repetitive, and difficult to read, consist of  
25 mostly checked boxes on a preexisting form, and contain no discussion regarding the patient's  
26 progress or reference to her treatment plan.

27 \_\_\_\_\_  
28 <sup>1</sup> To protect the privacy of the patient involved, the patient's name has not been included  
in this pleading. Respondent is aware of the identity of the patient referred to herein.

1           12. On or about February 2, 2017, Respondent evaluated Patient A and determined her to  
2 be loud, disruptive, and with no insight. The patient informed Respondent that she wanted to go  
3 home. Respondent then restarted the patient on her prior medications, which included but was  
4 not limited to Cogentin,<sup>2</sup> trazadone,<sup>3</sup> Zyprexa,<sup>4</sup> Lamictal,<sup>5</sup> Haldol,<sup>6</sup> and Clozaril.<sup>7</sup> Respondent  
5 and Patient A both signed a "Patient Consent to Receive Psychotropic Medications" form on that  
6 date for these medications, but Respondent did not include any documentation in the patient's  
7 chart regarding her capacity to give consent for these medications.

8           13. On or about February 3, 2017, Respondent evaluated Patient A and determined her to  
9 be loud, psychotic, and with no insight. The patient again informed Respondent that she wanted  
10 to go home.

11           14. On or about February 7, 2017, after K.C., M.S.W. (K.C.) informed Respondent that  
12 another patient at API wanted to remain under his care after discharge, Respondent stated, "that's  
13 what happens when you sleep with your patients."

14           15. On or about February 7, 2017, after A.M, R.N. (A.M.) asked Respondent if he wanted  
15 to update K.C. on another patient she was covering for P.P., M.S.W. (P.P.), Respondent replied,  
16

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17           <sup>2</sup> Cogentin (brand name for benztropine) is used to treat symptoms of Parkinson's disease  
18 or involuntary movements due to the side effects of certain psychiatric drugs (antipsychotics such  
19 as chlorpromazine/haloperidol). Benztropine belongs to a class of medication called  
20 anticholinergics, and is a dangerous drug pursuant to Business and Professions Code section  
21 4022.

22           <sup>3</sup> Trazodone is an antidepressant that belongs to a group of drugs called selective serotonin  
23 reuptake inhibitors. It is used to treat depression, and is a dangerous drug pursuant to Business  
24 and Professions Code section 4022.

25           <sup>4</sup> Zyprexa (brand name for olanzapine) is an antipsychotic medication used to treat  
26 schizophrenia and the symptoms of mood disorders such as bipolar disorder, and is a dangerous  
27 drug pursuant to Business and Professions Code section 4022.

28           <sup>5</sup> Lamictal (brand name for lamotrigine) is an anticonvulsant medication used to delay  
mood episodes in adults with bipolar disorder, and is a dangerous drug pursuant to Business and  
Professions Code section 4022.

<sup>6</sup> Haldol (brand name for haloperidol) is an antipsychotic medicine used to treat  
schizophrenia, and is a dangerous drug pursuant to Business and Professions Code section 4022.

<sup>7</sup> Clozaril (brand name for clozapine) is an antipsychotic medicine used to treat  
schizophrenia, and is a dangerous drug pursuant to Business and Professions Code section 4022.

1 "No, [P.P.] is like my wife and [K.C.] is like my mistress. There are certain things that wives do  
2 and certain things that mistresses do. My mistress doesn't need to know this."

3 16. On or about February 8, 2017, Respondent evaluated Patient A and determined her to  
4 be child-like, with poor judgement, and having no insight. On that same date, Respondent  
5 referred the patient for an LPS Conservatorship.<sup>8</sup>

6 17. On or about February 9, 2017, Respondent evaluated Patient A and determined her to  
7 be hyper, labile, and with no attention span. Respondent then prescribed the patient Adderall<sup>9</sup>  
8 10 mg because she was highly agitated and hyperactive. Respondent and Patient A both signed a  
9 "Patient Consent to Receive Psychotropic Medications" form on that date for this medication, but  
10 Respondent did not include any documentation in the patient's chart regarding her capacity to  
11 give consent for this medication.

12 18. On or about February 12, 2017, Patient A submitted a formal request for a change of  
13 physician.

14 19. On or about February 13, 2017, Respondent evaluated Patient A and determined her  
15 to be labile, hyperactive, with no insight, and preoccupied with discharge home.

16 20. On or about February 14, 2017, Respondent evaluated Patient A and determined her  
17 to be gravely disabled, and unable to plan for food, clothing, or shelter for herself.

18 21. On or about February 17, 2017, Respondent evaluated Patient A and determined her  
19 to be loud and labile with no insight. On that date, Respondent increased the patient's Adderall  
20 prescription to 20 mg.

21 22. On or about February 24, 2017, Respondent evaluated Patient A and determined her  
22 to have no insight. Patient A demanded to be discharged and requested another doctor.

23  
24 <sup>8</sup> The Mental Health Conservatorship is part of the Lanterman-Petris-Short (LPS) Act  
25 1967. An LPS Conservatorship is the legal term used in California that gives one adult (the  
26 conservator) the responsibility for overseeing the comprehensive medical (mental) treatment for  
an adult (conservatee) who has a serious mental illness. Guidelines for the involuntary mental  
health treatment are under the California Welfare and Institutions Codes 5200.

27 <sup>9</sup> Adderall (brand name for dextroamphetamine and amphetamine) is a Schedule II  
28 controlled substance pursuant to Health and Safety Code section 11055, subdivision (d), and a  
dangerous drug pursuant to Business and Professions Code section 4022. It is an amphetamine  
salts used for attention-deficit hyperactivity disorder and narcolepsy.

1           23. On or about February 26, 2017, Patient A informed Respondent again that she wanted  
2 another doctor.

3           24. On or about March 1, 2017, Respondent evaluated Patient A and determined her be  
4 labile and agitated. On that date, Respondent decreased the patient's Adderall to 10 mg.

5           25. On or about March 4, 2017, Respondent evaluated Patient A and determined her be  
6 loud, hyper, labile, and with no insight. On that date, Respondent discontinued the patient's  
7 Adderall prescription.

8           26. On or about March 7, 2017, Respondent evaluated Patient A and determined her be  
9 loud, with no insight, and preoccupied with discharge. Patient A informed Respondent again that  
10 she wanted another doctor.

11           27. On or about March 11, 2017, Patient A submitted another formal request for a change  
12 of physician.

13           28. On or about March 13, 2017, Patient A submitted to a psychological evaluation and  
14 testing at API, which revealed a finding of severe intellectual impairment.

15           29. On or about March 13, 2017, Respondent attended a meeting with API executive staff  
16 regarding complaints they had received about his inappropriate comments towards staff. During  
17 this meeting, Respondent did not deny telling a staff member one week earlier that he thinks API  
18 should not hire women with children.

19           30. Sometime between on or about February 1, 2017, and on or about March 16, 2017,  
20 Respondent asked Patient A for a hug at the conclusion of his evaluation. After doing so,  
21 Respondent then turned to a female employee, F.Z., and asked her to turn around so he and  
22 Patient A could "make out." Patient A was visibly uncomfortable by the comment and left the  
23 room. Later that day, Respondent patted his knee and told F.Z. to come sit on his lap.

24           31. On or about March 28, 2017, Respondent agreed to a corrective action plan with API  
25 executive staff.

26           32. On or about May 9, 2017, Patient A reported to her assigned social worker that she  
27 was no longer comfortable with receiving treatment from Respondent and claimed he had made  
28 multiple inappropriate comments and gestures towards her.

1 33. On or about May 10, 2017, Patient A refused to be seen by Respondent and submitted  
2 another formal request for a change of physician.

3 34. On or about May 11, 2017, Patient A began to receive psychiatric care and treatment  
4 from another physician at API until she was discharged on or about June 7, 2017.

5 35. Between in and around October 2016, and in and around May 2017, on multiple  
6 occasions, Respondent intentionally poured his own urine down the elevator shaft at API.

7 36. On or about July 7, 2017, Respondent resigned from API.

8 37. Respondent committed gross negligence in his care and treatment of Patient A, which  
9 included, but was not limited to, the following:

10 (A) Engaging in sexually inappropriate comments and behavior towards the patient;

11 (B) Prescribing amphetamine to a patient who was floridly psychotic from  
12 methamphetamine use;

13 (C) Writing illegible, chaotic, and incomplete chart notes for the patient; and

14 (D) Obtaining informed consent for psychotropic medications from a patient who  
15 lacked capacity to give informed consent.

16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Repeated Negligent Acts)**

18 38. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
19 G 24238 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
20 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and  
21 treatment of Patient A, as more particularly alleged in paragraphs 8 through 37, above, which are  
22 hereby incorporated by reference and realleged as if fully set forth herein.

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1 **THIRD CAUSE FOR DISCIPLINE**

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

3 39. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
4 G 24238 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the  
5 Code, in that Respondent failed to maintain adequate and accurate records regarding his care and  
6 treatment of Patient A, as more particularly alleged in paragraphs 8 through 37, above, which are  
7 hereby incorporated by reference and realleged as if fully set forth herein.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(Incompetence)**

10 40. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
11 G 24238 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
12 subdivision (d), of the Code, in that he has demonstrated incompetence in his care and treatment  
13 of Patient A, as more particularly alleged in paragraphs 8 through 37, above, which are hereby  
14 incorporated by reference and re-alleged as if fully set forth herein.

15 **FIFTH CAUSE FOR DISCIPLINE**

16 **(Unprofessional Conduct)**

17 41. Respondent has further subjected his Physician's and Surgeon's Certificate No.  
18 G 24238 to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the  
19 Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical  
20 profession, or conduct which is unbecoming a member in good standing of the medical  
21 profession, and which demonstrates an unfitness to practice medicine, as more particularly  
22 alleged in paragraphs 8 through 37, above, which are hereby incorporated by reference and re-  
23 alleged as if fully set forth herein.

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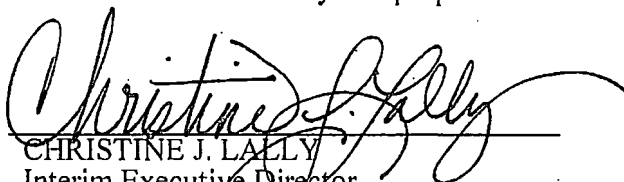


PRAYER

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 No. G 24238, issued to Respondent, Yaroslav Kushnir, M.D.;
2. Revoking, suspending or denying approval of Respondent, Yaroslav Kushnir, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent, Yaroslav Kushnir, 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: MAY 28 2020

  
CHRISTINE J. LALLY  
Interim Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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