

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

In the Matter of the Accusation
Against:

Caroline Little Cribari, M.D.

Physician's and Surgeon's
License No. A70686

Respondent

Case No. 800-2017-038585

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 31, 2021.

IT IS SO ORDERED: March 1, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
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Attorneys for Complainant

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

13 In the Matter of the Accusation Against:
14 **CAROLINE LITTLE CRIBARI, M.D.**
15 **1815 Cannery Loop**
Davis, CA 95616-1358
16 **Physician's and Surgeon's Certificate**
No. A 70686
17
18 Respondent.

Case No. 800-2017-038585
OAH No. 2020080391
**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Xavier Becerra, Attorney General of the State of California, by Ryan J. McEwan,
26 Deputy Attorney General.

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28 ///

1 CULPABILITY

2 9. Respondent admits the truth of each and every charge and allegation in Accusation
3 No. 800-2017-038585.

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

7 CONTINGENCY

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

18 12. Respondent agrees that if she ever petitions for early termination or modification of
19 probation, or if an accusation and/or petition to revoke probation is filed against her before the
20 Board, all of the charges and allegations contained in Accusation No. 800-2017-038585 shall be
21 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
22 any other licensing proceeding involving Respondent in the State of California.

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

26 14. In consideration of the foregoing admissions and stipulations, the parties agree that
27 the Board may, without further notice or opportunity to be heard by the Respondent, issue and
28 enter the following Disciplinary Order:

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 70686 issued
3 to Respondent Caroline Little Cribari, M.D. is revoked. However, the revocation is stayed and
4 Respondent is placed on probation for five (5) years on the following terms and conditions:

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

15 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective
16 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
17 advance by the Board or its designee. Respondent shall provide the approved course provider
18 with any information and documents that the approved course provider may deem pertinent.
19 Respondent shall participate in and successfully complete the classroom component of the course
20 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
21 complete any other component of the course within one (1) year of enrollment. The prescribing
22 practices course shall be at Respondent's expense and shall be in addition to the Continuing
23 Medical Education (CME) requirements for renewal of licensure.

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

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

4 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
5 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
6 advance by the Board or its designee. Respondent shall provide the approved course provider
7 with any information and documents that the approved course provider may deem pertinent.
8 Respondent shall participate in and successfully complete the classroom component of the course
9 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
10 complete any other component of the course within one (1) year of enrollment. The medical
11 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
12 Medical Education (CME) requirements for renewal of licensure.

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

18 Respondent shall submit a certification of successful completion to the Board or its
19 designee not later than 15 calendar days after successfully completing the course, or not later than
20 15 calendar days after the effective date of the Decision, whichever is later.

21 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
22 the effective date of this Decision, Respondent shall enroll in a professionalism program, that
23 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.
24 Respondent shall participate in and successfully complete that program. Respondent shall
25 provide any information and documents that the program may deem pertinent. Respondent shall
26 successfully complete the classroom component of the program not later than six (6) months after
27 Respondent's initial enrollment, and the longitudinal component of the program not later than the
28 time specified by the program, but no later than one (1) year after attending the classroom

1 component. The professionalism program shall be at Respondent's expense and shall be in
2 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

27 Within 60 calendar days of the effective date of this Decision, and continuing throughout
28 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall

1 make all records available for immediate inspection and copying on the premises by the monitor
2 at all times during business hours and shall retain the records for the entire term of probation.

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

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

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

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

27 6. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
28 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice

1 where: 1) Respondent merely shares office space with another physician but is not affiliated for
2 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
3 location.

4 If Respondent fails to establish a practice with another physician or secure employment in
5 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
6 Respondent shall receive a notification from the Board or its designee to cease the practice of
7 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
8 practice until an appropriate practice setting is established.

9 If, during the course of the probation, the Respondent's practice setting changes and the
10 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
11 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
12 If Respondent fails to establish a practice with another physician or secure employment in an
13 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
14 shall receive a notification from the Board or its designee to cease the practice of medicine within
15 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
16 appropriate practice setting is established.

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

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

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

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

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

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

9 11. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

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

12 Address Changes

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

18 Place of Practice

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

22 License Renewal

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

25 Travel or Residence Outside California

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

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

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

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

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

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

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

28 Periods of non-practice for a Respondent residing outside of California will relieve

1 Respondent of the responsibility to comply with the probationary terms and conditions with the
2 exception of this condition and the following terms and conditions of probation: Obey All Laws;
3 General Probation Requirements; and Quarterly Declarations.

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

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

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

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

1 year.

2 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
3 a new license or certification, or petition for reinstatement of a license, by any other health care
4 licensing action agency in the State of California, all of the charges and allegations contained in
5 Accusation No. 800-2017-038585 shall be deemed to be true, correct, and admitted by
6 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
7 restrict license.

8 ACCEPTANCE

9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
10 discussed it with my attorney, Paul Chan, Esq. I understand the stipulation and the effect it will
11 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
12 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
13 Decision and Order of the Medical Board of California.

14
15 DATED: Jan 12, 2021 Caroline Little Cribari MD
16 CAROLINE LITTLE CRIBARI, M.D.
Respondent

17 I have read and fully discussed with Respondent Caroline Little Cribari, M.D. the terms and
18 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
19 I approve its form and content.

20 DATED: 1/13/2021 [Signature]
21 PAUL CHAN
Attorney for Respondent

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ENDORSEMENT

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

DATED: 1/13/2021

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General



RYAN J. MCEWAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-038585

1 XAVIER BECERRA
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2 ALEXANDRA M. ALVAREZ
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9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2017-038585

13 **Caroline Little Cribari, M.D.**
14 **1815 Cannery Loop**
Davis, CA 95616-1358

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 70686,**

17 Respondent.

18 Complainant alleges:

19 **PARTIES**

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

23 2. On or about January 14, 2000, the Medical Board issued Physician's and Surgeon's
24 Certificate No. A 70686 to Caroline Little Cribari, 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 September 30, 2021, unless renewed.

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JURISDICTION

1
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:

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

15 “(b) Gross negligence.

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

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

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

28 “...”

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

4 7. Section 2230.5 of the Code states:

5 "(a) Except as provided in subdivisions (b) and (c), and (e), any accusation filed
6 against a licensee pursuant to Section 11503 of the Government Code shall be filed
7 within three years after the board, or a division thereof, discovers the act or omission
8 alleged as the ground for disciplinary action, or within seven years after the act or
9 omission alleged as the ground for disciplinary action occurs, whichever occurs first.

10 "...

11 "(d) If an alleged act or omission involves a minor, the seven-year limitations
12 period provided for by subdivision (a) and the 10-year limitations period provided for
13 by subdivision (e) shall be tolled until the minor reaches the age of majority.

14 "..."

15 **FIRST CAUSE FOR DISCIPLINE**

16 **(Gross Negligence)**

17 8. Respondent's license is subject to disciplinary action under section 2234, subdivision
18 (b), of the Code, in that she committed gross negligence during the care and treatment of Patients
19 A and B.¹ The circumstances are as follows:

20 9. Respondent is a psychiatrist who at all times relevant to the charges brought herein
21 worked in California. During an interview with Board investigators on April 1, 2020 (the "Board
22 Interview"), Respondent stated that she has experience treating adolescents and adults, but that
23 she is not trained in child psychiatry.

24 Patient A

25 10. Patient A and Respondent are family relatives. At all times relevant to the charges
26 brought herein, Patient A has been a minor.

27 ///

28 _____
¹ Patient names are redacted to protect privacy.

1 11. On or about November 16, 2017, the Board received an online complaint from Dr.
2 N.F., a psychiatrist with a valid California Physician's and Surgeon's Certificate, regarding an
3 encounter involving Patient A and Respondent. According to the complaint, on or about
4 November 12, 2017, Patient A arrived at the University of California, Davis Medical Center
5 Emergency Department for an emergency psychiatric evaluation. During the encounter, Dr. N.F.
6 evaluated Patient A and elicited that Respondent, a relative, had initiated a prescription of the
7 antidepressant medication, nortriptyline, approximately two weeks earlier at 10 mg/day and
8 increased the dose to 20 mg/day approximately one week before arriving at the Emergency
9 Department. When Dr. N.F. asked Respondent about this prescribing practice, Respondent
10 acknowledged that she prescribed and increased this medication. She further stated that Patient A
11 had been assessed by physician, Dr. A.K., who recommended the medication and gave
12 Respondent the option of prescribing it herself.

13 12. Dr. N.F. further reported to the Board that, on or about November 13, 2017, he spoke
14 to Dr. A.K. to coordinate care as Patient A was still in the Emergency Department at that time.
15 Dr. A.K. stated that his last assessment of Patient A occurred in May 2017; that he was not aware
16 of adding nortriptyline to Patient A's medications; and that he did not recall giving Respondent
17 the option of prescribing medication herself.

18 13. When the Board investigated the above complaint, Respondent admitted to Board
19 investigators that she wrote the nortriptyline prescription for Patient A that led to hospitalization
20 in November 2017. She maintained, however, that she did so in collaboration with Dr. A.K. and
21 that he gave her the option of prescribing the medication herself. Respondent also admitted that
22 she prescribed to Patient A in other instances but that she only refilled or continued medications
23 that were established by Patient A's physicians. Respondent further stated that she did not
24 maintain medical records for Patient A (or Patient B who is described below).

25 14. During the investigation, the Board acquired CURES reports² and certified pharmacy
26 records showing that Respondent prescribed medication on a regular basis to Patient A from at

27 ² Controlled Substance Utilization Review and Evaluation System (CURES) is a database
28 of Schedule II, III and IV Controlled Substance prescriptions dispensed in California serving the
public health, regulatory oversight agencies, and law enforcement.

1 least December 27, 2011 through the period of data collection—the last prescription was filled on
2 November 3, 2019. These records show that Respondent prescribed a variety of non-psychotropic
3 and psychotropic medications, including controlled substances, to Patient A throughout that time
4 (and after the hospitalization in November 2017). The records further show that Respondent not
5 only continued prescriptions started by other physicians but she initiated new prescriptions on
6 more than one occasion.

7 15. For example, the CURES reports and certified pharmacy records obtained by the
8 Board reveal that Respondent wrote at least 124 prescriptions for Patient A in the roughly 8-year
9 period from December 2011 to November 2019. Respondent wrote approximately 70
10 prescriptions for Intuniv (guanfacine extended-release),³ 9 prescriptions for aripiprazole, 4
11 prescriptions for lithium carbonate, and 1 prescription for nortriptyline (on October 25, 2017). In
12 terms of controlled substances, Respondent wrote at least 17 prescriptions for Patient A for
13 amphetamine/dextroamphetamine immediate release and at least 13 prescriptions for Adderall
14 XR (amphetamine/dextroamphetamine extended-release),⁴ together approximately 3,360 tablets
15 in total. Respondent also wrote (and sometimes initiated new) prescriptions for Patient A for
16 several more non-psychotropic, non-controlled medications.

17 16. Medical records obtained by the Board confirm that Dr. A.K.'s last contact with
18 Patient A and Respondent occurred on May 8, 2017, more than five months before the
19 nortriptyline prescription and more than six months before the related hospitalization in
20 November 2017.⁵ At that May visit, Dr. A.K. documented a plan for an annual follow up. The
21 medical records provided by Dr. A.K. do not include any reference to nortriptyline, let alone a

22
23 ³ Guanfacine extended release (generic name for the drug Intuniv) is a non-stimulant
medication approved to treat attention deficit hyperactivity disorder in children and adolescents.

24 ⁴ Amphetamine/dextroamphetamine (generic name for the drug Adderall and also known
as amphetamine salts) is a combination drug containing four salts of the two enantiomers of
amphetamine, a Central Nervous System stimulant of the phenethylamine class.

25 Amphetamine/dextroamphetamine is used to treat attention deficit hyperactivity disorder and
26 narcolepsy but can be used recreationally as an aphrodisiac and euphoriant. Adderall is habit
forming. Amphetamine/dextroamphetamine is a Schedule II Controlled Substance pursuant to
27 Code of Federal Regulations Title 21 section 1308.12(d) and a dangerous drug pursuant to
Business and Professions Code section 4022.

28 ⁵ Prior to the May 2017 visit, Dr. A.K. saw Patient A only once in 2016 (March 3, 2016)
and once in 2015 (February 2, 2015).

1 conversation between Dr. A.K. and Respondent about her prescribing that medication. Dr. A.K.
2 later told a Board investigator that he did not recall prescribing nortriptyline to Patient A.

3 17. At the Board Interview, Respondent admitted that it was inappropriate to prescribe
4 controlled substances to Patient A.

5 18. Respondent committed gross negligence in the care and treatment of Patient A, which
6 included, but is not limited to the following:

7 A. Respondent established a physician-patient relationship of at least seven-years
8 duration with Patient A;

9 B. Respondent initiated new treatment and continued previous treatment by
10 prescribing medication, including psychotropic medication, to Patient A; and

11 C. Respondent prescribed controlled substances to Patient A beyond an
12 emergency.

13 Patient B

14 19. Patient B and Respondent are family relatives. At all times relevant to the charges
15 brought herein, Patient B has been a minor.

16 20. The Board investigation revealed that Respondent prescribed medication regularly to
17 Patient B from at least April 24, 2013 to June 12, 2019. The CURES reports and certified
18 pharmacy records show that Respondent prescribed a variety of non-psychotropic and
19 psychotropic medications, including controlled substances, to Patient B. The records further show
20 that Respondent not only continued prescriptions started by other physicians but also initiated
21 new prescriptions on more than one occasion.

22 21. For example, the CURES reports and certified pharmacy records obtained by the
23 Board show that Respondent wrote 17 prescriptions for Patient B in a roughly 6-year period.
24 From July 14, 2013 to January 24, 2014, Respondent wrote at least 5 prescriptions for
25 amphetamine/dextroamphetamine immediate release and at least 4 prescriptions for Adderall XR
26 (amphetamine/dextroamphetamine extended-release), together approximately 750 tablets of
27 controlled substances. Respondent also wrote prescriptions for Patient B for several more non-
28 psychotropic, non-controlled medications.

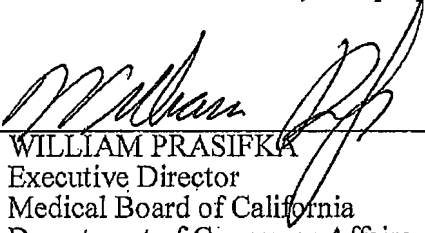
1 alleged in paragraphs 8 through 25, above, which are hereby incorporated by reference and
2 realleged as if fully set forth herein.

3 **PRAYER**

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

- 6 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 70686, issued
7 to Caroline Little Cribari, M.D.;
- 8 2. Revoking, suspending or denying approval of Caroline Little Cribari, M.D.'s
9 authority to supervise physician assistants and advanced practice nurses;
- 10 3. Ordering Caroline Little Cribari, M.D., if placed on probation, to pay the Board the
11 costs of probation monitoring; and
- 12 4. Taking such other and further action as deemed necessary and proper.

13
14 DATED: **JUL 23 2020**


15 WILLIAM PRASIFKA
16 Executive Director
17 Medical Board of California
18 Department of Consumer Affairs
19 State of California
20 Complainant

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