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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:

Case No. 800-2021-083622

14 **GADSON JOHN JOHNSON, M.D.**
15 **701 Santa Monica Blvd., Suite 230**
Santa Monica, CA 90401

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 100422,**

Respondent.

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19
20 **PARTIES**

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

24 2. On or about June 13, 2007, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 100422 to Gadson John Johnson, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on October 31, 2026, 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 states, in pertinent part:

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

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

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

21 ...

22 5. Section 2234 of the Code states, in pertinent part:

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

26 ...

27 (c) Repeated negligent acts. To be repeated, there must be two or more
28 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

1 licensee's conduct departs from the applicable standard of care, each departure
2 constitutes a separate and distinct breach of the standard of care.

3 ...

4 6. Section 2266 of the Code states that the failure of a physician and surgeon to maintain
5 adequate and accurate records relating to the provision of services to their patients constitutes
6 unprofessional conduct.

7 COST RECOVERY

8 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
9 administrative law judge to direct a licensee found to have committed a violation or violations of
10 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
11 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
12 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
13 included in a stipulated settlement.

14 FIRST CAUSE FOR DISCIPLINE 15 (Repeated Negligent Acts)

16 8. Respondent has subjected his Physician's and Surgeon's Certificate No. A 100422 to
17 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of
18 the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B,
19 and C,¹ as more particularly alleged hereafter:

20 Patient A

21 9. On or about February 4, 2022, Patient A, a 42-year-old male, was admitted to a
22 hospital in Anaheim, California, for a femur fracture. According to a psychiatric consultation on
23 or about February 18, 2022, by A.R., M.D., Patient A had a long history of mental illness, with a
24 past medical history including intermittent explosive disorder, mental retardation, and obsessive-
25 compulsive disorder. A.R., M.D., documented that Patient A was a poor historian, and that his
26 insight and judgment were grossly impaired. A.R., M.D., diagnosed Patient A with an intellectual
27

28 ¹ The patients' names have been omitted to protect their privacy. Respondent is aware of
the patients' identities.

1 disability and intermittent explosive disorder. A.R., M.D., recommended that Patient A continue
2 taking Celexa² for his mood-related symptoms and Risperdal³ to decrease Patient A's agitation
3 and aggression.

4 10. On or about March 5, 2022, Respondent, a psychiatrist, first encountered Patient A at
5 the hospital in Anaheim, California. In his psychiatric consultation, which included 20 minutes of
6 time spent with Patient A, Respondent noted that Patient A appeared very confused and
7 disorganized. Respondent documented that he reviewed Patient A's chart and that Patient A's
8 pertinent medical history included a history of mental retardation and psychosis. Parts of
9 Respondent's note for this consultation are difficult to understand, including the portion
10 describing Patient A's mental status.⁴ Respondent's treatment plan was to continue Patient A's
11 existing medication regimen which included Lamictal,⁵ Celexa, Cogentin,⁶ melatonin, and
12 Risperdal.

13 11. On or about March 6, 2022, Respondent saw Patient A for a second time at the
14 hospital. Respondent noted that Patient A continued to have some confusion and disorganized
15 thought process, mood lability, and racing thoughts. Respondent diagnosed Patient A with
16 schizoaffective disorder, bipolar type, without providing documentation substantiating that
17 diagnosis. His plan was for Patient A to continue taking Lamictal, Celexa, Cogentin, melatonin,
18 and Risperdal.

19 12. Following Patient A's hospitalization in February/March 2022, Patient A was
20 admitted to Country Villa Plaza Nursing Center (CVPNC), a skilled nursing facility, from

21 ² Celexa, brand name for citalopram, is an anti-depressant.

22 ³ Risperdal, brand name for risperidone, is an antipsychotic used to treat schizophrenia,
bipolar disorder, and some autism symptoms.

23 ⁴ "Mental status admission 42-year-old male with complaints of disheveled attitude
irritable agitated affect flat

24 "Poor does not Plan the last 4 presidents mood depressed anxious motor activity

psychomotor retardation attention plans for continued use of service: Orientation x2 present

25 "X1 not time place and situation speech nonsensical thought process disorganized logical
insight of the support

26 "Major events or tomorrow current with manic features..."

27 "This patient 'regained his insight into his physical and psychiatric condition March 15,
2012.'"

28 ⁵ Lamictal, brand name for lamotrigine, is an anticonvulsant used to treat seizures.

⁶ Cogentin, brand name for benztropine, is an anti-tremor medication used to treat
symptoms caused by Parkinson's disease.

1 approximately June 2022 to January 2023. While at CVPNC, Respondent continued to supervise
2 Patient A's psychiatric care.

3 13. Respondent committed repeated negligent acts in the care and treatment of Patient A
4 which includes, but is not limited to, assessing Patient A with schizoaffective disorder, bipolar
5 type, without conducting and/or documenting an adequate evaluation that supported that
6 diagnosis, and failing to document an adequate and understandable medical record for the
7 psychiatric consultation on March 5, 2022.

8 Patient B

9 14. On or about October 30, 2020, Respondent saw and evaluated Patient B, a 68-year-
10 old female who had been hospitalized for altered mental status, confusion, and worsening anxiety
11 and agitation. Patient B's psychotropic medication regimen at hospital admission were
12 Neurontin,⁷ Remeron,⁸ Provigil,⁹ and Aricept.¹⁰ Respondent noted that Patient B was a poor
13 historian and that she was confused and making nonsensical statements. For the mental status
14 examination, Respondent documented that Patient B's attitude was irritable and agitated, her
15 affect was labile, and her mood was depressed and anxious. He documented that she had
16 psychomotor agitation, her speech was slurred, and her thought process was disorganized and
17 illogical. Respondent wrote that Patient B had a past psychiatric history of paranoid
18 schizophrenia. He diagnosed Patient B with paranoid schizophrenia with acute exacerbation, and
19 recommended that Patient B continue taking her current medications and that Depakote¹¹ and
20 Seroquel¹² be added.

21 15. On or about November 1, 2020, Respondent saw Patient B at the hospital and
22 provided 20 minutes of reality-based supporting psychotherapy. His diagnosis in this note
23 changed from paranoid schizophrenia to schizoaffective disorder, bipolar type. Respondent failed

24 ⁷ Neurontin, brand name for gabapentin, is an anticonvulsant and nerve pain medication.

25 ⁸ Remeron, brand name for mirtazapine, is an anti-depressant.

26 ⁹ Provigil, brand name for modafinil, is a stimulant used to treat narcolepsy.

27 ¹⁰ Aricept, brand name for donepezil, is a cognition-enhancing medication used to treat
28 Alzheimer's disease.

¹¹ Depakote, brand name for valproate, is an anticonvulsant used to treat seizures and
bipolar disorder.

¹² Seroquel, brand name for quetiapine, is an antipsychotic used to treat schizophrenia,
bipolar disorder, and depression.

1 to explain in this note his reasoning for changing Patient B's diagnosis. His treatment plan was
2 for Patient B to continue taking Depakote, Provigil, and Seroquel.

3 16. On or about November 5, 2020, Respondent saw Patient B again at the hospital.
4 Despite the previously documented encounters on October 30, 2020, and November 1, 2020, this
5 note for an encounter on November 5, 2020, is labeled as an initial psychiatric evaluation.
6 Respondent documented that Patient B initially presented at the hospital with delusions and
7 agitation. He noted that during her hospitalization, Patient B had been having violent reactions
8 towards hospital staff. He noted that Patient B had a history of prior psychiatric admissions and a
9 history of paranoid schizophrenia with acute exacerbation. For the mental status examination,
10 Respondent documented that Patient B had auditory hallucinations and paranoid delusions.
11 Respondent's diagnosis for Patient B continued to be schizoaffective disorder, bipolar type.

12 17. On or about November 19, 2020, Respondent saw Patient B at her bedside and
13 provided 20 minutes of reality-based supportive psychotherapy. He noted that Patient B was still
14 very irritable, agitated, confused, disorganized, and her mood was labile. Respondent
15 documented that Patient B had feelings of hopelessness and helplessness. He diagnosed Patient B
16 with major depressive disorder, severe, recurrent with psychotic features, without providing
17 adequate justification for this new diagnosis.

18 18. On or about November 24, 2020, Respondent saw Patient B at her bedside and
19 provided 20 minutes of reality-based supportive psychotherapy. He noted that Patient B
20 continued to have depression, confusion, mood debility, low energy, poor appetite, loss of interest
21 in activity, and feelings of helplessness, hopelessness. Respondent's diagnosis at this encounter
22 was schizoaffective disorder, bipolar type.

23 19. On or about November 26, 2020, Respondent saw Patient B at her bedside and
24 provided 20 minutes of reality-based supportive psychotherapy. He noted that Patient B
25 continued to be depressed and confused, and was combative with staff. His diagnosis was
26 schizoaffective disorder, bipolar type, and his treatment plan was to increase Patient B's Seroquel
27 dose.

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1 20. On or about November 28, 2020, Respondent saw Patient B at her bedside and
2 provided 20 minutes of reality-based supportive psychotherapy. Patient B's symptoms were
3 unchanged. Respondent's diagnosis, however, reverted back to paranoid schizophrenia with
4 acute exacerbation.

5 21. On or about November 29, 2020, Respondent saw Patient B at her bedside and
6 provided 20 minutes of reality-based supportive psychotherapy. Respondent noted that Patient B
7 had altered mental status, confusion, and disorganized thought process. He documented that
8 Patient B had suicidal ideation and intended to overdose on her medications. Respondent's
9 documented diagnosis was major depressive disorder, severe, recurrent with psychotic features.

10 22. Following Patient B's hospitalization in October/November 2020, Patient B was
11 admitted to CVPNC from approximately April 2021 through January 2023. While at CVPNC,
12 Respondent continued to supervise Patient B's psychiatric care.

13 23. Respondent committed a negligent act in the care and treatment of Patient B which
14 includes, but is not limited to, diagnosing Patient B with paranoid schizophrenia, schizoaffective
15 disorder, bipolar type, and major depressive disorder without conducting and/or documenting an
16 adequate evaluation to determine whether those diagnoses were present or appropriate.

17 Patient C

18 24. On or about February 1, 2022, Patient C, a 69-year-old male, was admitted to a
19 hospital in La Palma, California, for joint swelling. On or about February 3, 2022, Respondent
20 saw Patient C in the hospital for a psychiatric evaluation and provided 20 minutes of cognitive
21 behavioral therapy. Respondent noted that Patient C had a history of paranoid schizophrenia, and
22 the reason for the psychiatric evaluation was to rule out depression with psychotic features.
23 Respondent documented that Patient C had some confusion and some disorganized thought
24 process. He noted that Patient C's psychotropic medications at the time of his hospital admission
25 were Lexapro and Seroquel. In the mental status examination, Respondent documented that
26 Patient C appeared irritable, agitated, depressed, and anxious. He also noted that Patient C had a
27 guarded and restricted affect, poor attention span, and a disorganized and illogical thought
28 process. Respondent diagnosed Patient C with paranoid schizophrenia with acute exacerbation.

1 25. Following Patient C's hospitalization in February 2022, Patient C was admitted to
2 CVPNC from approximately September 2022 through January 2023. While at CVPNC,
3 Respondent continued to supervise Patient C's psychiatric care.

4 26. Respondent committed a negligent act in the care and treatment of Patient C which
5 includes, but is not limited to, diagnosing Patient C with paranoid schizophrenia without
6 conducting and/or documenting an adequate evaluation to substantiate the diagnosis.

7 **SECOND CAUSE FOR DISCIPLINE**
8 **(Failure to Maintain Adequate and Accurate Records)**

9 27. Respondent has further subjected his Physician's and Surgeon's Certificate
10 No. A 100422 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of
11 the Code, in that he failed to maintain adequate and accurate records for Patients A, B, and C, as
12 more particularly alleged in paragraphs 9 through 25, above, which are hereby incorporated by
13 reference and re-alleged as if fully set forth herein.

14 **PRAYER**

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

17 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 100422, issued
18 to Respondent Gadson John Johnson, M.D.;

19 2. Revoking, suspending or denying approval of Respondent Gadson John Johnson,
20 M.D.'s authority to supervise physician assistants and advanced practice nurses;

21 3. Ordering Respondent Gadson John Johnson, M.D., to pay the Board the costs of the
22 investigation and enforcement of this case, and if placed on probation, the costs of probation
23 monitoring; and

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

DATED: DEC 03 2024

JENNA JENSEN FOR
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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