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**BEFORE THE**
**PHYSICIAN ASSISTANT BOARD**
**DEPARTMENT OF CONSUMER AFFAIRS**
**STATE OF CALIFORNIA**

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| In the Matter of the Accusation Against: | Case No. 950-2019-002427 |
| **Omar C. Staples, P.A.**<br>**10370 Greenview Drive**<br>**Oakland, CA 94605**<br><br>**Physician Assistant License**<br>**PA No. 16192**,<br><br>Respondent. | **A C C U S A T I O N** |

## PARTIES

1. Rozana Khan (Complainant) brings this Accusation solely in her official capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer Affairs (Board).

2. On December 14, 2001, the Board issued Physician Assistant License Number PA 16192 to Omar C. Staples, P.A. (Respondent). The Physician Assistant License was in full force and effect at all times relevant to the charges brought herein and will expire on January 31, 2024, unless renewed.

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## JURISDICTION

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

4. Section 3527 of the Code states, in pertinent part:

"(a) The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a physician assistant license after a hearing as required in Section 3528 for unprofessional conduct which includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

". . . (e) The board may order the licensee to pay the costs of monitoring the probationary conditions imposed on the license.

(f) The expiration, cancellation, forfeiture, or suspension of a physician assistant license by operation of law or by order or decision of the board or a court of law, the placement of a license on a retired status, or the voluntary surrender of a license by a licensee shall not deprive the board of jurisdiction to commence or proceed with any investigation of, or action or disciplinary proceeding against, the licensee or to render a decision suspending or revoking the license."

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

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

….

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

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

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

. . .

6. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

**COST RECOVERY**

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

**FIRST CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

**Patient A[1]**

8. Patient A is a 39-year-old female with a history of Ehlers-Danlos syndrome,[2] chronic pain, depression, anxiety, fibromyalgia, and hypertension.

9. Between August 2017 and August 2020,[3] Respondent regularly prescribed a number of controlled substances to Patient A including opioids, benzodiazepines, sedative/hypnotics,

[1] Patients are referred to by letters to protect their privacy.

[2] Ehlers-Danlos syndrome is a disorder that affects the skin, joints, and blood vessels.

[3] All dates are approximate, and as reflected in the medical records.

muscle relaxants, and barbiturates. Respondent did not obtain and/or document a complete initial pain assessment before prescribing the controlled substances to Patient A.

10. Respondent did not assess the appropriateness for his continued prescribing of high dose narcotics to Patient A. Respondent failed to completely evaluate the risk of harm to Patient A as a result of his prolonged opioid prescribing. Respondent failed to provide complete periodic review and risk assessment of the patient's controlled substance treatment plan, such as defining functional goals and pain goals, conducting a CURES[4] review, and implementing urine drug testing for Patient A.

11. On August 11, 2016, Patient A presented to Respondent with low back pain, headache, and leg numbness. Respondent documented a normal physical exam and diagnosed the patient with Elhers-Danlos Syndrome, chronic pain, anxiety, and an L4-5-disc bulge. Respondent's management plan included a refill of Patient A's medications and an orthopedic surgery referral.

12. On September 19, 2019, Respondent saw Patient A for chronic pain. Respondent documented a normal physical examination except for abdominal tenderness. Respondent's management plan, included prescriptions for Ambien,[5] Norco[6], Oxycodone ER,[7] and Fioricet[8].

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[4] The Controlled Substance Utilization Review and Evaluation System (CURES) is a program operated by the California Department of Justice (DOJ) to assist health care practitioners in their efforts to ensure appropriate prescribing of controlled substances, and law enforcement and regulatory agencies in their efforts to control diversion and abuse of controlled substances.

[5] Ambien is a non-benzodiazepine hypnotic. It is a Schedule IV controlled substance under Health and Safety Code section 11057(d)(32) and is a dangerous drug as defined in Business and Professions Code section 4022. It is indicated for the short-term treatment of insomnia. It is a central nervous system (CNS) depressant.

[6] Norco is hydrocodone bitartrate and acetaminophen. It is a narcotic pain reliever and a controlled substance. It can produce drug dependence and has the potential for abuse.

[7]Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, a Schedule II controlled substance as defined by Section 1308.12 (b)(1) of Title 21 of the Code of Federal Regulations, and a dangerous drug as defined in Business and Professions Code section 4022. The risk of respiratory depression and overdose is increased with the concomitant use of benzodiazepines.

[8] Fiorcet (acetaminophen, butalbital, and caffeine) is used to treat tension headaches that are caused by muscle contractions.

13. On January 30, 2020, Respondent evaluated Patient A but did not document any vital signs and noted objective findings that were identical to previous visits: "RUQ tenderness, no back tenderness, extremities with full range of motion."

14. On December 21, 2020, during an office visit, Patient A reported to Respondent that she was operating heavy machinery.

15. Respondent's medical recordkeeping was incomplete. For instance, Respondent did not adequately document the details of Patient A's prior evaluations for pain syndromes, prior treatment or informed consent regarding the long-term use of opiates in combination with benzodiazepines, hypnotics, barbiturates, and muscle relaxants.

16. Respondent failed to document adequate physician supervision, such as same day examination of the patient by the supervising physician, countersignature opiate management protocols, or medical record review meetings with the supervising physician.

17. Respondent is guilty of unprofessional conduct in his care and treatment of Patient A, and is subject to disciplinary action under sections 2234 and/or 2234(c) of the Code in that Respondent committed repeated negligent acts, including but not limited to the following:

A. Respondent regularly prescribed dangerous drugs and controlled substances to Patient A for a prolonged period of time, without assessing the appropriateness for continued high dose narcotic use and without completely evaluating the risk of harm to this patient who was on multiple controlled substances. This was especially worrisome in light of Patient A's reported operation of heavy machinery.

B. Respondent prescribed controlled substances without taking a complete initial pain assessment of Patient A. Respondent did not develop a comprehensive treatment plan for Patient A that included defined pain goals and functional objectives, utilization of non-narcotic drugs, and rehabilitation programs.

C. Respondent did not provide complete periodic reviews of the controlled substances treatment plan that he was prescribing to the patient such as consulting CURES, implementing random urine drug testing, monitoring the patient for drug toxicity, consideration of tapering plans, and optimizing non-pharmacologic modalities.

D. Respondent's prescribing actions, incomplete periodic review of long-term opioid therapy and incomplete harm assessment of Patient A could have led to controlled substance misuse, adverse drug reactions, drug tolerance, perpetuation of drug dependence, and overdose.

**SECOND CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

**Patient B**

18. Patient B is a 61-year-old male with a history of arthritis, right hip replacement, lumbar disc disease, hypertension, hepatitis C, and ADHD. Respondent provided care to Patient B from 2016-2020.

19. Between 2016-2018, Respondent regularly prescribed a number of controlled substances to Patient B, including opioids, amphetamine salt combinations, muscle relaxants, and sedative/hypnotics.

20. Respondent did not obtain and/or document a complete initial pain assessment for Patient B before prescribing controlled substances. Respondent did not assess the appropriateness for Patient B's continued narcotic use. Respondent did not develop a comprehensive treatment plan for Patient B that included defined pain goals and functional objectives, utilization of non-narcotic drugs, and rehabilitation programs.

21. Respondent did not conduct complete periodic reviews and risk assessment of Patient B's controlled substance treatment plan, such as identifying functional goals and pain goals, reviewing CURES reports, entering into a pain contract with Patient B, and obtaining urine drug testing for Patient B.

22. Respondent's handwritten notes for his care and treatment of Patient B from 2016-2020 were poorly legible and incomplete and often missing assessment and management plans. Respondent did not adequately document Patient B's prior evaluation for pain syndromes, prior treatment, or informed consent discussing the long term use of opiates in combination with amphetamine salt combination, muscle relaxants and sedative/hypnotics.

23. Respondent failed to document adequate physician supervision, such as same day examination of the patient by the supervising physician, countersignature opiate management protocols, or medical record review meetings with the supervising physician.

24. Respondent is guilty of unprofessional conduct in his care and treatment of Patient B, and is subject to disciplinary action under sections 2234 and/or 2234(c) of the Code in that Respondent committed repeated negligent acts, including but not limited to the following:

A. Respondent regularly prescribed dangerous drugs and controlled substances to Patient B for a prolonged period of time, without assessing the appropriateness for continued narcotic use, and without completely evaluating the risk of harm to this patient.

B. Respondent prescribed controlled substances without taking a complete initial pain assessment of Patient B. Respondent did not develop a comprehensive treatment plan for Patient B that included defined pain goals and functional objectives, utilization of non-narcotic drugs, and rehabilitation programs, and specialty referral if the patient was not responding to the treatment plan.

C. Respondent did not provide complete periodic reviews of Patient B's controlled substance treatment plan that Respondent was prescribing to the patient such as consulting CURES, implementing random urine drug testing, and entering into a pain contract with the patient.

D. Respondent's prescribing actions, incomplete periodic review of long-term opioid therapy, and incomplete harm assessment of Patient B could have led to controlled substance misuse, adverse drug reactions, drug tolerance, perpetuation of drug dependence and overdose.

**THIRD CAUSE FOR DISCIPLINE**

**(Repeated Negligent Acts)**

**Patient C**

25. Patient C is a 59-year-old female with a history of hypertension, HIV, diabetes, chronic pain, and arthritis. Respondent provided care to Patient C from February 2016 through August 7, 2017.

26. During the course of treatment, Respondent prescribed a number of controlled substances to Patient C, including narcotics, benzodiazepines, and muscle relaxants. Before prescribing controlled substances to Patient C, Respondent did not obtain a complete initial pain assessment of the patient. Respondent did not develop a comprehensive treatment plan for Patient C that included defined pain goals and functional objectives, utilization of non-narcotic drugs, and rehabilitation programs.

27. Respondent did not conduct complete periodic reviews and risk assessment of Patient C's controlled substance treatment plan, such as reviewing CURES reports, entering into a pain contract with the patient, and obtaining random urine drug testing.

28. Respondent's handwritten notes for Patient C from 2016-2017 were poorly legible and missing complete assessment and management plans. Respondent poorly documented the details of Patient C's prior evaluation for pain syndromes, prior treatment, and informed consent discussing the long-term use of opiates in combination with benzodiazepines and muscle relaxants.

29. Respondent is guilty of unprofessional conduct in his care and treatment of Patient C, and is subject to disciplinary action under sections 2234 and/or 2234(c) of the Code in that Respondent committed repeated negligent acts, including but not limited to the following:

A. Respondent regularly prescribed controlled substances to Patient C for a prolonged period of time, without assessing the appropriateness for continued narcotic use and without completely evaluating the risk of harm to the patient.

B. Respondent prescribed controlled substances to Patient C without taking a complete initial pain assessment of Patient C. Respondent did not develop a comprehensive treatment plan for Patient C that included defined pain goals and functional objectives, utilization of non-narcotic drugs, consideration of rehabilitation programs, and specialty referral if the patient was not responding to the treatment plan.

C. Respondent did not provide complete periodic reviews of Patient C's controlled substance treatment plan that Respondent was prescribing to the patient such as consulting CURES, implementing random urine drug testing, and entering into a pain contract with the

patient.

D. Respondent's prescribing actions, incomplete periodic review of long-term opioid therapy, and incomplete harm assessment of Patient C could have led to controlled substance misuse, adverse drug reactions, drug tolerance, perpetuation of drug dependence and overdose.

**FOURTH CAUSE FOR DISCIPLINE**

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

30. Respondent is guilty of unprofessional conduct and subject to discipline for violation of Section 2266 of the Code for failure to keep adequate and accurate medical records for each of the three patients alleged above.

**Patient A**

31. Respondent did not adequately document the details of Patient A's prior evaluations for pain syndromes, prior treatment or informed consent regarding the long-term use of opiates in combination with benzodiazepines, hypnotics, barbiturates, and muscle relaxants.

32. Respondent failed to document adequate physician supervision, such as same day examination of the patient by the supervising physician, countersignature opiate management protocols, or medical record review meetings with the supervising physician.

**Patient B**

33. Respondent's handwritten notes for his care and treatment of Patient B from 2016-2020 were poorly legible and incomplete and often missing assessment and management plans. Respondent did not adequately document Patient B's prior evaluation for pain syndromes, prior treatment, or informed consent discussing the long term use of opiates in combination with amphetamine salt combination, muscle relaxants and sedative/hypnotics.

34. Respondent failed to document adequate physician supervision, such as same day examination of the patient by the supervising physician, countersignature opiate management protocols, or medical record review meetings with the supervising physician.

**Patient C**

35. Respondent's handwritten notes for Patient C from 2016-2017 were poorly legible and missing complete assessment and management plans. Respondent poorly documented the

details of Patient C's prior evaluation for pain syndromes, prior treatment, and informed consent discussing the long-term use of opiates in combination with benzodiazepines and muscle relaxants.

**PRAYER**

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

1. Revoking or suspending Physician Assistant License Number PA 16192, issued to Omar C. Staples, P.A.;

2. Ordering Omar C. Staples, P.A. to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: February 1, 2022

Rozana Khan

ROZANA KHAN
Executive Officer
Physician Assistant Board
Department of Consumer Affairs
State of California
*Complainant*

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