

1 KAMALA D. HARRIS
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
300 South Spring Street, Suite 1702
5 Los Angeles, California 90013
Telephone: (213) 620-2511
6 Facsimile: (213) 897-9395
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 21, 2013
BY [Signature] ANALYST

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:
11 **RONALD GLOUSMAN, M.D.**
Kerlan Jobe Orthopaedic Clinic
12 **6801 Park Terrace, Suite 500**
Los Angeles, California 90045
13
14 **Physician's and Surgeon's Number G 45186**
15
16 Respondent.

Case No. 06-2010-208420

OAH No.

A C C U S A T I O N

17 Complainant alleges:

18 **PARTIES**

- 19 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity
20 as the Executive Director of the Medical Board of California (Board), Department of Consumer
21 Affairs.
22 2. On or about July 2, 1981, the Board issued Physician's and Surgeon's Certificate
23 Number G 45186 to Ronald Glousman, M.D. (Respondent). Said certificate is in full force and
24 effect at all times herein mentioned and will expire on or about October 31, 2014.

25 **JURISDICTION**

- 26 3. This Accusation is brought before the Board under the authority of the following
27 laws. All section references are to the Business and Professions Code unless otherwise indicated.
28

1 4. Section 2220 of the Code states:

2 Except as otherwise provided by law, the Division of Medical Quality may take action
3 against all persons guilty of violating this chapter [Chapter 5, the Medical Practice Act]. The
4 division shall enforce and administer this article as to physician and surgeon certificate holders,
5 and the division shall have all the powers granted in this chapter for these purposes including, but
6 not limited to:

7 (a) Investigating complaints from the public, from other licensees, from health care
8 facilities, or from a division of the board that a physician and surgeon may be guilty of
9 unprofessional conduct. . . .”

10 (b) - (c).”

11 5. Section 2004 of the Code states, in pertinent part:

12 "The board shall have the responsibility for the following:

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

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

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

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

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

22 "(f) - (i).”

23 6. Section 2230.5 of the Code states, in pertinent part:

24 "(a) Except as provided in subdivisions . . . (e), any accusation filed against a licensee
25 pursuant to Section 11503 of the Government Code shall be filed within three years after the
26 board, or a division thereof, discovers the act or omission alleged as the ground for disciplinary
27 action, or within seven years after the act or omission alleged as the ground for disciplinary action
28 occurs, whichever occurs first.

1 "(b) - (d)."

2 "(e) An accusation filed against a licensee pursuant to Section 11503 of the Government
3 Code alleging sexual misconduct shall be filed within three years after the board . . . discovers the
4 act or omission alleged as the ground for disciplinary action, or within 10 years after the act or
5 omission alleged as the ground for disciplinary action occurs, whichever occurs first. This
6 subdivision shall apply to a complaint alleging sexual misconduct received by the board on and
7 after January 1, 2002.

8 "(f) The limitations period provided by subdivision (a) shall be tolled during any period if
9 material evidence necessary for prosecuting or determining whether a disciplinary action would
10 be appropriate is unavailable to the board due to an ongoing criminal investigation."

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

15 8. Section 729 of the Code states, in pertinent part:

16 "(a) Any physician and surgeon, . . . who engages in an act of . . . sexual contact with a
17 patient . . . is guilty of sexual exploitation"

18 "(b) Sexual exploitation . . . is a public offense:

19 (1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county
20 jail for a period of not more than six months, or a fine not exceeding one thousand dollars
21 (\$1,000), or by both"

22 (2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has
23 no prior convictions for sexual exploitation, shall be punishable by imprisonment in a county jail
24 for a period of not more than six months, or a fine not exceeding one thousand dollars (\$1,000),
25 or by both

26 (3) - (5)."

27 "For purposes of subdivision (a), in no instance shall consent of the patient . . . be a
28 defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching

1 any intimate part of a patient . . . unless the touching is outside the scope of medical examination
2 and treatment, or the touching is done for sexual gratification.”

3 “(c) For purposes of this section:

4 (1) - (2)

5 (3) “Sexual contact” means . . . the touching of an intimate part of a patient for the purpose
6 of sexual arousal, gratification, or abuse.

7 (4) “Intimate part” and “touching” have the same meanings as defined in Section 243.4 of
8 the Penal Code.”

9 “(d) - (f).”

10 9. Section 726 of the Code states, in pertinent part, “The commission of any act of
11 sexual abuse, misconduct, or relations with a patient . . . constitutes unprofessional conduct and
12 grounds for disciplinary action for any person licensed under this division, under any initiative act
13 referred to in this division and under Chapter 17 (commencing with Section 9000) of Division 3.

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

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

18 “(a) Violating or attempting to violate, directly or indirectly . . . any provision of this
19 chapter.

20 “(b) Gross negligence.

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

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

26 “(2) When the standard of care requires a change in the diagnosis, act, or omission that
27 constitutes the negligent act described in paragraph (1), including, but not limited to, a
28 reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the

1 applicable standard of care, each departure constitutes a separate and distinct breach of the
2 standard of care.

3 "(d)"

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

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

7 "(g) - (h)."

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

11 **PENAL CODE**

12 12. Section 243.4 of the Penal Code states, in pertinent part:

13 "(a) - (b)."

14 "(c) Any person who touches an intimate part of another person for the purpose of sexual
15 arousal, sexual gratification, or sexual abuse, and the victim is at the time unconscious of the
16 nature of the act because the perpetrator fraudulently represented that the touching served a
17 professional purpose, is guilty of sexual battery. "

18 "(d) - (e)."

19 "(f) As used in subdivisions . . . (c), and . . . "touches" means physical contact with the skin
20 of another person whether accomplished directly or through the clothing of the person committing
21 the offense."

22 "(g) As used in this section, the following terms have the following meanings:

23 (1) "Intimate part" means the sexual organ, anus, groin, or buttocks of any person,"
24 and surgeon, . . . who engages in an act of . . . sexual contact with a patient . . . is guilty of sexual
25 exploitation"

26 "(2) - (6)."

27 "(h) - (j)."

28 ///

1 BACKGROUND

2 13. On or about March 17, 2008, patient R.A., a Spanish-speaking male, sustained
3 injuries at work when a rack toppled over and struck him on the right shoulder and right side of
4 his head. As a result, patient R.A. filed a worker's compensation claim.

5 14. On or about June 10, 2008, patient R.A. injured his lumbar spine while lifting a 90-
6 pound box while working for the same employer.

7 15. On or about June 30, 2008, patient R.A. presented to the Sobol Orthopedic Medical
8 Group, Inc. for a worker's compensation evaluation. Philip A. Sobol, M.D., an orthopedic
9 surgeon, using a Spanish interpreter, examined R.A. Dr. Sobol diagnosed R.A. with right
10 shoulder sprain/strain/contusion/tendinitis, cervical sprain/strain with right upper extremity
11 radiculitis,¹ spondylosis² of the cervical spine at C4-C5, and a lumbar sprain/strain. Dr. Sobol
12 ordered a lumbar stabilization brace to increase support and prevent further injury to R.A.'s lower
13 back, and prescribed physical therapy and acupuncture numerous times a week for the injured
14 areas. Dr. Sobol also ordered numerous diagnostic studies, including an x-ray of the lumbar spine
15 to rule out disc herniation. Dr. Sobol also noted that MRI scans of R.A.'s cervical and lumbar
16 spine along with a diagnostic ultrasound of his right shoulder should be considered if the patient's
17 symptoms did not improve with treatment.

18 16. On or about August 5, 2008, Dr. Sobol examined R.A.'s neck, back and right
19 shoulder again. Dr. Sobol provided R.A. with a back brace due to his severe low back pain. Dr.
20 Sobol's treatment plan was to obtain an MRI of the lumbar spine and an electromyography³
21 (EMG)/nerve conduction velocity⁴ (NCV) study of the bilateral lower extremities, and continue
22 physical therapy three times a week for his neck, shoulder and back for another month.

23 _____
24 ¹ Radiculitis is the inflammation of the spinal nerve root, resulting in pain and hyperesthesia (increased
sensitivity to stimulation, particularly to touch).

25 ² Spondylosis is the ankylosis (the stiffening or immobility of a joint resulting from disease, trauma,
surgery or bone fusion) of a vertebral joint or degenerative spinal changes due to osteoarthritis.

26 ³ Electromyography (commonly referred to as EMG) is a type of test in which a nerve's function is tested
by stimulating a nerve with electricity, and then measuring the speed and strength of the corresponding muscle's
27 response.

28 ⁴ Nerve conduction velocity test (commonly referred to as NCV) is a test that measures the time it takes a
nerve impulse to travel a specific distance over the nerve after electronic stimulation.

1 17. Patient R.A. saw Dr. Sobol again on or about September 16, 2008, and complained of
2 severe neck and right shoulder pain (9 out of 10), and low back pain (6 out of 10). Dr. Sobol
3 continued physical therapy treatments two times a week for an additional month to the injured
4 areas, among other things.

5 18. On or about October 28, 2008, Dr. Sobol saw patient R.A. for a follow-up visit and
6 diagnosed him with lumbar spine sprain/strain with disc desiccation⁵ and a bulge at L4-L5 and
7 L5-S1.

8 19. Dr. Sobol continued to treat patient R.A. from on or about December 8, 2008, through
9 on or about March 20, 2009. At that time, R.A. expressed some relief from the trigger point
10 injections he had received in his right shoulder. R.A. was also scheduled for a pain management
11 consultation regarding his lumbar spine, among other things.

12 20. On or about April 30, 2009, Dr. Sobol saw patient R.A. for another follow-up visit.
13 At that time, the patient complained of pain in his right shoulder with popping and clicking, and
14 that he had pain and difficulty washing his hair and getting dressed. R.A. also complained of low
15 back pain and right-sided neck pain radiating into his right shoulder and head. Because of the
16 patient's continued complaints about his right shoulder, Dr. Sobol requested a worker's
17 compensation authorization for a surgical consultation with Ronald Glousman, M.D.
18 (Respondent). Respondent is an orthopedic surgeon specializing in sports medicine, and
19 shoulder, elbow, and knee injuries at Kerlan-Jobe Orthopaedic Clinic.

20 21. On or about June 5, 2009, Dr. Sobol saw patient R.A. for another follow-up visit. At
21 that time, Dr. Sobol noted that the patient was scheduled for a surgical consultation for his right
22 shoulder with Respondent on June 26, 2009.

23 FIRST CAUSE FOR DISCIPLINE

24 (Sexual Exploitation of Patient)

25 22. Respondent is subject to disciplinary action under Business and Professions Code
26 section 729 in that Respondent sexually exploited patient R.A. The circumstances are as follows:

27 _____
28 ⁵ Desiccation is the act of drying, or process of becoming dry.

1 23. On or about June 26, 2009, Respondent first saw patient R.A. at Dr. Sobol's office for
2 a surgical consultation regarding his right shoulder injury. After he examined the right shoulder,
3 Respondent's impression were that R.A. was suffering from persistent symptomatic right
4 shoulder impingement syndrome, an industrial clavicle arthrosis,⁶ and a possible labral⁷ tear
5 which had been unresponsive to conservative treatment. Respondent recommended surgery to
6 R.A.'s right shoulder, which included arthroscopic acromioplasty,⁸ distal clavicle resection, and a
7 possible labral repair versus debridement. During the consultation, Respondent utilized a Spanish
8 interpreter.

9 24. On or about September 8, 2009, Respondent performed surgery on patient R.A.'s
10 right shoulder. The surgery was uneventful.

11 25. Thereafter, patient R.A. was scheduled for numerous follow-up appointments with
12 Respondent at Dr. Sobol's office. Respondent next saw the patient on or about September 18,
13 2009, and on or about October 30, 2009. These visits were uneventful.

14 26. On or about November 20, 2009, patient R.A. saw Dr. Sobol for his continued neck
15 and back complaints.

16 27. On or about December 7, 2009, Respondent saw patient R.A. for a follow-up visit for
17 his right shoulder. At that time, the patient also reported a significant flare-up of his lumbar pain
18 with complaints of pain radiating into his bilateral thighs and legs. Respondent's plan was to
19 continue physical therapy for the patient's right shoulder and to refer him to Dr. Sobol for
20 evaluation of his radicular cervical and lumbar complaints, among other things.

21 28. On or about December 22, 2009, Dr. Sobol saw patient R.A. and noted his diagnoses
22 as a lumbar musculoligamentous sprain/strain with 1.0 millimeter (mm) disc bulges/desiccation at
23 L3-L4, a 7.7 mm disc bulge at L4-L5, and a 2.8 mm bulge at L5-S1, among other things.

24 29. On or about January 11, 2010, patient R. A. saw Respondent at Dr. Sobol's office for

25 ⁶ Arthrosis is the disease of a joint.

26 ⁷ Labra is from the word Labrum which is a fibrocartilaginous lip around the margin of the concave portion
of some joints, also referred to as a lip, or lip-shaped structure.

27 ⁸ Acromioplasty is a surgical reshaping of the acromion (the lateral extension of the spine of the scapula,
forming the highest point of the shoulder), frequently performed to remedy compression of the supraspinatus portion
28 of the rotator cuff of the shoulder joint between the acromion and the greater tubercle of the humerus.

1 another follow-up visit regarding his right shoulder. At that time, R.A. complained of residual
2 shoulder pain and weakness, neck pain with intermittent paresthesias into his arm, and lumbar
3 pain radiating into his bilateral hips and occasionally into his right and left calves. Respondent
4 examined the patient's neck and back despite the fact that Respondent was only authorized to
5 treat the patient's right shoulder. Respondent also knew that Dr. Sobol had been following the
6 patient for his other bodily complaints.⁹ When asked, during an interview with the Board,¹⁰ if he
7 would have been paid for his examinations of the patient's neck and back, Respondent said no
8 because there had been "no approval" to treat that area since Respondent's authorization was
9 limited to the patient's right shoulder.

10 (a) Respondent told the Board that he also examined the patient's hip and groin area on
11 January 11, 2010 visit, however; he failed to document these alleged examinations in the patient's
12 chart. Respondent told the Board that after the patient pointed from his neck to his back and to
13 his thighs, the patient then pointed towards his groin region where one would get an inguinal
14 hernia (in the triangle where the thigh meets the pelvis just to the right or left of the genitalia).
15 Respondent said that he began examining the patient's groin area (where the upper scrotum meets
16 the triangle of the thigh) and believed the patient was starting to get aroused. As Respondent
17 continued to palpate the patient's groin area, Respondent told the Board that he stopped the
18 examination and told the patient to follow up with Dr. Sobol and his staff concerning his neck and
19 back complaints. There is, however, no documentation of the hip or groin examinations.
20 Additionally, the patient's chart reflects that Pilar Nario was the interpreter present during this
21 visit.

22 (b) Patient R.A., however, recalled that on the January 11, 2010 visit Respondent entered
23 the examination room, without an interpreter, and asked if R.A. was having pain anywhere.¹¹

24
25 ⁹ Respondent had referred R.A. to Dr. Sobol on December 7, 2009 for evaluation of his radicular neck and
back pain, and had access to the patient's medical chart.

26 ¹⁰ Respondent was interviewed several times about this case by various agencies. In June 2010, when
Respondent was first interviewed about his care and treatment of patient R.A., Respondent denied that anything
unusual or out of the ordinary had occurred during this or any other follow up visit.

27 ¹¹ Although patient R.A. is Spanish speaking, he does understand and speak some English. Respondent also
28 knows, understands and is able to speak some Spanish.

1 After R.A. responded that he was, Respondent instructed the patient to remove his pants and
2 underwear. During that time, Respondent touched the patient's genitalia without wearing
3 examination gloves. The patient assumed this was part of a medical examination since he had
4 told Respondent about his continued lower back pain which had been radiating into his leg.
5 Respondent then told the patient to get dressed and left the examination room. Shortly thereafter,
6 Respondent returned to the examination room with an interpreter and examined the patient's right
7 shoulder.

8 30. On or about January 29, 2010, Dr. Sobol saw patient R.A. for his complaints of
9 increased neck and low back pain and spasms in his right calf. Dr. Sobol's records indicate that
10 the patient had a follow up with Respondent scheduled for February 8, 2010.

11 31. On or about February 8, 2010, patient R.A. recalled being seen by Respondent,
12 however, there are no medical records for this visit except for Dr. Sobol's January 29, 2010 entry
13 that notes that the patient was scheduled see Respondent on February 8, 2010. During this visit,
14 the patient recalled that Respondent entered the room without an interpreter and told him to
15 remove his pants and underwear. At that time, Respondent touched the patient's testicles and
16 penis without wearing examination gloves. Respondent then stopped the examination, instructed
17 the patient to put his clothes on, and left the examination room. Shortly thereafter, Respondent
18 returned to the examination room with an interpreter and examined the patient's right shoulder.
19 There are no records for this visit.

20 32. On or about February 22, 2010, Dr. Sobol saw patient R.A. for complaints of
21 numbness and tingling to both hands and wrists, and gastric problems secondary to his medication
22 use.

23 33. On or about March 8, 2010, Respondent saw patient R.A. for another follow-up visit
24 of his right shoulder. Because of what occurred in the last two follow up visits, the patient
25 decided to record this examination. The patient positioned his cell phone's video camera to
26 capture a majority of the examination room and table. Thereafter, Respondent entered the room
27 with a male interpreter, and asked the patient how he had been doing. Respondent also asked
28 when the patient had last seen Dr. Sobol, and what, if anything, Dr. Sobol recommend for the

1 patient's back complaints. Respondent then turned his attention to the patient's shoulder
2 complaints. Respondent told the patient to keep his follow up appointments with Dr. Sobol and
3 that "for the shoulder I think we can wait some for now. . . . , but if the shoulder flares up, Dr.
4 Sobol can send him back anytime" Thereafter, Respondent and the interpreter left the
5 examination room, and Respondent went to dictate his report.

6 (a) Shortly thereafter, approximately four minutes later, while the cell phone's video
7 camera was still recording, Respondent returned to the examination room, without an interpreter
8 or a chaperone, and began asking the patient questions. Respondent asked "There?" "It's
9 painful?" "Duele?"¹² Respondent then touched and palpated R.A.'s bare back.¹³ Respondent was
10 not authorized to treat this area of the patient's body. Respondent then inquired if the pain shot
11 down from his back. In response, the patient pointed to the front of his right thigh and down
12 towards his groin area. Respondent asked to see and motioned for R.A. to remove his underwear.
13 After R.A. removed his underwear, Respondent touched and palpated the patient's hip and thighs
14 and asked if it hurt. Respondent, without wearing examination gloves, then touched the patient's
15 testicles, and touched and stroked the patient's penis. Subsequently, the patient became aroused.
16 After the patient was fully aroused, he laid down on the examination table.

17 Respondent then approached the examination table with Kleenex in his left hand.
18 Respondent then placed his right hand on the patient's erect penis and laid the Kleenex down on
19 the examination table. Respondent then began masturbating the patient while Respondent
20 caressed the patient's chest and stomach areas. Respondent masturbated the patient until he
21 ejaculated. Respondent then used the Kleenex he had brought to the examination table and
22 cleaned the patient up.

23 After Respondent finished cleaning up the patient, he told the patient "If you still have pain
24 there, you should tell Dr. Sobol" "[i]t's important" "[b]ecause they can make it better; they can
25 treat it." Respondent then inquired when the patient's next appointment was with Dr. Sobol.
26 Respondent then told R.A. "if this is continuing, you should let him [Dr. Sobol] know. They can

27 ¹² Duele means pain in Spanish.

28 ¹³ When Respondent re-entered the room, R.A. still had his shirt off from the earlier examination.

1 do more tests, okay?" Respondent then left the examination room. This entire encounter was
2 captured on the video camera on the patient's cell phone.

3 (b) Respondent told the Board that when he left the dictation room he saw patient R.A.
4 standing in the examination room door. Respondent stated that the patient seemed angry and a
5 little agitated. Respondent stated I "didn't want him [i.e., R.A.] to make a scene" since "I was in
6 someone else's office." When asked what Respondent was afraid that R.A. might say,
7 Respondent stated he did not know, however, "if he [R.A.] was angry at me" he might "make an
8 outburst or a complaint. I . . . don't know." Respondent, however, admitted that by the time he
9 walked back into the examination room Respondent intended to engage in a sexual act with R.A.
10 and possibly fondle R.A.'s genitals. Respondent further admitted that the purpose of fondling
11 R.A.'s genitals was to sexually gratify R.A. When asked why Respondent touched and palpated
12 other portions of R.A.'s body before fondling his genitals, Respondent stated that I was "letting
13 him [R.A.] lead me to something that I assume he wants." Respondent further stated that R.A.
14 "was directing me and I was in essence sensing that what he wanted by his direction . . . I didn't
15 walk in and just start touching his . . . genitals. I touched other areas and he [R.A.] led me in that
16 direction and I did follow that lead." Respondent continued by saying that "I was testing. It was
17 sort of, you know, like a, like a flirtatious dance." Respondent told the Board that when he
18 touched and palpated R.A.'s back, hips and thighs, he (Respondent) was not conducting a medical
19 examination at that time.

20 34. The following acts in Respondent's care and treatment of patient R.A. constitute the
21 sexual exploitation of a patient when Respondent:

22 (A) Touched the patient's testicles and penis without a chaperone present, without the use
23 of examination gloves, and outside of Respondent's authorized area of treatment; and

24 (B) Engaged in sex act and masturbated patient R.A. for the purposes of sexual arousal
25 and gratification.

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1 SECOND CAUSE FOR DISCIPLINE

2 (Sexual Misconduct with Patient)

3 35. Respondent is subject to disciplinary action under Business and Professions Code
4 section 726 in that Respondent engaged in sexual misconduct with patient R.A. The
5 circumstances are as follows:

6 36. Paragraphs 23 through 33, inclusive, are incorporated herein by reference as if fully
7 set forth.

8 THIRD CAUSE FOR DISCIPLINE

9 (Gross Negligence)

10 37. Respondent is subject to disciplinary action under Business and Professions Code
11 section 2234, subdivision (b), in that Respondent committed acts of gross negligence in his care
12 and treatment of patient R.A. The circumstances are as follows:

13 38. Paragraphs 23 through 33, inclusive, are incorporated herein by reference as if fully
14 set forth.

15 FOURTH CAUSE FOR DISCIPLINE

16 (Repeated Negligent Acts)

17 39. Respondent is subject to disciplinary action under Business and Professions Code
18 section 2234, subdivision (c), in that Respondent committed acts of repeated negligent acts in his
19 care and treatment of patient R.A. The circumstances are as follows:

20 40. Paragraphs 23 through 33, inclusive, are incorporated herein by reference as if fully
21 set forth.

22 FIFTH CAUSE FOR DISCIPLINE

23 (Failure to Maintain Adequate and Accurate Records)

24 41. Respondent is subject to disciplinary action under Business and Professions Code
25 section 2261 in that Respondent failed to maintain adequate and accurate records in his care and
26 treatment of patient R.A. The circumstances are as follows

27 42. Paragraphs 23 through 33, inclusive, are incorporated herein by reference as if fully
28 set forth.

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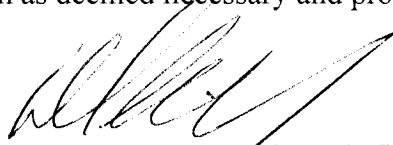
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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 45186, issued to Ronald Glousman, M.D.
2. Revoking, suspending or denying approval of Respondent's authority to supervise physician's assistants, pursuant to section 3527 of the Code;
3. Ordering him to pay the Medical Board of California the costs of probation monitoring, if placed on probation; and
4. Taking such other and further action as deemed necessary and proper.

DATED: May 21, 2013



LINDA K. WHITNEY
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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