

**BEFORE THE
OFFICE OF ADMINISTRATIVE HEARINGS
STATE OF CALIFORNIA**

In the Matter of the Noticed Petition for Interim Suspension

Order against:

MAHMOUD KHATTAB, M.D., Respondent

Agency No. 800-2017-039667

OAH No. 2020050787

DECISION

Erin R. Koch-Goodman, Administrative Law Judge (ALJ), Office of Administrative Hearings (OAH), State of California, heard this matter telephonically on July 15, 2020, in Sacramento, California.

Megan O'Carroll, Deputy Attorney General (DAG), represented William J. Prasifka (petitioner), Executive Director, Medical Board of California (Board).

Peter Osinoff, Attorney at Law, Bonne, Bridges, Mueller, O'Keefe and Nichols, and Shannon Baker, Attorney at Law, Rothschild, Wishek, and Sands, represented Mahmoud Khattab, M.D. (respondent) who was not present at hearing.

The ALJ read and considered all documents submitted, as well as written and oral arguments presented at the noticed hearing. Petitioner offered the Petition for Interim Suspension Order (ISO), the Memorandum of Points and Authorities, certificate

of licensure, and declarations by: DAG O'Carroll; Patients 1, 2, and 3; past employees Averie Arroyo, Bailey Mahrt, R.N., and Yaredi Anaya; and Board Investigator Adam Brearley and Expert Michael A. Bain, M.D. Petitioner also offered: reports by Dr. Bain for Patients 1, 2, and 3; certified medical records for Patients 1, 2, and 3, with additional records from Mercy Medical Center (Mercy) for Patient 2; photographs of Patient 2 and 3; a transcript of respondent's interview with Board investigators on March 3, and 12, 2020; and a Reply Brief. Petitioner's documents were marked collectively as Exhibits 1 through 27 and admitted into evidence; Exhibit 25 was withdrawn; and Exhibits 18 through 24 were placed under a Protective Order. Respondent filed an Opposition to ISO Petition; a declaration from respondent, with copies of patient consent forms, Emergency and Discharge Protocols, and various photos of his practice, Precision MD Cosmetic Surgery Center (Precision MD), as well as a supplemental declaration; and a declaration by Shain A. Cuber, M.D. Respondent's documents were collectively marked as Exhibits A through D and admitted into evidence. On July 15, 2020, the record was closed and the matter was submitted for decision.

Factual Findings

Jurisdictional Matters

1. The Board is the state agency charged with administering and enforcing the statutes and regulations governing the practice of medicine in the State of California. (Bus. & Prof. Code, § 2000 et seq., incl. §§ 3600 & 3600-2.) The Board issued respondent Physician's and Surgeon's Certificate No. A97693 on October 13, 2006. Unless renewed or revoked, the license will expire on February 28, 2022.

2. Respondent has been licensed to practice medicine in California since 2006. In 2007, respondent was certified by the American Board of Internal Medicine, and from 2007 through 2013, respondent practiced internal medicine. In 2011, he opened a private practice in Elk Grove. In 2013, he incorporated under the name Precision MD. In 2014, respondent began performing cosmetic procedures as a part of his practice, and in 2015, he started performing liposuctions. In 2018, respondent moved to a new location.

3. At all times relevant, respondent has been the sole owner and practitioner at Precision MD, a solely cosmetic practice in Elk Grove. Respondent performs robotic hair transplant, VASERlipo, fat transfer, breast augmentation, noninvasive body contouring treatment, cellulite treatment, a variety of laser treatments for skin resurfacing and acne scars, PRP treatment, laser vaginal rejuvenation, laser tattoo removal, treatment for urinary incontinence, a variety of injections, and noninvasive face and neck lifts. At Precision MD, respondent sees 25 to 30 patients each day, and performs approximately 500 liposuction procedures each year. He employs 14 staff, including medical and surgical technicians, medical assistants, and registered nurses (RN).

Ex Parte Interim Suspension Order

4. On May 28, 2020 petitioner filed a Petition before the Medical Quality Hearing Panel of OAH for an Ex Parte ISO hearing on May 29, 2020, seeking to immediately suspend respondent from practicing medicine. On May 29, 2020, the parties submitted a joint Stipulation and Order, agreeing to an immediate suspension of respondent's license to practice until a noticed hearing, set for June 17, 2020, could take place; the Order was signed by ALJ Tiffany King the same day. On June 16, 2020, the parties submitted a joint request for continuance of the noticed hearing until July

7, 2020; the request was granted and the noticed hearing was continued to July 3, 2020. On July 3, 2020, the parties submitted a joint second request for continuance of the noticed hearing until July 15, 2020; the request was granted and the noticed hearing was continued to July 15, 2020.

Noticed Petition

5. On July 15, 2020, the Noticed ISO hearing was conducted. In this case, the Petitioner seeks an order suspending respondent's license to practice medicine, under Government Code section 11529, for violations of Business and Professions Code¹ sections 2234 (general unprofessional conduct), as well as subdivisions (b) (gross negligence), (d) (incompetence) and (e) (corrupt and dishonest act); 2261 and 2262 (falsification of medical records); 2052, subdivision (b), and 2264 (aiding and abetting the unlicensed practice of medicine); and 2259.7 and California Code of Regulations, title 16, section 1356.6 (violation of liposuction statutes). Petitioner alleges that permitting respondent to continue to engage in the practice of medicine will endanger the public health, safety, and welfare.

PATIENT CARE

Patient 1

6. In September 2017, Patient 1 contacted Precision MD, seeking a cosmetic procedure to reduce the size of her stomach. Patient 1 spoke to the office manager. After exchanging emails and photographs, the office manager recommended the

¹ All further references will be to Business and Professions Code, unless otherwise indicated.

VASERlipo² procedure to Patient 1 and Patient 1 agreed. The office manager invited Patient 1 to Precision MD for an optional preoperative (pre-op) appointment. Patient 1 declined. The office manager told Patient 1 to obtain blood work, including a test for sexually transmitted diseases, and forward the same to Precision MD prior to the procedure. Patient 1 scheduled the procedure, and on October 11, 2017, she appeared for the same.

7. Upon arrival, Patient 1 was asked to and did sign an electronic pad, indicating her consent for the procedure. A Surgical Technologist (ST) prepared Patient 1 for the procedure, taking her blood pressure and giving her a Xanax and a paper garment to wear during the procedure. Patient 1 told ST she had asthma and was allergic to Norco. ST brought Patient 1 to the bathroom to change and then to the surgical room; Patient 1 described the bathroom as unclean and the surgical room as "filthy," with carpet on the floor, and boxes and debris everywhere. ST then took photographs of Patient 1's stomach. Patient 1 met respondent for the first time when he arrived in the surgical room. He told ST to have Patient 1 disrobe and stand naked against the wall. Respondent approached Patient 1, asked how she was doing, and drew on her abdomen with a blue felt tip pen. ST then cleaned the treatment area, and while she was still naked, respondent told Patient 1 to lay on the examination table. ST draped Patient 1 with cloths for surgery. Respondent's Consultation Note, dated October 11, 2017, states, in part: listened to heart and lungs, and described the risks,

² Vaser Liposuction is a three-step process: the desired area is infiltrated with saline, epinephrine and a local anesthetic; a titanium probe is inserted under the skin to deliver ultrasound energy to loosen fat cells; and then the area is aspirated by vacuuming out the injected solution, blood, and fat cells.

benefits, and side effects of the procedure with Patient 1 before obtaining consent to perform the procedure.

8. Respondent began the procedure by infiltrating the surgical area. He then immediately started making incisions and inserted the titanium probe into Patient 1. Patient 1 instantly felt pain and asked respondent for more pain medication. Respondent told ST to administer Norco. ST reported Patient 1's Norco allergy, and respondent told ST to administer Valium and Tylenol instead. Patient 1 then felt so drugged she could not speak. Nearing the end of the procedure, respondent hit Patient 1's pelvic bone and clitoris with the titanium probe; a deep external scar later developed. When the procedure was over, respondent immediately left the room. ST remained with Patient 1 and then discharged her with an oral morphine prescription. Respondent's Operative Note states, in part: Patient 1 had an IV placed before the procedure; her blood pressure and heart rhythms were monitored throughout the procedure; and she tolerated the procedure well.

9. On October 12, 2017, Patient 1 returned to Precision MD for a post-operative (post-op) appointment. Respondent asked Patient 1 how she was, but he did not inspect the surgical site. Patient 1 reported feeling fine, because she was still taking the morphine. On October 17, 2017, Patient 1 returned for another post-op appointment. ST took photographs of Patient 1, and respondent looked at the surgical site. Respondent reported no sign of infection, and asked what else he could do for Patient 1. Patient 1 told respondent she did not like him very much, and a verbal argument ensued.

10. On October 20, 2017, Patient 1 felt ill. She consulted her primary care physician (PCP), who told Patient 1 to go the Emergency Department (ED); Patient 1 did so. Patient 1 was admitted and diagnosed with an abdominal wall abscess, which

was drained. She was treated with antibiotics and remained in the hospital for three days. Patient 1 needed a total of two weeks to recover from respondent's surgery, not two days, as she was promised.

Patient 2

11. On or about February 18, 2019, Patient 2 and her husband went to Precision MD for a consultation for plastic surgery options for her stomach. Patient 2 and her husband met with the office manager. The office manager recommended SmartLipo for the best results and quicker recovery time. At some point, respondent briefly joined the consultation. He looked at Patient 2's abdomen and agreed that SmartLipo would create minimal discomfort and had a two-day recovery time. He then exited the room. In the medical record, respondent drafted a Consultation Note, dated February 18, 2019, indicating he warned Patient 2 of potential risks and side effects of the procedure, including vaser burns, scars, and infection.

12. Patient 2 scheduled the SmartLipo procedure for May 31, 2019. Several days before the procedure, Patient 2 telephoned Precision MD and requested a pre-op appointment to meet and discuss the procedure with respondent; she heard nothing back. On May 30, 2019, Patient 2 received a text from Precision MD reminding her to get bloodwork and forward the results to them before the procedure. Patient 2 immediately got a blood draw, but was told the results would not be available the next day. Patient 2 telephoned Precision MD and told them the same. Patient 2 was told to come the next day anyway.

13. On May 31, 2019, Patient 2 appeared for her procedure. Upon arrival, Patient 2 was asked to sign multiple consent forms, without being given time to read and review the forms before signing. Staff gave Patient 2 a paper garment to wear

during the procedure and escorted Patient 2 to the surgical room. Patient 2 was given two Norco 5/325 milligram (mg.) tablets and two Valium 5 mg. tablets. An IV was placed into Patient 2's right hand. Respondent arrived in the room and drew on Patient 2's abdomen with a marker. Patient 2 was helped to the surgical table and her arms were positioned above her head. Patient 2 told staff her right arm and hand hurt in that position, but was told it had to remain there. Respondent infiltrated the abdominal area and then immediately started making incisions and inserted the titanium probe into Patient 2. Patient 2 felt pain instantaneously. She yelled stop and reported she was not numb. Respondent stopped the procedure, administered more local anesthetic, but then immediately began the procedure again. Patient 2 again screamed stop, but respondent did not. After the procedure, Patient 2 was too weak to stand and could not move her right arm. Staff assisted Patient 2 into the compression suit and discharged her to her husband. Patient 2 was told to put Neosporin on the incisions, take prescribed pain medication and antibiotics, and expect drainage. Respondent's Operative Note states, in part: Patient 2 had continuous EKG³ cardiac and blood pressure monitoring during the procedure, with results printed every 30 minutes; she tolerated the procedure well; and was discharged home. It further indicated Patient 2 was ambulatory and in good condition. The medical record only notes blood pressure readings at 9:00 a.m. and 2:33 p.m.

14. On June 4, 2019, Patient 2 and her husband returned to Precision MD for a post-op appointment. Patient 2 was distressed. She was told to expect a two-day recovery, but it was day four and she was still unable to walk on her own and had no feeling in her right arm. Staff tried to unwrap her bandages, but the pain was so great,

³ Electrocardiography.

Patient 2 asked for several breaks. Respondent entered the examination room and spoke to Patient 2 and her husband. Patient 2's husband asked respondent why he had not stopped the procedure when Patient 2 specifically directed him to stop. Respondent said he did not do that. Patient 2's husband stood up and moved toward respondent, and respondent told his staff to call the police. Patient 2's husband was escorted outside of the building to talk to the police and respondent told Patient 2 her husband was no longer permitted inside Precision MD. Respondent directed Patient 2 to continue with discharge instructions.

15. On June 18, 2019, Patient 2 returned for another post-op appointment. She described her surgical site to respondent: "there are bruises turning into dark crisp skin, and then the skin is peeling, like a burn, with a yellowish discharge." Respondent examined the surgical site. He confirmed blisters were present, and not uncommon, but he saw no burning. Respondent directed Patient 2 to begin replacing the bandages every two to three days, adding Xeroform, and assured Patient 2 the area would heal in two weeks. Patient 2 asked about potential scarring and respondent said scarring would not occur. On July 12, 2019, Patient 2 returned to Precision MD for continued post-op care. Respondent told Patient 2 he wanted to remove "a chunk of dead skin" on the side of her abdomen. Patient 2 was brought to the surgical room. Patient 2 asked if respondent would have to cut her skin and he said no. Patient 2 asked respondent if the process would hurt and he said no. Patient 2 then asked respondent if he was going to inject her stomach and he said no. However, when staff started draping surgical cloths onto Patient 2, she began to cry and said she did not want to do anything more. Respondent left the room and Patient 2 left the building.

16. Shortly thereafter, Patient 2 went to her PCP, who referred Patient 2 to a wound care clinic. At the clinic, Patient 2 was diagnosed with third degree burns. She required months of treatment, and has extensive scarring from the burns.

Patient 3

17. On or about June 12, 2019, Patient 3 went to Precision MD for a consultation for plastic surgery on her thighs and underneath both arms. Patient 3 met with the office manager. The office manager examined Patient 3 and recommended J Plasma on the thighs and Laser-Lipo on the arms. Patient 3 then asked about procedures to tighten her neck area. The office manager asked respondent to join the conversation and respondent recommended threading, noting it would take three to four months to see the full effects.

18. Patient 3 scheduled the procedures, and on June 17, 2019, she appeared for the same. Upon arrival, Patient 3 was asked to sign and initial an electronic pad, giving consent for the procedures; and she did. A staff member photographed Patient 3, took her to the surgical room, provided Patient 3 with oral drugs for sedation, and placed an IV line. Patient 3 became unconscious, but waking several times during the procedure, and feeling pain. The next thing Patient 3 remembers is waking up in the car on the way home following the procedure.

19. On June 18, 2019, Patient 3 returned to Precision MD for a post-op appointment. Patient 3 reported extreme pain, but respondent said it was normal. Respondent directed Patient 3 to take off her compression suit after three days. Patient 3 continued feeling tremendous pain. She repeatedly called Precision MD and reported the same. Staff reassured Patient 3, telling her to drink more pineapple juice

to help with swelling. On June 21, 2019, Patient 3 removed her compression suit and found black chunks of skin on the back of her arms.

20. On June 25, 2019, Patient 3 returned to Precision MD and told respondent she was in pain and she had peeling skin under her arms. Respondent said her progress was normal and she should start using Xeroform under her arms. At home, Patient 3 remained in constant pain and she began to notice a foul odor emitting from under her arms when she changed her bandages.

21. On July 2, 2019, Patient 3 returned to Precision MD and reported the foul smell to respondent. Respondent told Patient 3 to stop wearing the compression suit, but he did not inspect the surgical sites. At home, Patient 3 continued to smell the foul odor from under her arms when she changed her bandages.

22. On July 9, 2019, Patient 3 returned to Precision MD for another post-op appointment. Respondent unwrapped Patient 3's arm bandages and immediately yelled for his staff to prepare the surgical room. Patient 3 started to cry. She was brought to the surgical room and laid on the examination table. Respondent injected something into her left arm, used surgical scissors to cut away skin, and then stitched the healthy skin margins back together. Respondent did the same to her right arm, and both arms were bandaged. Respondent told Patient 3 he would personally take care of her from now on; he repeated the same to staff. He prescribed her pain medication and antibiotics and said she would heal in two to three weeks. Patient 3 returned for approximately 11 follow-up appointments in July. At one appointment, respondent brought two titanium probes into the room and showed them to Patient 3. He reported the probes to be defective, which was what had caused her pain and burned her, and he had contacted the manufacturer and requested new probes.

23. On July 28, 2019, Patient 3 was in so much pain, she went to the ED at Mercy. She was diagnosed with an infected third degree burn and told she would likely need a referral to a wound care clinic. She was given pain medication and prescribed different antibiotics. On July 29, 2019, Patient 3 returned to Precision MD for additional post-op care. She reported going to the Mercy ED, and respondent became upset, telling Patient 3 she should not have gone to the ED. Nonetheless, Patient 3 continued to see respondent for post-op care. However, when her wounds did not timely heal, she became angry with respondent. During one appointment, Patient 3 and respondent had a heated argument. Respondent directed Patient 3 to leave his office via the back door; Patient 3 did so, but then walked to the front of Precision MD and re-entered the office through the front door. Patient 3 told everyone in the lobby not to seek treatment with respondent because respondent had "butchered" her.

BOARD EXPERT – MICHAEL A. BAIN, M.D.

24. Dr. Bain is a Board-Certified plastic surgeon and the Chair of the Plastic Surgery Department at Hoag Hospital in Newport Beach and Irvine. Dr. Bain reviewed: medical and treatment records for Patients 1, 2, and 3; the Board Investigative Report drafts, containing summaries of interviews with several of respondent's former employees; the audio recording of respondent's interview with Board investigators; written statements respondent submitted to the Board; and photographs of Patients 1, 2, and 3. Dr. Bain found respondent's lack of knowledge, experience, and training to be dangerous, risking patient death. For example, Dr. Bain noted: respondent failed to properly maintain surgical devices/instruments, not replacing parts on schedule; burning patients, failing to diagnose the same or refer burned patients for specialized treatment; using J-Plasma in a non-FDA approved manner; during liposuction, aspirating five liters without fluid replacement; using maximum dose of Lidocaine for

all procedures, as well as Morphine, Fentanyl and Ativan (sedation drugs) for conscious sedation procedures; not following recommended time for Vaser aspiration volumes; not identifying end points (i.e. visual inspection, pinch test, and bloody aspirate); not transferring unhappy patients to another doctor; and failing to properly maintain the probe within the surgical field (e.g., striking Patient 1 on the clitoris).

25. Dr. Bain also found respondent's care and treatment of Patients 1, 2, and 3 to be unsafe. Dr. Bain identified repeated violations of the Medical Practices Act and/or failures to meet the standard of care, including:

- allowing unlicensed individuals to recommend surgical procedures to patients (e.g., the office manager);
- failing to adequately obtain informed consent (e.g., not adequately explaining risks and benefits of the procedure; inadequate time provided to patients to read consent documents before signing; having patients sign consent for a procedure not being performed; obtaining one signature template from the patient and then cutting and pasting the patient's signature onto all other necessary forms; performing surgical debridement on Patient 3 without obtaining consent; and continuing with the procedure when repeatedly asked to stop by Patient 2);
- including improper waivers in consent documents (e.g. Health Insurance Portability and Accountability Act (HIPPA) policy and future litigation);
- failing to perform a complete history and physical examination before surgery;
- providing the maximum dose of Lidocaine without adequate monitoring during the procedure (i.e. 55 mg./kg.);

- failing to monitor patients' blood pressure or heart rhythms during surgery and document vital signs;
- operating with no safety procedures in place;
- allowing medical assistants to prepare injectable medications and push IV drugs;
- failing to maintain an accredited surgical facility;
- failing to adequately supervise patients after surgery with no established discharge criteria;
- failing to maintain adequate discharge criteria for when it is safe for patients to leave care after surgery;
- failing to prescribe appropriate medications for discharge (e.g., Ancef, instead of Ceftriaxone; Keflex for 10 days);
- failing to timely and accurately (i.e., truthfully) document in patient medical records, including procedure type, medications used, vital signs, reasons for discharge prescriptions (e.g., no mention of allograft product used for skin graft including serial and lot numbers; no neck-threading documented; no explanation for prescribing oral Morphine upon discharge to Patient 1); and
- no hospital admitting privileges.

Respondent's Evidence

26. Respondent does not deny he violated the Medical Practices Act while treating Patients 1, 2, and 3. However, he has made changes to his practice, addressing

all issues raised by the Board during his March 2020 interview, including: rewriting patient consent forms; creating Emergency and Discharge Protocols; purchasing a crash cart; monitoring patients' blood pressure and cardiac rhythmus during all surgeries; becoming certified in Advanced Cardiac Life Support (ACLS); and no longer allowing medical/surgical assistants to mix and/or administer IV drugs to patients during surgeries. In addition, respondent has hired Shain Cuber, M.D., a skilled plastic surgeon, to work at Precision MD. Dr. Cuber is board-certified in plastic surgery and has been practicing for 30 years in the field. Finally, respondent has registered for several cosmetic surgery classes in September to increase his core knowledge.

Discussion

27. Based upon the evidence submitted, respondent has violated the Medical Practices Act by practicing cosmetic procedures without the required knowledge, skill, and expertise. Dr. Bain, a well-qualified plastic surgeon, conducted an exhaustive review of the materials provided. His findings are well-supported, persuasive, and unchallenged. In fact, respondent concedes he violated the Act. Notwithstanding the above, respondent has made a great many changes to his practice since his interview with the Board in March 2020. Respondent's changes are good, but they do not adequately address his ongoing risk to the public based upon his substantial lack of knowledge, skill and experience. Given the above, allowing respondent to continue practicing would endanger the public health, safety, or welfare.

28. Based upon the evidence submitted, there is a reasonable probability that the petitioner will prevail in the underlying action, and the likelihood of injury to the public in not issuing an ISO outweighs the likelihood of injury to respondent in issuing an ISO.

LEGAL CONCLUSIONS

1. An ALJ may issue an interim order suspending a license "only if the affidavits in support of the Petition show that the licensee has engaged in, or is about to engage in, acts or omissions constituting a violation of the Medical Practice Act . . . or is unable to practice safely due to a mental or physical condition, and that permitting the licensee to continue to engage in the profession for which the license was issued will endanger the public health, safety, or welfare." (Gov. Code, § 11529, subd. (a).) "Consistent with the burden and standards of proof applicable to a preliminary injunction entered under Section 527 of the Code of Civil Procedure, the administrative law judge shall grant the interim order if, in the exercise of discretion, the administrative law judge concludes that: (1) There is a reasonable probability that the petitioner will prevail in the underlying action; and (2) The likelihood of injury to the public in not issuing the order outweighs the likelihood of injury to the licensee in issuing the order." (Gov. Code, § 11529, subd. (e).)

2. Petitioner need only prove his case by a preponderance of the evidence, and this requires a demonstration of a reasonable probability that petitioner will prevail in establishing the violations complained of in seeking the injunction or, in this case, an interim suspension order. (*People v. Frangadakis* (1960) 184 Cal.App.2d 540, 549-50; see also Gov. Code, § 11529, subd. (e) [the standard and burden of proof is that which applies to the issuance of a preliminary injunction pursuant to Code of Civil Procedure section 527].) Further, when a governmental entity seeks to enjoin a statutory violation, evidence that it is reasonably probable that the agency will prevail on the merits gives rise to a rebuttable presumption that the potential harm to the public outweighs the potential harm to the defendant. (*IT Corp. v. County of Imperial* (1983) 35 Cal.3d 63, 72-73.).

3. Unprofessional conduct includes, but is not limited to, the following:

- Gross negligence. (§ 2234, subd. (b).)
- 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. (§ 2234, subd. (c).)
- Incompetence. (§ 2234, subd. (d).)
- The commission of any act involving dishonesty or corruption that is substantially related to the qualifications, functions, or duties of a physician and surgeon. (§ 2234, subd. (e).)
- Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts . . . (§ 2261.)
- Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent . . . (§ 2262.)
- The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person or any

suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any other mode of treating the sick or afflicted which requires a license to practice . . . (§ 2264.)

- A violation of [the Board's] extraction and postoperative care standards [for body liposuction procedures]. (§ 2259.7; Cal. Code Regs., tit. 16, § 1356.6.)

4. Any person who practices or attempts to practice, or who advertises or holds himself or herself out as practicing, or any person who conspires with or aids or abets another to commit any:

system or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder, injury, or other physical or mental condition of any person, without having at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in [the Medical Practice Act], or without being authorized to perform the act pursuant to a certificate obtained in accordance with some other provision of law, is guilty of a public offense, punishable by a fine not exceeding ten thousand dollars (\$10,000), by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code, by imprisonment in a county jail not exceeding one year, or by both the fine and either imprisonment.

(§ 2052, subds. (a) & (b).)

5. By reason of the matters set forth in the Factual Findings as a whole, and the declarations and reports filed in support of the Petition, it is determined that respondent engaged in acts or omissions constituting violations of the Medical Practice Act. More specifically, respondent's conduct constitutes violations of 2234 (general unprofessional conduct), as well as subdivisions (b) (gross negligence), (d) (incompetence) and (e) (corrupt and dishonest act); 2261 and 2262 (falsification of medical records); 2052, subdivision (b), and 2264 (aiding and abetting the unlicensed practice of medicine); and 2259.7 and California Code of Regulations, title 16, section 1356.6 (violation of liposuction statutes).

6. By reason of the matters set forth in the Factual Findings as a whole, and the declarations and reports filed in support of the Petition, it is determined that permitting respondent to continue to engage in the practice of medicine will endanger the public health, safety, or welfare.

7. By reason of the matters set forth in the Factual Findings as a whole, and the declarations and reports filed in support of the Petition, it is determined that there is a reasonable probability that petitioner will prevail in the underlying action.

8. By reason of the matters set forth in the Factual Findings as a whole, and the declarations and reports filed in support of the Petition, it is determined that the likelihood of injury to the public in not granting the Petition outweighs the likelihood of injury to respondent in granting the Petition.


9. By reason of the Factual Findings and Legal Conclusions as a whole, cause exists to immediately suspend the license of respondent pursuant to Government Code section 11529 in conjunction with sections 2234 (general

unprofessional conduct), as well as subdivisions (b) (gross negligence), (d) (incompetence) and (e) (corrupt and dishonest act); 2261 and 2262 (falsification of medical records); 2052, subdivision (b), and 2264 (aiding and abetting the unlicensed practice of medicine); and 2259.7 and California Code of Regulations, title 16, section 1356.6 (violation of liposuction statutes).

ORDER

1. The Petition for Interim Suspension Order is GRANTED.
2. Physician and Surgeon License No. A97693 issued to Mahmoud Khattab, M.D., is suspended in accordance with Government Code section 11529. During the time that this Interim Suspension Order is in effect, respondent is prohibited from engaging in the practice of medicine. He shall surrender to the Medical Board all indicia of his licensure as a physician.
3. This order shall remain in full force and effect until such time as an Accusation is filed and served and a decision is rendered thereon pursuant to Government Code section 11529, subdivision (f), or this matter is otherwise resolved.

DATE: July 30, 2020

DocuSigned by:

6D644509A8FF4C5...

ERIN R. KOCH-GOODMAN
Administrative Law Judge
Office of Administrative Hearings