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

In the Matter of the Accusation Against:	)	
Alphonso Brenell Benton, M.D.	)	**File No. 800-2014-002390**
Physician's and Surgeon's Certificate No. A 72741	)	
Respondent	)	

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on February 3, 2017.

IT IS SO ORDERED January 5, 2017.

MEDICAL BOARD OF CALIFORNIA

By: _____
Jamie Wright, J.D., Chair
Panel A

KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
RANDALL R. MURPHY
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Attorneys for Complainant

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

In the Matter of the Accusation Against: ALPHONSO B. BENTON, M.D. 15944 Los Serranos Country Club Drive, Suite 110 Chinio Hills, CA 97090, Physician's and Surgeon's Certificate No. A72741, Respondent.	Case No. 800-2014-002390 OAH Case No. 2016030692 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Kamala D. Harris, Attorney General of the State of California, by Randall R. Murphy, Deputy Attorney General.

2. Respondent Alphonso B. Benton, M.D. (Respondent) is represented in this proceeding by attorney Peter R. Osinoff, Esq., of Bonne Bridges Mueller O'Keefe & Nichols, whose address is: 3699 Wilshire Blvd., 10th Floor, Los Angeles, CA 90010.

3. On or about August 3, 2000, the Board issued Physician's and Surgeon's Certificate No. A72741 to Alphonso B. Benton, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2014-002390, and will expire on August 31, 2018, unless renewed.

JURISDICTION

4. Accusation No. 800-2014-002390 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 9, 2016. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2014-002390 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2014-002390. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2014-002390, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

12. Respondent agrees that if the Board ever has reason to file a disciplinary action against Respondent for failure to comply with the terms of this stipulated Settlement and Disciplinary Order, including Respondent's failure to successfully enroll in and complete a Physician Assessment and Clinical Education Program, as set forth in paragraph 17, below, all of the charges and allegations contained in Accusation No. 800-2014-002390 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding.

CONTINGENCY

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

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

15. In consideration of the foregoing admissions and stipulations, the parties agree that

the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Respondent Alphonso B. Benton, M.D., Physician's and Surgeon's Certificate No. A72741, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This Public Reprimand is issued in connection with Respondent's care and treatment of one patient, as set forth in Accusation No. 800-2014-002390, and is as follows:

Respondent, Alphonso Benton, M.D., treated patient J.G., on January 10, 2012, for complications of a urinary tract infection. Respondent's notes did not adequately support his choice of antibiotics nor his decision to discharge the patient to a convalescent care center later that day. This has been determined to constitute a violation of Business and Professions Code sections 2234 and 2266.

16. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping equivalent to the Medical Record Keeping Course offered by the Physician Assessment and Clinical Education Program, University of California, San Diego School of Medicine (Program), approved in advance by the Board or its designee. Respondent shall provide the program with any information and documents that the Program may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. It is understood that the medical record keeping component of the Physician Assessment and Clinical Education Program required in paragraph 17, below, shall be adequate to fulfill this requirement.

A medical record keeping course taken after the acts that gave rise to the charges in the

Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

17. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program"). Respondent shall successfully complete the Program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The Program shall consist of a Comprehensive Assessment program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which Respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent's performance and test results in the assessment and clinical education, the Program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. Determination as to whether Respondent successfully

completed the examination or successfully completed the program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical training program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical training program have been completed. If the Respondent did not successfully complete the clinical training program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

Within 60 days after Respondent has successfully completed the clinical training program, Respondent shall participate in a professional enhancement program equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary. Failure to fulfill this term and condition shall be considered unprofessional conduct under Business and Professions Code section 2234, subdivision (e).

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

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Peter R. Osinoff, Esq.. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and

Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 11-4-16

ALPHONSO B. BENTON, M.D.
Respondent

I have read and fully discussed with Respondent ALPHONSO B. BENTON, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/7/16

PETER R. OSINOFF, ESQ.
Attorney for Respondent

ENDORSEMENT

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

Dated:

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

RANDALL R. MURPHY
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2014-002390

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

In the Matter of the Accusation Against: Alphonso B. Benton, M.D. 15944 Los Serranos Country Club Drive, Suite 110 Chino Hills, California 91709-3993 Physician's and Surgeon's Certificate No. A72741, Respondent.	Case No. 800-2014-002390 **ACCUSATION**

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. On or about August 3, 2000, the Medical Board issued Physician's and Surgeon's Certificate Number A72741 to Alphonso B. Benton, M.D. ("Respondent"). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2016, 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. The Medical Practice Act ("Act") is codified at sections 2000-2521 of the Business and Professions Code.

5. Pursuant to Code section 2001.1, the Board's highest priority is public protection.

6. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

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

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

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

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

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

". . ."

7. Code section 2227, subdivision (a), provides as follows:

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

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

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

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

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

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

"(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1."

8. Section 2234 of the Code, 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:

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

"(b) Gross negligence.

"(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.

"(d) Incompetence.

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

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

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

9. 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."

FACTS

PATIENT J.G.

10. On or about December 22, 2011, J.G. was transported to the Emergency Room (ER) at Corona Regional Medical Center (CRMC) after suffering from vertigo. While at CRMC, J.G. was having trouble urinating and was told he had a kidney infection. After being treated, Respondent recommended that J.G. be transferred to Vista Cove Care Center (VCCC), a skilled nursing facility, for rehabilitation.

11. At CRMC Respondent diagnosed the patient with an altered level of consciousness secondary to urinary tract infection and severe cognitive impairment. The records show that J.G. met the criteria for the diagnosis of sepsis due to urinary tract infection and showed ongoing unstable vital signs and ongoing alterations of his level of consciousness compared to baseline data.

12. J.G. was treated at VCCC for five days and was then discharged and sent home on December 27, 2011.

13. On or about January 9, 2012, J.G. presented to the ER at CRMC with a fever of 102. J.G. was admitted and stayed at CRMC until January 10, 2012.

14. At CRMC J.G was diagnosed with generalized weakness, an alteration of his baseline level of consciousness, a history of a fever to 102 (although not well documented), an elevated White Blood Count, and pyuria. While in the ER he became hypotensive and was given 2 liters of IV fluids.

15. J.G. remained hypotensive after the initial 2 liters of IV fluids, but was not provided additional fluids and/or presser agents intravenously.

16. J.G. met the criteria for the diagnosis of sepsis at the time of his admission to CRMC because elderly patients are sometimes unable to mount a significant temperature elevation even in the face of serious infections. However, the records reflect that Respondent did not consider sepsis despite having a hypotensive, altered patient with an identifiable source of infection even without a significant fever.

17. Respondent brought J.G. into the hospital as an outpatient and admitted the patient to an unmonitored floor of the hospital and did not order monitoring.

18. Respondent ordered broad spectrum antibiotics in the form of Ceftriaxone and Ciprofloxacin IV (initially an IV was ordered but the order was later changed to an oral dosage). No other orders were given.

19. Respondent did not order broad spectrum antibiotics with coverage for gram positive and gram negative bacteria with specific coverage for methicillin-resistant staph aureus. Respondent's notes reflect that no consideration was given for coverage for unusual bacteria that may be contracted in a healthcare setting, despite J.G.'s having been at a skilled nursing facility 10 days prior on Respondent's orders. Respondent did not order appropriate antibiotics, specifically vancomycin and the records do not reflect Respondent altering the antibiotic orders to treat the identified organism following laboratory test results.

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20. On January 10, 2012, J.G. was transferred to VCCC, on Respondent's order and over the alleged objections of the patient's family.

21. Respondent's medical records indicate that he ordered the transfer to VCCC before he was aware of the specific results of the blood cultures drawn earlier. However, he was aware of all four blood cultures being positive for a gram positive organism before the patient left CRMC, as he noted this on his short stay discharge summary. However, final identification and sensitivities were not reported until January 12, 2012 (after J.G. had been transferred to VCCC, returned to CRMC in cardiac arrest and passed away). No alterations in the choice of antibiotics was made and vancomycin was not ordered, even after the preliminary blood cultures showing gram positives in clusters was known.

22. Respondent did not order central venous pressure monitoring or intravenous access in the form of a central line despite indications of sepsis, J.G.'s advanced age and the prior history of the patient.

23. At CRMC Respondent ordered IV fluids at a rate of 100 ml/hr. This order was never modified despite blood pressure readings as low as 85/50 and 88/44. There was no charting regarding the hypotension or a treatment plan for it, nor any discussion of why J.G.'s heart rate remained low (in the 50s and 40s) despite being hypotensive.

24. Respondent, significantly, did not order a consultation with an Internist or other specialist.

25. Respondent did not meet with the spouse or J.G.'s family members.

26. Respondent was aware of J.G.'s previous VCCC and CRMC medical records showing that J.G. did not generally run a systolic blood pressure below 100-136. On arrival to the CRMC ER on January 9, 2012, his initial blood pressure was 146/76. However by midnight his blood pressure was 86/48. The ER physician on duty ordered 2 liters of normal saline to be administered "wide open." However, Respondent in his initial admission orders, ordered "normal saline" at 100 ml/h. At the time this order was written J.G.'s blood pressure was recorded as 88/44 with a heart rate of 50, after receiving 2 liters of saline.

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27. On January 10, 2012, J.G. remained hypotensive, with BP readings as low as 85/50. Diastolic BP was recorded as low as 42. Despite hypotension, the patient also remained bradycardic with a heart rate in the 50s and as low as into the 40s. The ongoing low blood pressure was called to Respondent's attention by other medical professionals who were concerned about J.G.'s stability for transfer to VCCC and the appropriateness of this transfer. Respondent insisted that J.G. was stable for transfer and ordered the transfer to proceed despite ongoing hypotension and bradycardia.

28. Although, as noted above, Respondent was aware of J.G.'s preliminary blood cultures before the patient had physically left CRMC and despite the clinical appearance of sepsis, subsequent ongoing hypotension and 4 of 4 blood cultures testing positive for a gram positive organism, no additional action was taken to address the ongoing hypotension.

29. Respondent did not ensure that J.G., a patient with sepsis and hypotension, had adequate blood pressure, heart rate readings, oxygenation, respiratory rate and effort, cessation of fever, and stabilization of kidney function before transferring him to a lower level care facility.

30. On January 11, 2012, at approximately 2:00 a.m., J.G. was found to be unresponsive, 911 was called and J.G. was transported back to CRMC where he arrived in the ER in full cardiac arrest and was not able to be resuscitated.

31. Respondent's medical records from January 9-11, 2012, indicate that he did not address several abnormal laboratory test results in J.G., including: (1) low potassium; (2) low calcium; (3) low albumin/nutritional state; (4) elevated b-natriuretic protein; (5) low and declining hemoglobin/hematocrit; (6) abnormal chest x-ray; (7) right bundle branch block on EKG, and; (8) elevated glucose.

32. Respondent's medical records from January 9-11, 2012, indicate that he referred to a previous admission from seventeen or eighteen days prior as the basis for abbreviating the History and Physical for this admission. In his Assessment section of the form he classifies this admission as a "readmission." However, he did not document a review of systems (or document that the patient was unable to provide one) or document a new physical examination of the patient.

33. Respondent's medical records from January 9, 2012, indicate that he did not address in his treatment plan, several abnormal test results, as noted above.

34. Respondent's medical records from January 9, 2012, indicate that no Progress Note was ever done for J.G., despite J.G.'s being hypotensive, warranting repeat assessments and documentation of those assessments.

35. Respondent's medical records from January 9-11, 2012, fail to legibly indicate the time when he spoke with J.G.'s wife and she authorized transfer to "SNF for IV ABX." In addition, the signature is illegible and there is no identifying number or stamp.

FIRST CAUSE FOR DISCIPLINE
(Unprofessional conduct - Gross Negligence)

36. By reason of the matters set forth above in paragraphs 10 through 35, incorporated herein by this reference, Respondent, Alphonso B. Benton, M.D., is subject to disciplinary action under section 2234, subdivision (b), in that Respondent was grossly negligent in the care and treatment of J.G. The circumstances are as follows:

37. Respondent failed to diagnose J.G. with sepsis and did not assess the patient in person at the time of admission, which constitutes gross negligence and is a violation of section 2234, subdivision (b).

38. Respondent failed to admit J.G. into an intermediate care unit with continuous monitoring or to an intensive care unit, despite evidence of sepsis, which constitutes gross negligence and is a violation of section 2234, subdivision (b).

39. Respondent failed to address J.G.'s ongoing hypotension, especially knowing that the patient had 4 of 4 blood cultures growing a gram positive organism, which constitutes gross negligence and is a violation of section 2234, subdivision (b).

40. Respondent discharged J.G. to a skilled nursing facility despite ongoing hypotension and bradycardia, and evidence of sepsis or pyelonephritis, which constitutes gross negligence and is a violation of section 2234, subdivision (b).

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SECOND CAUSE FOR DISCIPLINE
(Unprofessional conduct - Repeated Negligent Acts)

41. By reason of the matters set forth above in paragraphs 10 through 40, incorporated herein by this reference, Respondent is subject to disciplinary action under section 2234, subdivision (c), in that Respondent was repeatedly negligent in the care and treatment of J.G. The circumstances are as follows:

42. Respondent failed to treat J.G. with vancomycin either initially or when the blood culture results were known, which together constitute repeated negligent acts and is a violation of section 2234, subdivision (c).

43. Respondent's failure to address several of J.G.'s abnormal diagnostic tests, as set forth in paragraph 31, constitutes repeated negligent acts and is a violation of section 2234, subdivision (c).

THIRD CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

44. By reason of the matters set forth above in paragraphs 10 through 43, incorporated herein by this reference, Respondent is subject to disciplinary action under section 2266 in that he failed to maintain adequate and accurate medical records for patient J.G. The circumstances are as follows:

45. Respondent failed to maintain adequate and accurate medical records for J.G., which constitutes a violation of section 2266.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A72741, issued to Alphonso B. Benton, M.D.;

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2. Revoking, suspending or denying approval of his authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Alphonso B. Benton, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: February 9, 2016

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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