

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

In the Matter of the Accusation)
Against:)
)
)
ELIJAH MOBLEY, M.D.)
)
Physician's and Surgeon's)
Certificate No. G 81875)
)
Respondent)
_____)

Case No. 18-2013-231149

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 24, 2017.

IT IS SO ORDERED: January 25, 2017.

MEDICAL BOARD OF CALIFORNIA



**Michelle Anne Bholat, M.D., Chair
Panel B**

1 KAMALA D. HARRIS
Attorney General of California
2 ROBERT MCKIM BELL
Supervising Deputy Attorney General
3 CHRISTINE R. FRIAR
Deputy Attorney General
4 State Bar No. 228421
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, California 90013
6 Telephone: (213) 897-6404
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:
12 ELIJAH MOBLEY, M.D.
13 16155 Sierra Lakes Parkway
Fontana, CA 92336
14 Physician's and Surgeon's Certificate G 81875,
15 Respondent.
16

Case No. 18-2013-231149

OAH No. 2016060095

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

17
18 **IT IS HEREBY STIPULATED AND AGREED** by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 PARTIES

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

25 2. Respondent Elijah Mobley, M.D. (Respondent) is represented in this proceeding by
26 attorney Peter R. Osinoff of Bonne Bridges, Mueller, O'Keefe & Nichols, located at 3699
27 Wilshire Blvd., 10th Floor, Los Angeles, California 90010.

28 ///

1 allegations contained in Accusation No. 18-2013-231149 shall be deemed true, correct and fully
2 admitted by Respondent for purposes of that proceeding or any other licensing proceeding
3 involving respondent in the State of California.

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

7 CONTINGENCY

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

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

21 14. In consideration of the foregoing admissions and stipulations, the parties agree that
22 the Board may, without further notice or formal proceeding, issue and enter the following
23 Disciplinary Order:

24 DISCIPLINARY ORDER

25 **IT IS HEREBY ORDERED THAT** Physician's and Surgeon's Certificate No. G 81875
26 issued to Respondent Elijah Mobley, M.D. is revoked. However, the revocation is stayed and
27 Respondent is placed on probation for three (3) years on the following terms and conditions.

28 1. CLINICAL TRAINING PROGRAM. Within 60 calendar days of the effective date

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

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

13 Respondent shall pay all expenses associated with the clinical training program.

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

19 At the completion of any additional educational or clinical training, Respondent shall
20 submit to and pass an examination. Determination as to whether Respondent successfully
21 completed the examination or successfully completed the program is solely within the program's
22 jurisdiction.

23 If Respondent fails to enroll, participate in, or successfully complete the clinical training
24 program within the designated time period, Respondent shall receive a notification from the
25 Board or its designee to cease the practice of medicine within three (3) calendar days after being
26 so notified. The Respondent shall not resume the practice of medicine until enrollment or
27 participation in the outstanding portions of the clinical training program have been completed. If
28 the Respondent did not successfully complete the clinical training program, the Respondent shall

1 not resume the practice of medicine until a final decision has been rendered on the accusation
2 and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of
3 the probationary time period.

4 Within 60 days after Respondent has successfully completed the clinical training program,
5 Respondent shall participate in a professional enhancement program equivalent to the one offered
6 by the Physician Assessment and Clinical Education Program at the University of California, San
7 Diego School of Medicine, which shall include quarterly chart review, semi-annual practice
8 assessment, and semi-annual review of professional growth and education. Respondent shall
9 participate in the professional enhancement program at Respondent's expense during the term of
10 probation, or until the Board or its designee determines that further participation is no longer
11 necessary.

12 2. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
13 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
14 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
15 licenses are valid and in good standing, and who are preferably American Board of Medical
16 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
17 relationship with Respondent, or other relationship that could reasonably be expected to
18 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
19 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
20 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

21 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
22 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
23 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
24 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
25 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
26 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
27 signed statement for approval by the Board or its designee.

28 Within 60 calendar days of the effective date of this Decision, and continuing throughout

1 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
2 make all records available for immediate inspection and copying on the premises by the monitor
3 at all times during business hours and shall retain the records for the entire term of probation.

4 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
5 date of this Decision, Respondent shall receive a notification from the Board or its designee to
6 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
7 shall cease the practice of medicine until a monitor is approved to provide monitoring
8 responsibility.

9 The monitor shall submit a quarterly written report to the Board or its designee which
10 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
11 are within the standards of practice of medicine, and whether Respondent is practicing medicine
12 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
13 that the monitor submits the quarterly written reports to the Board or its designee within 10
14 calendar days after the end of the preceding quarter.

15 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
16 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
17 name and qualifications of a replacement monitor who will be assuming that responsibility within
18 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
19 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
20 notification from the Board or its designee to cease the practice of medicine within three (3)
21 calendar days after being so notified Respondent shall cease the practice of medicine until a
22 replacement monitor is approved and assumes monitoring responsibility.

23 In lieu of a monitor, Respondent may participate in a professional enhancement program
24 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the
25 University of California, San Diego School of Medicine, that includes, at minimum, quarterly
26 chart review, semi-annual practice assessment, and semi-annual review of professional growth
27 and education. Respondent shall participate in the professional enhancement program at
28 Respondent's expense during the term of probation.

1 3. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
2 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
3 Chief Executive Officer at every hospital where privileges or membership are extended to
4 Respondent, at any other facility where Respondent engages in the practice of medicine,
5 including all physician and locum tenens registries or other similar agencies, and to the Chief
6 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
7 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
8 calendar days.

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

10 4. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
11 prohibited from supervising physician assistants.

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

15 6. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
16 under penalty of perjury on forms provided by the Board, stating whether there has been
17 compliance with all the conditions of probation.

18 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
19 of the preceding quarter.

20 7. GENERAL PROBATION REQUIREMENTS.

21 Compliance with Probation Unit

22 Respondent shall comply with the Board's probation unit and all terms and conditions of
23 this Decision.

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and
26 residence addresses, email address (if available), and telephone number. Changes of such
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021(b).

2 Place of Practice

3 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
4 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
5 facility.

6 License Renewal

7 Respondent shall maintain a current and renewed California physician's and surgeon's
8 license.

9 Travel or Residence Outside California

10 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
11 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
12 (30) calendar days.

13 In the event Respondent should leave the State of California to reside or to practice
14 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
15 departure and return.

16 8. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be
17 available in person upon request for interviews either at Respondent's place of business or at the
18 probation unit office, with or without prior notice throughout the term of probation.

19 9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
22 defined as any period of time Respondent is not practicing medicine in California as defined in
23 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month
24 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All
25 time spent in an intensive training program which has been approved by the Board or its designee
26 shall not be considered non-practice. Practicing medicine in another state of the United States or
27 Federal jurisdiction while on probation with the medical licensing authority of that state or
28 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall

1 not be considered as a period of non-practice.

2 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
3 months, Respondent shall successfully complete a clinical training program that meets the criteria
4 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and
5 Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice will relieve Respondent of the responsibility to comply with the
9 probationary terms and conditions with the exception of this condition and the following terms
10 and conditions of probation: Obey All Laws; and General Probation Requirements.

11 10. COMPLETION OF PROBATION. Respondent shall comply with all financial
12 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
13 completion of probation. Upon successful completion of probation, Respondent's certificate shall
14 be fully restored.

15 11. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
16 of probation is a violation of probation. If Respondent violates probation in any respect, the
17 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
18 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
19 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
20 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
21 the matter is final.

22 12. LICENSE SURRENDER. Following the effective date of this Decision, if
23 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
24 the terms and conditions of probation, Respondent may request to surrender his or her license.
25 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
26 determining whether or not to grant the request, or to take any other action deemed appropriate
27 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
28 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its


1 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
 2 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
 3 application shall be treated as a petition for reinstatement of a revoked certificate.

4 13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
 5 with probation monitoring each and every year of probation, as designated by the Board, which
 6 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
 7 California and delivered to the Board or its designee no later than January 31 of each calendar
 8 year.

9 ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
 11 discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and the effect it
 12 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
 13 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
 14 Decision and Order of the Medical Board of California.

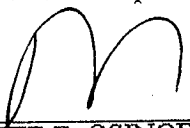
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 16 DATED: 12/1/16


 ELIJAH MOBLEY, M.D.
 Respondent

17
 18 I have read and fully discussed with Respondent Elijah Mobley, M.D. the terms and
 19 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.

20 I approve its form and content.

21 DATED: 12/1/16


 PETER R. OSINOFF
 Attorney for Respondent

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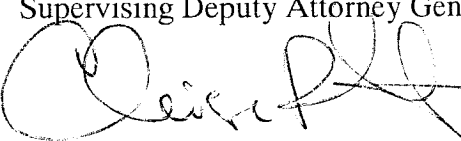
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ENDORSEMENT

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

Dated: 12/5/2016

Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General



CHRISTINE R. FRIAR
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 18-2013-231149

1 KAMALA D. HARRIS
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 CHRISTINE R. FRIAR
Deputy Attorney General
4 State Bar No. 228421
California Department of Justice
5 300 So. Spring Street, Suite 1702
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7 Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO MARCH 17 2016
BY: [Signature] ANALYST

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

12 In the Matter of the Accusation Against:

Case No. 18-2013-231149

13 **ELIJAH MOBLEY, M.D.**
14 **16155 Sierra Lakes Parkway**
15 **Fontana, CA 92336**

ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. G 81875,**

Respondent.

18 Complainant alleges:

19 **PARTIES**

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

23 2. On or about August 16, 1995, the Medical Board issued Physician's and Surgeon's
24 Certificate Number G 81875 to Elijah Mobley, M.D. (Respondent). The Physician's and
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein
26 and will expire on August 31, 2017, unless renewed.

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JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code unless otherwise indicated.

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

8 5. Section 2234 of the Code, states:

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

12 "...

13 "(b) Gross negligence.

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

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

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

24 "..."

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 6. Respondent Elijah Mobley, M.D. is subject to disciplinary action under Code section
4 2234, subdivision (b), in that he committed gross negligence in his care and treatment of Patient
5 B.C.¹ Specifically, Respondent failed properly manage Patient B.C. after performing a distal
6 gastric resection and gastrojejunostomy (surgical procedure for relieving gastric outlet
7 obstruction). The circumstances are as follows:

8 7. Respondent is a Board-Certified surgeon.

9 8. Patient B.C. was a seventy-three (73) year-old woman who was referred to
10 Respondent for surgical management of a gastric outlet obstruction, gastric stasis and erosive
11 esophagitis, secondary to pyloric stenosis (narrowing of the opening from the stomach to the first
12 part of the small intestine known as the duodenum), which were discovered during an endoscopy
13 in May 2010.

14 9. After conducting a preoperative evaluation, Respondent scheduled Patient B.C. for
15 surgery on June 24, 2010 at St. Mary's Hospital in Apply Valley, California.

16 10. On June 24, 2010, Respondent performed an exploratory laparotomy, excision of a
17 mass around the pylorus (opening from the stomach to the duodenum), distal gastrectomy
18 (surgical reconstruction used to re-establish gastrointestinal continuity) and placed drains. The
19 mass was not biopsied prior to being excised. In addition to the mass, Respondent also removed a
20 portion of Patient B.C.'s pancreas. Patient B.C. was discharged on June 29, 2010.

21 11. On July 5, 2010, Patient B.C. returned to the hospital with abdominal pain and green
22 colored discharge from her abdominal incision and drain. Test results showed fluid collection
23 under the liver.

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26 _____
27 ¹ In this Accusation, the patient is referred to by initial to protect her right of privacy. The
28 patient's full name will be disclosed to Respondent when discovery is provided pursuant to
Government Code section 11507.6.

1 12. On July 8, 2010, Patient B.C. was taken back to the operating room for a second
2 surgery and Respondent performed an exploratory laparotomy, abdominal washout, lysis of
3 adhesions, and an oversew of a presumed duodenal hole and application of glue.

4 13. Postoperatively, Patient B.C. continued to have copious output from her drains and
5 was not doing well clinically.

6 14. On July 14, 2010, she returned to the operating room and Respondent performed
7 another exploratory laparotomy, abdominal washout, presumed duodenal hole oversew and
8 placement of glue and drains.

9 15. Patient B.C.'s condition still did not improve after the third surgery on July 14, 2010.
10 Patient B.C. was seen by multiple consultants and additional studies were performed, which
11 revealed a bile leak at the distal common bile duct and inability to cannulate the duodenum,
12 consistent with a common bile duct injury.

13 16. Patient B.C. was then transferred to a higher level of care at the University of
14 California – Irvine (UCI) Medical Center. Numerous procedures were performed on Patient B.C.,
15 but her clinical condition continued to deteriorate and she ultimately died on November 20, 2010,
16 while in hospice care.

17 17. The standard of care when presented with an unexpected mass (such as that found by
18 the Respondent during the June 24, 2010 surgery) is to biopsy the mass before resection (surgical
19 removal). This is especially true if the mass is in a part of the body close to a number of vital
20 structures, as was Patient B.C.'s mass.

21 18. Patient B.C.'s mass was determined to be pancreatic tissue, and not malignant. Had
22 Respondent performed a biopsy instead of removing the mass along with part of Patient B.C.'s
23 pancreas, major injury to the pancreatic head and what eventually possibly turned out to be the
24 adjacent common bile duct would have been avoided. Respondent's decision to remove a sizable
25 and asymptomatic mass, in an inflamed area with a high chance of catastrophic injury to adjacent
26 vital structures, and without first clearly identifying the mass as an abnormality requiring removal,
27 constitutes an extreme departure from the standard of care.

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1 19. The applicable standard of care requires that Respondent's removal of a portion of
2 Patient B.C.'s pancreas during the June 24, 2010 surgery be documented in Respondent's notes in
3 B.C.'s medical record. Respondent committed a simple departure from the standard of care in
4 that his notes do not mention or acknowledge the unintended removal of a significant segment of
5 the pancreas on June 24, 2010.

6 20. The standard of care when a patient shows signs of possible major intra-abdominal
7 injury is early intervention. After Patient B.C. returned to the hospital on July 5, 2010, there was
8 evidence of copious drainage from the implanted drain and the incision wound itself, indicating a
9 possible uncontrolled intra-abdominal leak. Respondent did not intervene surgically or otherwise
10 at that point and instead ordered a series of tests that pointed to a biliary leak and a possible bile
11 duct injury, if not obstruction. Based on Patient B.C.'s records, the applicable standard of care
12 would have called for immediate surgical exploration. Respondent's delay, in not intervening
13 surgically until July 8, 2010 constitutes a simple departure from the standard of care.

14 21. Respondent performed essentially the same operations on July 8, 2010 and July 14,
15 2010. Specifically, during both surgeries he oversewed a presumed duodenal hole without clearly
16 identifying its location and correlation with adjacent structures. After the July 8, 2010 surgery
17 failed to correct the problem, the applicable standard of care required that Respondent study the
18 hole intra-operatively to properly identify its anatomy. Further, given the location of the hole,
19 Respondent should have considered whether the hole was in the common bile duct, and not the
20 duodenum. Respondent committed a simple departure from the standard of care when he blindly
21 oversewed a hole without knowing its anatomy, amidst postoperative inflammatory changes and
22 in an anatomically dangerous area.

23 22. Respondent's acts and/or omission as set forth in paragraphs 7 through 21, inclusive
24 above, whether proven individually, jointly, or in any combination therefore, constitute gross
25 negligence pursuant to section 2234, subdivision (b), of the Code. As such, cause for discipline
26 exists.

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SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

27. Respondent Elijah Mobley, M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that he committed repeated negligent acts in the care and treatment of Patient B.C. The circumstances are as follows:

24. Paragraphs 7 through 21 are incorporated by reference and re-alleged as if fully set forth herein.

25. Respondent's acts and/or omissions as set forth in paragraphs 7 through 21, inclusive above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts in violation of section 2234, subdivision (c), of the Code. As such, cause for discipline exists.

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 G 81875, issued to Elijah Mobley, M.D.;
- 2. Revoking, suspending or denying approval of Elijah Mobley, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
- 3. Ordering Elijah Mobley, 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: March 17, 2016



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

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