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

In the Matter of the Accusation Against:

**Gregory Thomas Antkowiak, M.D.  
1643 6th Avenue, Unit 107  
San Diego, CA 92101**

**Physician's and Surgeon's  
Certificate No. A 78990**

**Case No. 10-2011-217361**

**AGREEMENT FOR  
SURRENDER OF LICENSE**

Respondent.

**TO ALL PARTIES:**

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

1. Complainant, Kimberly Kirchmeyer, is the Executive Director of the Medical Board of California, Department of Consumer Affairs ("Board").

2. Gregory Thomas Antkowiak, M.D., ("Respondent") has carefully read and fully understands the effect of this Agreement.

3. Respondent understands that by signing this Agreement he is enabling the Board to issue this order accepting the surrender of license without further process. Respondent understands and agrees that Board staff and counsel for complainant may communicate directly with the Board regarding this Agreement, without notice to or participation by Respondent. The Board will not be disqualified from further action in this matter by virtue of its consideration of this Agreement.

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1           4.       Respondent acknowledges there is current disciplinary action against his  
2 license, that on August 6, 2014, an Accusation was filed against him and on August 5,  
3 2016, a Decision was rendered wherein his license was revoked, with the revocation  
4 stayed, and placed on four years' probation with various standard terms and conditions.

5           5.       The current disciplinary action provides in pertinent part, "Following the  
6 effective date of this Decision, if Respondent ceases practicing due to retirement, health  
7 reasons, or is otherwise unable to satisfy the terms and conditions of probation, Respondent  
8 may request voluntary surrender of Respondent's license."  
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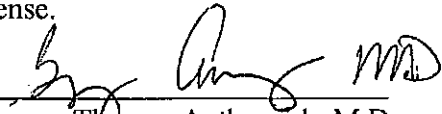
10          6.       Upon acceptance of the Agreement by the Board, Respondent understands  
11 he will no longer be permitted to practice as a physician and surgeon in California, and  
12 also agrees to surrender his wallet certificate, wall license and D.E.A. Certificate(s).

13          7.       Respondent hereby represents that he does not intend to seek relicensure or  
14 reinstatement as a physician and surgeon. Respondent fully understands and agrees,  
15 however, that if Respondent ever files an application for relicensure or reinstatement in the  
16 State of California, the Board shall treat it as a Petition for Reinstatement of a revoked  
17 license in effect at the time the Petition is filed. In addition, any Medical Board  
18 Investigation Report(s), including all referenced documents and other exhibits, upon which  
19 the Board is predicated, and any such Investigation Report(s), attachments, and other  
20 exhibits, that may be generated subsequent to the filing of this Agreement for Surrender of  
21 License, shall be admissible as direct evidence, and any time-based defenses, such as  
22 laches or any applicable statute of limitations, shall be waived when the Board determines  
23 whether to grant or deny the Petition.  
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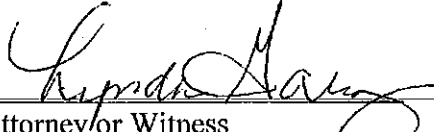
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ACCEPTANCE

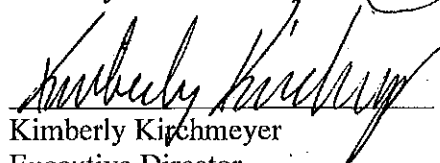
I, Gregory Thomas Antkowiak, M.D., have carefully read the above Agreement and enter into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its force and effect, do hereby surrender Physician's and Surgeon's Certificate No. A 78990, to the Medical Board of California for its acceptance. By signing this Agreement for Surrender of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and privileges to practice as a Physician and Surgeon in the State of California and that I have delivered to the Board my wallet certificate and wall license.

  
\_\_\_\_\_  
Gregory Thomas Antkowiak, M.D.,

1/9/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Attorney or Witness

1/9/17  
\_\_\_\_\_  
Date

  
\_\_\_\_\_  
Kimberly Kirchmeyer  
Executive Director  
Medical Board of California

January 30, 2017  
\_\_\_\_\_  
Date

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

In the Matter of the Accusation )  
Against: )

Gregory Thomas Antkowiak, M.D. )

Case No. 10-2011-217361

Physician's and Surgeon's )  
Certificate No. A 78990 )

Respondent )  
\_\_\_\_\_ )

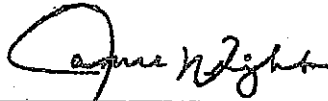
DECISION

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 August 5, 2016.

IT IS SO ORDERED: July 7, 2016.

MEDICAL BOARD OF CALIFORNIA



\_\_\_\_\_  
Jamie Wright, Esq., Chair  
Panel A

1 3. On or about May 3, 2002, the Board issued Physician's and Surgeon's Certificate No.  
2 A78990 to respondent. The Physician's and Surgeon's Certificate was in full force and effect at  
3 all times relevant to the charges and allegations brought in Accusation No. 10-2011-217361 and  
4 will expire on November 30, 2017, unless renewed.

5 **JURISDICTION**

6 4. On August 6, 2014, Accusation No. 10-2011-217361 was filed before the Board and  
7 is currently pending against respondent. A true and correct copy of Accusation No. 10-2011-  
8 217361 and all other statutorily required documents were properly served on respondent at his  
9 address of record which was and is: 1643 6th Avenue, Unit 107, San Diego, CA 92101.  
10 Respondent timely filed his Notice of Defense contesting the Accusation. A true and correct  
11 copy of Accusation No. 10-2011-217361 is attached as Exhibit A and incorporated herein by this  
12 reference as if fully set forth herein.

13 **ADVISEMENT AND WAIVERS**

14 5. Respondent has carefully read, and fully understands the charges and allegations in  
15 Accusation No. 10-2011-217361. Respondent has also carefully read, and fully understands the  
16 effects of this Stipulated Settlement and Disciplinary Order.

17 6. Respondent is fully aware of his legal rights in this matter, including the right to a  
18 hearing on the charges and allegations in Accusation No. 10-2011-217361, the right to be  
19 represented by counsel at his own expense, the right to confront and cross-examine the witnesses  
20 against him, the right to present evidence and to testify on his own behalf, the right to the  
21 issuance of subpoenas to compel the attendance of witnesses and the production of documents,  
22 the right to reconsideration and court review of an adverse decision, and all other rights accorded  
23 by the California Administrative Procedure Act and other applicable laws.

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

26 **CULPABILITY**

27 8. Respondent admits the complete truth and accuracy of each and every charge and  
28 allegation in Accusation No. 10-2011-217361.

1 9. Respondent agrees that his Physician's and Surgeon's Certificate No. A78990 is  
2 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth  
3 in the Disciplinary Order below.

4 CONTINGENCY

5 10. This Stipulated Settlement and Disciplinary Order shall be subject to approval of the  
6 Board. The parties agree that this Stipulated Settlement and Disciplinary Order shall be  
7 submitted to the Board for its consideration in the above-entitled matter and, further, that the  
8 Board shall have a reasonable period of time in which to consider and act on this Stipulated  
9 Settlement and Disciplinary Order after receiving it. By signing this stipulation, respondent fully  
10 understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation  
11 prior to the time the Board considers and acts upon it.

12 11. The parties agree that this Stipulated Settlement and Disciplinary Order shall be  
13 null and void and not binding upon the parties unless approved and adopted by the Board, except  
14 for this paragraph, which shall remain in full force and effect. Respondent fully understands and  
15 agrees that in deciding whether or not to approve and adopt this Stipulated Settlement and  
16 Disciplinary Order, the Board may receive oral and written communications from its staff and/or  
17 the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify  
18 the Board, any member thereof, and/or any other person from future participation in this or any  
19 other matter affecting or involving respondent. In the event that the Board does not, in its  
20 discretion, approve and adopt this Stipulated Settlement and Disciplinary Order, with the  
21 exception of this paragraph, it shall not become effective, shall be of no evidentiary value  
22 whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party  
23 hereto. Respondent further agrees that should this Stipulated Settlement and Disciplinary Order  
24 be rejected for any reason by the Board, respondent will assert no claim that the Board, or any  
25 member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this  
26 Stipulated Settlement and Disciplinary Order or of any matter or matters related hereto.

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1 **ADDITIONAL PROVISIONS**

2 12. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to  
3 be an integrated writing representing the complete, final and exclusive embodiment of the  
4 agreements of the parties in the above-entitled matter.

5 13. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,  
6 including copies of the signatures of the parties, may be used in lieu of original documents and  
7 signatures and, further, that such copies shall have the same force and effect as originals.

8 14. In consideration of the foregoing admissions and stipulations, the parties agree the  
9 Board may, without further notice to or opportunity to be heard by respondent, issue and enter the  
10 following Disciplinary Order:

11 **DISCIPLINARY ORDER**

12 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A78990 issued  
13 to Respondent Gregory Antkowiak, M.D., is revoked. However, the revocation is stayed and  
14 respondent is placed on probation for four (4) years from the effective date of this decision on the  
15 following terms and conditions:

16 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
17 Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee  
18 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
19 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
20 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
21 educational program(s) or course(s) shall be at respondent's expense and shall be in addition to  
22 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
23 completion of each course, the Board or its designee may administer an examination to test  
24 respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours  
25 of CME of which 40 hours were in satisfaction of this condition.

26 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
27 date of this Decision, respondent shall enroll in a course in prescribing practices equivalent to the  
28 Prescribing Practices Course at the Physician Assessment and Clinical Education Program,

1 University of California, San Diego School of Medicine (Program), approved in advance by the  
2 Board or its designee. Respondent shall provide the program with any information and  
3 documents that the Program may deem pertinent. Respondent shall participate in and  
4 successfully complete the classroom component of the course not later than six (6) months after  
5 respondent's initial enrollment. Respondent shall successfully complete any other component of  
6 the course within one (1) year of enrollment. The prescribing practices course shall be at  
7 respondent's expense and shall be in addition to the Continuing Medical Education (CME)  
8 requirements for renewal of licensure.

9 A prescribing practices course taken after the acts that gave rise to the charges in the  
10 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
11 or its designee, be accepted towards the fulfillment of this condition if the course would have  
12 been approved by the Board or its designee had the course been taken after the effective date of  
13 this Decision.

14 Respondent shall submit a certification of successful completion to the Board or its  
15 designee not later than 15 calendar days after successfully completing the course, or not later than  
16 15 calendar days after the effective date of the Decision, whichever is later.

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

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1 A medical record keeping course taken after the acts that gave rise to the charges in the  
2 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
3 or its designee, be accepted towards the fulfillment of this condition if the course would have  
4 been approved by the Board or its designee had the course been taken after the effective date of  
5 this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later.

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

15 The Program shall consist of a Comprehensive Assessment program comprised of a two-  
16 day assessment of respondent's physical and mental health; basic clinical and communication  
17 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to  
18 respondent's area of practice in which respondent was alleged to be deficient, and at minimum, a  
19 40 hour program of clinical education in the area of practice in which respondent was alleged to  
20 be deficient and which takes into account data obtained from the assessment, Decision,  
21 Accusation, and any other information that the Board or its designee deems relevant. Respondent  
22 shall pay all expenses associated with the clinical training program.

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

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1 At the completion of any additional educational or clinical training, respondent shall submit  
2 to and pass an examination. Determination as to whether respondent successfully completed the  
3 examination or successfully completed the program is solely within the program's jurisdiction.

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

13 5. PSYCHIATRIC EVALUATION. Within 30 calendar days of the effective date of  
14 this Decision, and on whatever periodic basis thereafter may be required by the Board or its  
15 designee, respondent shall undergo and complete a psychiatric evaluation (and psychological  
16 testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall  
17 consider any information provided by the Board or designee and any other information the  
18 psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its  
19 designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not  
20 be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all  
21 psychiatric evaluations and psychological testing.

22 Respondent shall comply with all restrictions or conditions recommended by the evaluating  
23 psychiatrist within 15 calendar days after being notified by the Board or its designee.

24 6. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,  
25 respondent shall submit to the Board or its designee for prior approval the name and  
26 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who  
27 has a doctoral degree in psychology and at least five years of postgraduate experience in the  
28 diagnosis and treatment of emotional and mental disorders. Upon approval, respondent shall

1 undergo and continue psychotherapy treatment, including any modifications to the frequency of  
2 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

3 The psychotherapist shall consider any information provided by the Board or its designee  
4 and any other information the psychotherapist deems relevant and shall furnish a written  
5 evaluation report to the Board or its designee. Respondent shall cooperate in providing the  
6 psychotherapist any information and documents that the psychotherapist may deem pertinent.

7 Respondent shall have the treating psychotherapist submit quarterly status reports to the  
8 Board or its designee. The Board or its designee may require respondent to undergo psychiatric  
9 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of  
10 probation, respondent is found to be mentally unfit to resume the practice of medicine without  
11 restrictions, the Board shall retain continuing jurisdiction over respondent's license and the period  
12 of probation shall be extended until the Board determines that respondent is mentally fit to  
13 resume the practice of medicine without restrictions.

14 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

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

24 The Board or its designee shall provide the approved monitor with copies of the Decision  
25 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the  
26 Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement  
27 that the monitor has read the Decision and Accusation, fully understands the role of a monitor,  
28 and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the

1 proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed  
2 statement for approval by the Board or its designee.

3 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
4 probation, respondent's practice shall be monitored by the approved monitor. Respondent shall  
5 make all records available for immediate inspection and copying on the premises by the monitor  
6 at all times during business hours and shall retain the records for the entire term of probation.

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

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

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

26 In lieu of a monitor, respondent may participate in a professional enhancement program  
27 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
28 University of California, San Diego School of Medicine, that includes, at minimum, quarterly

1 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
2 and education. Respondent shall participate in the professional enhancement program at  
3 respondent's expense during the term of probation.

4 8. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the  
5 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
6 where: 1) respondent merely shares office space with another physician but is not affiliated for  
7 purposes of providing patient care, or 2) respondent is the sole physician practitioner at that  
8 location.

9 If respondent fails to establish a practice with another physician or secure employment in an  
10 appropriate practice setting within 60 calendar days of the effective date of this Decision,  
11 respondent shall receive a notification from the Board or its designee to cease the practice of  
12 medicine within three (3) calendar days after being so notified. Respondent shall not resume  
13 practice until an appropriate practice setting is established,

14 If, during the course of the probation, respondent's practice setting changes and respondent  
15 is no longer practicing in a setting in compliance with this Decision, respondent shall notify the  
16 Board or its designee within 5 calendar days of the practice setting change. If respondent fails to  
17 establish a practice with another physician or secure employment in an appropriate practice  
18 setting within 60 calendar days of the practice setting change, respondent shall receive a  
19 notification from the Board or its designee to cease the practice of medicine within three (3)  
20 calendar days after being so notified. Respondent shall not resume practice until an appropriate  
21 practice setting is established.

22 9. NOTIFICATION. Within seven (7) days of the effective date of this Decision,  
23 respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
24 Chief Executive Officer at every hospital where privileges or membership are extended to  
25 respondent, at any other facility where respondent engages in the practice of medicine, including  
26 all physician and *locum tenens* registries or other similar agencies, and to the Chief Executive  
27 Officer at every insurance carrier which extends malpractice insurance coverage to respondent.

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1 Respondent shall submit proof of compliance to the Board or its designee within 15 calendar  
2 days.

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

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

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

9 12. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
10 under penalty of perjury on forms provided by the Board, stating whether there has been  
11 compliance with all the conditions of probation.

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

14 13. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

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

18 Address Changes

19 Respondent shall, at all times, keep the Board informed of respondent's business and  
20 residence addresses, email address (if available), and telephone number. Changes of such  
21 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
22 circumstances shall a post office box serve as an address of record, except as allowed by Business  
23 and Professions Code section 2021(b).

24 Place of Practice

25 Respondent shall not engage in the practice of medicine in respondent's or patient's place  
26 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
27 facility.

28 ///

1           License Renewal

2           Respondent shall maintain a current and renewed California physician's and surgeon's  
3 license.

4           Travel or Residence Outside California

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

8           In the event respondent should leave the State of California to reside or to practice,  
9 respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
10 departure and return.

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

14           15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
16 30 calendar days and within 15 calendar days of respondent's return to practice. Non-practice is  
17 defined as any period of time respondent is not practicing medicine in California as defined in  
18 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
19 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
20 time spent in an intensive training program which has been approved by the Board or its designee  
21 shall not be considered non-practice. Practicing medicine in another state of the United States or  
22 Federal jurisdiction while on probation with the medical licensing authority of that state or  
23 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
24 not be considered as a period of non-practice.

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

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

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

3 Periods of non-practice will relieve respondent of the responsibility to comply with the  
4 probationary terms and conditions with the exception of this condition and the following terms  
5 and conditions of probation: Obey All Laws; and General Probation Requirements.

6 16. COMPLETION OF PROBATION. Respondent shall comply with all financial  
7 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
8 completion of probation. Upon successful completion of probation, respondent's certificate shall  
9 be fully restored.

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

17 18. LICENSE SURRENDER. Following the effective date of this Decision, if  
18 respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
19 the terms and conditions of probation, respondent may request to surrender his or her license.  
20 The Board reserves the right to evaluate respondent's request and to exercise its discretion in  
21 determining whether or not to grant the request, or to take any other action deemed appropriate  
22 and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent  
23 shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its  
24 designee and respondent shall no longer practice medicine. Respondent will no longer be subject  
25 to the terms and conditions of probation. If respondent re-applies for a medical license, the  
26 application shall be treated as a petition for reinstatement of a revoked certificate.

27 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
28 with probation monitoring each and every year of probation, as designated by the Board, which




1 may be adjusted on an annual basis. Such costs shall be payable to the Board and delivered to the  
2 Board or its designee no later than January 31 of each calendar year.

3 ACCEPTANCE

4 I have carefully read the Stipulated Settlement and Disciplinary Order. I fully understand  
5 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No.  
6 A78990. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly,  
7 and intelligently, and agree to be bound by the Decision and Order of the Medical Board of  
8 California.

9 DATED: 4/25/2016

  
GREGORY ANTKOWIAK, M.D.  
Respondent


11 ENDORSEMENT

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

14 Dated: 4/25/16

Respectfully submitted,

KAMAJA D. HARRIS  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

  
TESSA L. HEUNIS  
Deputy Attorney General  
Attorneys for Complainant

**Exhibit A**

**Accusation No. 10-2011-217361**

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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO August 2, 2014  
BY: J. G. [Signature] ANALYST

10 BEFORE THE  
11 MEDICAL BOARD OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
12 STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 10-2011-217361

14 Gregory T. Antkowiak, M.D.,  
1643 6<sup>th</sup> Ave., Unit 107  
15 San Diego, CA 92101

ACCUSATION

16 Physician's and Surgeon's  
17 Certificate No. A 78990

18 Respondent.

19 Complainant alleges:

20 PARTIES

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

24 2. On or about May 3, 2002, the Board issued Physician's and Surgeon's Certificate No.  
25 A 78990 to Gregory T. Antkowiak, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on November 30, 2015, unless renewed.

28 ////

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 (Code) unless otherwise  
4 indicated.

5 4. Section 2227 of the Code states:

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

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

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

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

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

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

20 “...”

21 5. Section 2234 of the Code, states:

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

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

27 “(b) Gross negligence.

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

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

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

“...”

6. Section 2266 of the Code states:

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

7. California Code of Regulations, title 22, section 72307 states:

“(a) Each patient admitted to the skilled nursing facility shall be under the continuing supervision of a physician who evaluates the patient as needed and at least every 30 days unless there is an alternate schedule, and who documents the visits in the patient health record.

“(b) Alternate schedules of visits shall be documented in the patient health record with a medical justification by the attending physician. The alternate schedule shall conform with facility policy.”

8. California Code of Regulations, title 22, section 72303 states:

“(a) All persons admitted or accepted for care by the skilled nursing facility shall be under the care of a physician selected by the patient or patient's authorized representative.

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1           “(b) Physician services shall mean those services provided by physicians responsible  
2 for the care of individual patients in the facility. Physician services shall include but are not  
3 limited to:

4           “(1) Patient evaluation including a written report of a physical examination  
5 within 5 days prior to admission or within 72 hours following admission.

6           “(2) An evaluation of the patient and review of orders for care and treatment on  
7 change of attending physicians.

8           “(3) Patient diagnoses.

9           “(4) Advice, treatment and determination of appropriate level of care needed for  
10 each patient.

11           “(5) Written and signed orders for diet, care, diagnostic tests and treatment of  
12 patients by others. Orders for restraints shall meet the requirements of Section  
13 72319(b).

14           “(6) Health record progress notes and other appropriate entries in the patient's  
15 health records.

16           “(7) Provision for alternate physician coverage in the event the attending  
17 physician is not available.

18           “(c) Subsection (b) shall not prevent or limit other licensed healthcare practitioners  
19 acting within the scope of their professional licensure from providing services to and being  
20 responsible for the care of individual patients in the facility, including providing those  
21 services listed in subsection (b) above that are within the scope of their licensure.

22           9. California Code of Regulations, title 22, section 72103 states:

23           “Skilled nursing facility means a health facility or a distinct part of a hospital which  
24 provides continuous skilled nursing care and supportive care to patients whose primary need  
25 is for availability of skilled nursing care on an extended basis. It provides 24-hour inpatient  
26 care and, as a minimum, includes physician, skilled nursing, dietary, pharmaceutical  
27 services and an activity program.”

28       ////

1 10. California Welfare and Institutions Code section 14111 states:

2 "(a) As permitted by federal law or regulations, for health care services provided in a  
3 long-term health care facility that are reimbursed by Medicare, a physician and surgeon may  
4 delegate any of the following to a nurse practitioner:

5 "(1) Alternating visits required by federal law and regulations with a physician  
6 and surgeon.

7 "(2) Any duties consistent with federal law and regulations within the scope of  
8 practice of nurse practitioners, so long as all of the following conditions are met:

9 "(A) A physician and surgeon approves, in writing, the admission of the  
10 individual to the facility.

11 "(B) The medical care of each resident is supervised by a physician and  
12 surgeon.

13 "(C) A physician and surgeon performs the initial visit and alternate required  
14 visits.

15 ~~"(b) This section does not authorize benefits not otherwise authorized by federal law~~  
16 ~~or regulation.~~

17 "(c) All responsibilities delegated to a nurse practitioner pursuant to this section shall  
18 be performed under the supervision of the physician and surgeon and pursuant to a  
19 standardized procedure among the physician and surgeon, nurse practitioner, and facility.

20 "(d) No task that is required by federal law or regulation to be performed personally  
21 by a physician may be delegated to a nurse practitioner.

22 "..."

23 **FIRST CAUSE FOR DISCIPLINE**

24 **(Gross Negligence)**

25 11. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
26 by section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care  
27 and treatment of patients AD and SS, as more particularly alleged hereinafter:

28 ////

1 12. At all times relevant herein, Respondent was a supervising physician of Nurse  
2 Practitioner AN.

3 13. Poway Healthcare Center (PHC) is a skilled nursing facility in terms of California  
4 Code of Regulations, title 22, section 72103.

5 14. In terms of an arrangement between Nurse Practitioner AN and Respondent,  
6 Respondent's patients at PHC were to be seen at least once per month which visits were to be  
7 conducted by Nurse Practitioner and Respondent, respectively, in alternating months.

8 Patient AD:

9 15. Patient AD was born on [REDACTED] and was admitted to PHC in or around 2008.  
10 Her care was transferred to Respondent on or about December 17, 2010.

11 16. A record of a history and physical examination conducted on patient AD on or about  
12 December 17, 2010, is signed by Respondent. In an interview conducted by the Board as part of  
13 its investigation into this matter on or about April 17, 2014 (the subject interview), Respondent  
14 was unable to explain who had conducted the history and physical and why he had signed the  
15 note.

16 17. Nurse Practitioner AN attended patient AD on or about January 26, 2011, on or about  
17 March 25, 2011, and on or about May 13, 2011.

18 18. Patient AD passed away on or about June 21, 2011.

19 19. Respondent prepared notes showing his treatment of patient AD on or about February  
20 25, 2011, and on or about April 25, 2011. These notes were added to patient AD's medical record  
21 on or about June 27, 2011, when Respondent faxed them to PHC.

22 20. Notes dated February 25, 2011, made by Nurse Practitioner AN for patient AD,  
23 reflect a chest X-ray and a prescription for Macrobid for a urinary tract infection. Neither of these  
24 aspects of patient AD's care are mentioned in Respondent's note of the same date.

25 21. At the subject interview, Respondent was unable to determine from his note dated  
26 February 25, 2011, whether he had seen patient AD in the morning or in the afternoon. He was  
27 unable to state whether, in fact, he had seen the patient on February 25, 2011, or whether this note  
28 was made on a different date.



1           22. In or about 2010, patient AD was suffering from multiple illnesses, including cardiac  
2 disease with atrial fibrillation and congestive heart failure, bone and joint illnesses with  
3 osteoporosis and osteoarthritis, probable dementia and chronic kidney disease, GERD, and a  
4 history of urinary tract infection and pneumonia.

5           23. Patient AD's daughter was very concerned about her mother's health and worsening  
6 condition and attempted, on several occasions, to discuss this with Respondent. With the possible  
7 exception of one telephone call, Respondent did not at any time discuss patient AD's care and  
8 treatment with her daughter.

9           24. On or about June 20, 2011, at her daughter's instigation, patient AD was taken to the  
10 Emergency Room at Pomerado Hospital, Poway, California. On arrival, patient AD was  
11 combative, screaming, and appeared angry. Her confusion and delirium were superimposed on  
12 her dementia, and patient AD's daughter thought that it may be due to paranoid behavior. Patient  
13 AD had a history of abdominal pain for several preceding weeks and, on the day of her transfer to  
14 the emergency room, she vomited without having diarrhea or a fever. At the subject interview,  
15 Respondent stated that he had been unaware of patient AD's history of abdominal pain.

16           25. At the hospital, patient AD was diagnosed with rapid atrial fibrillation, elevated  
17 troponin – septal myocardial infarction – and dehydration. Patient AD had evidence of abnormal  
18 liver function and elevated liver enzymes. Her bilirubin was elevated with associated lactic  
19 acidosis. A chest X-ray showed cardiomegaly and possible right paratracheal mass.

20           26. Respondent committed gross negligence in his care and treatment of patient AD  
21 which included, but was not limited to, Respondent's failure to recognize and reconcile multiple  
22 medical complaints brought to the attention of both Respondent and Nurse Practitioner AN by the  
23 patient's daughter and nursing staff, and/or alleviate patient AD's pain and suffering at her end of  
24 life, culminating in patient AD's admission to Pomerado Hospital where she was diagnosed with  
25 cholecystitis and died the following day from a cardiac arrhythmia.

26 //

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1 Patient SS:

2 27. Patient SS was born on or about [REDACTED], and was admitted to PHC on or about  
3 November 20, 2010. Patient SS was transferred to Respondent's care approximately on or about  
4 July 20, 2011.

5 28. Nurse Practitioner AN attended patient SS during August 2011 and October 2011.  
6 There is no medical record of patient SS having been seen by either Respondent or Nurse  
7 Practitioner AN, or any other physician within Respondent's practice group, during September  
8 2011.

9 29. Respondent stated during the subject interview that he was unaware that patient SS  
10 had been transferred into his care.

11 30. Patient SS's medical record contains multiple orders authorized by Respondent.  
12 Some orders state: "I have reviewed and approved the plan of care. I certify that this patient  
13 continues to need this level of care. Unless otherwise specified, continue orders for 45 days."

14 31. At the subject interview, Respondent stated that he has no knowledge of either patient  
15 SS or the orders, and that it was possible he would just click on all the orders that came up on the  
16 computer without actually looking at, and considering, each individual order.

17 32. Respondent committed gross negligence in his care and treatment of patient SS which  
18 included, but was not limited to:

19 (a) Respondent signed multiple orders for patient SS without any significant thought to  
20 which patient's orders he was signing off on and failed to follow up on many of the  
21 results of his orders; and/or

22 (b) Respondent was reportedly unaware that patient SS was his patient and did not see  
23 her even once, despite being on record as having placed multiple orders for her and/or  
24 involved in her care in other ways.

25 **SECOND CAUSE FOR DISCIPLINE**

26 **(Repeated Negligent Acts)**

27 33. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
28 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts

1 in his care and treatment of patients AD, SS, EM, and MG, as more particularly alleged  
2 hereinafter:

3 34. Paragraphs 12 through 32, above, are hereby realleged and incorporated by this  
4 reference as if fully set forth.

5 Patient EM:

6 35. Patient EM was a patient at PHC in the care of Respondent from on or about February  
7 24, 2011, through July 28, 2011.

8 36. Nurse Practitioner AN attended patient EM during April 2011 and June 2011. There  
9 is no record of patient EM having been seen by either Nurse Practitioner AN or Respondent  
10 during March 2011 or May 2011.

11 Patient MG:

12 37. Patient MG was born on [REDACTED], and was a patient at PHC in the care of  
13 Respondent from on or about August 4, 2010, through October 23, 2011, when he passed away.

14 38. A note in patient MG's chart written by Respondent in October 2010 states: "Patient  
15 on planned weight loss program with planned goal of 250 pounds. Dictation following." No  
16 additional or supplemental notes relating to Respondent's treatment of patient MG in October  
17 2010 were added to the chart.

18 39. There is no record of patient MG having been seen by either Nurse Practitioner AN or  
19 Respondent during September 2010 or November 2010, or March 2011, May 2011, July 2011,  
20 August 2011, September 2011, or October 2011.

21 40. It was Respondent's practice, frequently, not to complete the record of his care and  
22 treatment of his patients contemporaneously or immediately after the visit, but to write these  
23 notes at home and have them included in the patients' medical records at PHC at a much later  
24 date.

25 41. Respondent committed repeated negligent acts in his care and treatment of patients  
26 AD, SS, EM, and MG, which included, but are not limited to:

27 (a) Respondent's failure to recognize and reconcile multiple medical complaints brought  
28 to the attention of both Respondent and Nurse Practitioner AN by the patient AD's

1 daughter and nursing staff, and/or alleviate patient AD's pain and suffering at her end of  
2 life, culminating in patient AD's admission to Pomerado Hospital where she was  
3 diagnosed with cholecystitis and ultimately died from a cardiac arrhythmia;

4 (b) Respondent signed multiple orders for patient SS without any significant thought to  
5 which patient's orders he was signing off on and failed to follow up on many of the  
6 results of his orders;

7 (c) Respondent was reportedly not aware that patient SS was his patient and did not see  
8 her even once, despite being on record as having placed multiple orders for her and/or  
9 involved in her care in other ways;

10 (d) Respondent failed to see patients SS, EM, and/or MG at least once every 30 days or as  
11 required by law, or alternatively, provide justification for changing the schedule of  
12 visits as required by law;

13 (e) Respondent failed to maintain adequate and accurate records of his care and treatment  
14 of patients AD, SS, EM, and/or MG; and

15 (f) Respondent failed to document his treatment of patients AD, SS, and/or MG in a  
16 timely manner.

17 **THIRD CAUSE FOR DISCIPLINE**

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

19 42. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
20 defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records  
21 relating to the provision of services to patients AD, SS, EM and MG, as more particularly  
22 described in paragraphs 12 through 32, and 35 through 41, above, which are hereby incorporated  
23 by reference and realleged as if fully set forth herein.

24 **PRAYER**

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

27 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 78990, issued to  
28 Respondent Gregory T. Antkowiak, M.D.;

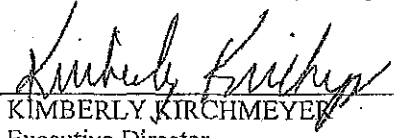
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2. Revoking, suspending or denying approval of Respondent Gregory T. Antkowiak, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;

3. Ordering Respondent Gregory T. Antkowiak, M.D., if placed on probation, to pay the Medical Board of California the costs of probation monitoring; and

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

DATED: August 6, 2014



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

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