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CENTRAL DISTRICT COURT  
CENTRAL DIST. OF CALIF.  
LOS ANGELES

BY \_\_\_\_\_

UNITED STATES DISTRICT COURT  
FOR THE CENTRAL DISTRICT OF CALIFORNIA

September 2011 Grand Jury

**CR 11 00922**

1 UNITED STATES OF AMERICA, )

2 Plaintiff, )

3 v. )

4 MIKE MIKAELIAN, )  
5 ANJELIKA SANAMIAN, )  
6 ASHOT SANAMIAN, )  
7 ELEANOR MELO SANTIAGO, MD, )  
8 MORRIS HALFON, MD, )  
9 DAVID GARRISON, )  
10 JULIE SHISHALOVSKY, )  
11 LILIT MEKTERYAN, )  
12 THEODORE CHANGKI YOON, )  
13 EDGAR HOVANNISYAN, )  
14 MIRAN DERDERIAN, )  
15 KEITH PULLAM )  
16 aka "Keith Pulman," )  
17 aka "KMAC," )  
18 DAVID SMITH )  
19 aka "Green Eyes," )  
20 ROSA GARCIA SUAREZ, )  
21 aka "Maria," and )  
22 ELZA BUDAGOVA, )

23 Defendants. )  
24 )  
25 )  
26 )  
27 )  
28 )

I N D I C T M E N T

[21 U.S.C. § 846: Conspiracy to Distribute Controlled Substances; 18 U.S.C. §§ 1349: Conspiracy to Commit Health Care Fraud; 21 U.S.C. §§ 331(t), 333(b)(1)(D), 353(e)(2)(A): Unlicensed Wholesale Distribution of Prescription Drugs; 18 U.S.C. § 2: Aiding and Abetting, and Causing an Act to Be Done]

1 The Grand Jury charges:

2 GENERAL ALLEGATIONS

3 At all times relevant to this Indictment:

4 The Clinic and its Operations

5 1. Defendants MIKE MIKAELIAN ("MIKEALIAN") and ANJELIKA  
6 SANAMIAN operated a clinic known as Lake Medical Group ("the  
7 Clinic"), located at 2120 West 8<sup>th</sup> Street, in Los Angeles,  
8 California, within the Central District of California.

9 2. The Clinic functioned as a "prescription mill" that  
10 generated prescriptions for OxyContin that the Clinic's purported  
11 "patients" did not need and submitted claims to Medicare and  
12 Medi-Cal for services that were medically unnecessary, not  
13 ordered by a doctor and/or not performed.

14 3. The Clinic used patient recruiters, or "Cappers," who  
15 brought Medicare patients, Medi-Cal patients, and other  
16 "patients" to the Clinic (the "recruited patients") in exchange  
17 for cash or other inducements.

18 4. At the Clinic, the recruited patients were routinely  
19 issued a prescription for the maximum dosage of OxyContin (90  
20 pills, 80mg strength) they were eligible to receive.

21 5. For Medicare and Medi-Cal patients, the Clinic also  
22 ordered unnecessary medical tests, such as nerve conduction  
23 velocity ("NCV") studies, electrocardiograms, ultrasounds, and  
24 spirometry (a type of pulmonary test). Some of the tests were  
25 performed; others were not. The Clinic further created falsified  
26 medical paperwork for Medicare and Medi-Cal patients to provide a  
27 false appearance of legitimacy for the Clinic, its OxyContin  
28 prescriptions, and its billings to Medicare and Medi-Cal.

1 6. Through a company called A & A Billing Services  
2 ("A & A"), owned by defendant ASHOT SANAMIAN and operated by  
3 defendant ANJELIKA SANAMIAN, the Clinic billed Medicare Part B  
4 and/or Medi-Cal for unnecessary office visits and tests, and for  
5 tests and procedures that were not ordered by a doctor and/or not  
6 performed as represented in the claims submitted to Medicare and  
7 Medi-Cal.

8 7. After the OxyContin prescriptions were issued, "Runners"  
9 employed by the Clinic took the recruited patients to pharmacies  
10 that filled the prescriptions. The Runners, rather than the  
11 patients, then took the OxyContin and delivered it to defendant  
12 MIKAELIAN, who then sold it on the streets.

13 8. For patients who had Medicare prescription drug coverage  
14 (Medicare Part D), the pharmacy that dispensed the OxyContin  
15 often billed the patient's prescription drug plan ("PDP") for the  
16 OxyContin prescriptions they filled.

17 9. The Clinic also generated OxyContin prescriptions in the  
18 names of individuals who never visited the Clinic and whose  
19 identities were stolen. In these instances, using falsified  
20 patient authorization forms, Runners took the prescriptions for  
21 these patients to the pharmacies and paid the pharmacies for the  
22 OxyContin, which they then delivered to defendant MIKAELIAN for  
23 resale on the streets.

24 10. For the less than two years that the Clinic operated, it  
25 diverted approximately 10,000 bottles of OxyContin. Because the  
26 Clinic almost exclusively prescribed 90 quantity pill bottles,  
27 this equates to 900,000 pills or more that were diverted during  
28 the course of the scheme described herein.

1 11. During this same time period, the Clinic and its doctors  
2 fraudulently billed Medicare approximately \$4.6 million for  
3 medical services and billed Medi-Cal approximately \$1.6 million  
4 for such services. Medicare Part B paid approximately  
5 \$473,595.23 on those claims and Medi-Cal paid approximately  
6 \$546,551.00 on those claims. In addition, Medicare Part D and  
7 Medicare PDPs paid approximately \$2.7 million for OxyContin  
8 prescribed by the Clinic and its doctors.

9 Defendants

10 12. Defendant MIKAELIAN was the administrator of the Clinic  
11 and sold the OxyContin obtained via prescriptions issued at the  
12 Clinic on the streets.

13 13. Defendant ANJELIKA SANAMIAN was the manager of the  
14 Clinic, as well as the contact person and biller for Medicare and  
15 Medi-Cal claims at the Clinic.

16 14. Defendant ASHOT SANAMIAN was a co-owner and CEO of A & A  
17 and was also a Runner for the Clinic.

18 15. Defendant ELEANOR SANTIAGO, MD ("SANTIAGO") was a medical  
19 doctor, licensed to practice medicine in California and  
20 authorized to prescribe Schedule II narcotic drugs, who worked at  
21 the Clinic throughout its operation. Defendant SANTIAGO was the  
22 Medical Director of the Clinic.

23 16. Defendant MORRIS HALFON, MD ("HALFON") was a medical  
24 doctor, licensed to practice medicine in California and  
25 authorized to prescribe Schedule II narcotic drugs, who worked at  
26 the Clinic from late 2008 through approximately January 2010.

27 17. Defendant DAVID GARRISON ("GARRISON") was a Physician's  
28 Assistant, licensed in California, who worked at the Clinic from

1 approximately the summer of 2009 until the Clinic closed in or  
2 about February 2010.

3 18. Defendant LILIT MEKTERYAN ("MEKTERYAN") was an  
4 ultrasound technician who worked at the Clinic from approximately  
5 January 2009 through approximately August 2009.

6 19. Defendant JULIE SHISHALOVSKY ("SHISHALOVSKY") worked at  
7 the Clinic as a medical assistant, receptionist, and office  
8 manager from the fall of 2008 until the Clinic closed in or about  
9 February 2010.

10 20. Defendants EDGAR HOVANNISYAN ("HOVANNISYAN"), KEITH  
11 PULLAM, also known as ("aka") "Keith Pulman," aka "KMAC"  
12 ("PULLAM") and MIRAN DERDERIAN ("DERDERIAN") were Runners for the  
13 Clinic during the Clinic's operation.

14 21. Defendants DAVID SMITH, aka "Green Eyes" ("SMITH"), and  
15 ROSA GARCIA SUAREZ, aka "Maria" ("SUAREZ"), were Cappers who  
16 recruited patients for the Clinic during the Clinic's operation.

17 22. Defendant THEODORE YOON ("YOON") was a pharmacist,  
18 licensed in California to lawfully dispense prescribed Schedule  
19 II narcotic drugs, who filled OxyContin prescriptions from the  
20 Clinic starting in or about July 2009.

21 23. Defendant ELZA BUDAGOVA ("BUDAGOVA") was a medical  
22 assistant at the Clinic from approximately December 2008 through  
23 approximately December 2009. While at the Clinic, defendant  
24 BUDAGOVA created medical files for patients purportedly seen by a  
25 doctor or a physician assistant at the Clinic.

26 OxyContin and CURES Data

27 24. OxyContin was a brand name for the generic drug  
28 oxycodone, a Schedule II narcotic drug, and was manufactured by

1 Purdue Pharma L.P. ("Purdue") in Connecticut.

2 25. Purdue manufactured OxyContin in a controlled release  
3 pill form in 10mg, 15mg, 20mg, 30mg, 40mg, 60mg, and 80mg doses.  
4 The 80mg pill was the strongest strength of OxyContin produced in  
5 prescription form for the relevant period.

6 26. The maximum allowable prescription of oxycodone by law  
7 was 90 pills per 30-day period.

8 27. The dispensing of all Schedule II narcotic drugs was  
9 monitored by law enforcement through the Controlled Substance  
10 Utilization Review & Evaluation System ("CURES"). Pharmacies  
11 dispensing Schedule II narcotic drugs were required to report  
12 when such drugs were dispensed.

13 28. Based on CURES data, from August 1, 2008, through  
14 February 10, 2010, doctors working at the Clinic prescribed  
15 OxyContin approximately 10,833 times, approximately 10,724 of  
16 which were for 80mg strength doses.

17 29. During this same time period, defendant SANTIAGO  
18 prescribed OxyContin approximately 6,151 reported times, and  
19 defendant HALFON prescribed OxyContin approximately 2,301  
20 reported times.

21 30. From August 1, 2008, to February 10, 2010, ten pharmacies  
22 dispensed approximately 7,435 of the Clinic doctors' reported  
23 prescriptions for OxyContin, or approximately 68% of the total  
24 number of prescriptions issued from the Clinic.

25 31. Until July 2009, pharmacies controlled or operated by  
26 defendant YOON accounted for only a few of these reported  
27 OxyContin prescriptions issued by the Clinic's doctors. However,  
28 between July 2009 and February 2010, defendant YOON's pharmacies

1 dispensed approximately 2,799 (approximately 41%) of the Clinic  
2 doctors' reported OxyContin prescriptions.

3 The Medicare Program

4 32. Medicare was a federal health care benefit program,  
5 affecting commerce, that provided benefits to persons who were  
6 over the age of 65 or disabled. Medicare was administered by the  
7 Centers for Medicare and Medicaid Services ("CMS"), a federal  
8 agency under the United States Department of Health and Human  
9 Services ("HHS"). Individuals who received benefits under  
10 Medicare were referred to as Medicare "beneficiaries."

11 Medicare Part B

12 33. Medicare Part B covered, among other things, medically  
13 necessary physician services and medically necessary outpatient  
14 tests ordered by a physician.

15 34. Health care providers, including doctors and clinics,  
16 could receive direct reimbursement from Medicare by applying to  
17 Medicare and receiving a Medicare provider number. By signing  
18 the provider application, the doctor agreed to abide by Medicare  
19 rules and regulations, including the Anti-Kickback Statute (42  
20 U.S.C. § 1320a-7b(b)), which prohibits the knowing and willful  
21 payment of remuneration for the referral of Medicare patients.

22 35. To obtain payment for Part B services, an enrolled  
23 physician or clinic, using its Medicare provider number, would  
24 submit claims to Medicare, certifying that the information on the  
25 claim form was truthful and accurate and that the services  
26 provided were reasonable and necessary to the health of the  
27 Medicare beneficiary.

28 36. Medicare Part B generally paid 80% of the Medicare

1 allowed amount for physician services and outpatient tests. The  
2 remaining 20% was a co-payment for which the Medicare beneficiary  
3 or a secondary insurer was responsible.

4 Medicare Part D

5 37. Medicare Part D provided coverage for outpatient  
6 prescription drugs through qualified private insurance plans  
7 that receive reimbursement from Medicare. Beneficiaries enrolled  
8 under Medicare Part B could obtain Part D benefits by enrolling  
9 with any one of many qualified PDPs.

10 38. To obtain payment for prescription drugs provided to such  
11 Medicare beneficiaries, pharmacies would submit their claims for  
12 payment to the beneficiary's PDP. The beneficiary would be  
13 responsible for any deductible or co-payment required under his  
14 PDP.

15 39. Medicare PDPs, including those offered by  
16 UnitedHealthcare Insurance Company, Health Net Life Insurance  
17 Company, Anthem Insurance Companies, and Unicare Life and Health  
18 Insurance Company, are health care benefit programs, affecting  
19 commerce, under which outpatient prescription drugs are provided  
20 to Medicare beneficiaries.

21 40. Medicare PDPs commonly provided plan participants with  
22 identification cards for use in obtaining prescription drugs.

23 The Medi-Cal Program

24 41. Medi-Cal was a health care benefit program, affecting  
25 commerce, that provided reimbursement for medically necessary  
26 health care services to indigent persons in California. Funding  
27 for Medi-Cal was shared between the federal government and the  
28 State of California.

1 42. The California Department of Health Care Services ("CAL-  
2 DHCS") administered the Medi-Cal program. CAL-DHCS authorized  
3 provider participation, determined beneficiary eligibility,  
4 issued Medi-Cal cards to beneficiaries, and promulgated  
5 regulations for the administration of the program.

6 43. Individuals who qualified for Medi-Cal benefits were  
7 referred to as "beneficiaries."

8 44. Medi-Cal reimbursed physicians and other health care  
9 providers for medically necessary treatment and services rendered  
10 to Medi-Cal beneficiaries.

11 45. Health care providers, including doctors and pharmacies,  
12 could receive direct reimbursement from Medi-Cal by applying to  
13 Medi-Cal and receiving a Medi-Cal provider number.

14 46. To obtain payment for services, an enrolled provider,  
15 using its unique provider number, would submit claims to Medi-Cal  
16 certifying that the information on the claim form was truthful  
17 and accurate and that the services provided were reasonable and  
18 necessary to the health of the Medi-Cal beneficiary.

19 47. Medi-Cal provided coverage for the cost of some  
20 prescription drugs, but Medi-Cal required preauthorization in  
21 order to pay for oxycodone.

22 48. Medi-Cal provided coverage for medically necessary  
23 ultrasound tests ordered by a physician, but it would not pay  
24 separately for both an upper extremity study (ultrasound) and a  
25 lower extremity study (ultrasound) performed on the same day.

26 The Food and Drug Administration

27 49. The United States Food and Drug Administration ("FDA")  
28 was the federal agency charged with the responsibility of

1 protecting the health and safety of the American public by  
2 enforcing the Federal Food, Drug, and Cosmetic Act, Title 21,  
3 United States Code, Sections 301-397 ("FDCA"). One purpose of  
4 the FDCA was to ensure that drugs sold for use by humans were  
5 safe, effective, and bore labeling containing only true and  
6 accurate information. The FDA's responsibilities under the FDCA  
7 included regulating the manufacture, labeling, and distribution  
8 of all drugs, including prescription drugs, and drug components  
9 shipped or received in interstate commerce.

10 50. Under the FDCA, the term "drug" included articles that  
11 (1) were intended for use in the diagnosis, cure, mitigation,  
12 treatment, or prevention of disease in man; or (2) were intended  
13 to affect the structure or any function of the body of man.

14 51. There were certain drugs intended for use by man which,  
15 because of their toxicity or other potentiality for harmful  
16 effect, or the method of their use, or the collateral measures  
17 necessary to their use, were not safe for use except under the  
18 supervision of a practitioner licensed by law to administer such  
19 drugs. These drugs were known as prescription drugs. The  
20 application approved by the FDA for certain drugs limited those  
21 drugs to use under the professional supervision of a practitioner  
22 licensed by law to administer the drugs. These drugs were also  
23 known as prescription drugs.

24 52. Oxycodone was a prescription drug.

25 53. The FDCA required that persons engaged in the wholesale  
26 distribution of prescription drugs in interstate commerce in a  
27 State be licensed by the State in accordance with guidelines  
28 established by the FDA.

1 54. The FDCA prohibited the wholesale distribution or causing  
2 the wholesale distribution of a prescription drug without the  
3 required state license.

4 55. Defendant MIKAE LIAN was not licensed as a prescription  
5 drug wholesaler in the State of California.

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1 recruited patients would sign such forms without completing them.

2 c. In some cases, the recruited patients would sign  
3 forms authorizing the Clinic to obtain prescribed medications  
4 from pharmacies for them and to do so without their presence.

5 d. After a recruited Medicare or Medi-Cal patient signed  
6 the forms, defendant SANTIAGO, HALFON, GARRISON, or another  
7 individual working at the Clinic, would meet briefly with the  
8 patient and issue a prescription for 90 pills of OxyContin 80mg  
9 strength, regardless of the patient's medical condition or  
10 history.

11 e. Defendants SANTIAGO, HALFON, GARRISON, and BUDAVOGA  
12 would write medical notes in the recruited patients' medical  
13 files indicating that the recruited patients required OxyContin  
14 for pain, when in fact, as these defendants then well knew, there  
15 was no medical necessity justifying the use of OxyContin by these  
16 recruited patients.

17 f. Defendants SANTIAGO, HALFON, and GARRISON would also  
18 write and/or sign prescriptions for Oxycontin for recruited  
19 patients who did not have Medicare or Medi-Cal coverage ("cash  
20 patients") and for patients who never actually visited the  
21 Clinic, in some cases pre-signing such prescriptions. These cash  
22 patients were frequently individuals whose identities had been  
23 stolen.

24 g. Defendants SANTIAGO, HALFON, GARRISON, and BUDAGOVA  
25 would also write and/or sign medical notes indicating that cash  
26 patients who had not in fact visited the Clinic had been examined  
27 at the Clinic and required OxyContin for medical treatment, when  
28 in fact, as these defendants then well knew, there was no medical

1 basis for the prescriptions of OxyContin for these individuals.

2 h. One or more unknown co-conspirators would forge cash  
3 patients' signatures on forms authorizing the Clinic to obtain  
4 prescribed medications from pharmacies for them, without their  
5 presence. These forms were maintained in the cash patient files  
6 at the Clinic.

7 i. Defendants ASHOT SANAMIAN, HOVANNISYAN, PULLIAM,  
8 DERDERIAN, and other Runners would take recruited patients and  
9 signed authorization forms, along with the OxyContin  
10 prescriptions, to various pharmacies, including pharmacies owned  
11 by defendant YOON.

12 j. Defendant YOON and others would dispense the  
13 OxyContin to defendants ASHOT SANAMIAN, HOVANNISYAN, DERDERIAN,  
14 and other Runners, or to the recruited patients, who would in  
15 turn give the OxyContin to the Runners.

16 k. For cash patients and patients who had Medi-Cal only,  
17 defendants ASHOT SANAMIAN, HOVANNISYAN, DERDERIAN, and other  
18 Runners would pay the pharmacy the retail price of the OxyContin,  
19 approximately \$1100-\$1300 per prescription, in cash. For  
20 Medicare Part D patients, defendants ASHOT SANAMIAN, HOVANNISYAN,  
21 DERDERIAN, and the other Runners would either pay the co-payment  
22 amount or obtain the OxyContin without charge.

23 l. At times, in order to avoid the CURES reporting  
24 requirement, pharmacies, including defendant YOON's pharmacies,  
25 would not bill the PDP and would not report OxyContin  
26 prescriptions issued by the Clinic to CURES.

27 m. Once the OxyContin was dispensed, defendants ASHOT  
28 SANAMIAN, HOVANNISYAN, DERDERIAN, YOON, and others known and

1 unknown to the Grand Jury would give the OxyContin to defendant  
2 MIKAELIAN.

3 n. Defendant MIKAELIAN and others known and unknown to  
4 the Grand Jury would then sell the OxyContin for between  
5 approximately \$23 and \$27 per pill.

6 C. OVERT ACTS

7 59. In furtherance of the conspiracy, and to accomplish its  
8 object, defendants, together with others known and unknown to the  
9 Grand Jury, committed and willfully caused others to commit the  
10 following overt acts, among others, in the Central District of  
11 California and elsewhere:

12 DEFENDANT MIKAELIAN

13 Overt Act No. 1: On or about November 2, 2009, defendant  
14 MILAELIAN knowingly diverted and sold 17 bottles of OxyContin  
15 80mg (approximately 1530 pills) to a confidential government  
16 informant ("CI-1").

17 Overt Act No. 2: On or about December 10, 2009, defendant  
18 MIKAELIAN knowingly diverted and sold five bottles of OxyContin  
19 80mg (approximately 450 pills) to CI-1.

20 DEFENDANT ANJELIKA SANAMIAN

21 Overt Act No. 3: On or about July 16, 2009, defendant  
22 ANJELIKA SANAMIAN issued a check to defendant YOON in the amount  
23 of \$7,642.30, written from an account in the name of Group  
24 Services United (a company owned by defendant ASHOT SANAMIAN).

25 Overt Act No. 4: On or about July 18, 2009, defendant  
26 ANJELIKA SANAMIAN issued a check to defendant YOON in the amount  
27 of \$6,300, written from an account in the name of Group Services  
28 United.

1        DEFENDANT ASHOT SANAMIAN

2        Overt Act No. 5: On or about June 16, 2009, defendant ASHOT  
3 SANAMIAN obtained 90 pills of OxyContin 80mg from Pacific Side  
4 Pharmacy, in Huntington Beach, California, in the name of  
5 recruited patient A.D.

6        Overt Act No. 6: On or about June 16, 2009, defendant ASHOT  
7 SANAMIAN obtained 90 pills of OxyContin 80mg from Med Center  
8 Pharmacy, in Van Nuys, California, in the name of recruited  
9 patient D.A.

10       Overt Act No. 7: On or about September 18, 2009, defendant  
11 ASHOT SANAMIAN paid approximately \$1,290 to Colonial Pharmacy for  
12 90 pills labeled OxyContin 80mg in the name of recruited patient  
13 J.T.

14       Overt Act No. 8: On or about September 18, 2009, defendant  
15 ASHOT SANAMIAN obtained 90 pills labeled OxyContin 80mg from  
16 Huntinton Pharmacy in San Marino, California, in the name of  
17 recruited patient D.O.

18       Overt Act No. 9: On or about September 18, 2009, defendant  
19 ASHOT SANAMIAN obtained 90 pills of OxyContin 80mg from  
20 Huntington Pharmacy, San Marino, California, in the name of  
21 recruited patient A.A.

22       DEFENDANT SANTIAGO

23       Overt Act No. 10: On or about December 16, 2008, defendant  
24 SANTIAGO issued a prescription for 90 pills of OxyContin 80mg in  
25 the name of recruited patient R.H.

26       Overt Act No. 11: On or about March 26, 2009, defendant  
27 SANTIAGO allowed a prescription for 90 pills of OxyContin 80mg in  
28 the name of recruited patient A.A. to be issued in defendant

1 SANTIAGO's name and thereafter signed the patient's chart.

2 DEFENDANT GARRISON

3 Overt Act No. 12: On or about March 3, 2009, defendant  
4 GARRISON wrote medical notes in defendant DERDERIAN's medical  
5 chart and prescribed, under defendant SANTIAGO's prescription, 90  
6 pills of OxyContin 80mg in defendant DERDERIAN's name.

7 Overt Act No. 13: On or about March 26, 2009, defendant  
8 GARRISON wrote medical notes in recruited patient A.A.'s medical  
9 chart and prescribed, under defendant SANTIAGO's prescription, 90  
10 pills of OxyContin 80mg in the name of recruited patient A.A.

11 Overt Act No. 14: On or about May 18, 2009, defendant  
12 GARRISON wrote medical notes in recruited patient R.H.'s medical  
13 chart and prescribed, under defendant SANTIAGO's prescription, 90  
14 pills of OxyContin 80mg in the name of recruited patient R.H.

15 Overt Act No. 15: On or about August 3, 2009, defendant  
16 GARRISON wrote medical notes in recruited patient V.F.'s medical  
17 chart and prescribed, under defendant SANTIAGO's prescription, 90  
18 pills of OxyContin 80mg in the name of recruited patient V.F.

19 Overt Act No. 16: On or about January 13, 2010, defendant  
20 GARRISON saw recruited patient C.P. and prescribed, under a  
21 Clinic doctor's prescription, 90 pills of OxyContin 80mg in the  
22 name of recruited patient C.P.

23 DEFENDANT HALFON

24 Overt Act No. 17: On or about April 16, 2009, defendant  
25 HALFON issued a prescription of 90 pills of OxyContin 80mg in the  
26 name of recruited patient G.G.

27 Overt Act No. 18: On or about June 23, 2009, defendant  
28 HALFON issued a prescription of 90 pills of OxyContin 80mg in the

1 name of recruited patient G.G.

2 Overt Act No. 19: On or about July 14, 2009, defendant  
3 HALFON issued a prescription of 90 pills of OxyContin 80mg in the  
4 name of recruited patient G.G.

5 DEFENDANT HOVANNISYAN

6 Overt Act No. 20: On or about September 28, 2009, defendant  
7 HOVANNISYAN picked up OxyContin at Mission Pharmacy in Fountain  
8 Valley, California, and delivered the OxyContin to defendant  
9 MIKAELIAN.

10 Overt Act No. 21: On or about September 28, 2009, defendant  
11 HOVANNISYAN picked up OxyContin at Avalon Pharmacy in Wilmington,  
12 California, and delivered the OxyContin to defendant MIKAELIAN.

13 Overt Act No. 22: On or about October 26, 2009, defendant  
14 HOVANNISYAN picked up OxyContin dispensed in the names of  
15 recruited Clinic patients at Better Value Pharmacy, in West  
16 Covina, California, and delivered the OxyContin to defendant  
17 MIKAELIAN.

18 Overt Act No. 23: On a date unknown, but between in and  
19 about September 2008, and in and about May 2009, defendant  
20 HOVANNISYAN accompanied recruited patients to a pharmacy in order  
21 to obtain OxyContin.

22 DEFENDANT DERDERIAN

23 Overt Act No. 24: On a date unknown, but between in and  
24 about September 2008, and in and about May 2009, defendant  
25 DERDERIAN accompanied recruited patients to a pharmacy in order  
26 to obtain OxyContin.

27 DEFENDANT YOON

28 Overt Act No. 25: On or about June 23, 2009, defendant YOON

1 dispensed or caused to be dispensed 90 pills of OxyContin 80mg in  
2 the name of recruited patient G.G.

3 Overt Act No. 26: Between on or about June 30, 2009, and on  
4 or about October 19, 2009, defendant YOON dispensed or caused to  
5 be dispensed five bottles of 90 pills of OxyContin 80mg strength  
6 to defendant MIKAELIAN.

7 Overt Act No. 27: Between on or about August 30, 2009, and  
8 on or about September 17, 2009, defendant YOON dispensed or  
9 caused to be dispensed three bottles of 90 pills of OxyContin  
10 80mg to defendant SMITH.

11 Overt Act No. 28: Between on or about September 18, 2009,  
12 and on or about December 23, 2009, defendant YOON dispensed or  
13 caused to be dispensed four bottles of 90 pills of OxyContin 80mg  
14 in the name of recruited patient E.D.

15 Overt Act No. 29: On or about November 11, 2009, defendant  
16 YOON knowingly dispensed or caused to be dispensed 90 pills of  
17 OxyContin 80mg to defendant MEKTERYAN.

18 Overt Act No. 30: On or about November 12, 2009, defendant  
19 YOON dispensed or caused to be dispensed 90 pills of OxyContin  
20 80mg to defendant HOVANNISYAN.

21 DEFENDANT PULLAM

22 Overt Act No. 31: On or about December 8, 2008, defendant  
23 PULLAM obtained a prescription in his own name for 90 pills of  
24 OxyContin 80mg from defendant SANTIAGO.

25 Overt Act No. 32: On or about January 7, 2009, defendant  
26 PULLAM obtained a prescription in his own name for 90 pills of  
27 OxyContin 80mg strength from defendant SANTIAGO.

28 Overt Act No. 33: On or about January 13, 2010, defendant

1 PULLAM paid recruited patient C.P. \$300 for 90 pills of OxyContin  
2 80mg.

3 DEFENDANT SMITH

4 Overt Act No. 34: On or about January 13, 2010, defendant  
5 SMITH offered to pay recruited patient C.P. \$500 to obtain a  
6 prescription for OxyContin using patient C.P.'s Medicare Part D  
7 coverage.

8 Overt Act No. 35: On or about January 13, 2010, defendant  
9 SMITH wrote "back pain" on recruited patient C.P.'s medical  
10 intake form at the Clinic.

11 Overt Act No. 36: On or about June 18, 2009, defendant  
12 SMITH offered to pay recruited patient E.D. \$30 to go to the  
13 Clinic and receive a prescription for OxyContin.

14 Overt Act No. 37: On or about December 16, 2008, defendant  
15 SMITH offered to pay recruited patient R.H. between \$50 and \$100  
16 to go to the Clinic and receive a prescription for OxyContin.

17 DEFENDANT BUDAGOVA

18 Overt Act Nos. 38-42: On or about July 6, 2009, August 5,  
19 2009, September 1, 2009, September 29, 2009, and October 19,  
20 2009, defendant BUDAGOVA wrote fabricated information in  
21 recruited patient L.H.'s medical chart.

22 Overt Act Nos. 43-44: On or about April 6, 2009, and August  
23 20, 2009, defendant BUDAGOVA wrote fabricated information in  
24 recruited patient R.H.'s medical chart.

25 Overt Act Nos. 45-47: On or about June 16, 2009, July 27,  
26 2009, and August 24, 2009, defendant BUDAGOVA wrote fabricated  
27 information in recruited patient G.M.'s medical chart.

28 Overt Act Nos. 48-49: On or about September 14, 2009, and

1 October 13, 2009, defendant BUDAGOVA wrote fabricated information  
2 in recruited patient E.D.'s medical chart.

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1 entity for Santiago and other Clinic doctors.

2 d. Defendant SANTIAGO and others at the Clinic would  
3 write orders for unnecessary medical tests and procedures for the  
4 recruited patient who were Medicare and Medi-Cal beneficiaries.

5 e. Unknown individuals at the Clinic would perform tests  
6 on recruited patients before any medical examination was  
7 conducted or following a cursory examination that did not provide  
8 a basis for performing the tests.

9 f. Defendant MEKTERYAN would perform unnecessary  
10 ultrasound tests on recruited patients.

11 g. Defendants ANJELIKA SANAMIAN, SHISHALOVSKY, MEKTERYAN,  
12 and BUDAGOVA would create false clinical records to make it  
13 appear as if legitimate and necessary medical services had been  
14 performed on the recruited patients.

15 h. Defendant ANJELIKA SANAMIAN, through A & A, would  
16 submit false and fraudulent claims to Medicare and Medi-Cal  
17 related to the recruited patients for medical services that were  
18 not medically necessary and/or not performed as represented in  
19 the claims, including:

20 i. Claims for office visits with physicians that  
21 either did not take place or were shorter and more superficial  
22 than represented in the claims;

23 ii. Claims for NCVs, electrocardiograms,  
24 ultrasounds, and other tests and procedures that were not in fact  
25 performed:

26 iii. Claims for ultrasounds purportedly performed  
27 one or a few days apart, on dates when the beneficiary was not in  
28 fact at the Clinic to be tested.

1           iv. Claims for tests and procedures that had not  
2 been ordered by a physician.

3           i. Medicare Part B and Medi-Cal would pay some of the false  
4 and fraudulent claims.

5 C. OVERT ACTS

6           63. In furtherance of the conspiracy, and to accomplish its  
7 object, defendants ANJELIKA SANAMIAN, SANTIAGO, SHISHALOVSKY,  
8 MEKTERYAN, SMITH, SUAREZ, and BUDAGOVA, together with others  
9 known and unknown to the Grand Jury, committed and willfully  
10 caused others to commit Overt Act Nos. 36 through 49 as set forth  
11 in paragraph 59 of this Indictment, and the following overt acts,  
12 among others, in the Central District of California and  
13 elsewhere:

14           Recruited Patient B.H.

15           Overt Act No. 50: On or about April 12, 2009, defendant  
16 SHISHALOVSKY confirmed recruited patient B.H.'s Medicare and  
17 Medi-Cal eligibility.

18           Overt Act No. 51: On or about April 29, 2009, defendant  
19 ANJELIKA SANAMIAN submitted a claim to Medicare for services  
20 allegedly provided to recruited patient B.H. on March 5, 2009,  
21 specifically, a Level 3 (approximately 30 minute face-to-face)  
22 office visit with defendant Halfon, a duplex scan, and  
23 venipuncture.

24           Recruited Patient D.P.

25           Overt Act No. 52: On or about June 25, 2009, defendant  
26 SHISHALOVSKY confirmed recruited patient D.P.'s Medicare and  
27 Medi-Cal eligibility.

28           Overt Act No. 53: On or about July 7, 2009, defendant

1 ANJELIKA SANAMIAN submitted a claim to Medicare for services  
2 allegedly provided to recruited patient D.P. on June 25, 2009,  
3 including a Level 3 office visit with defendant HALFON, a duplex  
4 scan ultrasound, an ECG, and an NCV.

5 Overt Act No. 54: On or before July 7, 2009, defendant  
6 ANJELIKA SANAMIAN submitted a claim to Medicare for services  
7 allegedly provided to recruited patient D.P. on June 26, 2009,  
8 specifically, a duplex scan (lower) ultrasound test.

9 Overt Act No. 55: On or about September 1, 2009, defendant  
10 ANJELIKA SANAMIAN submitted a claim to Medicare for services  
11 allegedly provided to recruited patient D.P. on August 27, 2009,  
12 including a Level 3 office visit with defendant Halfon, an  
13 amplitude and latency study, and an NCV.

14 Recruited Patient E.D.

15 Overt Act No. 56: On or about June 18, 2009, defendant  
16 SHISHALOVSKY confirmed recruited patient E.D.'s Medi-Cal  
17 eligibility.

18 Overt Act No. 57: On or before July 13, 2009, defendant  
19 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
20 allegedly provided to recruited patient E.D. on June 18, 2009,  
21 including a Level 3 office visit with defendant SANTIAGO, an EKG,  
22 ultrasounds and a breathing capacity test.

23 Overt Act No. 58: On or before July 13, 2009, defendant  
24 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
25 allegedly provided to recruited patient E.D. on June 19, 2009,  
26 including an NCV.

27 Overt Act No. 59: On or before September 8, 2009, defendant  
28 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services

1 allegedly provided to recruited patient E.D. on August 14, 2009,  
2 including a Level 3 office visit with defendant SANTIAGO, an EKG,  
3 and pulmonary function tests.

4 Overt Act No. 60: On or about September 14, 2009, defendant  
5 MEKTERYAN created or altered an ultrasound test result for  
6 recruited patient E.D.

7 Overt Act No. 61: On or about September 14, 2009, defendant  
8 BUDAGOVA wrote fabricated information in recruited patient E.D.'s  
9 medical chart.

10 Overt Act No. 62: On or before October 5, 2009, defendant  
11 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
12 allegedly provided to recruited patient E.D. on September 14,  
13 2009, specifically, a Level 3 office visit with defendant  
14 SANTIAGO, and an extremity study (ultrasound).

15 Overt Act No. 63: On or before October 5, 2009, defendant  
16 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
17 allegedly provided to recruited patient E.D. on September 15,  
18 2009, specifically an extremity study (ultrasound).

19 Overt Act No. 64: On or about October 13, 2009, defendant  
20 BUDAGOVA wrote fabricated information in recruited patient E.D.'s  
21 medical chart.

22 Overt Act No. 65: On or before November 9, 2009, defendant  
23 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
24 allegedly provided to recruited patient E.D. on October 13, 2009,  
25 specifically an extremity study (ultrasound).

26 Recruited Patient R.H.

27 Overt Act No. 66: On or about January 8, 2009, defendant  
28 SHISHALOVSKY confirmed recruited patient R.H.'s Medi-Cal

1 eligibility.

2 Overt Act No. 67: On or before March 16, 2009, defendant  
3 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
4 allegedly provided to recruited patient R.H. on March 3, 2009,  
5 including a Level 3 office visit with defendant SANTIAGO.

6 Overt Act No. 68: On or about April 6, 2009, defendant  
7 SANTIAGO approved the ordering of an NCV for recruited patient  
8 R.H., a Medi-Cal beneficiary.

9 Overt Act No. 69: On or about April 6, 2009, defendant  
10 BUDAGOVA wrote fabricated information in recruited patient R.H.'s  
11 medical chart.

12 Overt Act No. 70: On or before April 27, 2009, defendant  
13 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
14 allegedly provided to recruited patient R.H. on April 6, 2009,  
15 specifically, a Level 3 office visit with defendant SANTIAGO, an  
16 NCV, and ultrasound tests.

17 Overt Act No. 71: On or before April 27, 2009, defendant  
18 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
19 allegedly provided to recruited patient R.H. on April 7, 2009,  
20 specifically a visceral vascular study.

21 Overt Act No. 72: On or about August 20, 2009, defendant  
22 BUDAGOVA wrote fabricated information in recruited patient R.H.'s  
23 medical chart.

24 Overt Act No. 73: On or before September 8, 2009, defendant  
25 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
26 allegedly provided to recruited patient R.H. on August 20, 2009,  
27 specifically, a lower extremity study (ultrasound).

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1 Recruited Patient L.H.

2 Overt Act No. 74: On or about June 9, 2009, defendant  
3 MEKTERYAN created or altered an ultrasound test result for  
4 recruited patient L.H.

5 Overt Act No. 75: On or before October 5, 2009, defendant  
6 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
7 allegedly provided to recruited patient L.H. on June 9, 2009,  
8 including Level 3 office visit with defendant SANTIAGO, an EKG,  
9 and extremity study (ultrasound).

10 Overt Act No. 76: On or before October 5, 2009, defendant  
11 ANJELIKA SANAMIAN submitted a claim to Medi-Cal for services  
12 allegedly provided to recruited patient L.H. on June 10, 2009,  
13 specifically, an extremity study (ultrasound).

14 Additional Acts

15 Overt Act No. 77: On or about August 19, 2009, defendant  
16 SUAREZ promised a confidential government informant (hereinafter  
17 "CI2"), a Medi-Cal beneficiary, \$30 to go to the Clinic for  
18 unnecessary medical care.

19 Overt Act No. 78: On or about September 29, 2009, defendant  
20 SUAREZ informed an undercover officer that defendant SUAREZ would  
21 pay the undercover officer \$10 for each "patient" profile the  
22 undercover officer referred to the Clinic and \$40 for the use of  
23 the undercover officer's Medi-Cal card.

24 Overt Act No. 79: On or about May 8, 2009, defendant SMITH  
25 promised recruited patient R.B., a Medi-Cal beneficiary, \$25 to  
26 go to the Clinic.

27 Overt Act No. 80: On or about May 8, 2009, defendant SMITH  
28 instructed recruited patient R.B., a Medi-Cal beneficiary, to

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"come back" to the Clinic another time for more money.

COUNT THREE

[18 U.S.C. §§ 1349, 2]

64. The Grand Jury hereby repeats and re-alleges paragraphs 1 through 55, 59, and 62; Overt Act Nos. 23 through 24, 34, and 36 through 49, as set forth in paragraph 59; and Overt Act Nos. 50 and 52, as set forth in paragraph 63 of this Indictment, as though fully set forth herein.

A. OBJECT OF THE CONSPIRACY

65. Beginning in or about August 2008 and continuing until in or about February 2010, within the Central District and elsewhere, defendants MIKAELIAN, ASHOT SANAMIAN, HOVANNISYAN, DERDERIAN, PULLAM, and SMITH, and others known and unknown to the Grand Jury, combined, conspired, and agreed to execute a scheme to defraud a health care benefit program, namely Medicare Part D and Part D PDPs, in violation of 18 U.S.C. § 1347.

B. MEANS BY WHICH THE OBJECT OF THE CONSPIRACY WAS TO BE ACCOMPLISHED

66. The object of the conspiracy was carried out, and was to be carried out, in substance, as set forth in paragraphs one through 11, 58, and 65 above, and as follows:

a. Defendants ASHOT SANAMIAN, HOVANNISYAN, DERDERIAN, PULLAM, and others known and unknown to the Grand Jury, would provide and cause recruited beneficiaries to provide information regarding their Medicare Part D coverage, such as PDP identification cards, to pharmacies filling their OxyContin prescriptions, including pharmacies owned and or operated by defendant Yoon.

b. The pharmacies, including pharmacies owned and or

1 operated by defendant Yoon, would submit claims to the PDPs for  
2 the OxyContin they dispensed to fill the prescriptions.

3 c. The PDPs and Medicare Part D would pay some of the  
4 claims submitted.

5 C. OVERT ACTS

6 67. In furtherance of the conspiracy, and to accomplish its  
7 object, defendants MIKAELIAN, ASHOT SANAMIAN, DERDERIAN,  
8 HOHAVANNISYAN, PULLAM, and SMITH, together with others known and  
9 unknown to the Grand Jury, committed and willfully caused others  
10 to commit Overt Act Nos. 23 through 24, 34, 36 through 49, 50,  
11 and 52, as set forth in paragraphs 59 and 63, of this Indictment  
12 and the following overt acts, among others, in the Central  
13 District of California and elsewhere:

14 Overt Act No. 81: On an unknown date after August 2008, and  
15 before on or about May 6, 2009, defendant MIKAELIAN paid B.H., a  
16 recruited Medicare/Medi-Cal patient, \$400 in order to obtain a  
17 prescription for OxyContin.

18 Overt Act No. 82: On or about September 18, 2009, defendant  
19 ASHOT SANAMIAN provided Colonial Pharmacy, in Arcadia,  
20 California, with multiple PDP cards and other identifying  
21 information belonging to recruited patients at the Clinic.

22 Overt Act No. 83: On or about January 13, 2010, defendant  
23 PULLAM paid recruited patient C.P. \$7 to cover recruited patient  
24 C.P.'s Medicare Part D co-payment.

COUNTS FOUR AND FIVE

[21 U.S.C. §§ 331(t), 333(b)(1)(D), 353(e)(2)(A)]

68. The Grand Jury hereby repeats and re-alleges paragraphs 1 through 12, and 49 through 55, as well as Overt Act Nos. 31 and 32, as set forth in paragraph 59, of this Indictment, as though fully set forth herein.

69. On or about the dates set forth below, in Los Angeles County, within the Central District of California, and elsewhere, defendant MIKAELIAN knowingly engaged in the wholesale distribution of the prescription drug oxycodone in interstate commerce in a State without being licensed by that State to do so, namely, defendant MIKAELIAN engaged in and caused the wholesale distribution of OxyContin manufactured outside the State of California within California and to areas outside California, at a time when the defendant MIKAELIAN was not

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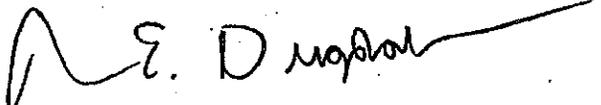
1 licensed as a prescription drug wholesaler in California, in  
2 violation of Title 21, United States Code, Sections 331(t),  
3 333(b)(1)(D), and 353(e)(2)(A).

4 <u>Count</u>	<u>Date</u>
5 FOUR	11/2/2009
6 FIVE	12/10/2009

7  
8 A TRUE BILL

9  
10 151  
11 Foreperson

12 ANDRÉ BIROTTE JR.  
United States Attorney

13   
14 ROBERT E. DUGDALE  
15 Assistant United States Attorney  
16 Chief, Criminal Division

17  
18 ELIZABETH R. YANG  
Assistant United States Attorney  
19 Chief, Violent and Organized Crime Section

20 CONSUELO S. WOODHEAD  
Assistant United States Attorney  
21 Deputy Chief, Major Frauds Section

22 LANA MORTON-OWENS  
Assistant United States Attorney  
23 Violent and Organized Crime Section

UNITED STATES DISTRICT COURT  
CENTRAL DISTRICT OF CALIFORNIA  
CRIMINAL MINUTES -- CHANGE OF PLEA

Case No. CR 11-00922 (4) DDP

Date: August 6, 2012

=====

PRESENT: HONORABLE DEAN D. PREGERSON, JUDGE

John A. Chambers  
Courtroom Deputy

Maria Bustillos  
Court Reporter

J. Lana Morton-Owens  
Asst. U.S. Attorney

=====

U.S.A. vs (Dfts listed below)

Attorneys for Defendants

4) ELEANOR MELA SANTIAGO  
present on bond

4) Steven M. Goldsobel  
present retained

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PROCEEDINGS: **CHANGE OF PLEA**

Court and counsel confer re the change of plea. Defendant moves to change plea to the Indictment. Defendant now enters a new and different plea of Guilty to Count Two of the Indictment. The Court questions the defendant regarding the plea of Guilty and finds a factual and legal basis for the plea; waivers of constitutional rights are freely, voluntarily and intelligently made; plea is provident; plea is accepted and entered.

The Court refers the defendant to the Probation Office for the preparation of a presentence report and continues the matter to Thursday, November 1, 2012 at 2:30 p.m., for sentencing.

The Court vacates the court and/or jury trial date.

**Counsel are notified that Federal Rule of Criminal Procedure 32(b)(6)(B) requires the parties to notify the Probation Officer, and each other, of any objections to the Presentence Report within fourteen (14) days of receipt. Alternatively, the Court will permit counsel to file such objections no later than twenty-one (21) days before Sentencing. The Court construes "objections" to include departure arguments. Requests for continuances shall be filed no later than twenty-one (21) days before Sentencing. Strict compliance with the above is mandatory because untimely filings impede the abilities of the Probation Office and of the Court to prepare for Sentencing. Failure to meet these deadlines is grounds for sanctions.**

**cc: P. O. & P. S. A. L. A.**

United States District Court  
Central District of California

UNITED STATES OF AMERICA vs.

Docket No.

CR 11-00922 (A) DDP (4)

**Defendant** ELEANOR MELA SANTIAGO

**Social Security No.**

8 5 0 1

akas: Lopez, Eleanor Santiago

(Last 4 digits)

**JUDGMENT AND PROBATION/COMMITMENT ORDER**

In the presence of the attorney for the government, the defendant appeared in person

MONTH	DAY	YEAR
May	28	2015

**COUNSEL**

Steven M. Goldsobel, retained.

(Name of Counsel)

**PLEA**

**GUILTY**, and the court being satisfied that there is a factual basis for the plea.

**NOLO CONTENDERE**

**NOT GUILTY**

**FINDING**

There being a finding/verdict of **GUILTY**, defendant has been convicted as charged of the offense(s) of:

18 U.S.C. § 1349: Conspiracy to Commit Health Care Fraud as charged in Count two of the Indictment.

**JUDGMENT AND PROB/COMM ORDER**

The Court asked whether there was any reason why judgment should not be pronounced. Because no sufficient cause to the contrary was shown, or appeared to the Court, the Court adjudged the defendant guilty as charged and convicted and ordered that: Pursuant to the Sentencing Reform Act of 1984, it is the judgment of the Court that the defendant is hereby committed to the custody of the Bureau of Prisons to be imprisoned for a term of:

Pursuant to the Sentencing Reform Act of 1984, it is the judgment of the Court that the defendant, Eleanor Melo Santiago, is hereby committed on Count two of the Indictment to the custody of the Bureau of Prisons for a term of 20 months.

Upon release from imprisonment, the defendant shall be placed on supervised release for a term of two years under the following terms and conditions:

1. The defendant shall comply with the rules and regulations of the United States Probation Office, General Order 05-02, and General Order 01-05, including the three special conditions delineated in General Order 01-05.
2. The defendant shall not commit any violation of local, state, or federal law or ordinance.
3. During the period of community supervision, the defendant shall pay the special assessment and restitution in accordance with this judgment's orders pertaining to such payment.

USA vs. ELEANOR MELA SANTIAGO

Docket No.: CR 11-00922 (A) DDP (4)

4. The defendant shall comply with the immigration rules and regulations of the United States, and if deported from this country, either voluntarily or involuntarily, not reenter the United States illegally. The defendant is not required to report to the Probation Office while residing outside of the United States; however, within 72 hours of release from any custody or any reentry to the United States during the period of Court-ordered supervision, the defendant shall report for instructions to the United States Probation Office located at: United States Court House, 411 West Fourth Street, Santa Ana, California 92701-4516.

5. The defendant shall cooperate in the collection of a DNA sample from the defendant.

6. The defendant shall apply all monies received from income tax refunds to the outstanding court-ordered financial obligation. In addition, the defendant shall apply all monies received from lottery winnings, inheritance, judgments and any anticipated or unexpected financial gains to the outstanding court-ordered financial obligation.

The drug testing condition mandated by statute is suspended based on the Court's determination that the defendant poses a low risk of future substance abuse.

**RESTITUTION:** It is ordered that the defendant shall pay restitution pursuant to 18 U.S.C. § 3663 (A). Defendant shall pay restitution in the total amount of \$3,718,492.53 to victims as set forth in a separate victim list prepared by the probation office which this Court adopts and which reflects the Court's determination of the amount of restitution due to each victim. The victim list, which shall be forwarded to the fiscal section of the clerk's office, shall remain confidential to protect the privacy interests of the victims.

The Court finds from a consideration of the record that the defendant's economic circumstances allow for restitution payments pursuant to the following schedule: Restitution shall be due during the period of imprisonment, at the rate of not less than \$25 per quarter, and pursuant to the Bureau of Prisons' Inmate Financial Responsibility Program. If any amount of the restitution remains unpaid after release from custody, monthly installments of at least \$25 shall be made during the period of supervised release. These payments shall begin 30 days after the commencement of supervision. If the defendant makes a partial payment, each payee shall receive approximately proportional payment unless another priority order or percentage payment is specified in the judgment. The defendant shall be held jointly and severally liable with co-participants, Angelika Sanamian, Julie Shishalovsky, Keith Pullam, Edgar Hovannisyan, David Smith, Rosa Garcia Suarez, Lillit Mekteryan and Elza Budagova (Docket No. CR-11-00922) for the amount of restitution ordered in this judgment. The victims' recovery is limited to the amount of their loss and the defendant's liability for restitution ceases if and when the victims receive full restitution.

Pursuant to 18 U.S.C. § 3612(f)(3)(A), interest on the restitution ordered is waived because the defendant does not have the ability to pay interest. Payments may be subject to penalties for default and delinquency pursuant to 18 U.S.C. § 3612(g).

The defendant shall comply with General Order No. 01-05.

USA vs. ELEANOR MELA SANTIAGO

Docket No.: CR 11-00922 (A) DDP (4)

**FINE:** Pursuant to Guideline § 5E1.2(a), all fines are waived as the Court finds that the defendant has established that she is unable to pay and is not likely to become able to pay any fine.

**SPECIAL ASSESSMENT:** It is ordered that the defendant shall pay to the United States a special assessment of \$100, which is due immediately. Any unpaid balance shall be due during the period of imprisonment, at the rate of not less than \$25 per quarter, and pursuant to the Bureau of Prisons' Inmate Financial Responsibility Program.

**SENTENCING FACTORS:** The sentence is based upon the factors set forth in 18 U.S.C. § 3553, including the applicable sentencing range set forth in the guidelines.

**IT IS ORDERED** that the defendant shall self-surrender to the institution designated by the BOP on or before 12 noon, July 28, 2015 and, on the absence of such designation, the defendant shall report on or before the same date and time, to the United States Marshal at 255 East Temple Street, Los Angeles, California, 90012.

The Court **RECOMMENDS** that the defendant be considered for designation to the BOP facility in Dublin, California.

The Court is aware that Ms. Santiago has ongoing medical needs, and the Court requests the BOP appropriately address those medical needs.

In addition to the special conditions of supervision imposed above, it is hereby ordered that the Standard Conditions of Probation and Supervised Release within this judgment be imposed. The Court may change the conditions of supervision, reduce or extend the period of supervision, and at any time during the supervision period or within the maximum period permitted by law, may issue a warrant and revoke supervision for a violation occurring during the supervision period.

May 28, 2015

Date



United States District Judge

It is ordered that the Clerk deliver a copy of this Judgment and Probation/Commitment Order to the U.S. Marshal or other qualified officer.

Clerk, U.S. District Court

May 28, 2015

Filed Date

By John A. Chambers

Deputy Clerk

s

USA vs. ELEANOR MELA SANTIAGODocket No.: CR 11-00922 (A) DDP (4)

The defendant shall comply with the standard conditions that have been adopted by this court (set forth below).

### STANDARD CONDITIONS OF PROBATION AND SUPERVISED RELEASE

While the defendant is on probation or supervised release pursuant to this judgment:

1. The defendant shall not commit another Federal, state or local crime;
2. the defendant shall not leave the judicial district without the written permission of the court or probation officer;
3. the defendant shall report to the probation officer as directed by the court or probation officer and shall submit a truthful and complete written report within the first five days of each month;
4. the defendant shall answer truthfully all inquiries by the probation officer and follow the instructions of the probation officer;
5. the defendant shall support his or her dependents and meet other family responsibilities;
6. the defendant shall work regularly at a lawful occupation unless excused by the probation officer for schooling, training, or other acceptable reasons;
7. the defendant shall notify the probation officer at least 10 days prior to any change in residence or employment;
8. the defendant shall refrain from excessive use of alcohol and shall not purchase, possess, use, distribute, or administer any narcotic or other controlled substance, or any paraphernalia related to such substances, except as prescribed by a physician;
9. the defendant shall not frequent places where controlled substances are illegally sold, used, distributed or administered;
10. the defendant shall not associate with any persons engaged in criminal activity, and shall not associate with any person convicted of a felony unless granted permission to do so by the probation officer;
11. the defendant shall permit a probation officer to visit him or her at any time at home or elsewhere and shall permit confiscation of any contraband observed in plain view by the probation officer;
12. the defendant shall notify the probation officer within 72 hours of being arrested or questioned by a law enforcement officer;
13. the defendant shall not enter into any agreement to act as an informer or a special agent of a law enforcement agency without the permission of the court;
14. as directed by the probation officer, the defendant shall notify third parties of risks that may be occasioned by the defendant's criminal record or personal history or characteristics, and shall permit the probation officer to make such notifications and to conform the defendant's compliance with such notification requirement;
15. the defendant shall, upon release from any period of custody, report to the probation officer within 72 hours;
16. and, for felony cases only: not possess a firearm, destructive device, or any other dangerous weapon.

The defendant will also comply with the following special conditions pursuant to General Order 01-05 (set forth below).

### STATUTORY PROVISIONS PERTAINING TO PAYMENT AND COLLECTION OF FINANCIAL SANCTIONS

The defendant shall pay interest on a fine or restitution of more than \$2,500, unless the court waives interest or unless the fine or restitution is paid in full before the fifteenth (15<sup>th</sup>) day after the date of the judgment pursuant to 18 U.S.C. §3612(f)(1). Payments may be subject to penalties for default and delinquency pursuant to 18 U.S.C. §3612(g). Interest and penalties pertaining to restitution, however, are not applicable for offenses completed prior to April 24, 1996.

If all or any portion of a fine or restitution ordered remains unpaid after the termination of supervision, the defendant shall pay the balance as directed by the United States Attorney's Office. 18 U.S.C. §3613.

The defendant shall notify the United States Attorney within thirty (30) days of any change in the defendant's mailing address or residence until all fines, restitution, costs, and special assessments are paid in full. 18 U.S.C. §3612(b)(1)(F).

The defendant shall notify the Court through the Probation Office, and notify the United States Attorney of any material change in the defendant's economic circumstances that might affect the defendant's ability to pay a fine or restitution, as required by 18 U.S.C. §3664(k). The Court may also accept such notification from the government or the victim, and may, on its own motion or that of a party or the victim, adjust the manner of payment of a fine or restitution-pursuant to 18 U.S.C. §3664(k). See also 18 U.S.C. §3572(d)(3) and for probation 18 U.S.C. §3563(a)(7).

Payments shall be applied in the following order:

1. Special assessments pursuant to 18 U.S.C. §3013;
2. Restitution, in this sequence:
  - Private victims (individual and corporate),
  - Providers of compensation to private victims,
  - The United States as victim;
3. Fine;
4. Community restitution, pursuant to 18 U.S.C. §3663(c); and
5. Other penalties and costs.

USA vs. ELEANOR MELA SANTIAGO

Docket No.: CR 11-00922 (A) DDP (4)

**SPECIAL CONDITIONS FOR PROBATION AND SUPERVISED RELEASE**

As directed by the Probation Officer, the defendant shall provide to the Probation Officer: (1) a signed release authorizing credit report inquiries; (2) federal and state income tax returns or a signed release authorizing their disclosure and (3) an accurate financial statement, with supporting documentation as to all assets, income and expenses of the defendant. In addition, the defendant shall not apply for any loan or open any line of credit without prior approval of the Probation Officer.

The defendant shall maintain one personal checking account. All of defendant's income, "monetary gains," or other pecuniary proceeds shall be deposited into this account, which shall be used for payment of all personal expenses. Records of all other bank accounts, including any business accounts, shall be disclosed to the Probation Officer upon request.

The defendant shall not transfer, sell, give away, or otherwise convey any asset with a fair market value in excess of \$500 without approval of the Probation Officer until all financial obligations imposed by the Court have been satisfied in full.

These conditions are in addition to any other conditions imposed by this judgment.

**RETURN**

I have executed the within Judgment and Commitment as follows:

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_

Defendant noted on appeal on \_\_\_\_\_

Defendant released on \_\_\_\_\_

Mandate issued on \_\_\_\_\_

Defendant's appeal determined on \_\_\_\_\_

Defendant delivered on \_\_\_\_\_ to \_\_\_\_\_

at \_\_\_\_\_  
the institution designated by the Bureau of Prisons, with a certified copy of the within Judgment and Commitment.

United States Marshal

By \_\_\_\_\_  
Deputy Marshal

\_\_\_\_\_  
Date

**CERTIFICATE**

I hereby attest and certify this date that the foregoing document is a full, true and correct copy of the original on file in my office, and in my legal custody.

\_\_\_\_\_  
Clerk, U.S. District Court  
By

USA vs. ELEANOR MELA SANTIAGO

Docket No.: CR 11-00922 (A) DDP (4)

\_\_\_\_\_  
Filed Date

\_\_\_\_\_  
Deputy Clerk

---

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**FOR U.S. PROBATION OFFICE USE ONLY**

Upon a finding of violation of probation or supervised release, I understand that the court may (1) revoke supervision, (2) extend the term of supervision, and/or (3) modify the conditions of supervision.

These conditions have been read to me. I fully understand the conditions and have been provided a copy of them.

(Signed) \_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date

\_\_\_\_\_  
U. S. Probation Officer/Designated Witness

\_\_\_\_\_  
Date

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

In the Matter Against: )

ELEANOR M. SANTIAGO, M.D. )

File No. 06-2008-193886

Physician's and Surgeon's )  
Certificate No. A 30385 )

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

**DECISION AND ORDER**

The surrender of Physician's and Surgeon's Certificate No. A 30385, by Respondent, Eleanor M. Santiago, M.D., is accepted by the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 27, 2011

IT IS SO ORDERED October 20, 2011

MEDICAL BOARD OF CALIFORNIA

By: \_\_\_\_\_

*Linda K. Whitney*  
Linda K. Whitney  
Executive Director



1 17, 2011, a Decision was rendered wherein her license was revoked, with said revocation stayed,  
2 and placed on 5 years probation with various terms and conditions.

3 5. The current disciplinary action provides in pertinent part "Following the  
4 effective date of this Decision, if Respondent ceases practicing due to retirement, health reasons,  
5 or is otherwise unable to satisfy the terms and conditions of probation, Respondent may the  
6 voluntary surrender of Respondent's license." (Order #06-2008-193886)

7 6. Upon acceptance of the Agreement by the Board, Respondent understands  
8 that she will no longer be permitted to practice as a physician and surgeon in California, and also  
9 agrees to surrender her wallet certificate, wall license and D.E.A. Certificate(s).

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

21 **ACCEPTANCE**

22 I, Eleanor M. Santiago, M.D., have carefully read the above Agreement and enter  
23 into it freely and voluntarily, with the optional advice of counsel, and with full knowledge of its  
24 force and effect, do hereby surrender my Physician's and Surgeon's Certificate A-30385, to the  
25 Medical Board of California for its formal acceptance. By signing this Agreement for Surrender  
26 of License, I recognize that upon its formal acceptance by the Board, I will lose all rights and  
27 privileges to practice as a physician and surgeon in the State of California and that I have

delivered to the Board both my wallet certificate and wall license.

Eleanor M. Santiago M.D.  
ELEANOR M. SANTIAGO, M.D.

September 6, 2011  
Date

[Signature]  
ATTORNEY OR WITNESS

9/10/11  
Date

A. Renee Threadgill  
A. RENEE THREADGILL  
Chief of Enforcement

10/17/11  
Date

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

In the Matter of the First Amended )  
Accusation Against: )

**ELEANOR SANTIAGO, M.D.** )

File No. 06-2008-193886

Physician's and Surgeon's )  
Certificate No. A 30385 )

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 April 15, 2011.

IT IS SO ORDERED March 17, 2011.

MEDICAL BOARD OF CALIFORNIA

By: \_\_\_\_\_

**Hedy Chang**  
Chair, Panel B

1 EDMUND G. BROWN JR., Attorney General  
of the State of California  
2 GLORIA L. CASTRO  
Supervising Deputy Attorney General  
3 ESTHER P. KIM, State Bar No. 225418  
Deputy Attorney General  
4 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
5 Telephone: (213) 897-2872  
Facsimile: (213) 897-9395  
6  
7 Attorneys for Complainant

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

11 In the Matter of the First Amended Accusation  
12 Against:

13 **ELEANOR SANTIAGO, M.D.**

14 20 Millstone  
Irvine, California 92606

15 Physician's and Surgeon's Certificate  
16 No. A 30385

17 Respondent.

Case No. 06-2008-193886

OAH No. 2010080426

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

21 **PARTIES**

22 1. Linda K. Whitney (Complainant) is the Executive Director of the Medical  
23 Board of California. She brought this action solely in her official capacity and is  
24 represented in this matter by Edmund G. Brown Jr., Attorney General of the State of  
25 California, by Esther P. Kim, Deputy Attorney General.

26 2. Respondent Eleanor Santiago, M.D. (Respondent) is represented in this  
27 proceeding by attorney Benjamin Fenton, whose address is Fenton & Nelson, 11835 West  
28 Olympic Boulevard, Suite 925, Los Angeles, California, 90064.



1 each and every right set forth above.

2 **CULPABILITY**

3 8. Respondent does not contest the factual allegations in First Amended  
4 Accusation No. 06-2008-193886. Respondent admits that at an administrative hearing,  
5 complainant could establish a prima facie case with respect to the charges and allegations  
6 contained in First Amended Accusation No. 06-2008-193886 and that she has thereby  
7 subjected her license to disciplinary action.

8 9. Respondent agrees that if she ever petitions for early termination or  
9 modification of probation, or if the Board ever petitions for revocation of probation, all of  
10 the charges and allegations contained in First Amended Accusation No. 06-2008-193886  
11 shall be deemed true, correct and fully admitted by Respondent for purposes of that  
12 proceeding or any other licensing proceeding involving Respondent in the State of  
13 California.

14 10. Respondent agrees that her Physician's and Surgeon's Certificate is  
15 subject to discipline and she agrees to be bound by the Board's imposition of discipline as  
16 set forth in the Disciplinary Order below.

17 **RESERVATION**

18 11. The admissions made by Respondent herein are only for the purposes of  
19 this proceeding, or any other proceedings in which the Board or other professional  
20 licensing agency is involved, and shall not be admissible in any other criminal or civil  
21 proceeding.

22 **CONTINGENCY**

23 12. This stipulation shall be subject to approval by the Medical Board of  
24 California. Respondent understands and agrees that counsel for Complainant and the  
25 staff of the Medical Board of California may communicate directly with the Board  
26 regarding this stipulation and settlement, without notice to or participation by Respondent  
27 or her counsel. By signing the stipulation, Respondent understands and agrees that she  
28 may not withdraw her agreement or seek to rescind the stipulation prior to the time the

1 Board considers and acts upon it. If the Board fails to adopt this stipulation as its  
2 Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force  
3 or effect, except for this paragraph, it shall be inadmissible in any legal action between  
4 the parties, and the Board shall not be disqualified from further action by having  
5 considered this matter.

6 13. The parties understand and agree that facsimile copies of this Stipulated  
7 Settlement and Disciplinary Order, including facsimile signatures thereto, shall have the  
8 same force and effect as the originals.

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

12 **DISCIPLINARY ORDER**

13 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A  
14 30385 issued to Respondent Eleanor Santiago, M.D. is revoked. However, the revocation  
15 is stayed and Respondent is placed on probation for five (5) years. Respondent is  
16 currently prohibited from engaging in the practice of medicine as a condition of bail on an  
17 unrelated criminal matter. Therefore, the probationary term of five (5) years will begin  
18 on the effective date of Decision, or within 30 calendar days after the bail condition  
19 restriction is lifted, whichever is later. Based on the above, Respondent is placed on  
20 probation for five (5) years on the following terms and conditions.

21 1. **EDUCATION COURSE** Within 60 calendar days of the effective date of  
22 this Decision, or within 60 calendar days after the bail condition restriction is lifted,  
23 whichever occurs later, and on an annual basis thereafter, Respondent shall submit to the  
24 Board or its designee for its prior approval educational program(s) or course(s) which  
25 shall not be less than 40 hours per year, for each year of probation. The educational  
26 program(s) or course(s) shall be aimed at correcting any areas of deficient practice or  
27 knowledge and shall be Category I certified, limited to classroom, conference, or seminar  
28 settings. The educational program(s) or course(s) shall be at Respondent's expense and

1 shall be in addition to the Continuing Medical Education (CME) requirements for  
2 renewal of licensure. Following the completion of each course, the Board or its designee  
3 may administer an examination to test Respondent's knowledge of the course.

4 Respondent shall provide proof of attendance for 65 hours of continuing medical  
5 education of which 40 hours were in satisfaction of this condition, proof of which shall be  
6 provided within 90 calendar days of the effective date of this Decision, or within 90  
7 calendar days after the bail condition restriction is lifted, whichever occurs later.

8         2.     MEDICAL RECORD KEEPING COURSE Within 60 calendar days of  
9 the effective date of this decision, or within 60 calendar days after the bail condition  
10 restriction is lifted, whichever occurs later, Respondent shall enroll in a course in medical  
11 record keeping, at Respondent's expense, approved in advance by the Board or its  
12 designee. Failure to successfully complete the course within 90 calendar days of the  
13 effective date of this Decision, or within 90 calendar days after the bail condition  
14 restriction is lifted, whichever occurs later, is a violation of probation.

15             A medical record keeping course taken after the acts that gave rise to the charges  
16 in the First Amended Accusation, but prior to the effective date of the Decision may, in  
17 the sole discretion of the Board or its designee, be accepted towards the fulfillment of this  
18 condition if the course would have been approved by the Board or its designee had the  
19 course been taken after the effective date of this Decision.

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

23         3.     ETHICS COURSE Within 60 calendar days of the effective date of this  
24 Decision, or within 60 calendar days after the bail condition restriction is lifted,  
25 whichever occurs later, Respondent shall enroll in a course in ethics, at Respondent's  
26 expense, approved in advance by the Board or its designee. Failure to successfully  
27 complete the course within 90 calendar days of the effective date of this Decision, or  
28 within 90 calendar days after the bail condition restriction is lifted, whichever occurs

1 later, is a violation of probation.

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

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

10 4. CLINICAL TRAINING PROGRAM Within 60 calendar days of the  
11 effective date of this Decision, or within 60 calendar days after the bail condition  
12 restriction is lifted, whichever occurs later, Respondent shall enroll in a clinical training  
13 or educational program equivalent to the Physician Assessment and Clinical Education  
14 Program (PACE) offered at the University of California - San Diego School of Medicine  
15 ("Program").

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

25 Based on Respondent's performance and test results in the assessment and clinical  
26 education, the Program will advise the Board or its designee of its recommendation(s) for  
27 the scope and length of any additional educational or clinical training, treatment for any  
28 medical condition, treatment for any psychological condition, or anything else affecting

1 Respondent's practice of medicine. Respondent shall comply with Program  
2 recommendations.

3 At the completion of any additional educational or clinical training, Respondent  
4 shall submit to and pass an examination. The Program's determination whether or not  
5 Respondent passed the examination or successfully completed the Program shall be  
6 binding.

7 Respondent shall complete the Program not later than six months after  
8 Respondent's initial enrollment unless the Board or its designee agrees in writing to a  
9 later time for completion.

10 Failure to participate in and complete successfully all phases of the clinical  
11 training program outlined above is a violation of probation.

12 If Respondent fails to complete the clinical training program within the designated  
13 time period, Respondent shall cease the practice of medicine within 72 hours after being  
14 notified by the Board or its designee that Respondent failed to complete the clinical  
15 training program.

16 Failure to participate in and complete successfully the professional enhancement  
17 program outlined above is a violation of probation.

18 5. MONITORING - PRACTICE AND BILLING Within 30 calendar days  
19 of the effective date of this Decision, or within 30 calendar days after the bail condition  
20 restriction is lifted, whichever occurs later, Respondent shall submit to the Board or its  
21 designee for prior approval as a practice and billing monitor(s), the name and  
22 qualifications of one or more licensed physicians and surgeons whose licenses are valid  
23 and in good standing, and who are preferably American Board of Medical Specialties  
24 (ABMS) certified. A monitor shall have no prior or current business or personal  
25 relationship with Respondent, or other relationship that could reasonably be expected to  
26 compromise the ability of the monitor to render fair and unbiased reports to the Board,  
27 including, but not limited to, any form of bartering, shall be in Respondent's field of  
28 practice, and must agree to serve as Respondent's monitor. Respondent shall pay all

1 monitoring costs.

2 The Board or its designee shall provide the approved monitor with copies of the  
3 Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days  
4 of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor  
5 shall submit a signed statement that the monitor has read the Decision(s) and  
6 Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the  
7 proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan,  
8 the monitor shall submit a revised monitoring plan with the signed statement.

9 Within 60 calendar days of the effective date of this Decision, or within 60  
10 calendar days after the bail condition restriction is lifted, whichever occurs later, and  
11 continuing throughout probation, Respondent's practice and billing shall be monitored by  
12 the approved monitor. Respondent shall make all records available for immediate  
13 inspection and copying on the premises by the monitor at all times during business hours,  
14 and shall retain the records for the entire term of probation.

15 The monitor(s) shall submit a quarterly written report to the Board or its designee  
16 which includes an evaluation of Respondent's performance, indicating whether  
17 Respondent's practices are within the standards of practice of medicine or billing, or  
18 both, and whether Respondent is practicing medicine safely, billing appropriately or both.

19 It shall be the sole responsibility of Respondent to ensure that the monitor submits  
20 the quarterly written reports to the Board or its designee within 10 calendar days after the  
21 end of the preceding quarter.

22 If the monitor resigns or is no longer available, Respondent shall, within 5  
23 calendar days of such resignation or unavailability, submit to the Board or its designee,  
24 for prior approval, the name and qualifications of a replacement monitor who will be  
25 assuming that responsibility within 15 calendar days. If Respondent fails to obtain  
26 approval of a replacement monitor within 60 days of the resignation or unavailability of  
27 the monitor, Respondent shall be suspended from the practice of medicine until a  
28 replacement monitor is approved and prepared to assume immediate monitoring

1 responsibility. Respondent shall cease the practice of medicine within 3 calendar days  
2 after being so notified by the Board or designee.

3 Failure to maintain all records, or to make all appropriate records available for  
4 immediate inspection and copying on the premises, or to comply with this condition as  
5 outlined above is a violation of probation.

6 6. SOLO PRACTICE Respondent is prohibited from engaging in the solo  
7 practice of medicine.

8 7. NOTIFICATION Prior to engaging in the practice of medicine, the  
9 Respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of  
10 Staff or the Chief Executive Officer at every hospital where privileges or membership are  
11 extended to Respondent, at any other facility where respondent engages in the practice of  
12 medicine, including all physician and locum tenens registries or other similar agencies,  
13 and to the Chief Executive Officer at every insurance carrier which extends malpractice  
14 insurance coverage to Respondent. Respondent shall submit proof of compliance to the  
15 Board or its designee within 15 calendar days.

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

18 8. SUPERVISION OF PHYSICIAN ASSISTANTS During probation,  
19 Respondent is prohibited from supervising physician assistants.

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

23 10. QUARTERLY DECLARATIONS Respondent shall submit quarterly  
24 declarations under penalty of perjury on forms provided by the Board, stating whether  
25 there has been compliance with all the conditions of probation. Respondent shall submit  
26 quarterly declarations not later than 10 calendar days after the end of the preceding  
27 quarter.

28 11. PROBATION UNIT COMPLIANCE Respondent shall comply with the

1 Board's probation unit. Respondent shall, at all times, keep the Board informed of  
2 Respondent's business and residence addresses. Changes of such addresses shall be  
3 immediately communicated in writing to the Board or its designee. Under no  
4 circumstances shall a post office box serve as an address of record, except as allowed by  
5 Business and Professions Code section 2021(b).

6 Respondent shall not engage in the practice of medicine in Respondent's place of  
7 residence. Respondent shall maintain a current and renewed California physician's and  
8 surgeon's license.

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

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

16 13. RESIDING OR PRACTICING OUT-OF-STATE In the event  
17 Respondent should leave the State of California to reside or to practice, Respondent shall  
18 notify the Board or its designee in writing 30 calendar days prior to the dates of departure  
19 and return. Non-practice is defined as any period of time exceeding 30 calendar days in  
20 which Respondent is not engaging in any activities defined in Sections 2051 and 2052 of  
21 the Business and Professions Code.

22 All time spent in an intensive training program outside the State of California  
23 which has been approved by the Board or its designee shall be considered as time spent in  
24 the practice of medicine within the State. A Board-ordered suspension of practice shall  
25 not be considered as a period of non-practice. Periods of temporary or permanent  
26 residence or practice outside California will not apply to the reduction of the probationary  
27 term. Periods of temporary or permanent residence or practice outside California will  
28 relieve Respondent of the responsibility to comply with the probationary terms and

1 conditions with the exception of this condition and the following terms and conditions of  
2 probation: Obey All Laws and Probation Unit Compliance.

3 Respondent's license shall be automatically cancelled if Respondent's periods of  
4 temporary or permanent residence or practice outside California total two years.

5 However, Respondent's license shall not be cancelled as long as Respondent is residing  
6 and practicing medicine in another state of the United States and is on active probation  
7 with the medical licensing authority of that state, in which case the two year period shall  
8 begin on the date probation is completed or terminated in that state.

9 14. FAILURE TO PRACTICE MEDICINE - CALIFORNIA RESIDENT In  
10 the event Respondent resides in the State of California and for any reason Respondent  
11 stops practicing medicine in California, Respondent shall notify the Board or its designee  
12 in writing within 30 calendar days prior to the dates of non-practice and return to practice.  
13 Any period of non-practice within California, as defined in this condition, will not apply  
14 to the reduction of the probationary term and does not relieve Respondent of the  
15 responsibility to comply with the terms and conditions of probation. Non-practice is  
16 defined as any period of time exceeding 30-calendar days in which Respondent is not  
17 engaging in any activities defined in sections 2051 and 2052 of the Business and  
18 Professions Code.

19 All time spent in an intensive training program which has been approved by the  
20 Board or its designee shall be considered time spent in the practice of medicine. For  
21 purposes of this condition, non-practice due to a Board-ordered suspension or in  
22 compliance with any other condition of probation, shall not be considered a period of  
23 non-practice.

24 Respondent's license shall be automatically cancelled if Respondent resides in  
25 California and for a total of two years, fails to engage in California in any of the activities  
26 described in Business and Professions Code sections 2051 and 2052.

27 15. COMPLETION OF PROBATION Respondent shall comply with all  
28 financial obligations (c.g. probation costs) not later than 120 calendar days prior to the

1 completion of probation. Upon successful completion of probation, Respondent's  
2 certificate shall be fully restored.

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

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

22 18. PROBATION MONITORING COSTS Respondent shall pay the costs  
23 associated with probation monitoring each and every year of probation, as designated by  
24 the Board. Such costs shall be payable to the Medical Board of California and delivered  
25 to the Board or its designee no later than January 31 of each calendar year. Failure to pay  
26 costs within 30 calendar days of the due date is a violation of probation.

27 ///

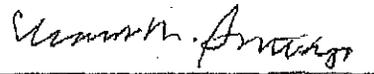
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Benjamin Fenton. 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 Board.

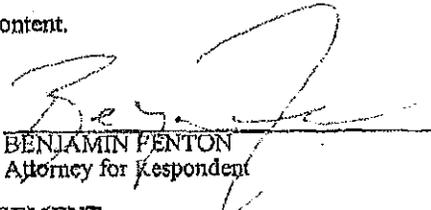
DATED: 12/28/10



ELEANOR SANTIAGO, M.D.  
Respondent

I have read and fully discussed with Respondent Eleanor Santiago, 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: 12/24/10



BENJAMIN FENTON  
Attorney for Respondent

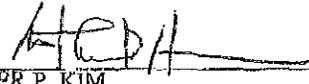
ENDORSEMENT

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

DATED: 12/29/10

EDMUND G. BROWN JR., Attorney  
General of the State of California

GLORIA L. CASTRO  
Supcrvising Deputy Attorney General



ESTHER P. KIM  
Deputy Attorney General

Attorneys for Complainant

**EXHIBIT A**

**First Amended Accusation No. 06-2008-193886**

1 EDMUND G. BROWN JR.  
Attorney General of California  
2 GLORIA L. CASTRO  
Supervising Deputy Attorney General  
3 ESTHER P. KIM  
Deputy Attorney General  
4 State Bar No. 225418  
300 South Spring Street, Suite 1702  
5 Los Angeles, California 90013  
Telephone: (213) 897-2872  
6 Facsimile: (213) 897-9395  
*Attorneys for Complainant*

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

10 In the Matter of the First Amended Accusation  
11 Against:

Case No. 06-2008-193886

12 ELEANOR SANTIAGO, M.D.

**FIRST AMENDED ACCUSATION**

13 20 Millstone  
14 Irvine, CA 92606

15 Physician's & Surgeon's Certificate A30385,  
16 Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

20 1. Linda K. Whitney (Complainant) brings this Accusation solely in her official capacity  
21 as the Executive Director of the Medical Board of California (Board).

22 2. On or about August 24, 1976, the Board issued Physician's & Surgeon's Certificate  
23 number A30385 to Eleanor Santiago, M.D. (Respondent). The Physician's & Surgeon's  
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
25 expire on January 31, 2012, unless renewed.

26 **JURISDICTION**

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

1           4.     Section 2227 of the Code provides that a licensee who is found guilty under the  
2 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
3 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
4 action taken in relation to discipline as the Division<sup>1</sup> deems proper.

5           5.     Section 2229 of the Code states, in subdivision (a):

6           "Protection of the public shall be the highest priority for the Division of Medical Quality,  
7 the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality  
8 Hearing Panel in exercising their disciplinary authority."

9           6.     Section 2234 of the Code states:

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

13           "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the  
14 violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical  
15 Practice Act].

16           "(b) Gross negligence.

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

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

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

25           <sup>1</sup> California Business and Professions Code section 2002, as amended and effective  
26 January 1, 2008, provides that, unless otherwise expressly provided, the term "board" as used in  
27 the State Medical Practices Act (Cal. Bus. & Prof. Code §§ 2000, et seq.) means the "Medical  
28 Board of California," and references to the "Division of Medical Quality" and "Division of  
Licensing" in the Act or any other provision of law shall be deemed to refer to the Board.

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

3 "(d) Incompetence.

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

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

7 7. Section 2261 of the Code states:

8 "Knowingly making or signing any certificate or other document directly or indirectly  
9 related to the practice of medicine or podiatry which falsely represents the existence or  
10 nonexistence of a state of facts, constitutes unprofessional conduct."

11 8. Section 2262 of the Code states:

12 "Altering or modifying the medical record of any person, with fraudulent intent, or creating  
13 any false medical record, with fraudulent intent, constitutes unprofessional conduct.

14 "In addition to any other disciplinary action, the Division of Medical Quality or the  
15 California Board of Podiatric Medicine may impose a civil penalty of five hundred dollars (\$500)  
16 for a violation of this section."

17 9. Section 2264 of the Code states:

18 "The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person  
19 or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any  
20 other mode of treating the sick or afflicted which requires a license to practice constitutes  
21 unprofessional conduct."

22 10. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain  
23 adequate and accurate records relating to the provision of services to their patients constitutes  
24 unprofessional conduct."

25 11. Section 2273 of the Code states:

26 "(a) Except as otherwise allowed by law, the employment of runners, cappers, steerers, or  
27 other persons to procure patients constitutes unprofessional conduct.

28



1 breath) on exertion, swelling of both legs, and bilateral knee pain. There was no nausea,  
2 vomiting, or diarrhea noted. There were no further explanations or descriptions of the  
3 listed complaints on review of system.

4 D. The patient's past medical history was documented in the medical records as  
5 including hypertension, high cholesterol, arthritis, coronary artery disease, and peripheral  
6 vascular disease, as checkmarks off a pre-printed diagnostic list.

7 E. The patient's medication is documented in the medical records as "Nivetril 400  
8 mg."

9 F. The physical examination's findings documented in the medical records  
10 include: right carotid bruit; a systolic murmur; decrease range of motion of the back, and  
11 trace pedal edema.

12 G. The diagnoses documented in the medical records for the patient include: (1)  
13 Chest pain; (2) Angina; (3) Hypertension; (4) Dyspnea on exertion; (5) Cardiac murmur;  
14 (6) Chronic dizziness; (7) Coronary artery disease; (8) Peripheral vascular disease; (9)  
15 Peripheral neuropathy; (10) Bilateral knee pains, and (11) Degenerative joint disease.

16 H. Labwork, studies and tests ordered for the patient included: (1) acute hepatic  
17 panel; (2) lipid panel; (3) complete metabolic panel; (3) anemia profile; (4) autoimmune  
18 arthritis profile; (4) thyroid studies; (5) magnesium; (6) *h. pylori* serology; (7) amylase;  
19 PSA screening; (8) a nerve conduction study in the lower extremities for "pain in the legs"  
20 and "numbness, tingling; sensory loss in legs, arms, ankles, shoulders"; (9) Carotid  
21 Dopplers for "cerebral arteriosclerosis"; (10) arterial ultrasound for atherosclerosis and  
22 claudication; (11) Venous ultrasound for limb swelling, and (12) Echocardiogram for  
23 hypertension heart disease, without congestive heart failure, and for chest pain.

24 I. The patient was prescribed Aspirin at 81 mg per day. Medical records indicate  
25 that the following were discussed with the patient: "Diet, medications, blood pressure  
26 control, exercise, cholesterol, and cancer screen." Instructions for previous medical  
27 records were made.  
28

1 J. Results of the lab work, studies and tests ordered were as follows: results of the  
2 echocardiogram were normal, with the exception of a global ejection fraction of 45%.  
3 Carotid Doppler's were normal. Extremity venous ultrasounds concluded mild occlusive  
4 disease process of both extremities. Arterial Doppler's showed irregular narrowing of 15-  
5 30%, with plaquing of specific major arteries, but otherwise without other significant  
6 abnormalities. Cholesterol levels were elevated. Remaining serum labs were normal.

7 K. The patient did not return and there is no documentation that the patient was  
8 informed of any results.

9 L. The patient indicated in a beneficiary interview report to the Department of  
10 Health and Human Services on July 16th or 17th, 2008 that: (1) he had been enticed to visit  
11 Dr. Santiago's clinic by the opportunity to obtain a free electrical wheelchair which he  
12 might use for his wife; (2) he went to the clinic once and was seen by someone other than  
13 Respondent; he was interviewed about his health and was taken to a room where tests were  
14 performed; (3) he received an electrical wheelchair, and (4) he has received phone calls  
15 asking if his wife also wanted to obtain a free wheelchair.

16 M. Dr. Santiago departed from the standard of practice by:

17 (1) Failing to perform an adequate history including pertinent positives and  
18 negatives.

19 (2) Developing diagnoses and assessments without adequate medical  
20 justification. For example: (a) Chest pain was diagnosed with a lack of adequate  
21 description of chest pain; (b) Angina was diagnosed without being backed up by  
22 history or exam; (c) Hypertension was diagnosed despite a normal blood pressure, the  
23 lack of adequately documented history of hypertension, and the lack of hypertensive  
24 medications taken; (d) Peripheral vascular disease was diagnosed but was not  
25 supported by the physical exam or normal neurologic examination; (e) Peripheral  
26 neuropathy was diagnosed but is not supported by the physical exam, and (f)  
27 Degenerative joint disease was diagnosed but was not supported by the physical  
28 exam.

1 (3) Ordering multiple tests without medical indication and justification.  
2 including, but not limited to failing to have sufficient history, examination or clinical  
3 suspicion to justify a nerve conduction test or arterial Doppler's.

4 (4) Ordering an electric wheelchair without medical indication and  
5 justification.

## 6 SECOND CAUSE FOR DISCIPLINE

7 *(Gross Negligence- Patient Jose R.)*

8 14. By virtue of the facts pled in the First Cause for Discipline, Respondent is subject to  
9 disciplinary action for gross negligence under Code section 2234, subdivision (b). Specifically,  
10 the following departures from the standard of care constituted extreme departures constituting  
11 gross negligence:

12 A. Developing diagnoses and assessments without adequate medical justification.  
13 For example: (1) chest pain was diagnosed with a lack of adequate description of chest  
14 pain; (2) angina was diagnosed without being backed up by history or exam; (3)  
15 hypertension was diagnosed despite a normal blood pressure, the lack of adequately  
16 documented history of hypertension, and the lack of hypertensive medications taken; (4)  
17 peripheral vascular disease was diagnosed but was not supported by the physical exam or  
18 normal neurologic examination; (5) peripheral neuropathy was diagnosed but is not  
19 supported by the physical exam, and (6) degenerative joint disease was diagnosed but was  
20 not supported by the physical exam.

21 B. Ordering multiple tests without medical indication and justification including,  
22 but not limited to, failing to have sufficient history, examination or clinical suspicion to  
23 justify a nerve conduction test or arterial dopplers.

24 C. Committing multiple departures from the standard of care as referenced in the  
25 Second Cause for Discipline.

## 26 THIRD CAUSE FOR DISCIPLINE

27 *(Incompetence- Patient Jose R.)*

1 15. By virtue of the facts pled in the First and Second Causes for Discipline. Respondent  
2 is subject to disciplinary action under Code section 2234, subdivision (d), in that she  
3 demonstrated a lack of medical knowledge, judgment and skill in the care and treatment of patient  
4 Jose R. Respondent specifically demonstrated a lack of knowledge insofar as she:

- 5 A. Developed diagnoses and assessments without adequate medical justification;
- 6 B. Ordered multiple tests without medical indication and justification;
- 7 C. Ordered an electric wheelchair without medical indication and justification.

#### 8 **FOURTH CAUSE FOR DISCIPLINE**

9 *(Repeated Negligent Acts- Patient Miguel M.)*

10 16. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),  
11 in that she committed repeated negligent acts in the care and treatment of patient Miguel M. The  
12 circumstances are as follows:

13 A. Miguel M. was a 64-year-old diabetic male who was seen at Dr. Santiago's  
14 office on February 19, 2008. The reason listed for his visit was dizziness, leg pain and  
15 chest pain. A questionnaire completed that day has a list of symptoms of which the  
16 following were circled: abdominal pain; decreased hearing; shortness of breath; chest pain;  
17 dizziness; neck pain; back pain, and numbness/tingling.

18 B. The patient's history described in the medical records indicated that Miguel M.  
19 had numbness in both legs for more than three years, worse at rest. There was no further  
20 explanation or description of the numbness. The records also documented episodic right  
21 flank abdominal pain, reported for two years and a dry cough, reported for several years,  
22 worse at night.

23 C. Review of the patient's symptoms were documented in the medical records as  
24 occasional chest pain, headaches, shortness of breath, and back pains. There was no  
25 nausea, vomiting, or diarrhea noted. There were no further explanations or description of  
26 the listed complaints on review of system.

27 D. The patient's past medical history was documented as hypertension, high  
28 cholesterol, diabetes mellitus, arthritis, as checkmarks off a preprinted diagnostic list.

1 E. The patient's medication was documented as Enalapril, glyburide, prednisone  
2 and fluconazole.

3 ///

4 ///

5 F. The physical examination's findings documented in the medical records  
6 include: use of a hearing aid, decreased airflow and diffuse wheezes, and bilateral pedal  
7 edema.

8 G. The diagnoses documented in the medical records for the patient include: (1)  
9 right flank and abdominal pain; (2) kidney stones; (3) chronic cough and shortness of  
10 breath; (4) peripheral vascular disease; (5) diabetic neuropathy; (6) back pains, and (7)  
11 degenerative joint disease.

12 H. Lab work, studies and tests ordered for the patient included: (1) acute hepatic  
13 panel; (2) lipid panel; (3) complete metabolic panel; (3) anemia profile; (4) autoimmune  
14 arthritis profile; (4) thyroid studies; (5) magnesium; (6) *h. pylori* serology; (7) amylase;  
15 PSA screening; (8) a nerve conduction study in the lower extremities for "lower back  
16 pain," "non-insulin dependent diabetes" and "numbness, tingling; sensory loss in legs.  
17 arms, ankles, shoulders"; (9) abdominal ultrasound for abdominal pain and kidney stones;  
18 (10) pulmonary function tests for shortness of breath; (11) peripheral vascular tests for leg  
19 pain, and (12) any additional tests the results of which are listed below;

20 I. The patient was referred to podiatry and medical records indicate that the  
21 following were discussed with the patient: "Diet, medications, blood pressure control,  
22 exercise, cholesterol, and cancer screen." Instructions to continue current medications  
23 were made.

24 J. Results of the lab work, studies and tests ordered were as follows: vestibular  
25 electronystagmogram<sup>2</sup> was normal; nerve conduction tests were normal; abdominal  
26 ultrasound was normal; labs were consistent with slight anemia; glucose was elevated at

27 <sup>2</sup> An electronystagmogram, or ANG, measures involuntary movements of the eye and  
28 evaluates the muscles controlling eye movement.

1 144: cholesterol was extremely high at 494 and triglycerides were extremely high at over  
2 1500; thyroid test was normal; C-reactive protein was "positive"; other lab tests were  
3 normal; pulmonary function test was interpreted as obstructive lung defect; extremity  
4 venous ultrasounds concluded mild occlusive disease process of both extremities.

5 K. The patient did not return and there is no documentation that the patient was  
6 informed of any results.

7 L. Dr. Santiago departed from the standard of practice by:

8 (1) Failing to perform an adequate history including pertinent positives and  
9 negatives.

10 (2) Developing diagnoses and assessments without adequate medical  
11 justification, including, but not limited to: (a) the diagnoses of degenerative joint  
12 disease had no medical foundation in history or exam, and (b) the diagnosis of  
13 peripheral vascular disease had no medical foundation in history or exam.

14 (3) Ordering multiple tests without medical indication and justification,  
15 including, but not limited to failing to have sufficient history, examination or clinical  
16 suspicion to justify a nerve conduction test or vestibular electronystagmogram.

#### 17 **FIFTH CAUSE FOR DISCIPLINE**

18 *(Gross Negligence- Patient Miguel M.)*

19 17. By virtue of the facts pled in the Fourth Cause for Discipline, Respondent is subject  
20 to disciplinary action for gross negligence under Code section 2234, subdivision (b).

21 Specifically, the following departures from the standard of care were extreme and constituted  
22 gross negligence:

23 A. Developing diagnoses and assessments without adequate medical justification,  
24 as described above;

25 B. Ordering multiple tests without medical indication and justification, as  
26 described above;

27 C. Committing multiple departures from the standard of care as referenced in the  
28 Fourth Cause for Discipline.

1 **SIXTH CAUSE FOR DISCIPLINE**

2 *(Incompetence- Patient Miguel M.)*

3 18. By virtue of the facts pled in the Fourth and Fifth Causes of Action, Respondent is  
4 subject to disciplinary action under Code section 2234, subdivision (d), in that she demonstrated a  
5 lack of medical knowledge, judgment and skill in the care and treatment of patient Miguel M.

6 Respondent specifically demonstrated a lack of knowledge insofar as she:

- 7 A. Developed diagnoses and assessments without adequate medical justification;  
8 B. Ordered multiple tests without medical indication and justification.

9 **SEVENTH CAUSE FOR DISCIPLINE**

10 *(Repeated Negligent Acts- Patient Leonor H.)*

11 19. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),  
12 in that she committed repeated negligent acts in the care and treatment of patient Leonor H. The  
13 circumstances are as follows:

14 A. Patient Leonor H. was a 69-year-old female who was seen at Dr. Santiago's  
15 office on February 19, 2008. The reasons listed for her visit were dizziness and abdominal  
16 pain. A questionnaire completed that day has a list of symptoms of which the following  
17 were circled: abdominal pain, decreased hearing, shortness of breath, palpitations, chest  
18 pain, dizziness, neck pain, back pain, and numbness/tingling.

19 B. The patient's history described in the medical records indicated that: she had  
20 dizziness for over five years; she had abdominal pain for several years, mostly on the right  
21 side, episodic and not associated with nausea, vomiting or diarrhea; she had a cough for  
22 approximately three years that was dry and associated with shortness of breath; she  
23 complained of numbness in both hands, at night, worse with sleeping and accompanied by  
24 weakness in both hands.

25 C. Review of the patient's symptoms was documented as significant for occasional  
26 chest pain, shortness of breath and fatigue. There were no further explanations or  
27 description of the listed complaints on review of system.  
28

1 D. The patient's past medical history was documented in the medical records as  
2 including hypertension, high cholesterol and arthritis.

3 E. The patient's medications were listed as hydrochlorothiazide and Lefvoxy1.

4 F. The physical examination's findings documented in the medical records  
5 include: decreased airflow on lung exam, and mild right upper quadrant abdominal  
6 tenderness to palpitation.

7 G. The diagnoses documented in the medical records for the patient include: (1)  
8 chest pain; (2) angina; (3) hypertension; (4) cardiac murmur; (5) chronic abdominal pain;  
9 (6) r/o (rule out) cholelithiasis (gall stones); (7) chronic dizziness; (8) chronic cough or  
10 shortness of breath; (9) bilateral knee pain; (10) degenerative joint disease; (11) right  
11 shoulder pain, and (12) weakness of both hands.

12 H. The patient was prescribed Pepcid 20 mg and Mobic. Reportedly, an electric  
13 wheelchair was prescribed. Aspirin was prescribed at 81 mg per day. Medical records  
14 indicate that the following were discussed with the patient: "Diet, medications, blood  
15 pressure control, exercise, cholesterol, and cancer screen." Instructions for previous  
16 medical records were made.

17 I. Lab work, studies and tests ordered for the patient included: (1) acute hepatic  
18 panel; (2) lipid panel; (3) complete metabolic panel; (3) anemia profile; (4) autoimmune  
19 arthritis profile; (4) thyroid studies; (5) magnesium; (6) *h. pylori* serology; (7) amylase; (8)  
20 a nerve conduction study in the lower extremities for "pain in the upper limbs" and  
21 "mononeuritis of upper limb, unspecified"; (9) carotid dopplers for chronic dizziness; (10)  
22 abdominal ultrasound for cholelithiasis; (11) electronystagmogram for dizziness.  
23 abnormality of gait and lack of coordination; (12) vestibular electronystagmogram, and  
24 (13) pulmonary function test.

25 J. Results of the labwork, studies and tests ordered were as follows. Results of  
26 the nerve conduction study were interpreted as abnormal, with a demonstrated slowing of  
27 the right median nerve, slowing of the ulnar nerve bilaterally. The vestibular  
28 electronystagmogram results were reported as normal. Carotid dopplers showed irregular

1 arterial walls with 15-40 percent narrowing and 10-40 percent atonosis of both internal  
2 carotid arteries. Arterial dopplers show irregular narrowing of 15 to 30 percent. with  
3 plaquing of specific major arteries. but otherwise without other significant abnormalities.  
4 Abdominal ultrasound was normal. Glucose was elevated at 315. Cholesterol levels were  
5 elevated, with triglycerides being elevated at 811. Remaining serum labs were normal.  
6 Pulmonary function test was interpreted as an obstructive lung defect.

7 K. The patient did not return and there is no documentation that the patient was  
8 informed of any results.

9 L. The patient indicated in a beneficiary interview report to the Department of  
10 Health and Human Services on July 22, 2008 that she had been seen at Dr. Santiago's  
11 clinic by a male and had "all kinds of examinations" performed; that she had been referred  
12 by neighbors who had obtained a free electrical wheelchair from the clinic, and that she  
13 was prescribed a medication but did not remember its name.

14 M. Dr. Santiago departed from the standard of practice by:

15 (1) Failing to perform an adequate history including pertinent positives and  
16 negatives. For example, the patient had a primary diagnosis of chest pain, but the  
17 record reflects no history taken regarding chest pain other than a listed complaint  
18 during review of symptoms.

19 (2) Developing diagnoses and assessments without adequate medical  
20 justification. For example, the following diagnoses have no medical foundation in  
21 history or exam: (a) angina; (b) hypertension; (c) cardiac murmur, and (d) right  
22 shoulder pain.

23 (3) Ordering multiple tests without medical indication and justification. For  
24 example, the medical records fail to reflect sufficient history, examination or clinical  
25 suspicion to justify vestibular electronystagmogram or arterial dopplers.

26 (4) Ordering an electric wheelchair without medical indication and  
27 justification.

28 **EIGHTH CAUSE FOR DISCIPLINE**

1 *(Gross Negligence- Patient Leonor H.)*

2 20. By virtue of the facts pled in the Seventh Cause of Action. Respondent is subject to  
3 disciplinary action for gross negligence under Code section 2234, subdivision (b). Specifically,  
4 the following departures from the standard of care were extreme departures constituting gross  
5 negligence:

6 A. Developing diagnoses and assessments without adequate medical justification,  
7 as described above;

8 B. Ordering multiple tests without medical indication and justification, as  
9 described above;

10 C. Committing multiple departures from the standard of care as referenced in the  
11 Seventh Cause for Discipline.

12 **NINTH CAUSE FOR DISCIPLINE**

13 *(Incompetence- Patient Leonor H.)*

14 21. By virtue of the facts pled in the Seventh and Eighth Causes for Discipline,  
15 Respondent is subject to disciplinary action under Code section 2234, subdivision (d), in that she  
16 demonstrated a lack of medical knowledge, judgment and skill in the care and treatment of patient  
17 Leonor H. Respondent specifically demonstrated a lack of knowledge insofar as she:

18 A. Developed diagnoses and assessments without adequate medical justification;

19 B. Ordered multiple tests without medical indication and justification;

20 C. Ordered an electric wheelchair without medical indication and justification.

21 **TENTH CAUSE FOR DISCIPLINE**

22 *(Repeated Negligent Acts- Patient Antonio H.)*

23 22. Respondent is subject to disciplinary action under Code section 2234, subdivision (c).  
24 in that she was repeatedly negligent in the care and treatment of Antonio H. The circumstances  
25 are as follows:

26 A. Patient Antonio H. is a 70-year-old male who was seen at Dr. Santiago's office  
27 on February 19, 2008. The reasons listed for his visit were dizziness and leg pain. A  
28 questionnaire completed that day had a list of symptoms of which the following were

1 circled: abdominal pain: decreased hearing: shortness of breath: chest pain; dizziness: neck  
2 pain: back pain. and numbness/tingling.

3 B. The patient's history described in the medical records indicates that both of the  
4 patient's legs had swelling for over three years, that he used a cane and that he had  
5 surgeries on both knees. The type(s) of surgeries were not noted. There was no further  
6 explanation or description of the swelling (*e.g.*, onset, severity, duration, exacerbating or  
7 relieving factors. Dizziness is noted when walking for more than the prior ten years.  
8 Bilateral knee pains for several years and difficulty walking are documented. There is no  
9 further documentation explaining or describing the knee pain (*e.g.*, character, relieving  
10 factors, past treatments, diagnostic studies).

11 C. Review of the patient's symptoms are documented in the medical records as  
12 including palpitations, chest pain, dyspnea on exertion and general weakness. No nausea,  
13 vomiting or diarrhea are noted. There are no further explanations or description of  
14 complaints listed in review of system.

15 D. The patient's past medical history was documented in the medical records on a  
16 pre-printed diagnostic list: hypertension; stroke; high cholesterol; diabetes mellitus; left  
17 knee pain, and right knee surgery.

18 E. The patient's medication was documented in the medical records as Glipizide,  
19 Metformin, and aspirin.

20 F. The physical examination's findings documented in the medical records  
21 include: patient walks with a limp, using a cane: obese; bilateral carotid bruit; a systolic  
22 murmur: decrease range of motion of the back, bilateral pedal edema, and "decreased  
23 bilateral legs" (under neuro exam), and blood pressure elevated at 145/90.

24 G. The diagnoses documented in the medical records for the patient include: (1)  
25 chronic dizziness; (2) coronary artery disease; (3) dyspnea on exertion; (4) bilateral knee  
26 pains; (5) difficulty walking; (6) chronic back pains; (7) diabetic neuropathy; (8) peripheral  
27 vascular disease; (9) hypertension; (10) chest pain; (11) palpitations; (12) obesity, and (13)  
28 stroke with left sided weakness.

1 H. Lab work, studies and tests ordered for the patient included: (1) acute hepatic  
2 panel; (2) lipid panel; (3) complete metabolic panel; (3) anemia profile; (4) autoimmune  
3 arthritis profile; (4) thyroid studies; (5) magnesium; (6) *h. pylori* serology; (7) amylase;  
4 PSA screening; (8) a nerve conduction study in the lower extremities for "pain in the legs"  
5 and "cramping in legs" and non-insulin dependent diabetes mellitus; (9) carotid dopplers;  
6 (10) arterial ultrasound for atherosclerosis and claudication; (11) venous ultrasound for  
7 limb swelling, and (12) echocardiogram for essential hypertension of endocardium,  
8 cardiovascular disease unspecified, heart disease unspecified, and for chest pain.

9 I. The patient was referred to podiatry. A wheelchair was prescribed. And  
10 medical records indicate that the following were discussed with the patient: "Diet,  
11 medications, blood pressure control, exercise, cholesterol, and cancer screen." Instructions  
12 for previous medical records were made.

13 J. Results of the lab work, studies and tests ordered were as follows: Results of  
14 the nerve conduction study were interpreted as abnormal, with a demonstrated slowing of  
15 both posterior tibial nerves. Results of the echocardiogram were normal, with the  
16 exception of an enlarged left ventricle. Vestibular electronystagmogram was reported as  
17 normal. Carotid dopplers were normal. Extremity venous ultrasounds were normal.  
18 Arterial dopplers showed irregular narrowing of 15-30%, with plaquing of specific major  
19 arteries, but otherwise without other significant abnormalities. Glucose was elevated at  
20 116. Liver enzymes are elevated. Cholesterol levels were elevated. TSH was elevated.  
21 Remaining serum labs were normal. A pulmonary function test performed was interpreted  
22 as an obstructive lung defect.

23 K. The patient did not return and there is no documentation that the patient was  
24 informed of any results.

25 L. The patient indicated in a beneficiary interview report to the Department of  
26 Health and Human Services on July 22, 2008 that: (1) he was referred to Dr. Santiago's  
27 clinic by neighbors who told him about the opportunity to obtain a free electrical  
28 wheelchair there; (2) he went to the clinic once and did not see Dr. Santiago; he was

1 examined by a male who gave more attention to his lower extremities: (3) no additional  
2 tests were performed, and (4) both he and his wife, Leonor H., received free wheelchairs.

3 M. Dr. Santiago departed from the standard of practice with regard to the care and  
4 treatment of Antonio H. by:

5 (1) Failing to perform an adequate history including pertinent positives and  
6 negatives.

7 (2) Developing diagnoses and assessments without adequate medical  
8 justification. For example, there is no foundation in medical history or exam for  
9 diagnoses of: (a) stroke; (b) peripheral vascular disease, and (c) diabetic neuropathy.

10 (3) Ordering multiple tests without medical indication and justification,  
11 including, but not limited to failing to have sufficient history, examination or clinical  
12 suspicion to justify a vestibular electronystagmogram or arterial dopplers.

13 **ELEVENTH CAUSE FOR DISCIPLINE**

14 *(Gross Negligence- Patient Antonio H.)*

15 23. By virtue of the facts pled in the Tenth Cause for Discipline, Respondent is subject to  
16 disciplinary action for gross negligence under Code section 2234, subdivision (b). Specifically,  
17 the following departures from the standard of care were extreme departures constituting gross  
18 negligence:

19 A. Developing diagnoses and assessments without adequate medical justification  
20 as described above.

21 B. Ordering multiple tests without medical indication and justification including,  
22 but not limited to, failing to have sufficient history, examination or clinical suspicion to  
23 justify a nerve conduction test or arterial dopplers.

24 C. Committing multiple departures from the standard of care as referenced in the  
25 Tenth Cause for Discipline.

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1 TWELFTH CAUSE FOR DISCIPLINE

2 (Incompetence- Patient Antonio H.)

3 24. By virtue of the facts pled in the Tenth and Eleventh Causes for Discipline.  
4 Respondent is subject to disciplinary action under Code section 2234, subdivision (d). in that she  
5 demonstrated a lack of medical knowledge, judgment and skill in the care and treatment of patient  
6 Antonio H. Respondent specifically demonstrated a lack of knowledge insofar as she:

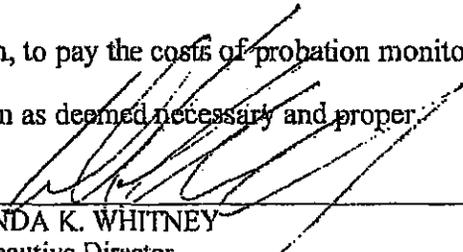
- 7 A. Developed diagnoses and assessments without adequate medical justification;  
8 B. Ordered multiple tests without medical indication and justification.

9 PRAYER

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

- 12 1. Revoking or suspending Physician's & Surgeon's Certificate Number A30385, issued  
13 to Respondent;  
14 2. Revoking, suspending or denying her authority to supervise physician assistants,  
15 pursuant to section 3527 of the Code;  
16 3. Ordering her, if placed on probation, to pay the costs of probation monitoring;  
17 4. Taking such other and further action as deemed necessary and proper.

18 DATED: December 30, 2010

  
19 LINDA K. WHITNEY  
20 Executive Director  
21 Medical Board of California  
22 Department of Consumer Affairs  
23 State of California  
24 Complainant  
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26  
27  
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