

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
 )  
**LEIGH E. CONNEALY, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. G57433** )  
 )  
**Respondent** )

---

**File No. 8002014009657**

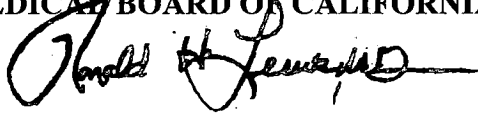
**DECISION**

**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 December 29, 2017.**

**IT IS SO ORDERED December 1, 2017.**

**MEDICAL BOARD OF CALIFORNIA**

**By:**   
\_\_\_\_\_  
**Ronald Lewis, M.D.**  
**Chair, Panel A**

1 XAVIER BECERRA  
Attorney General of California  
2 E. A. JONES III  
Supervising Deputy Attorney General  
3 BENETH A. BROWNE  
Deputy Attorney General  
4 State Bar No. 202679  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 897-7816  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2014-009657

13 **LEIGH E. CONNEALY, M.D.**  
14 **6 Hughes, Suite 100**  
**Irvine, CA 92618**

OAH No. 2017060854

15 **Physician's and Surgeon's Certificate No. G**  
16 **57433,**

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

17 Respondent.

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

21 PARTIES

22 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board  
23 of California (Board). She brought this action solely in her official capacity and is represented in  
24 this matter by Xavier Becerra, Attorney General of the State of California, by Beneth A. Browne,  
25 Deputy Attorney General.

26 2. Respondent Leigh E. Connealy, M.D. (Respondent) is represented in this proceeding by  
27 attorney Richard A. Jaffe, whose address is: 770 L Street, Suite 950, Sacramento, CA 95814.

28 ///



1 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
2 further proceedings, Respondent does not contest that, at an administrative hearing, Complainant  
3 could establish a *prima facie* case with respect to the charges and allegations contained in  
4 Accusation No. 800-2014-009657 and that Respondent hereby gives up her right to contest those  
5 charges.

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

#### 9 CIRCUMSTANCES IN MITIGATION

10 12. Respondent has never been the subject of any disciplinary action in over thirty years  
11 of practice. She is admitting responsibility at an early stage in the proceedings.

#### 12 CONTINGENCY

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

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

26 15. In consideration of the foregoing admissions and stipulations, the parties agree that  
27 the Board may, without further notice or formal proceeding, issue and enter the following  
28 Disciplinary Order:

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 57433 issued  
3 to Respondent shall be and is hereby Publicly Reprimanded pursuant to California Business and  
4 Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued in  
5 connection with Accusation No. 800-2014-009657, is as follows:

6 "Documentation of symptoms and treatment for your patients L.S. and A.H. in the  
7 patients' medical records was inadequate or inaccurate in violation of Business and  
8 Professions Code sections 2234 and 2266."

9 1. **MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of the effective  
10 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
11 advance by the Board or its designee. Respondent shall provide the approved course provider  
12 with any information and documents that the approved course provider may deem pertinent.  
13 Respondent shall participate in and successfully complete the classroom component of the course  
14 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
15 complete any other component of the course within one (1) year of enrollment. The medical  
16 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
17 Medical Education (CME) requirements for renewal of licensure.

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

23 Respondent shall submit a certification of successful completion to the Board or its  
24 designee not later than 15 calendar days after successfully completing the course, or not later than  
25 15 calendar days after the effective date of the Decision, whichever is later.

26 **ACCEPTANCE**

27 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
28 discussed it with my attorney, Richard A. Jaffe. I understand the stipulation and the effect it will

1 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and  
2 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
3 Decision and Order of the Medical Board of California.

4  
5 DATED: 10/2/17

  
LEIGH E. CONNEALY, M.D.  
*Respondent*

6  
7  
8 I have read and fully discussed with Respondent LEIGH E. CONNEALY, M.D. the terms  
9 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
10 Order. I approve its form and content.

11  
12 DATED: 10/2/17

  
RICHARD A. JAFFE  
*Attorney for Respondent*

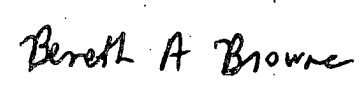
13  
14  
15  
16 **ENDORSEMENT**

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

19 Dated: October 2, 2017

Respectfully submitted,

20 XAVIER BECERRA  
21 Attorney General of California  
22 E. A. JONES III  
23 Supervising Deputy Attorney General



24 BENETH A. BROWNE  
25 Deputy Attorney General  
26 *Attorneys for Complainant*

27 LA2016503784  
28 62536562

**Exhibit A**

**Accusation No. 800-2014-009657**

1 XAVIER BECERRA  
Attorney General of California  
2 E. A. JONES III  
Supervising Deputy Attorney General  
3 BENETH A. BROWNE  
Deputy Attorney General  
4 State Bar No. 202679  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 897-7816  
Facsimile: (213) 897-9395  
7 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO Mar. 13 20 17  
BY [Signature] ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 800-2014-009657

12 **LEIGH E. CONNEALY, M.D.**  
13 **6 Hughes, Suite 100**  
**Irvine, CA 92618**

**A C C U S A T I O N**

14 **Physician's and Surgeon's Certificate**  
15 **No. G 57433,**

16 Respondent.

17 Complainant alleges:

18 **PARTIES**

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

22 2. On or about June 16, 1986, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number G 57433 to Leigh E. Connealy, M.D. (Respondent). The Physician's and  
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
25 herein and will expire on July 31, 2017, 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 2229, subdivision (a), of the Code states:

2 “Protection of the public shall be the highest priority for the Division of Medical Quality,<sup>[1]</sup>  
3 the California Board of Podiatric Medicine, and administrative law judges of the Medical Quality  
4 Hearing Panel in exercising their disciplinary authority.”

5 5. Section 2004 of the Code states:

6 “The board shall have the responsibility for the following:

7 “(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice  
8 Act.

9 “(b) The administration and hearing of disciplinary actions.

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

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

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

16 “. . .”

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

21 7. Section 2234 of the Code, states:

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

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

27 <sup>1</sup> Pursuant to Business and Professions Code section 2002, the “Division of Medical  
28 Quality” or “Division” shall be deemed to refer to the Medical Board of California.

1           “(b) Gross negligence.

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

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

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

12           “(d) Incompetence.

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

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

16           “...”

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

20           8.     Section 2266 of the Code states: “The failure of a physician and surgeon to maintain  
21 adequate and accurate records relating to the provision of services to their patients constitutes  
22 unprofessional conduct.”

23                               **FIRST CAUSE FOR DISCIPLINE**

24                                       **(Repeated Negligent Acts)**

25           9.     Respondent Leigh E. Connealy, M.D. is subject to disciplinary action under section  
26 2234, subdivision (c), of the Code in that she engaged in repeated negligent acts in the care and  
27 treatment of two patients. The circumstances are as follows:

28           ///

1           **Patient A.H.**

2           10. On or about June 6, 2012, patient A.H.,<sup>2</sup> a 68-year old woman, supplied the Center  
3 for New Medicine (CNM), Respondent's medical practice, with a patient medical history to  
4 become a new patient. She reported no gynecological or genitourinary symptoms or illnesses.

5           11. On or about June 21, 2012, patient A.H. presented to the CNM for a comprehensive  
6 evaluation. In the medical record, the chief complaint is listed as "new patient consult." There  
7 are no gynecologic and genitourinary symptoms, illnesses or physical findings noted in the  
8 patient's medical records.

9           12. On or about August 22, 2012, patient A.H. returned for a second visit. Medical  
10 records indicate "Follow-up – results of expanded panel. . . ." There are no gynecologic and  
11 genitourinary symptoms, illnesses or physical findings noted in the patient's medical records.

12           13. On or about October 16, 2012, patient A.H. presented at CNM. The chief complaint  
13 was recorded as "Annual Pap." There are no gynecologic and genitourinary symptoms, illnesses  
14 or physical findings noted. The physical exam documents "Vulva, BUS,<sup>3</sup> Introitus, Vagina,  
15 cervix, uterus, adnexa, rectal NML."<sup>4</sup> The Annual Pap is performed. The signature on the note is  
16 Respondent's nurse practitioner. A urinalysis on October 16 is negative for blood.

17           14. On October 17, 2012, the result of the Pap smear is, "negative for intraepithelial  
18 lesion or malignancy" but it does reveal atrophic vaginitis.

19           15. On or about November 6, 2012, patient A.H. returned to CNM for a fourth time. The  
20 appointment was with Respondent. Respondent documented physical findings as "Pap good."  
21 Respondent noted no additional gynecologic symptoms, illnesses or physical findings beyond  
22 "Pap good."

23           16. On or about January 8, 2013, patient A.H. returned to CNM for a fifth visit. The  
24 appointment was with Respondent. Patient A.H. showed Respondent pictures from her cell  
25 phone showing blood she had observed in the toilet after urinating on January 5, three days

26 \_\_\_\_\_  
27           <sup>22</sup> Initials are used to protect the privacy of the individuals.

<sup>3</sup> "BUS" references the urethra.

<sup>4</sup> Presumably, "NML" is used as an abbreviation for "normal."

1 earlier. Respondent counseled patient A.H. to “keep an eye on it” and to let her know if it  
2 happens again. Respondent wrote the chief complaint as, “Follow up Bone Density results 5  
3 months ago. . .” Respondent’s review of symptoms stated, “One week ago c/o blood while  
4 urinating (from vagina). It is gone now. Pt advised to come in and get evaluated.” Respondent  
5 documented no further gynecologic and genitourinary symptoms.

6 17. On or about March 27, 2013, patient A.H. returned to CNM for a follow up. Patient  
7 A.H. again mentioned the blood in her urine to Respondent. Respondent documented the visit as  
8 a follow up but did not document any gynecologic and genitourinary symptoms, illnesses or  
9 physical findings in the progress note.

10 18. On or about May 2, 2013, patient A.H. returned to CNM and was seen by nurse  
11 practitioner L.L. Patient A.H. again complained of vaginal bleeding and brought in pictures. The  
12 nurse practitioner performed a pelvic examination. Later the same day, patient A.H. returned and  
13 a pelvic ultrasound was performed.

14 19. On or about May 21, 2013, a urinalysis lab test for patient A.H. was negative for  
15 blood.

16 20. On or about May 24, 2013, patient A.H. returned for a visit and saw nurse practitioner  
17 L.L., who documented the chief complaint as, “history of DUB<sup>5</sup> -> no more bleeding. . . .” The  
18 impression is also documented as “history of DUB. . . .” The plan is documented as “needs  
19 follow up in 2 weeks.” The records for the visit contain no further documentation regarding any  
20 gynecologic and genitourinary symptoms, illness or physical findings.

21 21. On or about June 7, 2013, patient A.H. returned for a visit and saw nurse practitioner  
22 L.L. A pelvic ultrasound was performed. The report from the pelvic ultrasound found that “the  
23 endometrial strip measures 4.4 mm.” It further states, “IMPRESSION: 1. The uterus is diffusely  
24 heterogeneous, perhaps due to several small fibroids. 2. The endometrium is normal. . . .”  
25 Patient A.H.’s medical records contained two copies of the pelvic ultrasound. One has a  
26 handwritten notation, “Dr. C 9/3/13.” The other is stamped June 18, 2013 and it includes a

27 \_\_\_\_\_  
28 <sup>5</sup> “DUB” is an acronym for “dysfunctional uterine bleeding.”

1 handwritten notation indicating that patient A.H. has an appointment scheduled for June 21, 2013.

2 22. On or about June 21, 2013, patient A.H. returned for a visit and saw nurse practitioner  
3 L.L. Patient A.H. complained of "hair thinning." There is no documentation of gynecologic and  
4 genitourinary symptoms, illnesses or physical findings noted in the patient's medical records.

5 23. On or about June 24, 2013, patient A.H. returned for a visit with Respondent. She  
6 complained again about blood appearing in the toilet when she urinated and she showed  
7 Respondent pictures on her cell phone that she had taken of the blood in the toilet. Respondent  
8 documented chief complaints as follow up on lab results and results of the pelvic ultrasound.  
9 Respondent wrote in the medical record "Pelvic UTZ small fibroids endometrium 4.4."  
10 Respondent documented an impression and plan which included no notations regarding  
11 gynecologic and genitourinary symptoms, illnesses or physical findings.

12 24. On or about August 5, 2013, patient A.H. returned for her final visit at CNM and with  
13 Respondent. Respondent wrote in the medical records that the visit was for "follow-up lab results  
14 and hair loss." The medical records contain no documentation regarding gynecologic and  
15 genitourinary symptoms, illness or physical findings.

16 25. On August 27, 2013, patient A.H. went to a different medical clinic and saw a  
17 different doctor regarding the bleeding she had been having over several months. She told the  
18 doctor that the ultrasound she had recently received had shown normal endometrial thickness.  
19 The new doctor performed an endometrial biopsy which showed endometrial adenocarcinoma. A  
20 new ultrasound showed thickened lining suggestive of malignancy.

21 26. On or about September 13, 2013, patient A.H. underwent a vaginal hysterectomy,  
22 bilateral salpingo-oophorectomy and staging procedure. Subsequently, she received  
23 chemotherapy and radiation therapy.

24 27. Respondent was negligent in her care and treatment of patient A.H. when she failed to  
25 quickly investigate post-menopausal bleeding in order to exclude endometrial cancer or to initiate  
26 treatment for it as soon as possible. She failed to perform an early endometrial biopsy with pelvic  
27 ultrasound and/or refer her to a gynecologist.

28 ///

1 **Patient L.S.**

2 28. On or about October 18, 2010, patient L.S. had her first of three appointments with  
3 Respondent. Respondent documented eight medical problems and a plan to address the problems.

4 29. On or about November 1, 2010, patient L.S. had her second appointment with  
5 Respondent. Respondent documented the chief complaint as a follow up of lab results, hormones  
6 and right breast lump. Under physical exam, Respondent documented, "Right breast pea-sized  
7 lump." Respondent documented her impression as "menopause, elevated progesterone and breast  
8 lump." Respondent documented the plan as "mammogram + ultrasound Rx immediately."  
9 Respondent documented the diagnosis as "right breast lump."

10 30. On or about November 29, 2010, patient L.S. had her final appointment at CNM. She  
11 received a thermography follow-up. Respondent documented that the thermography was  
12 abnormal in the right breast.

13 31. Several months later, on or about March 24, 2011, patient L.S. received a refill of  
14 estrogen x3 through a nurse with initials "NC" in Respondent's office. Respondent's office  
15 protocol at CNM permitted a nurse to provide a refill to Respondent's patient if the patient had  
16 been seen within six months.

17 32. Respondent was negligent in her care and treatment of patient L.S. in that she  
18 provided multiple refills of estrogen to a post-menopausal patient whose breast mass remained  
19 undiagnosed after over three months.

20 **SECOND CAUSE FOR DISCIPLINE**

21 **(Record Keeping)**

22 33. Respondent Leigh E. Connealy, M.D. is subject to disciplinary action under section  
23 2266 of the Code in that she failed to maintain adequate and accurate records of the medical  
24 services she provided to two patients. The circumstances are as follows:

25 34. The facts and circumstances alleged in paragraphs 10 through 26 and 28 through 31  
26 above are incorporated here as if fully set forth.

27 ///

28 ///

1  
2  
3  
4  
5  
6  
7  
8  
9  
10  
11  
12  
13  
14  
15  
16  
17  
18  
19  
20  
21  
22  
23  
24  
25  
26  
27  
28

**THIRD CAUSE FOR DISCIPLINE**

**(Unprofessional Conduct)**

35. Respondent Leigh E. Connealy, M.D. is subject to disciplinary action under section 2234 of the Code in that she engaged in unprofessional conduct. The circumstances are as follows:

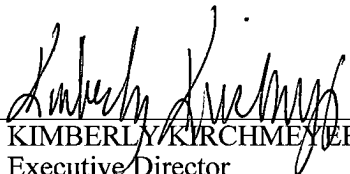
36. The facts and circumstances alleged in paragraphs 10 through 34 above are incorporated here as if fully set forth.

**PRAYER**

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 57433, issued to Leigh E. Connealy, M.D.;
2. Revoking, suspending or denying approval of Leigh E. Connealy, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Leigh E. Connealy, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: March 13, 2017

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

LA2016503784  
62270393