

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

In the Matter of the Accusation  
Against:

SUZANNE OH KIM, M.D.

Physician's and Surgeon's  
Certificate No. A 67019

Respondent.

Case No. 800-2019-054043

DECISION

The attached Stipulated Surrender of License and 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 July 3, 2023.

IT IS SO ORDERED June 26, 2023.

MEDICAL BOARD OF CALIFORNIA

JENNA JONES FOR

Reji Varghese,  
Executive Director

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 JOHN S. GATSCHET  
Deputy Attorney General  
4 California Department of Justice  
State Bar No. 244388  
5 1300 I Street, Suite 125  
P.O. Box 944255  
6 Sacramento, CA 94244-2550  
Telephone: (916) 210-7546  
7 Facsimile: (916) 327-2247

8 *Attorneys for Complainant*

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

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In the Matter of the Accusation Against:

Case No. 800-2019-054043

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**SUZANNE OH KIM, M.D.**  
8583 Irvine Center Drive, Suite 464  
Irvine, CA 92618-4298

OAH No. 2022110702

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**STIPULATED SURRENDER OF  
LICENSE AND DISCIPLINARY ORDER**

17

Physician's and Surgeon's Certificate No.  
A 67019

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19

Respondent.

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

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23

**PARTIES**

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1. Reji Varghese ("Complainant") is the Interim Executive Director of the Medical Board of California ("Board"). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by John S. Gatschet, Deputy Attorney General.

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1 2. Suzanne Oh Kim, M.D. ("Respondent") is represented in this proceeding by attorney  
2 Gary Wittenberg, Esq., whose address is:  
3 Baranov & Wittenberg LLP  
4 1901 Avenue of the Stars, Suite 1750  
5 Los Angeles, CA 90067.

6 3. On or about November 20, 1998, the Board issued Physician's and Surgeon's  
7 Certificate No. A 67019 to Respondent. That Certificate was in full force and effect at all times  
8 relevant to the charges brought in Accusation No. 800-2019-054043 and will expire on March 31,  
9 2024, unless renewed.

10 **JURISDICTION**

11 4. Accusation No. 800-2019-054043 was filed before the Board, and is currently  
12 pending against Respondent. The Accusation and all other statutorily required documents were  
13 properly served on Respondent on March 11, 2022. Respondent timely filed her Notice of  
14 Defense contesting the Accusation. A copy of Accusation No. 800-2019-054043 is attached as  
15 Exhibit A and incorporated by reference.

16 **ADVISEMENT AND WAIVERS**

17 5. Respondent has carefully read, fully discussed with counsel, and understands the  
18 charges and allegations in Accusation No. 800-2019-054043. Respondent also has carefully read,  
19 fully discussed with counsel, and understands the effects of this Stipulated Surrender of License  
20 and Disciplinary Order.

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

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

1 CULPABILITY

2 8. Respondent understands that the charges and allegations in Accusation No. 800-2019-  
3 054043, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and  
4 Surgeon's Certificate.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a *prima*  
7 *facie* basis for the charges in the Accusation and that those charges constitute cause for discipline.  
8 Respondent hereby gives up her right to contest that cause for discipline exists based on those  
9 charges.

10 10. Respondent understands that by signing this stipulation she enables the Board to issue  
11 an order accepting the surrender of her Physician's and Surgeon's Certificate without further  
12 process.

13 RESERVATION

14 11. The admissions made by Respondent herein are only for the purposes of this  
15 proceeding, or any other proceedings in which the Medical Board of California or other  
16 professional licensing agency is involved, and shall not be admissible in any other criminal or  
17 civil proceeding.

18 CONTINGENCY

19 12. Business and Professions Code section 2224, subdivision (b), provides, in pertinent  
20 part, that the Medical Board "shall delegate to its executive director the authority to adopt a ...  
21 stipulation for surrender of a license."

22 13. Respondent understands that, by signing this stipulation, she enables the Executive  
23 Director of the Board to issue an order, on behalf of the Board, accepting the surrender of his  
24 Physician's and Surgeon's Certificate No. A 67019 without further notice to, or opportunity to be  
25 heard by, Respondent.

26 14. This Stipulated Surrender of License and Disciplinary Order shall be subject to the  
27 approval of the Executive Director, whether interim or permanent, on behalf of the Board. The  
28 parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted

1 to the Executive Director for his consideration in the above-entitled matter and, further, that the  
2 Executive Director shall have a reasonable period of time in which to consider and act on this  
3 Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this  
4 stipulation, Respondent fully understands and agrees that she may not withdraw her agreement or  
5 seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical  
6 Board, considers and acts upon it.

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

25 **ADDITIONAL PROVISIONS**

26 16. This Stipulated Surrender of License and Disciplinary Order is intended by the parties  
27 herein to be an integrated writing representing the complete, final and exclusive embodiment of  
28 the agreements of the parties in the above-entitled matter.

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

4 18. In consideration of the foregoing admissions and stipulations, the parties agree the  
5 Executive Director of the Board may, without further notice to or opportunity to be heard by  
6 Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

7 **ORDER**

8 **IT IS HEREBY ORDERED** that Physician's and Surgeon's Certificate No. A 67019,  
9 issued to Respondent Suzanne Oh Kim, M.D., is surrendered and accepted by the Board.

10 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the  
11 acceptance of the surrendered license by the Board shall constitute the imposition of discipline  
12 against Respondent. This stipulation constitutes a record of the discipline and shall become a part  
13 of Respondent's license history with the Board.

14 2. Respondent shall lose all rights and privileges as a Physician and Surgeon in  
15 California as of the effective date of the Board's Decision and Order.

16 3. Respondent shall cause to be delivered to the Board her pocket license and, if one was  
17 issued, her wall certificate on or before the effective date of the Decision and Order.

18 4. If Respondent ever files an application for licensure or a petition for reinstatement in  
19 the State of California, the Board shall treat it as a petition for reinstatement. Respondent must  
20 comply with all the laws, regulations and procedures for reinstatement of a revoked or  
21 surrendered license in effect at the time the petition is filed, and all of the charges and allegations  
22 contained in Accusation No. 800-2019-054043 shall be deemed to be true, correct and admitted  
23 by Respondent when the Board determines whether to grant or deny the petition.

24 5. Respondent shall pay the agency its costs of investigation and enforcement in the  
25 amount of **\$41,291.25** prior to issuance of a new or reinstated license. The Board shall not grant a  
26 new or reinstated license until all cost recovery has been paid in full.

27 6. If Respondent should ever apply or reapply for a new license or certification, or  
28 petition for reinstatement of a license, by any other health care licensing agency in the State of


1 California, all of the charges and allegations contained in Accusation, No. 800-2019-054043 shall  
2 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of  
3 Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Disciplinary Order and have fully discussed it with my attorney Gary Wittenberg, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 05/26/2023   
SUZANNE OH KIM, M.D.  
Respondent

I have read and fully discussed with Respondent Suzanne Oh Kim, M.D., the terms and conditions and other matters contained in this Stipulated Surrender of License and Disciplinary Order. I approve its form and content.

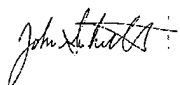
DATED: 5/26/23   
GARY WITTENBERG, ESQ.  
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: May 30, 2023

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General

  
JOHN S. GATSCHET  
Deputy Attorney General  
Attorneys for Complainant



1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 RYAN J. MCEWAN  
Deputy Attorney General  
4 State Bar No. 285595  
1300 I Street, Suite 125  
5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 210-7548  
Facsimile: (916) 327-2247

7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2019-054043

14 **SUZANNE KIM, M.D.**  
5405 Alton Pkwy, Ste. 5A-214  
Irvine, CA 92604-3717

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

15 **Physician's and Surgeon's Certificate**  
16 **No. A 67019,**

17 Respondent.

18  
19 **PARTIES**

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

23 2. On or about November 20, 1998, the Board issued Physician's and Surgeon's  
24 Certificate No. A 67019 to Suzanne Kim, M.D. (Respondent). The Physician's and Surgeon's  
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
26 expire on March 31, 2022, unless renewed.

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**JURISDICTION**

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

5       4.    Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

17           ...

18       5.    Section 2234 of the Code, states, in pertinent part:

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

21           ...

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

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

27           (2) When the standard of care requires a change in the diagnosis, act, or  
28 omission that constitutes the negligent act described in paragraph (1), including, but  
not limited to, a reevaluation of the diagnosis or a change in treatment, and the

1 licensee's conduct departs from the applicable standard of care, each departure  
2 constitutes a separate and distinct breach of the standard of care.

3 ...

4 6. Section 2264 of the Code states:

5 The employing, directly or indirectly, the aiding, or the abetting of any  
6 unlicensed person or any suspended, revoked, or unlicensed practitioner to engage in  
7 the practice of medicine or any other mode of treating the sick or afflicted which  
8 requires a license to practice constitutes unprofessional conduct.

9 7. Section 2266 of the Code states that the failure of a physician and surgeon to maintain  
10 adequate and accurate records relating to the provision of services to their patients constitutes  
11 unprofessional conduct.

### 12 COST RECOVERY

13 8. Section 125.3 of the Code states:

14 (a) Except as otherwise provided by law, in any order issued in resolution of a  
15 disciplinary proceeding before any board within the department or before the  
16 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the  
17 administrative law judge may direct a licensee found to have committed a violation or  
18 violations of the licensing act to pay a sum not to exceed the reasonable costs of the  
19 investigation and enforcement of the case.

20 (b) In the case of a disciplined licensee that is a corporation or a partnership, the  
21 order may be made against the licensed corporate entity or licensed partnership.

22 (c) A certified copy of the actual costs, or a good faith estimate of costs where  
23 actual costs are not available, signed by the entity bringing the proceeding or its  
24 designated representative shall be prima facie evidence of reasonable costs of  
25 investigation and prosecution of the case. The costs shall include the amount of  
26 investigative and enforcement costs up to the date of the hearing, including, but not  
27 limited to, charges imposed by the Attorney General.

28 (d) The administrative law judge shall make a proposed finding of the amount  
of reasonable costs of investigation and prosecution of the case when requested  
pursuant to subdivision (a). The finding of the administrative law judge with regard to  
costs shall not be reviewable by the board to increase the cost award. The board may  
reduce or eliminate the cost award, or remand to the administrative law judge if the  
proposed decision fails to make a finding on costs requested pursuant to subdivision  
(a).

(e) If an order for recovery of costs is made and timely payment is not made as  
directed in the board's decision, the board may enforce the order for repayment in any  
appropriate court. This right of enforcement shall be in addition to any other rights  
the board may have as to any licensee to pay costs.

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1 (f) In any action for recovery of costs, proof of the board's decision shall be  
2 conclusive proof of the validity of the order of payment and the terms for payment.

3 (g) (1) Except as provided in paragraph (2), the board shall not renew or  
4 reinstate the license of any licensee who has failed to pay all of the costs ordered  
5 under this section.

6 (2) Notwithstanding paragraph (1), the board may, in its discretion,  
7 conditionally renew or reinstate for a maximum of one year the license of any  
8 licensee who demonstrates financial hardship and who enters into a formal agreement  
9 with the board to reimburse the board within that one-year period for the unpaid  
10 costs.

11 (h) All costs recovered under this section shall be considered a reimbursement  
12 for costs incurred and shall be deposited in the fund of the board recovering the costs  
13 to be available upon appropriation by the Legislature.

14 (i) Nothing in this section shall preclude a board from including the recovery of  
15 the costs of investigation and enforcement of a case in any stipulated settlement.

16 (j) This section does not apply to any board if a specific statutory provision in  
17 that board's licensing act provides for recovery of costs in an administrative  
18 disciplinary proceeding.

### 19 FACTUAL ALLEGATIONS

20 9. Respondent is a physician and surgeon who is board certified in family medicine.  
21 She is the medical director at Genesis Medical Center in Irvine, California, which offers aesthetic  
22 and nutritional treatments. Respondent also practices integrative and family medicine at the  
23 Center for New Medicine in Irvine, California.

24 10. In or around February 2017, Respondent started working at Infusio Beverly Hills  
25 (Infusio) on a part-time basis. Infusio Inc., Infusio Life, LLC, and Synergy Health were  
26 corporations/limited liability corporations that employed the services of medical and clinical  
27 professionals to provide regenerative and other medical health care services to the public. These  
28 medical health care services included the harvesting, preparation, and administration of  
autologous stem cells for human use. At the time Respondent started working at Infusio, F.G.,  
M.D., was the medical director.

11. In or around July 2017, Respondent took over as Infusio's medical director.  
Respondent's duties included the provision of oversight to Infusio's health care professionals  
regarding regenerative and longevity treatment protocols, oversight for all the patients at the

///

1 Beverly Hills location, and medical research. The medical research included investigational  
2 studies of Stromal Vascular Fraction (SVF)<sup>1</sup> procedures.

3 12. During her tenure at Infusio, Respondent treated Patients A, B, C, D, E, F, G, H, and  
4 I<sup>2</sup> between approximately January 2017 through April 2018. All of the aforementioned patients  
5 presented to Respondent with a history of Lyme disease and were still suffering from related  
6 long-term symptoms. Respondent left Infusio in or around May 2019.

7 **Patient A**

8 13. Patient A learned about Infusio's stem cell treatment from an online forum for  
9 patients with chronic illness. Patient A had history of Lyme disease and thyroid/hormone issues.  
10 Patient A reached out to Infusio directly and asked questions about the treatment program  
11 specifically for patients with Lyme disease. She ultimately opted to try Infusio's two-week  
12 treatment program, which cost approximately \$25,000.

13 14. On or about April 30, 2018, Patient A traveled to Infusio's Beverly Hills office to  
14 start the treatment protocol. On or about that day, Patient A signed an authorization to release  
15 protected health information with regard to her medical records and their inclusion in a medical  
16 study to investigate Autologous Adipose Derived Stromal Vascular Fraction Deployment.

17 15. On or about this first treatment date, Patient A had a consultation with Respondent.  
18 Patient A's subjective medical history, social life, and typical diet were documented in Infusio's  
19 medical records. Respondent answered Patient A's questions about the stem cell procedure.

20 16. From on or about May 1, 2018 through May 4, 2018, Patient A received daily IV  
21 treatments at Infusio that were administered by a registered nurse. Before starting the IV therapy,  
22 Patient A was never told what medications or supplements she was being given. When Patient A  
23 asked Infusio staff what was in the IV bags, she was told that, "it was going to make her feel  
24 really good," and that the bags generally contained vitamins and minerals that were good for the  
25 body. The IV bags were not properly labeled with the patient's name or the contents.

26 ///

27 <sup>1</sup> SVF is a form of stem cell therapy that is made up of stem cells harvested from adipose  
28 tissue.

<sup>2</sup> Patient names have been omitted to protect their privacy.

1 17. In addition to IV therapy, Patient A was supposed to receive other treatments as part  
2 of Infusio's Integrative Lyme Disease Program. These treatments included intramuscular thymus  
3 injections<sup>3</sup> and 10-pass ozone therapy.<sup>4</sup> Infusio staff became so shorthanded during Patient A's  
4 treatment that W.H., an unlicensed receptionist, administered Patient A's thymus injections.

5 18. When Patient A tried to get 10-pass ozone therapy, the machine stopped working.  
6 Multiple Infusio staff members were unable to get the machine to complete Patient A's treatment  
7 and Patient A was told that she could try getting the treatment later when the machine was  
8 working.

9 19. According to Infusio records, on or about May 1, 2018, Patient A received 10-pass  
10 ozone treatment. The medical records fail to document that the machine was not working at the  
11 time and that the treatment was not completed.

12 20. Patient A continued with IV therapy on or about May 7, 2018 and May 8, 2018.  
13 Once again, Infusio's treatment records for May 7, 2018 indicate that Patient A received 10-pass  
14 ozone therapy when in fact she did not.

15 21. On or about May 9, 2018, Respondent documented that Patient A underwent the SVF  
16 procedure. While Patient A was awake and medicated with Versed<sup>5</sup> and local anesthesia,  
17 Respondent removed approximately 50 ccs of fat from Patient A's flank. That tissue was then  
18 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in  
19 Respondent's procedural note. D.R. had no certification in the processing or manipulation of  
20 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out  
21 Burger.

22 22. After the stem cells were processed by D.R., the stem cells were injected back into  
23 Patient A's body via an IV line. The re-injection of the stem cells via IV was not documented in  
24 Infusio's records.

25 \_\_\_\_\_  
26 <sup>3</sup> Per Infusio's website, thymus peptide injections are thought to restore and improve the  
immune system.

27 <sup>4</sup> 10-pass ozone therapy involves the infusion of ozone in a patient's blood which is  
repeated approximately ten times.

28 <sup>5</sup> Versed, brand name for midazolam, is a sedative and a Schedule IV controlled substance  
pursuant to Health and Safety Code section 11057, subdivision (d).

1           23. In addition to receiving stem cells via IV, Patient A also received a “gut shot,” which  
2 was derived from an extra syringe of fat cells. According to Respondent’s records, a lipoaspirate  
3 paste was made and injected back into Patient A’s upper abdomen with local anesthesia.  
4 Following the SVF procedure, Respondent wrote Patient A a prescription for Ultram for 30  
5 tablets to be taken as needed for pain.

6           24. To complete the Integrative Lyme Disease program, Patient A underwent two more  
7 days of IV therapy on or about May 10, 2018 and May 11, 2018.

8           25. Following the program, Infusio staff members followed up with Patient A once on or  
9 about May 17, 2018. Patient A reported that she was experiencing headaches and nausea. Infusio  
10 records for Patient A contain no other notes to follow-up with Patient A following SVF.

11           26. On or about October 12, 2018, Patient A returned to Infusio Beverly Hills and saw  
12 Respondent to begin Autologous Cyto-Immunotherapy (ACT).<sup>6</sup> Patient A complained of  
13 increased fatigue. Respondent noted that Patient A was to start the ACT program and that Infusio  
14 would follow-up in three months. Respondent also recommended diet changes and supplements.

15           27. From on or about November 14, 2018 to November 15, 2018, Patient A underwent  
16 ACT therapy. During this treatment, Patient A requested to get the 10-pass ozone therapy that  
17 she had paid for in the Integrative Lyme Disease Program. Infusio staff members denied her  
18 request. They told Patient A that her records indicated that she had already received the treatment  
19 and that she would have to pay extra if she wanted more.

20           28. Infusio never followed up with Patient A after she completed the ACT program.  
21 Following treatment with Infusio, Patient A experienced nerve pain and has permanent divots in  
22 her back from the liposuction procedure.

23           **Patient B**

24           29. Patient B initially learned of Infusio from a friend. Patient B had a history of Lyme  
25 disease and Hashimoto’s disease. She started Infusio’s Integrative Lyme Disease Program on or

26 ///

27 \_\_\_\_\_  
28           <sup>6</sup> According to Infusio’s website, ACT is a process by which certain types of cells are  
extracted from a patient’s blood and re-infused via IV.

1 about March 20, 2017 and traveled to California from Michigan to receive the two-week  
2 treatment.

3 30. From on or about March 20, 2017 to March 25, 2017 and March 27, 2017 to March  
4 29, 2017, Patient B had daily IV therapy and intramuscular thymus injections. Infusio's records  
5 for the IV therapy failed to document what types of IVs Patient B received.

6 31. According to Infusio records, H.B., a licensed registered nurse, administered Patient  
7 B's IV therapy and thymus injections. During the daily IV therapy, however, X.M., a medical  
8 assistant, sometimes administered the IV therapy. Medical assistants cannot start or disconnect  
9 IVs, nor can they administer injections or medications into an IV.

10 32. On or about March 27, 2017, Respondent signed a note that indicated that Patient B  
11 received trigger point therapy. Respondent's documented assessment listed "Hashimoto[']s,  
12 Lyme, Bart[onella], Babs [Babesia]." Patient B's symptoms included insomnia, fatigue, and  
13 hearing loss. It is not clear from the record whether Patient B actually received trigger point  
14 therapy.

15 33. On or about March 30, 2017, Respondent documented that Patient B received the  
16 SVF procedure. While Patient B was awake and medicated with Versed and local anesthesia,  
17 Respondent removed approximately 50 ccs of fat from Patient B's flank. That tissue was then  
18 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in  
19 Respondent's procedural note. D.R. had no certification in the processing or manipulation of  
20 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out  
21 Burger.

22 34. After the stem cells were processed by D.R., the stem cells were injected back into  
23 Patient B's body via an IV line. The re-injection of the stem cells via IV was not documented in  
24 Infusio's records.

25 35. On or about March 31, 2017, Patient B received one last day of IV therapy and a  
26 thymus injection before returning home. Infusio's records for the IV therapy failed to document  
27 what types of IVs Patient B received. Patient B and other patients who were receiving treatment  
28 at the same time were not told what IVs they were being given.



1           36. On or about July 24, 2017, Patient B traveled back to Infusio Beverly Hills and saw  
2 Respondent for her 100-day follow-up appointment. She reported that she was “85% improved,”  
3 although she felt under the weather from traveling. Patient B was given additional IV treatments,  
4 lymphatic drainage, and red light therapy.

5           37. In the days following her Infusio treatment, Patient B felt more energetic. She then  
6 started experiencing blood pressure problems, insomnia, and new allergies to food. On or about  
7 December 6, 2017, Patient B’s treating physician in Michigan called Infusio and asked to speak to  
8 Respondent regarding the SVF treatment. On or about January 11, 2018, Patient B signed a  
9 release for Infusio to send her treatment records to her treating provider in Michigan. Infusio’s  
10 records do not indicate whether Respondent ever called Patient B’s treating provider back or  
11 whether treatment records were sent to that treatment provider.

12           38. On or about December 22, 2017, Respondent wrote Patient B a prescription for  
13 cromolyn.<sup>7</sup> Infusio’s records do not include any communication between Respondent and Patient  
14 B that would explain why Respondent issued this prescription.

15           39. On or about January 24, 2018, an Infusio staff member left a message for Patient B  
16 that the fees would be waived for the ACT program and that Patient B would have an  
17 appointment with Respondent and P.B.,<sup>8</sup> Infusio’s patient care coordinator.

18           40. On or about January 25, 2018, P.B. spoke with Patient B over the phone for  
19 approximately five minutes. P.B. told Patient B that she needed to lower inflammation, support  
20 methylation, help breakdown histamine, and support cell metabolism. A treatment plan was to be  
21 emailed to Patient B, and Patient B was advised that she may need to travel back to California for  
22 additional treatment with steroids or cyclosporine.<sup>9</sup>

23           41. On or about February 22, 2018, Respondent spoke to Patient B on the phone for  
24 approximately five minutes. Patient B was to start taking supplements and slowly wean off  
25

26           <sup>7</sup> Cromolyn is used to treat symptoms of mastocytosis. Mastocytosis is a condition in  
27 which certain immune cells (mast cells) build up under the skin, bones, intestines, and/or other  
28 organs causing a range of symptoms.

<sup>8</sup> P.B. is not a licensed medical professional.

<sup>9</sup> Cyclosporine is an immunosuppressive drug.

1 cromolyn and Zantac.<sup>10</sup> On or about the same day, Infusio staff members sent Patient B a one-  
2 month supply of supplements.

3 42. On or about February 28, 2018, despite the plan to wean off the medication,  
4 Respondent wrote Patient B another prescription for cromolyn. Once again, Infusio's records do  
5 not include any communication between Respondent and Patient B that would explain why  
6 Respondent would refill this prescription.

7 43. On or about March 8, 2018, Respondent prescribed 120 tablets of 0.5 mg Xanax to  
8 Patient B. There is no justification or rationale explaining why Respondent prescribed this  
9 medication to Patient B in Infusio's records.

10 **Patient C**

11 44. Patient C learned of Infusio after talking to a former Infusio patient, E.S. and P.B.,  
12 Infusio's patient care coordinator. Patient C had a history of Lyme disease, depression, severe  
13 fatigue, and cognitive difficulties. She signed up to start Infusio's Integrative Lyme Disease  
14 Program in or around January 2017 and traveled from Illinois to California to start the program  
15 on or about February 13, 2017.

16 45. In an unsigned medical record from Infusio dated on or about February 13, 2017,  
17 Patient C's chief complaint and subjective medical history were documented. The plan was for  
18 Patient C to receive 10 days of IV support therapy and SVF.

19 46. From on or about February 13, 2017 to February 18, 2017 and February 20, 2017 to  
20 February 22, 2017, Patient C had daily IV therapy and intramuscular thymus injections. Infusio's  
21 records for the IV therapy failed to document what types of IVs Patient C received. Patient C was  
22 not told what was in the IVs.

23 47. According to Infusio records, H.B., a licensed registered nurse, administered Patient  
24 C's IV therapy and thymus injections. During the daily IV therapy, however, I.O., an unlicensed,  
25 non-medical professional, also administered Patient C's IV therapy.

26 48. On or about February 23, 2017, Patient C underwent the SVF procedure. Even  
27 though Infusio records indicate that Respondent performed the procedure, the procedure note was

28 <sup>10</sup> Zantac, brand name for ranitidine, is an over-the-counter antihistamine and antacid.

1 signed by F.G., M.D., Infusio's then medical director. While Patient C was awake and medicated  
2 with Versed and local anesthesia, Respondent removed approximately 50 ccs of fat from Patient  
3 C's body. That tissue was then processed by D.R., an unlicensed and uncertified individual who  
4 was listed as an assistant in Respondent's procedural note. D.R. had no certification in the  
5 processing or manipulation of human stem cells. He told patients that prior to working at Infusio,  
6 he worked at In-and-Out Burger.

7 49. After the stem cells were processed by D.R., the stem cells were injected back into  
8 Patient C's body via an IV line. The re-injection of the stem cells via IV was not documented in  
9 Infusio's records.

10 50. On or about February 24, 2017, Patient C received one last day of IV therapy and a  
11 thymus injection before returning home. Infusio's records for the IV therapy failed to document  
12 what types of IV Patient C received on that day.

13 51. On or about April 22, 2017, Respondent spoke to Patient C on the phone. Patient C  
14 complained of migraines. Patient C was charged \$150 for this phone consultation with  
15 Respondent.

16 52. On or about May 3, 2017, Patient C called Infusio and complained of severe  
17 depression and insomnia. That message was forwarded to Respondent.

18 53. On or about May 20, 2017, Patient C had a five-minute phone consultation with  
19 Respondent. Patient C reported that she had received the "white powder" that Infusio sent her  
20 and she was taking it. She was still complaining of depression and anxiety and reported that she  
21 had bad body odor. Respondent told her that the body odor was good news as Patient C's  
22 lymphatics were moving and detoxing. Patient C was charged \$150 for this phone consultation  
23 with Respondent.

24 54. On or about July 24, 2017, Patient C had another five-minute phone consultation with  
25 Respondent. Patient C reported no changes from her prior consultation. Respondent  
26 recommended that Patient C have a consultation with V.D., a therapist, and that she would talk to  
27 P.B. about additional IV therapy. Patient C was charged \$150 for this phone consultation with  
28 Respondent.

1           55. On or about September 9, 2017, Patient C's mother had a five-minute phone  
2 consultation with Respondent. Patient C's mother reported that Patient C still was not feeling  
3 well. Respondent recommended a two-week NAD protocol<sup>11</sup> and said that she would follow-up  
4 about costs the next week. Patient C was charged \$150 for this phone consultation with  
5 Respondent.

6           56. On or about September 12, 2017, an Infusio employee called Patient C and told her  
7 that the normal price for the NAD protocol was \$12,000, but that they could offer it to her for  
8 \$6,000. Patient C did not undergo the NAD protocol.

9           **Patient D**

10           57. Patient D learned of Infusio after talking to a former Infusio patient, E.S. Patient D  
11 had a history of Lyme disease and associated joint pain. She signed up to start Infusio's  
12 Integrative Lyme Disease Program in or around January 2017 and started the program on or about  
13 March 14, 2017.

14           58. Patient D had daily IV therapy and intramuscular thymus injections on or about  
15 March 14, 2017, March 17, 2017, March 20, 2017, and March 23, 2017. Infusio's records for  
16 Patient D's IV therapy failed to document what types of IVs she received.

17           59. From on or about March 27, 2017 through March 30, 2017, Patient D had daily IV  
18 therapy and intramuscular thymus injections. Infusio's records for the IV therapy failed to  
19 document what types of IVs Patient D received.

20           60. According to Infusio records, H.B., a licensed registered nurse, administered Patient  
21 D's IV therapy and thymus injections. During the daily IV therapy, however, X.M., a medical  
22 assistant, sometimes administered the IV therapy. Medical assistants cannot start or disconnect  
23 IVs, nor can they administer injections or medications into an IV. When Patient D asked Infusio  
24 staff what was in the IV bags, she would sometimes be given an answer and sometimes be told to  
25 ask P.B., Infusio's patient care coordinator.

26 ///

27 \_\_\_\_\_  
28 <sup>11</sup> According to Infusio's website, the NAD protocol is another IV support therapy which included the active coenzyme form of vitamin B3.

1           61. Six days after she started treatment at Infusio, Patient D's chief complaint and subject  
2 medical history were documented in a medical record dated on or about March 20, 2017.

3 Respondent electronically signed this note.

4           62. On or about April 13, 2017, Respondent documented that Patient D received the SVF  
5 procedure. While Patient D was awake and medicated with Versed and local anesthesia,  
6 Respondent removed approximately 50 ccs of fat from Patient D's body. That tissue was then  
7 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in  
8 Respondent's procedural note. D.R. had no certification in the processing or manipulation of  
9 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out  
10 Burger.

11           63. After the stem cells were processed by D.R., the stem cells were injected back into  
12 Patient D's body via an IV line. The re-injection of the stem cells via IV was not documented in  
13 Infusio's records.

14           64. On or about June 19, 2017, Respondent spoke to Patient D on the phone. Patient D  
15 reported that she was doing better, but that she had anal itching and shooting nerve pains. Patient  
16 D was charged \$150 for this phone consultation with Respondent.

17           65. On or about July 26, 2017, Patient D returned to Infusio Beverly Hills for her 100-day  
18 follow-up appointment. She told Respondent that she had less joint and nerve pain and that her  
19 energy level fluctuated. Respondent recommended that Patient D take supplements and gave her  
20 a prescription for trazodone.<sup>12</sup> During this follow-up appointment, Patient D received additional  
21 IV treatments.

22           **Patient E**

23           66. Patient E learned of Infusio after reading about the treatment provided in Germany.  
24 When she called the German treatment center to make an appointment, she was referred to  
25 Infusio Beverly Hills. Patient E had a history of Lyme disease. She signed up to start Infusio's  
26 Integrative Lyme Disease Program and traveled from Mississippi to California to start the  
27 program on or about October 16, 2017.

28           <sup>12</sup> Trazodone is an anti-depressant and sedative.

1           67. On or about October 16, 2017, Respondent documented Patient E's chief complaint  
2 and subjective medical history. The plan was for Patient E to receive 10 days of IV support  
3 therapy and SVF.

4           68. From on or about October 16, 2017 to October 20, 2017 and October 23, 2017 to  
5 October 25, 2017, Patient E had daily IV therapy which was administered by S.D., a licensed  
6 registered nurse. When Patient E and other patients asked Infusio staff what was in the IV bags,  
7 they were told that they were getting "some good stuff."

8           69. According to the note documenting Patient E's IV therapy on or about October 24,  
9 2017, Patient E received a Myers IV via a 22-gauge angiocath that was placed in Patient E's right  
10 arm. The same note, however, states that several attempts had been made to start an IV on Patient  
11 E but that they were unsuccessful, and that Respondent ordered that no more IV attempts were to  
12 be made that day.

13           70. On or about October 26, 2017, Respondent documented that Patient E received the  
14 SVF procedure. While Patient E was awake and medicated with Versed and local anesthesia,  
15 Respondent removed approximately 50 ccs of fat from Patient E's body. That tissue was then  
16 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in  
17 Respondent's procedural note. D.R. had no certification in the processing or manipulation of  
18 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out  
19 Burger.

20           71. After the stem cells were processed by D.R., the stem cells were injected back into  
21 Patient E's body via an IV line. The re-injection of the stem cells via IV was not documented in  
22 Infusio's records.

23           72. On or about October 27, 2017, Patient E received one last day of IV therapy and a  
24 thymus injection before returning home.

25           73. On or about December 21, 2017, Patient E had a 100-day follow-up phone  
26 consultation with Respondent. Patient E complained that she was unable to walk and that she had  
27 been prescribed gout medication and antibiotics. She was also prescribed narcotics for pain.  
28 Respondent recommended castor oil packs and Epsom salt foot baths.

1           74. On or about April 23, 2018, Patient E traveled back to Infusio Beverly Hills for the  
2 ACT program. Respondent noted that Patient E had bilateral lower extremity pain and swelling,  
3 diabetes, and Lyme disease. Patient E was to follow up with O.P., Infusio's nutritionist,  
4 regarding weight loss. Respondent cleared Patient E to use "ozone sauna" and to drink baking  
5 soda water. Respondent also recommended that Patient E continue with Myers IVs when she  
6 returned home.

7           75. On or about April 24, 2018 and April 26, 2018, Patient E received the ACT IVs.

8           76. Following the ACT treatment, Infusio's records indicate that Respondent followed up  
9 with Patient E one more time on or about May 3, 2018. Respondent documented that she  
10 reviewed lab results with Patient E and recommended that Patient E continue her current diet and  
11 take supplements.

12           **Patient F**

13           77. Patient F initially learned of Infusio through a friend. She reviewed Infusio's website  
14 and saw the celebrity testimony touting their results. Patient F had a history of Lyme disease.  
15 She signed up to start Infusio's Integrative Lyme Disease Program and started the program on or  
16 about June 5, 2017.

17           78. For her initial consultation, Patient F saw F.G., M.D. F.G., M.D., did not document  
18 this consultation. Patient F saw Respondent during the second week of her treatment.

19           79. From on or about June 5, 2017 to June 10, 2017 and June 12, 2017 to June 14, 2017,  
20 Patient F had daily IV therapy and intramuscular thymus injections which were administered by  
21 H.B., a licensed registered nurse. Other than noting that F.G., M.D., ordered that Patient F was  
22 not to receive calcium in her IVs, Infusio's records for the IV therapy failed to document what  
23 types of IVs Patient F received.

24           80. On or about June 15, 2017, Respondent documented that Patient F underwent the  
25 SVF procedure. While Patient F was awake and medicated with Versed and local anesthesia,  
26 Respondent removed approximately 25 ccs of fat from Patient F's body. That tissue was then  
27 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in  
28 Respondent's procedural note. D.R. had no certification in the processing or manipulation of

1 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out  
2 Burger.

3 81. After the stem cells were processed by D.R., the stem cells were injected back into  
4 Patient F's body via an IV line. The re-injection of the stem cells via IV was not documented in  
5 Infusio's records.

6 82. On or about June 16, 2017, Patient F received one last day of IV therapy and a  
7 thymus injection before returning home. Infusio's records for the IV therapy failed to document  
8 what types of IV Patient F received on that day.

9 83. On or about July 12, 2017, Patient F spoke to an Infusio staff member on the phone.  
10 Patient F reported that she was struggling with severe gut issues and that she wanted a  
11 consultation with Respondent.

12 84. On or about July 17, 2017, Patient F spoke to Respondent on the phone for a five-  
13 minute consultation. Patient F told Respondent that she was losing weight and could not tolerate  
14 carbohydrates. Respondent recommended that Patient F speak to O.P., a nutritionist. Patient F  
15 reported that she was suffering from insomnia and that she had been prescribed Ativan, Belsomra,  
16 and mirtazapine<sup>13</sup> by another physician. Respondent recommended that Patient F try taking  
17 Infusio's "white powder" instead. Patient F was charged \$150 for this phone consultation with  
18 Respondent.

19 85. On or about August 2, 2017, Patient F reported to an Infusio staff member that she  
20 had been struggling for the past three weeks with high blood pressure. Patient F scheduled an  
21 appointment with Respondent.

22 86. On or about August 5, 2017, Patient F had a phone consultation with Respondent.  
23 Patient F complained of fluctuations in her blood pressure and being out of breath. Respondent  
24 ordered lab tests.

25 87. On or about September 23, 2017, Patient F had another five-minute phone  
26 consultation with Respondent. Patient F continued to complain of gastrointestinal problems and

27 <sup>13</sup> Ativan, brand name lorazepam, is a benzodiazepine and a Schedule IV controlled  
28 substance pursuant to Health and Safety Code section 11057, subdivision (b). Belsomra and  
mirtazapine are prescribed medications used to treat insomnia.



1 difficulties tolerating food. Respondent noted that she would send Patient F a list of  
2 recommended supplements and that she would follow-up with Patient F in two months. This note  
3 is the last documented communication between Respondent and Patient F.

4 **Patient G**

5 88. Patient G initially learned of Infusio through a friend and discovered more  
6 information by joining Infusio's Facebook group. Patient G had a history of Lyme disease. After  
7 she communicated with P.B., Infusio's patient care coordinator, to determine whether she would  
8 be a good candidate for SVF, Patient G signed up to start Infusio's Integrative Lyme Disease  
9 Program and paid \$25,000. She traveled from Wisconsin to California to start the program on or  
10 about February 5, 2018.

11 89. For her initial consultation, Patient G and three other female patients saw Respondent.  
12 Respondent asked Patient G basic questions about her health. Patient G suspected that  
13 Respondent did not review the prior medical records she sent to Infusio before starting her  
14 treatment. Respondent documented Patient G's chief complaint and subjective medical history.

15 90. From on or about February 5, 2018 to February 9, 2018 and February 12, 2018 to  
16 February 13, 2018, Patient G had daily IV therapy and intramuscular thymus injections which  
17 were administered by H.B., a licensed registered nurse. Patient G also had hyperbaric oxygen  
18 chamber treatment and infrared light therapy.

19 91. On or about February 14, 2018, Respondent documented that Patient G underwent the  
20 SVF procedure. While Patient G was awake and medicated with Versed and local anesthesia,  
21 Respondent removed approximately 50 ccs of fat from Patient G's body. That tissue was then  
22 processed by D.R., an unlicensed and uncertified individual who was listed as an assistant in  
23 Respondent's procedural note. D.R. had no certification in the processing or manipulation of  
24 human stem cells. He told patients that prior to working at Infusio, he worked at In-and-Out  
25 Burger.

26 92. After the stem cells were processed by D.R., the stem cells were injected back into  
27 Patient G's body via an IV line. The re-injection of the stem cells via IV was not documented in  
28 Infusio's records.

1 93. On or about February 15, 2018 and February 16, 2018, Patient G received two more  
2 days of IV therapy and thymus injections before returning home.

3 94. On or about April 25, 2018, Respondent documented that she talked to Patient G on  
4 the phone. Patient G reported that she was feeling terrible. Respondent told Patient G that her  
5 post-procedure symptoms were normal and that her body was recalibrating.

6 95. On or about July 30, 2018, Patient G returned to Infusio Beverly Hills for ACT  
7 treatment. Patient G told Respondent that she was experiencing jitteriness, dizziness, head  
8 pressure, memory/cognitive issues, muscle pain, hormonal issues, and severe depression. Patient  
9 G also complained of a sensitive stomach. Respondent made recommendations about Patient G's  
10 diet and supplements. She also recommended that Patient G do additional weekly Myers IV  
11 therapy and thymus injections.

12 96. On or about July 31, 2018, August 1, 2018, and August 2, 2018, Infusio records  
13 indicate that Patient G received the ACT IV treatments.

14 97. For the August 1, 2018 note, even though the first portion of the note documents that  
15 Patient G received the ACT therapy without incident, H.B., a licensed registered nurse, then noted  
16 that after Patient G had started the ACT protocol, she had a sensitivity reaction. The IV was  
17 stopped and a bolus IV of saline solution was given. H.B. called Respondent and apprised her of  
18 the situation. On or about August 2, 2018, Respondent documented that she spoke to Patient G  
19 about her reaction to the treatment.

20 98. Infusio or Respondent did not follow up with Patient G after August 2, 2018.

21 **Patient H**

22 99. Patient H initially learned of Infusio through an online support group for Lyme  
23 disease patients. Patient H got more information from Infusio's Facebook page. She signed up to  
24 start Infusio's Integrative Lyme Disease Program, paid \$25,000, and traveled from Ohio to  
25 California to start the program on or about May 30, 2017.

26 100. For her initial consultation, Patient H met with F.G., M.D. F.G., M.D., ordered lab  
27 blood tests. These results of these tests were never reviewed with Patient H, as F.G., M.D.,

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1 abruptly stopped working at Infusio in the middle of her treatment. F.G., M.D., did not document  
2 his initial consultation with Patient H.

3 101. From on or about May 30, 2017 to June 3, 2017 and June 5, 2017 to June 9, 2017,  
4 Patient H had daily IV therapy and intramuscular thymus injections. Infusio records show that  
5 Patient H's IV therapy and injections were administered by H.B., or N., identified as licensed  
6 registered nurses. N.'s last name is not documented in the records. Infusio's records for the IV  
7 therapy failed to document what types of IV Patient H received on each day.

8 102. During her IV therapy, Patient H had to pay attention and make sure that she was  
9 receiving the correct IV bag rather than another patient's. At least two different times, Patient H  
10 saw that Infusio staff had to swap out two patients' IV bags.

11 103. At the beginning of Patient H's IV treatment, nurses had difficulty getting her IV line  
12 started. Because of these issues, on or about June 7, 2017, which was the day before Patient H's  
13 SVF procedure, H.B. left the IV line in Patient H's arm after completing the in-office IV therapy  
14 for easier use the next day. In H.B.'s note for June 7, 2017, however, H.B. inaccurately noted  
15 that the catheter had been removed on the same day.

16 104. On or about June 8, 2017, Respondent documented that Patient H underwent the SVF  
17 procedure. While Patient H was awake and medicated with local anesthesia, Respondent  
18 removed approximately 25 ccs of fat from Patient H's body. That tissue was then processed by  
19 D.R., an unlicensed and uncertified individual who was listed as an assistant in Respondent's  
20 procedural note. Respondent also processed some of the cells separately. D.R. had no  
21 certification in the processing or manipulation of human stem cells. He told patients that prior to  
22 working at Infusio, he worked at In-and-Out Burger.

23 105. Because Patient H's IV line was left in her arm from the day prior, D.R. was  
24 supposed to run saline solution into the line before inserting the stem cells. D.R., however, did  
25 something wrong with the open IV line so a new IV line had to be placed.

26 106. After the stem cells were processed by D.R., the stem cells were injected back into  
27 Patient H's body via an IV line. Patient H also received an additional gut shot of lipoaspirate that

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1 was injected into her abdomen. These stem cell re-injections via IV and into Patient H's  
2 abdomen were not documented in Infusio's records.

3 107. Immediately following the SVF procedure, Patient H had more IV therapy. As part  
4 of the treatment package that she paid for, Patient H was supposed to receive another day of IV  
5 therapy but decided to skip it due to the earlier issues she encountered when Infusio staff placed  
6 the IV lines in her arm. After she finished the treatment, she went back to Ohio.

7 108. On or about July 1, 2017, Patient H had a phone consultation with Respondent. In the  
8 beginning of her Infusio treatment, Patient H was prescribed progesterone by F.G., M.D. Patient  
9 H told Respondent that she was still taking progesterone. Respondent advised Patient H to keep  
10 taking the prescribed medication and recommended castor oil packs. Patient H was charged \$150  
11 for this phone consultation with Respondent.

12 109. On or about July 12, 2017, Patient H reported to Infusio staff that she was having  
13 good and bad days. On or about July 20, 2017, Patient H reported that she was having trouble  
14 sleeping. On or about July 25, 2017, Patient H reported that she was experiencing itchiness and  
15 leg cramps.

16 110. On or about September 25, 2017, Patient H had her 100-day follow-up appointment  
17 with Respondent by phone. Patient H was experiencing ups and downs. She discussed hormone  
18 replacement therapy with Respondent. Patient H was charged \$150 for this nine-minute phone  
19 call with Respondent.

20 **Patient I**

21 111. Patient I initially learned of Infusio through Facebook. Patient I had a history of  
22 Lyme disease and Babesiosis. She spent almost \$30,000 on Infusio's Integrative Lyme Disease  
23 Program and related costs traveling from Illinois to California. She started the program on or  
24 about May 8, 2017.

25 112. For her initial consultation, Patient I saw F.G., M.D. Patient I complained of  
26 insomnia and low energy.

27 113. From on or about May 8, 2017 to May 13, 2017 and May 15, 2017 to May 16, 2017,  
28 Patient I had daily IV therapy and intramuscular thymus injections which were administered by

1 H.B., S.S., and T.A., licensed registered nurses. With the exception of Patient I's treatment on or  
2 about May 8, 2017, Infusio's records for the IV therapy failed to document what types of IVs  
3 Patient I received.

4 114. On or about May 17, 2017, Respondent documented that Patient I underwent the SVF  
5 procedure. While Patient I was awake and medicated with local anesthesia, Respondent removed  
6 approximately 25 ccs of fat from Patient I's body. That tissue was then processed by D.R., an  
7 unlicensed and uncertified individual who was listed as an assistant in Respondent's procedural  
8 note. D.R. had no certification in the processing or manipulation of human stem cells. He told  
9 patients that prior to working at Infusio, he worked at In-and-Out Burger.

10 115. After he processed the stem cells, D.R. injected the stem cells into Patient I's body  
11 via an IV line. The re-injection of the stem cells via IV was not documented in Infusio's records.

12 116. On or about May 18, 2017 and May 19, 2017, Patient I received IV support therapy  
13 and thymus injections before returning home. On or about May 19, 2017, Respondent wrote  
14 Patient I a trazodone prescription for insomnia.

15 117. On or about May 27, 2017, Patient I had a phone consultation with Respondent.  
16 Patient I reported that she was not sleeping well and that trazodone had no effect. Respondent  
17 advised Patient I to increase her trazodone dose. Patient I was charged \$150 for this phone  
18 consultation with Respondent.

19 118. On or about June 6, 2017, Patient I told an Infusio staff member that she had  
20 difficulty sleeping. On or about June 10, 2017, Patient I had another phone consultation with  
21 Respondent. Patient I requested to go back on progesterone. Respondent issued the prescription  
22 and advised Patient I that she had to follow-up with her local doctor for any refills. Patient I was  
23 charged \$150 for this phone consultation with Respondent.

24 119. On or about July 19, 2017, Patient I told an Infusio staff member that she was still  
25 having trouble sleeping.

26 120. On or about October 2, 2017, Patient I traveled to Infusio Beverly Hills for her 100-  
27 day follow-up appointment with Respondent. She had gained 20 pounds. Respondent's

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1 assessment was Lyme disease, leaky gut, and hypoadrenalism. Her plan was to treat Patient I  
2 with IV support therapy.

3 121. On or about January 18, 2018, Respondent spoke to Patient I on the phone. Patient I  
4 reported that some things were better and many things were not. Patient I reported that she could  
5 only tolerate a few foods. Respondent recommended a consultation with O.P., a nutritionist, and  
6 additional IV support therapy. Respondent told Patient I that she could return to Infusio Beverly  
7 Hills anytime to do the ACT program.

8 **FIRST CAUSE FOR DISCIPLINE**  
9 **(Aiding and Abetting of Unlicensed Persons)**

10 122. Respondent has subjected her Physician's and Surgeon's Certificate No. A 67019 to  
11 disciplinary action under sections 2227 and 2264 of the Code, in that she aided and abetted  
12 unlicensed individuals to engage in the practice of medicine, as more particularly alleged in  
13 paragraphs 9 through 121, above, which are hereby incorporated by reference and re-alleged as if  
14 fully set forth herein.

15 **SECOND CAUSE FOR DISCIPLINE**  
16 **(Repeated Negligent Acts)**

17 123. Respondent has further subjected her Physician's and Surgeon's Certificate  
18 No. A 67019 to disciplinary action under sections 2227 and 2234, as defined by section 2234,  
19 subdivision (c) of the Code, in that Respondent committed repeated negligent acts in her care and  
20 treatment of Patients A, B, C, D, E, F, G, H, and I, as more particularly alleged hereafter:

21 124. Paragraphs 9 through 121, above, are hereby incorporated by reference and re-alleged  
22 as if fully set forth herein.

23 **Patient A**

24 125. Respondent committed repeated negligent acts in the treatment and care of Patient A  
25 which includes, but is not limited to, the following:

26 a. Respondent aided and abetted the unlicensed practice of medicine by allowing  
27 D.R., an untrained, non-medical professional, handle and process Patient A's stem cells;

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1           b.     Respondent failed to disclose to Patient A the contents of the IV therapies  
2 provided and/or inadequately labeled the IV bags;

3           c.     Respondent failed to provide adequate post-therapy follow-up;

4           d.     Respondent failed to ensure adequate nurse staffing for the IV treatments; and

5           e.     Respondent failed to maintain adequate and accurate records for Patient A.

6           **Patient B**

7           126. Respondent committed repeated negligent acts in the treatment and care of Patient B  
8 which includes, but is not limited to, the following:

9           a.     Respondent aided and abetted the unlicensed practice of medicine by allowing  
10 D.R., an untrained, non-medical professional, handle and process Patient B's stem cells;

11           b.     Respondent failed to disclose to Patient B the contents of the IV therapies  
12 provided and/or inadequately labeled the IV bags;

13           c.     Respondent failed to provide adequate post-therapy follow-up; and

14           d.     Respondent failed to maintain adequate and accurate records for Patient B.

15           **Patient C**

16           127. Respondent committed repeated negligent acts in the treatment and care of Patient C  
17 which includes, but is not limited to, the following:

18           a.     Respondent aided and abetted the unlicensed practice of medicine by allowing  
19 D.R., an untrained, non-medical professional, handle and process Patient C's stem cells;

20           b.     Respondent failed to disclose to Patient C the contents of the IV therapies  
21 provided and/or inadequately labeled the IV bags;

22           c.     Respondent failed to provide adequate post-therapy follow-up; and

23           d.     Respondent failed to maintain adequate and accurate records for Patient C.

24           **Patient D**

25           128. Respondent committed repeated negligent acts in the treatment and care of Patient D  
26 which includes, but is not limited to, the following:

27           a.     Respondent aided and abetted the unlicensed practice of medicine by allowing  
28 D.R., an untrained, non-medical professional, handle and process Patient D's stem cells;

1           b.     Respondent failed to disclose to Patient D the contents of the IV therapies  
2 provided and/or inadequately labeled the IV bags;

3           c.     Respondent failed to provide adequate post-therapy follow-up; and

4           d.     Respondent failed to maintain adequate and accurate records for Patient D.

5           **Patient E**

6           129. Respondent committed repeated negligent acts in the treatment and care of Patient E  
7 which includes, but is not limited to, the following:

8           a.     Respondent aided and abetted the unlicensed practice of medicine by allowing  
9 D.R., an untrained, non-medical professional, handle and process Patient E's stem cells;

10          b.     Respondent failed to disclose to Patient E the contents of the IV therapies  
11 provided and/or inadequately labeled the IV bags;

12          c.     Respondent failed to provide adequate post-therapy follow-up; and

13          d.     Respondent failed to maintain adequate and accurate records for Patient E.

14          **Patient F**

15          130. Respondent committed repeated negligent acts in the treatment and care of Patient F  
16 which includes, but is not limited to, the following:

17          a.     Respondent aided and abetted the unlicensed practice of medicine by allowing  
18 D.R., an untrained, non-medical professional, handle and process Patient F's stem cells;

19          b.     Respondent failed to adequately label Patient F's IV bags;

20          c.     Respondent failed to provide adequate post-therapy follow-up; and

21          d.     Respondent failed to maintain adequate and accurate records for Patient F.

22          **Patient G**

23          131. Respondent committed repeated negligent acts in the treatment and care of Patient G  
24 which includes, but is not limited to, the following:

25          a.     Respondent aided and abetted the unlicensed practice of medicine by allowing  
26 D.R., an untrained, non-medical professional, handle and process Patient G's stem cells;

27          b.     Respondent failed to disclose to Patient G the contents of the IV therapies  
28 provided and/or inadequately labeled the IV bags; and



1 c. Respondent failed to provide adequate post-therapy follow-up.

2 **Patient H**

3 132. Respondent committed repeated negligent acts in the treatment and care of Patient H  
4 which includes, but is not limited to, the following:

5 a. Respondent aided and abetted the unlicensed practice of medicine by allowing  
6 D.R., an untrained, non-medical professional, handle and process Patient H's stem cells; and

7 b. Respondent failed to disclose to Patient H the contents of the IV therapies  
8 provided and/or inadequately labeled the IV bags.

9 **Patient I**

10 133. Respondent committed repeated negligent acts in the treatment and care of Patient I  
11 which includes, but is not limited to, the following:

12 a. Respondent aided and abetted the unlicensed practice of medicine by allowing  
13 D.R., an untrained, non-medical professional, handle and process Patient I's stem cells; and

14 b. Respondent failed to provide adequate post-therapy follow-up.

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

17 134. Respondent has further subjected her Physician's and Surgeon's Certificate  
18 No. A 67019 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of  
19 the Code, in that she failed to maintain adequate and accurate records for the treatment and care  
20 of Patient A, B, C, D, E, F, G, H, and I, as more particularly alleged in paragraphs 9 through 121,  
21 above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

22 **PRAYER**

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


25 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 67019, issued  
26 to Respondent Suzanne Kim, M.D.;

27 2. Revoking, suspending or denying approval of Respondent Suzanne Kim, M.D.'s  
28 authority to supervise physician assistants and advanced practice nurses;

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- 3. Ordering Respondent Suzanne Kim, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 4. Taking such other and further action as deemed necessary and proper.

DATED: MAR 11 2022

  
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WILLIAM PRASIFKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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