COMMONWEALTH OF MASSACHUSETTS

MIDDLESEX, SS BOARD OF REGISTRATION IN MEDICINE

Adjudicatory Case No: 2018-016

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In the Matter of )

) Final Decision and Order

Adrienne E. Lara-Fuller, M.D . )

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This matter came before the Board for final disposition on the basis of the Administrative Magistrate’s Recommended Decision, dated October 4, 2019, which found Adrienne E. Lara-Fuller, M.D. (Respondent), in default. After full consideration of that Recommended Decision, which is attached hereto and incorporated by reference, and Petitioner’s Memorandum on Disposition, the Board adopts the Recommended Decision.

In light of the Respondent’s failure to respond to the Statement of Allegations (SOA) and file an Answer to the SOA, failure to appear for a scheduled pre-hearing at the Division of Administrative Law Appeals (DALA), and failure to respond to an Order to Show Cause, the Board hereby finds the Respondent in default. M.G.L. c. 30A, § 10(2). Therefore, the allegations contained in the SOA are deemed admitted. See *Peters & Russel, Inc. v. Dorfman*, 188 F.2d 711 (7th Cir. 1951); and *Northwest Yeast Co. v. Broutin*, 133 F.2d 638 (6th Cir. 1943).

The Board makes the following findings:

Biographical Information

1. The Respondent was born in November 1953. She graduated from Boston University School of Medicine in 1990 and is certified by the American Board of Obstetrics and Gynecology. The Respondent has been licensed to practice medicine in Massachusetts under certificate number 81384 from June 14, 1995 until November 17, 2005 when her license lapsed.

Factual Allegations

1. On September 25, 2012, the Respondent and the Medical Board of California Board (CA Board) entered into a Stipulated Settlement and Disciplinary Order in which the Respondent agreed that a prima facie case with respect to Accusation number 05-2010-2079978 could be made, and her California Physician’s and Surgeon’s Certificate could be disciplined.
2. Specifically, the Respondent agreed that she engaged in the following negligent acts:

a) She was unsuccessful in controlling the delivery of Patient MS’s baby resulting in the baby failing into a plastic bag used to discard waste and having his/her umbilical cord torn off;

b) She was negligent in deciding to perform a C-Section on Patient DR instead of allowing the patient to deliver vaginally;

c) She was negligent in her decision to delay finishing Patient DR’s C- Section surgery in order to attend to another patient while Patient DR was unstable; and;

d) She erred by using a scalpel instead of a blunt instrument to make an incision during Patient DR’s C-Section surgery which resulted in the baby being cut and Patient DR experiencing massive bleeding that required intervention from a urologist.

4. On November 16, 2017 the CA Board issued a Decision After Non-Adoption in which it ordered that the Respondent’s license to practice medicine in California be disciplined.

5. The CA Board’s decision was based on its finding that the Respondent engaged in the following negligent acts:

a) She failed to adequately limit the frequency and duration of Patient MT’s usage of Ativan;

b) She failed to adequately document the care and treatment provided to Patient MT;

c) She over-resectioned fat and engaged in injudicious liposuction of patient CK’s inner thighs;

d) She failed to know the cause of deformity of patient CK’s inner thighs;

e) She failed to adequately document Patient YC’s liposuction procedure in the medical records;

f) She failed to adequately mention on the informed consent form, the pre-procedure note and the operative note all of the anatomic areas that Patient YC was slated to undergo liposuction on;

g) She failed to adequately document the concentration of any medications, including lidocaine, added to the saline solution injected during Patient YC’s liposuction procedure; and

h) She failed to adequately document Patient YC’s vital signs before, during, and after the liposuction procedure.

Conclusions of Law

Since the matter was decided on the basis of a default at DALA, the Magistrate made no determinations as to Conclusions of Law. Based upon the facts set out in the SOA, and now admitted, and based on the Respondent’s failure to respond to the Board, the Board can make the following Conclusions of Law:

A. Pursuant to 243 CMR 1.03(5)(a)12, the Board may discipline a physician upon proof satisfactory to a majority of the Board, that said physician has been disciplined in another jurisdiction in any way by the proper licensing authority for reasons substantially the same as those set forth in G.L. c. 112, § 5 or 243 CMR 1.03(5). More specifically, the Respondent has:

1. Engaged in conduct which places into question the physician's competence to practice medicine, including but not limited to gross misconduct in the practice of medicine, or practicing medicine fraudulently, or beyond its authorized scope, or with gross incompetence, or with gross negligence on a particular occasion or negligence on repeated occasions in violation of 243 CMR 1.03(5)(a)3; and;

2. Failed to maintain adequate medical records in violation of 243 CMR 2.07(13)(a).

B. The Respondent violated a rule or regulation of the Board, specifically:

243 CMR 2.07(12)(a), which requires a physician to respond to a written communication from the Board within thirty days.

Sanction

It is well-established that the Board has the authority to discipline physicians who have engaged in repeated acts of negligence. *See* 243 CMR 1.03(5)(a)(3). In determining the appropriate sanction in negligence cases, the Board considers, among other things, the severity of the negligence, the number of patients affected and any mitigating factors that may be present. *In the Matter of John C. Clapp, M.D.*, Board of Registration in Medicine, Adjudicatory Case No.: 2013-004 (RM-13-184)(Final Decision and Order, April 16, 2015). “Where there has been substantial deviation from the standard of care and multiple patients involved, the Board frequently has determined that revocation is the appropriate sanction.” Id. See *In the Matter of Suzanne Rothchild, M.D*., Board of Registration in Medicine, Adjudicatory Case Nos. 2006-021 and 2008-02 (RM-06-241. R-08-28, RM-08-157)(Final Decision, July 16, 2013)(Recommended Partial Decision, May 24, 2013)(revoked physician’s license based on substandard care provided to seven (7) separate patients during labor and delivery): *In the Matter of Jerome Listernick, M.D.*, Board of Registration in Medicine, Adjudicatory Case No.: 03-37-DALA (Final Decision and Order, May 16, 2007) (Board revoked the license of a physician who demonstrated a pattern of substandard care in nine (9) separate cases); and *In the Matter of Viorel Boborodea, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 04-61-DALA (Final Decision and Order, March 15, 2006) (Board revoked the physician’s license due to repeated acts of negligence in five (5) cases).

The Respondent’s failure to file an Answer to the Statement of Allegations, failure to appear for a scheduled pre-hearing at the Division of Administrative Law Appeals (DALA), and failure to file a response to an Order to Show Cause issued by DALA, demonstrate her utter disregard for the Board’s statutory mandate. In order for the Board to fulfill its mission to protect the public, a physician’s cooperation is essential. By failing to respond to the serious allegations against her, the Respondent hindered the Board’s efforts to fulfill its mission. See *In the Matter of Mark M. Kowalski, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 97-16-DALA (Final Decision and Order, April 1, 1998) (“A physician who obstructs the Board’s investigation of a complaint and blatantly ignores repeated requests for a response threatens the public’s health, welfare and safety, not only by denying the Board potentially important information, but also by draining the resources of the Board.”).

Revocation has been imposed by the Board “where physicians have repeatedly disregarded the Board’s administrative directives.” See *In the Matter of Anastasia Kucharski, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2008-048 (Final Decision and Order, April 14, 2010). Revocation has also been the ordered sanction where the physician displays a “disregard for both the integrity of [her] profession and the authority of the Commonwealth.” See *In the Matter of R. T. Moody, M.D.*, Board of Registration in Medicine, Adjudicatory Case No. 2008-49 (Final Decision and Order, February 24, 2010).

The Board hereby REVOKES the Respondent’s inchoate right to renew her license. This sanction is imposed for each violation of law listed in the Conclusions of Law section above and not a combination of any or all of them.

The Respondent shall provide a complete copy of this Final Decision and Order, with all exhibits and attachments, within ten (10) days by certified mail, return receipt requested, or by hand delivery to the following designated entities: any in- or out-of-state hospital, nursing home, clinic, other licensed facility, or municipal, state, or federal facility at which she practices medicine; any in- or out-of-state health maintenance organization with whom she has privileges or any other kind of association; any state agency, in- or out-of-state, with which she has a provider contract; any in- or out-of-state medical employer, whether or not she practices medicine there; the state licensing boards of all states in which she has any kind of license to practice medicine; the Drug Enforcement Administration – Boston Diversion Group; and the Massachusetts Department of Public Health Drug Control Program. The Respondent shall also provide this notification to any such designated entities with which she becomes associated for the duration of this revocation. The Respondent is further directed to certify to the Board within ten (10) days that he has complied with this directive.

The Respondent has the right to appeal this Final Decision and Order within thirty (30) days, pursuant to G.L. c. 30A, §§14 and 15, and G.L. c. 112, § 64.

Date: January 9, 2020 Signed by Candace Lapidus Sloane, M.D.

Candace Lapidus Sloane, M.D.

Board Chair