

**BEFORE THE  
PHYSICIAN ASSISTANT BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

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

Cheyanne Mallas, P.A. )

Case No. 950-2015-000778

Physician Assistant )  
License No. PA 19450 )

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

**DECISION AND ORDER**

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Physician Assistant Board, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on April 3, 2023.

IT IS SO ORDERED February 16, 2023

**PHYSICIAN ASSISTANT BOARD**

By: Rozana Khan  
Rozana Khan  
Executive Officer

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 PEGGIE BRADFORD TARWATER  
Deputy Attorney General  
4 State Bar No. 169127  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
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E-mail: Peggie.Tarwater@doj.ca.gov  
7 *Attorneys for Complainant*

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

12 In the Matter of the First Amended Accusation  
Against:

13 **CHEYANNE MALLAS, P.A.**  
14 **8033 West Sunset Boulevard, Unit 217**  
15 **Los Angeles, California 90046**

16 **Physician Assistant License No. PA 19450,**

17 Respondent.

Case No. 950-2015-000778

OAH No. 2021050358.1

**STIPULATED SURRENDER OF  
LICENSE AND ORDER**

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

20 **PARTIES**

21 1. Rozana Khan (Complainant) is the Executive Officer of the Physician Assistant  
22 Board (Board). She brought this action solely in her official capacity and is represented in this  
23 matter by Rob Bonta, Attorney General of the State of California, by Peggie Bradford Tarwater,  
24 Deputy Attorney General.

25 2. Cheyanne Mallas, P.A. (Respondent) is represented in this proceeding by attorney  
26 Raymond J. McMahon, whose address is 5440 Trabuco Road, Irvine, CA 92620.

27 3. On October 30, 2007, the Board issued Physician Assistant License No. PA 19450 to  
28 Respondent. The Physician Assistant License was in full force and effect at all times relevant to

1 the charges brought in First Amended Accusation No. 950-2015-000778 and will expire on  
2 December 31, 2024, unless renewed.

### 3 **JURISDICTION**

4 4. First Amended Accusation No. 950-2015-000778 was filed before the Board, and is  
5 currently pending against Respondent. The First Amended Accusation and all other statutorily  
6 required documents were properly served on Respondent on April 7, 2021. Respondent timely  
7 filed her Notice of Defense contesting the First Amended Accusation. A copy of First Amended  
8 Accusation No. 950-2015-000778 is attached as Exhibit A and incorporated by reference.

### 9 **ADVISEMENT AND WAIVERS**

10 5. Respondent has carefully read, fully discussed with counsel, and understands the  
11 charges and allegations in First Amended Accusation No. 950-2015-000778. Respondent also  
12 has carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
13 Surrender of License and Order.

14 6. Respondent is fully aware of her legal rights in this matter, including the right to a  
15 hearing on the charges and allegations in the First Amended Accusation; the right to confront and  
16 cross-examine the witnesses against her; the right to present evidence and to testify on her own  
17 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the  
18 production of documents; the right to reconsideration and court review of an adverse decision;  
19 and all other rights accorded by the California Administrative Procedure Act and other applicable  
20 laws.

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

### 23 **CULPABILITY**

24 8. Respondent understands that the charges and allegations in First Amended  
25 Accusation No. 950-2015-000778, if proven at a hearing, constitute cause for imposing discipline  
26 upon her Physician Assistant License.

27 9. For the purpose of resolving the First Amended Accusation without the expense and  
28 uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could

1 establish a factual basis for the charges in the First Amended Accusation and that those charges  
2 constitute cause for discipline. Respondent hereby gives up her right to contest that cause for  
3 discipline exists based on those charges.

4 10. Respondent understands that by signing this stipulation she enables the Board to issue  
5 an order accepting the surrender of her Physician Assistant License without further process.

#### 6 **CONTINGENCY**

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

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

19 13. In consideration of the foregoing admissions and stipulations, the parties agree that  
20 the Board may, without further notice or formal proceeding, issue and enter the following Order:

#### 21 **ORDER**

22 IT IS HEREBY ORDERED that Physician Assistant License No. PA 19450, issued to  
23 Respondent CHEYANNE MALLAS, P.A., is surrendered and accepted by the Board.

24 1. The surrender of Respondent's Physician Assistant License and the acceptance of the  
25 surrendered license by the Board shall constitute the imposition of discipline against Respondent.  
26 This stipulation constitutes a record of the discipline and shall become a part of Respondent's  
27 license history with the Board.

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2. Respondent shall lose all rights and privileges as a Physician Assistant in California as of the effective date of the Board's Decision and Order. The effective date of the Board's Decision and Order on First Amended Accusation No. 950-2015-000778 is April 3, 2023.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before April 3, 2023.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. A petition for reinstatement may be filed not less than two years from the date Respondent's license is surrendered. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 950-2015-000778 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of \$50,191.00 prior to issuance of a new or reinstated license.

6. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in First Amended Accusation, No. 950-2015-000778 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of 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 Order and have fully discussed it with my attorney Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician Assistant License. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Physician Assistant Board.

DATED: \_\_\_\_\_

1 | 0 | 2 | 3  
CHEYANNE MALLAS, P.A.  
*Respondent*

I have read and fully discussed with Respondent Cheyanne Mallas, P.A. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: \_\_\_\_\_

January 9, 2023

  
RAYMOND J. MCMAHON  
*Attorney for Respondent*

### ENDORSEMENT

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

DATED: \_\_\_\_\_

Respectfully submitted,

ROB BONTA  
Attorney General of California  
JUDITH T. ALVARADO  
Supervising Deputy Attorney General

PEGGIE BRADFORD TARWATER  
Deputy Attorney General  
*Attorneys for Complainant*

1 **ACCEPTANCE**

2 I have carefully read the above Stipulated Surrender of License and Order and have fully  
3 discussed it with my attorney Raymond J. McMahon. I understand the stipulation and the effect  
4 it will have on my Physician Assistant License. I enter into this Stipulated Surrender of License  
5 and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and  
6 Order of the Physician Assistant Board.

7  
8 DATED: \_\_\_\_\_

CHEYANNE MALLAS, P.A.  
*Respondent*

10 I have read and fully discussed with Respondent Cheyanne Mallas, P.A. the terms and  
11 conditions and other matters contained in this Stipulated Surrender of License and Order. I  
12 approve its form and content.

13 DATED: \_\_\_\_\_

RAYMOND J. MCMAHON  
*Attorney for Respondent*

15 **ENDORSEMENT**

16  
17 The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted  
18 for consideration by the Physician Assistant Board of the Department of Consumer Affairs.

19 DATED: Jan. 9, 2023 \_\_\_\_\_

Respectfully submitted,

20 ROB BONTA  
21 Attorney General of California  
22 JUDITH T. ALVARADO  
Supervising Deputy Attorney General

23 **Peggie Bradford Tarwater** Digitally signed by Peggie  
Bradford Tarwater  
Date: 2023.01.09 14:52:04  
-08'00'

24 PEGGIE BRADFORD TARWATER  
25 Deputy Attorney General  
26 *Attorneys for Complainant*

27 LA2018503199  
28

## **Exhibit A**

**First Amended Accusation No. 950-2015-000778**

MATTHEW RODRIQUEZ  
Acting Attorney General of California  
JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
PEGGIE BRADFORD TARWATER  
Deputy Attorney General  
State Bar No. 169127  
California Department of Justice  
300 South Spring Street, Suite 1702  
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Telephone: (213) 269-6448  
Facsimile: (213) 897-9395  
E-mail: Peggie.Tarwater@doj.ca.gov  
*Attorneys for Complainant*

**BEFORE THE  
PHYSICIAN ASSISTANT BOARD  
DEPARTMENT OF CONSUMER AFFAIRS  
STATE OF CALIFORNIA**

In the Matter of the First Amended Accusation  
Against:

Case No. 950-2015-000778

CHEYANNE MALLAS, P.A.  
8033 West Sunset Boulevard, Unit 217  
Los Angeles, California 90046

**FIRST AMENDED ACCUSATION**

Physician Assistant License No. PA 19450,  
Respondent.

**PARTIES**

1. Rozana Khan (Complainant) brings this First Amended Accusation solely in her official capacity as the Executive Officer of the Physician Assistant Board, Department of Consumer Affairs (Board).

2. On October 30, 2007, the Board issued Physician Assistant License Number PA 19450 to Cheyanne Mallas, P.A. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2022, unless renewed.

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## **JURISDICTION**

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

4. Section 3527, subdivision (a), of the Code states:

The board may order the denial of an application for, or the issuance subject to terms and conditions of, or the suspension or revocation of, or the imposition of probationary conditions upon a PA license after a hearing as required in Section 3528 for unprofessional conduct that includes, but is not limited to, a violation of this chapter, a violation of the Medical Practice Act, or a violation of the regulations adopted by the board or the Medical Board of California.

5. Section 3528 of the Code states any proceedings involving the denial, suspension, or revocation of the application for licensure or the license of a PA or the application for approval or the approval of an approved program under this chapter shall be conducted in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code.

## **STATUTORY PROVISIONS**

6. From January 1, 2013 through December 31, 2015, section 3502 of the Code stated:

(a) Notwithstanding any other provision of law, a physician assistant may perform those medical services as set forth by the regulations adopted under this chapter when the services are rendered under the supervision of a licensed physician and surgeon who is not subject to a disciplinary condition imposed by the Medical Board of California prohibiting that supervision or prohibiting the employment of a physician assistant.

(b) Notwithstanding any other provision of law, a physician assistant performing medical services under the supervision of a physician and surgeon may assist a doctor of podiatric medicine who is a partner, shareholder, or employee in the same medical group as the supervising physician and surgeon. A physician assistant who assists a doctor of podiatric medicine pursuant to this subdivision shall do so only according to patient specific orders from the supervising physician and surgeon.

The supervising physician and surgeon shall be physically available to the physician assistant for consultation when such assistance is rendered. A physician assistant assisting a doctor of podiatric medicine shall be limited to performing those duties included within the scope of practice of a doctor of podiatric medicine.

(c)(1) A physician assistant and his or her supervising physician and surgeon shall establish written guidelines for the adequate supervision of the physician assistant. This requirement may be satisfied by the supervising physician and surgeon adopting protocols for some or all of the tasks performed by the physician

1 assistant. The protocols adopted pursuant to this subdivision shall comply with the  
2 following requirements:

3 (A) A protocol governing diagnosis and management shall, at a minimum,  
4 include the presence or absence of symptoms, signs, and other data necessary to  
5 establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to  
6 recommend to the patient, and education to be provided to the patient.

7 (B) A protocol governing procedures shall set forth the information to be  
8 provided to the patient, the nature of the consent to be obtained from the patient, the  
9 preparation and technique of the procedure, and the follow up care.

10 (C) Protocols shall be developed by the supervising physician and surgeon  
11 or adopted from, or referenced to, texts or other sources.

12 (D) Protocols shall be signed and dated by the supervising physician and  
13 surgeon and the physician assistant.

14 (2) The supervising physician and surgeon shall review, countersign, and date  
15 a sample consisting of, at a minimum, 5 percent of the medical records of patients  
16 treated by the physician assistant functioning under the protocols within 30 days of  
17 the date of treatment by the physician assistant. The physician and surgeon shall  
18 select for review those cases that by diagnosis, problem, treatment, or procedure  
19 represent, in his or her judgment, the most significant risk to the patient.

20 (3) Notwithstanding any other provision of law, the Medical Board of  
21 California or board may establish other alternative mechanisms for the adequate  
22 supervision of the physician assistant.

23 . . . .

24 7. From January 1, 2016 through December 31, 2019, section 3502 provided:<sup>1</sup>

25 (a) Notwithstanding any other law, a physician assistant may perform those  
26 medical services as set forth by the regulations adopted under this chapter when the  
27 services are rendered under the supervision of a licensed physician and surgeon who  
28 is not subject to a disciplinary condition imposed by the Medical Board of California  
prohibiting that supervision or prohibiting the employment of a physician assistant.  
The medical record, for each episode of care for a patient, shall identify the physician  
and surgeon who is responsible for the supervision of the physician assistant.

(b)(1) Notwithstanding any other law, a physician assistant performing medical  
services under the supervision of a physician and surgeon may assist a doctor of  
podiatric medicine who is a partner, shareholder, or employee in the same medical  
group as the supervising physician and surgeon. A physician assistant who assists a  
doctor of podiatric medicine pursuant to this subdivision shall do so only according to  
patient-specific orders from the supervising physician and surgeon.

(2) The supervising physician and surgeon shall be physically available to the  
physician assistant for consultation when that assistance is rendered. A physician  
assistant assisting a doctor of podiatric medicine shall be limited to performing those  
duties included within the scope of practice of a doctor of podiatric medicine.

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<sup>1</sup> Section 3502 was amended again, effective January 1, 2020; however, that time-period  
is not relevant to the charges in the First Amended Accusation.

1 (c)(1) A physician assistant and his or her supervising physician and surgeon  
2 shall establish written guidelines for the adequate supervision of the physician  
3 assistant. This requirement may be satisfied by the supervising physician and  
4 surgeon adopting protocols for some or all of the tasks performed by the physician  
5 assistant. The protocols adopted pursuant to this subdivision shall comply with the  
6 following requirements:

7 (A) A protocol governing diagnosis and management shall, at a minimum,  
8 include the presence or absence of symptoms, signs, and other data necessary to  
9 establish a diagnosis or assessment, any appropriate tests or studies to order, drugs  
10 to recommend to the patient, and education to be provided to the patient.

11 (B) A protocol governing procedures shall set forth the information to be  
12 provided to the patient, the nature of the consent to be obtained from the patient, the  
13 preparation and technique of the procedure, and the followup care.

14 (C) Protocols shall be developed by the supervising physician and surgeon  
15 or adopted from, or referenced to, texts or other sources.

16 (D) Protocols shall be signed and dated by the supervising physician and  
17 surgeon and the physician assistant.

18 (2)(A) The supervising physician and surgeon shall use one or more of the  
19 following mechanisms to ensure adequate supervision of the physician assistant  
20 functioning under the protocols:

21 (i) The supervising physician and surgeon shall review, countersign,  
22 and date a sample consisting of, at a minimum, 5 percent of the medical records  
23 of patients treated by the physician assistant functioning under the protocols  
24 within 30 days of the date of treatment by the physician assistant.

25 (ii) The supervising physician and surgeon and physician assistant shall  
26 conduct a medical records review meeting at least once a month during at least  
27 10 months of the year. During any month in which a medical records review  
28 meeting occurs, the supervising physician and surgeon and physician assistant  
shall review an aggregate of at least 10 medical records of patients treated by  
the physician assistant functioning under protocols. Documentation of medical  
records reviewed during the month shall be jointly signed and dated by the  
supervising physician and surgeon and the physician assistant.

(iii) The supervising physician and surgeon shall review a sample of at  
least 10 medical records per month, at least 10 months during the year, using a  
combination of the countersignature mechanism described in clause (i) and the  
medical records review meeting mechanism described in clause (ii). During  
each month for which a sample is reviewed, at least one of the medical records  
in the sample shall be reviewed using the mechanism described in clause (i) and  
at least one of the medical records in the sample shall be reviewed using the  
mechanism described in clause (ii).

(B) In complying with subparagraph (A), the supervising physician and  
surgeon shall select for review those cases that by diagnosis, problem, treatment, or  
procedure represent, in his or her judgment, the most significant risk to the patient.

(3) Notwithstanding any other law, the Medical Board of California or the  
board may establish other alternative mechanisms for the adequate supervision of  
the physician assistant.

1  
2 (f) Compliance by a physician assistant and supervising physician and surgeon  
3 with this section shall be deemed compliance with Section 1399.546 of Title 16 of the  
4 California Code of Regulations.

5  
6 8. At the time of the acts that form the basis of this Accusation, section 3502.1 of the  
7 Code stated:<sup>2</sup>

8 (a) In addition to the services authorized in the regulations adopted by the  
9 Medical Board of California, and except as prohibited by Section 3502, while under  
10 the supervision of a licensed physician and surgeon or physicians and surgeons  
11 authorized by law to supervise a physician assistant, a physician assistant may  
12 administer or provide medication to a patient, or transmit orally, or in writing on a  
13 patient's record or in a drug order, an order to a person who may lawfully furnish the  
14 medication or medical device pursuant to subdivisions (c) and (d).

15 (1) A supervising physician and surgeon who delegates authority to issue a  
16 drug order to a physician assistant may limit this authority by specifying the manner  
17 in which the physician assistant may issue delegated prescriptions.

18 (2) Each supervising physician and surgeon who delegates the authority to  
19 issue a drug order to a physician assistant shall first prepare and adopt, or adopt, a  
20 written, practice specific, formulary and protocols that specify all criteria for the use  
21 of a particular drug or device, and any contraindications for the selection. Protocols  
22 for Schedule II controlled substances shall address the diagnosis of illness, injury, or  
23 condition for which the Schedule II controlled substance is being administered,  
24 provided or issued. The drugs listed in the protocols shall constitute the formulary  
25 and shall include only drugs that are appropriate for use in the type of practice  
26 engaged in by the supervising physician and surgeon. When issuing a drug order, the  
27 physician assistant is acting on behalf of and as an agent for a supervising physician  
28 and surgeon.

(b) "Drug order" for purposes of this section, means an order for medication  
which is dispensed to or for a patient, issued and signed by a physician assistant  
acting as an individual practitioner within the meaning of Section 1306.02 of Title 21  
of the Code of Federal Regulations. Notwithstanding any other provision of law, (1)  
a drug order issued pursuant to this section shall be treated in the same manner as a  
prescription or order of the supervising physician, (2) all references to 'prescription'  
in this code and the Health and Safety Code shall include drug orders issued by  
physician assistants pursuant to authority granted by their supervising physicians, and  
(3) the signature of a physician assistant on a drug order shall be deemed to be the  
signature of a prescriber for purposes of this code and the Health and Safety Code.

(c) A drug order for any patient cared for by the physician assistant that is  
issued by the physician assistant shall either be based on the protocols described in  
subdivision (a) or shall be approved by the supervising physician before it is filled or  
carried out.

(1) A physician assistant shall not administer or provide a drug or issue a drug  
order for a drug other than for a drug listed in the formulary without advance

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<sup>2</sup> Section 3502.1 was amended, effective January 1, 2016. Although this Accusation  
alleges acts occurring after January 1, 2016, the amendments to the statute related to scheduled  
controlled substance prescribing, which is not an issue here.

1 approval from a supervising physician and surgeon for the particular patient. At the  
2 direction and under the supervision of a physician and surgeon, a physician assistant  
3 may hand to a patient of the supervising physician and surgeon a properly labeled  
4 prescription drug prepackaged by a physician and surgeon, manufacturer as defined in  
5 the Pharmacy Law, or a pharmacist.

6 (2) A physician assistant may not administer, provide or issue a drug order for  
7 Schedule II through Schedule V controlled substances without advance approval by a  
8 supervising physician and surgeon for the particular patient unless the physician  
9 assistant has completed an education course that covers controlled substances and that  
10 meets standards, including pharmacological content, approved by the board. The  
11 education course shall be provided either by an accredited continuing education  
12 provider or by an approved physician assistant training program. If the physician  
13 assistant will administer, provide, or issue a drug order for Schedule II controlled  
14 substances, the course shall contain a minimum of three hours exclusively on  
15 Schedule II controlled substances. Completion of the requirements set forth in this  
16 paragraph shall be verified and documented in the manner established by the board  
17 prior to the physician assistant's use of a registration number issued by the United  
18 States Drug Enforcement Administration to the physician assistant to administer,  
19 provide, or issue a drug order to a patient for a controlled substance without advance  
20 approval by a supervising physician and surgeon for that particular patient.

21 (3) Any drug order issued by a physician assistant shall be subject to a  
22 reasonable quantitative limitation consistent with customary medical practice in the  
23 supervising physician and surgeon's practice.

24 (d) A written drug order issued pursuant to subdivision (a), except a written  
25 drug order in a patient's medical record in a health facility or medical practice, shall  
26 contain the printed name, address, and phone number of the supervising physician  
27 and surgeon, the printed or stamped name and license number of the physician  
28 assistant, and the signature of the physician assistant. Further, a written drug order  
for a controlled substance, except a written drug order in a patient's medical record in  
a health facility or a medical practice, shall include the federal controlled substances  
registration number of the physician assistant and shall otherwise comply with the  
provisions of Section 11162.1 of the Health and Safety Code. Except as otherwise  
required for written drug orders for controlled substances under Section 11162.1 of  
the Health and Safety Code, the requirements of this subdivision may be met through  
stamping or otherwise imprinting on the supervising physician and surgeon's  
prescription blank to show the name, license number, and if applicable, the federal  
controlled substances registration number of the physician assistant, and shall be  
signed by the physician assistant. When using a drug order, the physician assistant is  
acting on behalf of and as the agent of a supervising physician and surgeon.

(e) The medical record of any patient cared for by a physician assistant for  
whom the physician assistant's Schedule II drug order has been issued or carried out  
shall be reviewed and countersigned and dated by a supervising physician and  
surgeon within seven days.

(f) All physician assistants who are authorized by their supervising physicians  
to issue drug orders for controlled substances shall register with the United States  
Drug Enforcement Administration (DEA).

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1           9.     Section 2234 of the Code, states:

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

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

6                 (b) Gross negligence.

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

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

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

14                    . . . .

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

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

19                    . . . .

20           10.     Section 2266 of the Code states:

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

23           11.     Section 2052, subdivision (a), of the Code states:

24                 Notwithstanding Section 146, any person who practices or attempts to practice,  
25                 or who advertises or holds himself or herself out as practicing, any system or mode of  
26                 treating the sick or afflicted in this state, or who diagnoses, treats, operates for, or  
27                 prescribes for any ailment, blemish, deformity, disease, disfigurement, disorder,  
                injury, or other physical or mental condition of any person, without having at the time  
                of so doing a valid, unrevoked, or unsuspended certificate. . . . or without being  
                authorized to perform the act pursuant to a certificate obtained in accordance with  
                some other provision of law, is guilty of a public offense . . . .

28           ///

12. Section 17701.04 of the Corporations Code states:

(a) A limited liability company is an entity distinct from its members.

(b) A limited liability company may have any lawful purpose, regardless of whether for profit, except the banking business, the business of issuing policies of insurance and assuming insurance risks, or the trust company business. A domestic or foreign limited liability company may render services that may be lawfully rendered only pursuant to a license, certificate, or registration authorized by the Business and Professions Code, the Chiropractic Act, the Osteopathic Act, or the Yacht and Ship Brokers Act, if the applicable provisions of the Business and Professions Code, the Chiropractic Act, the Osteopathic Act, or the Yacht and Ship Brokers Act authorize a limited liability company or foreign limited liability company to hold that license, certificate, or registration.

....

(d) Notwithstanding subdivision (b) and as specifically provided in this subdivision, a limited liability company may operate as a health care service plan licensed pursuant to Chapter 2.2 (commencing with Section 1340) of Division 2 of the Health and Safety Code if the limited liability company is a subsidiary of a health care service plan licensed pursuant to those provisions and the limited liability company is established to serve an existing line of business of the parent health care service plan. Notwithstanding any other law, the tort or contract liability of a limited liability company created to operate as a health care service plan under this subdivision and its members is not limited or restricted in any manner because of the limited liability company status of the health care service plan.

(e) Nothing in this title shall be construed to permit a domestic or foreign limited liability company to render professional services, as defined in subdivision (a) of Section 13401 and in Section 13401.3, in this state.

13. Section 13401 of the Corporations Code states:

(a) "Professional services" means any type of professional services that may be lawfully rendered only pursuant to a license, certification, or registration authorized by the Business and Professions Code, the Chiropractic Act, or the Osteopathic Act.

(b) "Professional corporation" means a corporation organized under the General Corporation Law or pursuant to subdivision (b) of Section 13406 that is engaged in rendering professional services in a single profession, except as otherwise authorized in Section 13401.5, pursuant to a certificate of registration issued by the governmental agency regulating the profession as herein provided and that in its practice or business designates itself as a professional or other corporation as may be required by statute. However, any professional corporation or foreign professional corporation rendering professional services by persons duly licensed by the Medical Board of California or any examining committee under the jurisdiction of the board, the California Board of Podiatric Medicine, the Osteopathic Medical Board of California, the Dental Board of California, the Dental Hygiene Board of California, the California State Board of Pharmacy, the Veterinary Medical Board, the California Architects Board, the Court Reporters Board of California, the Board of Behavioral Sciences, the Speech-Language Pathology and Audiology Board, the Board of Registered Nursing, or the State Board of Optometry shall not be required to obtain a certificate of registration in order to render those professional services.

1 (c) "Foreign professional corporation" means a corporation organized under  
the laws of a state of the United States other than this state that is engaged in a  
2 profession of a type for which there is authorization in the Business and Professions  
Code for the performance of professional services by a foreign professional  
3 corporation.

4 (d) "Licensed person" means any natural person who is duly licensed under the  
provisions of the Business and Professions Code, the Chiropractic Act, or the  
5 Osteopathic Act to render the same professional services as are or will be rendered by  
the professional corporation or foreign professional corporation of which he or she is,  
6 or intends to become, an officer, director, shareholder, or employee.

7 14. Section 2400 of the Code states:

8 Corporations and other artificial legal entities shall have no professional rights,  
privileges, or powers. However, the Division of Licensing may in its discretion, after  
9 such investigation and review of such documentary evidence as it may require, and  
under regulations adopted by it, grant approval of the employment of licensees on a  
10 salary basis by licensed charitable institutions, foundations, or clinics, if no charge for  
professional services rendered patients is made by any such institution, foundation, or  
11 clinic.

12 15. Section 3541 of the Code states:

13 It shall constitute unprofessional conduct and a violation of this chapter for any  
person licensed under this chapter to violate, attempt to violate, directly or indirectly,  
14 or assist in or abet the violation of, or conspire to violate any provision or term of this  
article, the Moscone-Knox Professional Corporation Act, or any regulations duly  
15 adopted under these laws.

16 16. Section 3543 of the Code states:

17 The name of a physician assistant corporation and any name or names under  
which it may render professional services shall contain the words "physician  
18 assistant," and wording or abbreviations denoting corporate existence.

19 17. Section 2272 of the Code states:

20 Any advertising of the practice of medicine in which the licensee fails to use his  
or her own name or approved fictitious name constitutes unprofessional conduct.

21 18. Section 2285 of the Code states, in pertinent part:

22 The use of any fictitious, false, or assumed name, or any name other than his or  
her own by a licensee either alone, in conjunction with a partnership or group, or as  
23 the name of a professional corporation, in any public communication, advertisement,  
sign, or announcement of his or her practice without a fictitious-name permit obtained  
24 pursuant to Section 2415 constitutes unprofessional conduct.

25 19. Section 2274, subdivision (a), of the Code states:

26 The use by any licensee of any certificate, of any letter, letters, word, words,  
term, or terms either as a prefix, affix, or suffix indicating that he or she is entitled to  
27 engage in a medical practice for which he or she is not licensed constitutes  
unprofessional conduct.  
28

## REGULATIONS

20. California Code of Regulations, title 16, section 1399.521 states:

In addition to the grounds set forth in section 3527, subdivision (a), of the Code, the board may deny, issue subject to terms and conditions, suspend, revoke or place on probation a physician assistant for the following causes:

(a) Any violation of the State Medical Practice Act which would constitute unprofessional conduct for a physician and surgeon.

(b) Using fraud or deception in passing an examination administered or approved by the board.

(c) Practicing as a physician assistant under a physician who has been prohibited by the Medical Board of California or the Osteopathic Medical Board of California from supervising physician assistants.

(d) Performing medical tasks which exceed the scope of practice of a physician assistant as prescribed in these regulations.

21. California Code of Regulations, title 16, section 1399.545 states:

(a) A supervising physician shall be available in person or by electronic communication at all times when the physician assistant is caring for patients.

(b) A supervising physician shall delegate to a physician assistant only those tasks and procedures consistent with the supervising physician's specialty or usual and customary practice and with the patient's health and condition.

(c) A supervising physician shall observe or review evidence of the physician assistant's performance of all tasks and procedures to be delegated to the physician assistant until assured of competency.

(d) The physician assistant and the supervising physician shall establish in writing transport and back-up procedures for the immediate care of patients who are in need of emergency care beyond the physician assistant's scope of practice for such times when a supervising physician is not on the premises.

(e) A physician assistant and his or her supervising physician shall establish in writing guidelines for the adequate supervision of the physician assistant which shall include one or more of the following mechanisms:

(1) Examination of the patient by a supervising physician the same day as care is given by the physician assistant;

(2) Countersignature and dating of all medical records written by the physician assistant within thirty (30) days that the care was given by the physician assistant;

(3) The supervising physician may adopt protocols to govern the performance of a physician assistant for some or all tasks. The minimum content for a protocol governing diagnosis and management as referred to in this section shall include the presence or absence of symptoms, signs, and other data necessary to establish a diagnosis or assessment, any appropriate tests or studies to order, drugs to recommend to the patient, and education to be given the patient. For protocols

governing procedures, the protocol shall state the information to be given the patient, the nature of the consent to be obtained from the patient, the preparation and technique of the procedure, and the follow-up care. Protocols shall be developed by the physician, adopted from, or referenced to, texts or other sources. Protocols shall be signed and dated by the supervising physician and the physician assistant. The supervising physician shall review, countersign, and date a minimum of 5% sample of medical records of patients treated by the physician assistant functioning under these protocols within thirty (30) days. The physician shall select for review those cases which by diagnosis, problem, treatment or procedure represent, in his or her judgment, the most significant risk to the patient;

(4) Other mechanisms approved in advance by the board.

(f) The supervising physician has continuing responsibility to follow the progress of the patient and to make sure that the physician assistant does not function autonomously. The supervising physician shall be responsible for all medical services provided by a physician assistant under his or her supervision.

### **COST RECOVERY**

22. Section 125.3 of the Code states, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

### **FIRST CAUSE FOR DISCIPLINE**

#### **(Providing Medical Services Without Authorization)**

23. Respondent is subject to disciplinary action under section 3502, subdivision (a), of the Code and California Code of Regulations, title 16, sections 1399.521, subdivision (d), and 1399.545, in that she provided medical services without authorization. The circumstances are as follows:

#### **Patient 1**

24. On or about May 2, 2015, Patient 1<sup>3</sup> and the husband of Patient 1 met Respondent at a luncheon. Respondent introduced herself as a plastic surgeon. She stated she specialized in reconstructive surgery. Respondent stated she performed concierge medicine to supplement the repayment of her student loans.

25. Respondent offered Patient 1 a complimentary cold laser treatment, and Patient 1

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<sup>3</sup> Patients are identified by number to protect their identity. To the extent Respondent is not already aware of the patients' identities, the information will be provided pursuant to Respondent's request for discovery.

1 accepted.

2 26. Respondent and Patient 1 agreed on July 19, 2015, as the date for treatment. Prior to  
3 the treatment date, Respondent dropped off at the home of Patient 1 a medicine bottle with a  
4 yellow paper taped to it on which was written, “numbing cream.”

5 27. On July 19, 2015, Respondent arrived at the home of Patient 1. Respondent was  
6 dressed in scrubs and carried a black bag containing medical supplies and a portable credit card  
7 machine. She brought a handheld cordless “wand.”

8 28. Respondent took a brief medical history and advised Patient 1 that her blood pressure  
9 medication dosage was wrong. She did not take any vital signs or perform a physical  
10 examination. She performed a cold laser treatment.

11 29. On or about August 16, 2015, in Patient 1’s home, Respondent provided Patient 1  
12 with a series of treatments, including a chemical peel, cold laser treatment, Botox and injected  
13 fillers. Patient 1 experienced “massive” swelling after the injections but did not seek treatment  
14 from any other provider.

15 30. On or about September 3, 2015, October 4, 2015, November 8, 2015, November 28,  
16 2015, without examination, Respondent again provided Patient 1 with treatments which included  
17 chemical peels, cold laser treatments, Botox and injected fillers.

18 31. Patient 1 made payments to Respondent via credit card. The payments were  
19 processed under the name, “Concierge Aesthetic Medicine.”

20 32. Patient 1 made one payment, in the amount of \$340.00, by check. The check was  
21 made payable to “In Bocca Al Lupo 2009,” a limited liability company.

22 33. Respondent did not maintain medical records for treatment of Patient 1.

23 34. In providing medical services to Patient 1, Respondent was not supervised by a  
24 physician.

25 35. Respondent performed medical services without the supervision of a licensed  
26 physician and surgeon, and her license is, therefore, subject to discipline.

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Patient 2

36. Patient 2 was treated by Respondent in Respondent's home. She received Botox, injectable fillers, and laser treatments to her face and neck.

37. Respondent had her own equipment that she used for the treatments.

38. Respondent had a credit card reader at her home. Patient 2 made payments to Respondent by credit card. The payments were processed under Concierge Aesthetic Medicine.

39. Patient 2 maintained receipts for the following treatments:

- September 10, 2016 – \$634.64 for Botox;
- May 13, 2016 – \$467.55 for the injectable filler, Restylane;
- April 26, 2016 – \$672.75 for Restylane;
- March 24, 2016 – \$588.07 for Botox;
- September 17, 2015 – \$2190.21 for Botox;
- June 20, 2015 – \$423.96 for Botox;
- April 30, 2015 – \$1410.32 for Botox.

40. Respondent did not maintain medical records for treatment of Patient 2.

41. In providing medical services to Patient 2, Respondent was not supervised by a physician.

42. Respondent performed medical services without the supervision of a licensed physician and surgeon, and her license is, therefore, subject to discipline.

Patient 3

43. Patient 3 was introduced to Respondent in New York in 2015. Respondent represented that she was a plastic surgeon and offered Patient 3 Botox and injectable fillers.

44. Respondent provided Patient 3 with a contact email of memberservices@conciergeaestheticmedicine.com.

45. Patient 3 saw Respondent for eight appointments. Four appointments occurred in Los Angeles at Respondent's home, and the other four appointments occurred in New York. The appointments occurred on or about the following dates:

- October 7, 2015;

- December 5, 2015;
- February 27, 2016;
- May 19, 2016;
- October 4, 2016;
- January 28, 2017;
- February 13, 2017;
- April 22, 2017.

46. Patient 3 became concerned about bruising after the October 4, 2016 treatment which occurred at Respondent's home. Respondent advised Patient 3 to use arnica, an herbal treatment, for the bruising and to stay away from alcohol. Prior to this visit, Respondent advised Patient 3 that she had prednisone, a prescription medication that could be used to help reduce swelling.

47. Respondent did not maintain medical records for treatment of Patient 3.

48. In providing medical services to Patient 3, Respondent was not supervised by a physician.

49. Respondent performed medical services without the supervision of a licensed physician and surgeon, and her license is, therefore, subject to discipline.

#### Patient 4

50. Patient 4 was referred to Respondent by Patient 1.

51. In September 2015, Respondent treated Patient 4 at the patient's home. Respondent provided Botox and injectable fillers.

52. Respondent represented that she worked as a plastic surgeon.

53. Patient 4 maintained a receipt of a payment made to Respondent by credit card. The payment was processed on September 16, 2015 under Concierge Aesthetic Medicine in the amount of \$1,497 for Botox and Restylane.

54. Respondent did not maintain medical records for treatment of Patient 4.

55. In providing medical services to Patient 4, Respondent was not supervised by a physician.

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56. Respondent performed medical services without the supervision of a licensed physician and surgeon, and her license is, therefore, subject to discipline.

## SECOND CAUSE FOR DISCIPLINE

**(Procuring and/or Administering Drugs Without Supervision)**

57. Respondent is subject to disciplinary action under section 3502.1 in that she procured and administered prescription drugs without physician supervision. The circumstances are as follows.

58. The allegations of the First Cause for Discipline are incorporated as if fully set forth.

59. Respondent provided an unlabeled topical numbing cream to Patient 1 without physician supervision.

60. Respondent provided Botox to patients without physician supervision.

61. Respondent provided injectable implants and injectable medications to patients without physician supervision.

62. Respondent's actions in providing drugs without supervision subjects her license to discipline.

### THIRD CAUSE FOR DISCIPLINE

**(Gross Negligence)**

63. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code in that she was grossly negligent in the care and treatment of patients. The circumstances are as follows:

64. The allegations in the First and Second Causes for Discipline are incorporated as if fully set forth.

65. Respondent was grossly negligent in providing medical treatment without physician supervision.

66. Respondent was grossly negligent in procuring and administering drugs without physician supervision.

67. Respondent was grossly negligent in failing to maintain medical records concerning the care and treatment of Patient 1 and/or Patient 2 and/or Patient 3 and/or Patient 4.

68. Respondent was grossly negligent in providing medical treatment to Patient 1 without conducting a good faith examination on approximately May 2, 2015, July 19, 2015, August 16, 2015, September 3, 2015, October 4, 2015, October 14, 2015, November 8, 2015, and November 28, 2015.

69. Respondent was grossly negligent in failing to provide and/or to document informed consent for the treatment provided to Patient 1.

70. Respondent's acts and/or omissions, whether considered collectively or individually, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code, and her license is subject to discipline.

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

##### **(Repeated Negligent Acts)**

71. By reason of the facts set forth in the First, Second, and Third Causes for Discipline Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that she committed repeated negligent acts.

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

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

72. Respondent is subject to disciplinary action under section 2266 of the Code in that she failed to maintain adequate or accurate patient records for her care and treatment of patients. The circumstances are as follows:

73. The allegations in the First Cause for Discipline are incorporated here as if fully set forth.

74. Respondent failed to maintain medical records for treatment rendered to Patient 1.

75. Respondent failed to maintain medical records for treatment rendered to Patient 2.

76. Respondent failed to maintain medical records for treatment rendered to Patient 3.

77. Respondent failed to maintain medical records for treatment rendered to Patient 4.

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1 **SIXTH CAUSE FOR DISCIPLINE**

2 **(Unlicensed Practice)**

3 78. Respondent is subject to disciplinary action under section 2052 of the Code in that  
4 she provided medical services without a valid certificate to practice medicine or other appropriate  
5 authorization. The circumstances are as follows:

6 79. The allegations in the First, Second and Third Causes for Discipline are incorporated  
7 as if fully set forth.

8 80. Respondent engaged in the unlicensed practice of medicine when she treated and/or  
9 procured and administered drugs to Patient 1 without physician supervision.

10 81. Respondent engaged in the unlicensed practice of medicine when she treated and/or  
11 procured and administered drugs to Patient 2 without physician supervision.

12 82. Respondent engaged in the unlicensed practice of medicine when she treated and/or  
13 procured and administered drugs to Patient 3 without physician supervision.

14 83. Respondent engaged in the unlicensed practice of medicine when she treated and/or  
15 procured and administered drugs to Patient 4 without physician supervision.

16 **SEVENTH CAUSE FOR DISCIPLINE**

17 **(Corporate Practice of Medicine)**

18 84. Respondent is subject to disciplinary action under sections 2400, 3541, and 3543 of  
19 the Code and under sections 13401 and 17701.04 of the Corporations Code in that she engaged in  
20 the illegal corporate practice of medicine. The circumstances are as follows:

21 85. The allegations in the First, Second, and Third Causes for Discipline are incorporated  
22 as if fully set forth.

23 86. Respondent impermissibly provided professional services under the name “Concierge  
24 Aesthetic Medicine.”

25 87. Respondent impermissibly provided professional services under the name, “In Bocca  
26 Al Lupo 2009,” a limited liability company.

27 88. Respondent offered professional services in a name other than her own without  
28 incorporation and without use of the words, “physician assistant” as required.

1 89. Respondent provided medical procedures and treatments under each business name  
2 without a valid physician and surgeon certificate as required.

3 90. Respondent engaged in the illegal corporate practice of medicine, and her license is  
4 subject to discipline.

5 **EIGHTH CAUSE FOR DISCIPLINE**

6 **(Failure to Obtain Fictitious Name Permit)**

7 91. Respondent is subject to disciplinary action under sections 2272 and 2285 of the  
8 Code in that she failed to obtain Fictitious Name Permits for her businesses. The circumstances  
9 are as follows:

10 92. The allegations in the First and Seventh Causes for Discipline are incorporated as if  
11 fully set forth.

12 93. Respondent failed to obtain a Fictitious Name Permit for Concierge Aesthetic  
13 Medicine.

14 94. Respondent failed to obtain a Fictitious Name Permit for In Bocca Al Lupo 2009.

15 **NINTH CAUSE FOR DISCIPLINE**

16 **(False Representation, Physician)**

17 95. Respondent is subject to disciplinary action under section 2274, subdivision (a), of  
18 the Code in that she falsely represented that she was entitled to engage in a medical practice for  
19 which she is not licensed. The circumstances are as follows:

20 96. The allegations in the First Cause for Discipline are incorporated as if fully set forth.

21 97. Respondent falsely represented herself as a physician to Patient 1 and/or to the  
22 husband of Patient 1.

23 98. Respondent falsely represented herself as a physician to Patient 3.

24 99. Respondent falsely represented herself as a physician to Patient 4.

25 **TENTH CAUSE FOR DISCIPLINE**

26 **(Dishonesty and Corruption)**

27 100. Respondent is subject to disciplinary action under section 2234, subdivision (e), of  
28 the Code in that she engaged in dishonesty and corruption. The circumstances are as follows:

101. The allegations in the First through Ninth Cause for Discipline are incorporated as if fully set forth.

**DISCIPLINARY CONSIDERATIONS**

102. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on March 30, 2012, in a prior disciplinary action entitled *In the Matter of the Accusation Against Cheyanne Mallas, P.A.* before the Physician Assistant Board, in Case Number 1E-2008-193416, Respondent's license was placed on probation for a period of 42 months for violation of the Physician Assistant Practice Act and for general unprofessional conduct. That Decision is final and is incorporated by reference 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 Physician Assistant Board issue a decision:

1. Revoking or suspending Physician Assistant License Number PA 19450, issued to Cheyanne Mallas, P.A.;
2. Ordering Respondent to pay the Physician Assistant Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3;
3. Ordering Respondent, 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: April 7, 2021

*Rozana Khan*

ROZANA KHAN  
Executive Officer  
Physician Assistant Board  
Department of Consumer Affairs  
State of California  
*Complainant*