

STATE OF MICHIGAN
DEPARTMENT OF LICENSING AND REGULATORY AFFAIRS
BUREAU OF PROFESSIONAL LICENSING
BOARD OF MEDICINE
DISCIPLINARY SUBCOMMITTEE

In the Matter of

JAIME AYALA, M.D.
License No. 43-01-029142

Complaint No. 43-16-143609

CONSENT ORDER AND STIPULATION

CONSENT ORDER

An administrative complaint was filed with the Disciplinary Subcommittee of the Board of Medicine on November 20, 2017, charging Jaime Ayala, M.D.

(Respondent) with having violated sections 16221(a), (b)(i), and (b)(vi) of the Public Health Code, 1978 PA 368, as amended, MCL 333.1101 *et seq.*

The parties have stipulated that the Disciplinary Subcommittee may enter this consent order. The Disciplinary Subcommittee has reviewed the stipulation contained in this document and agrees that the public interest is best served by resolution of the outstanding complaint. Therefore, the Disciplinary Subcommittee finds that the allegations of fact contained in the complaint are true and that Respondent has violated section 16221(a) of the Public Health Code.

Accordingly, for these violations, IT IS ORDERED:

Respondent is REPRIMANDED.

Respondent is FINED \$15,000.00 to be paid by check, money order or cashier's check made payable to the State of Michigan (with complaint number 43-16-143609 clearly indicated on the check or money order), and shall be payable within 180 days of the effective date of this order. The timely payment of the fine shall be Respondent's responsibility. Respondent shall mail the fine to: Department of Licensing and Regulatory Affairs Bureau of Professional Licensing, Legal Affairs Division, Compliance Section, P.O. Box 30189, Lansing, Michigan 48909.

Counts II and III of the complaint, alleging a violation of sections 16221(b)(i) and (b)(vi) of the Public Health Code, are DISMISSED.

Respondent shall be responsible for all costs and expenses incurred in complying with the terms and conditions of this consent order.

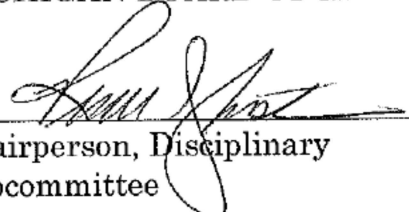
Respondent shall be responsible for the timely compliance with the terms of this consent order, including the timely filing of any documentation. Failure to comply within the time limitations provided will constitute a violation of this order.

If Respondent violates any term or condition set forth in this order, Respondent will be in violation of Mich Admin Code, R 338.1632, and section 16221(h) of the Public Health Code.

This order shall be effective thirty days from the date signed by the Chairperson of the Disciplinary Subcommittee or the Disciplinary Subcommittee's authorized representative, as set forth below.

Signed on 5/11/18

MICHIGAN BOARD OF MEDICINE

By 
Chairperson, Disciplinary
Subcommittee

STIPULATION

The parties stipulate as follows:


1. For purposes of this action, and any future administrative licensing actions, the facts alleged in the complaint are true and constitute a violation of the Public Health Code.
2. Respondent understands and intends that, by signing this stipulation, he is waiving the right under the Public Health Code, rules promulgated under the Public Health Code, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended, MCL 24.201 *et seq.*, to require the Department to prove the charges set forth in the complaint by presentation of evidence and legal authority, and to present a defense to the charges before the Disciplinary Subcommittee or its authorized representative. Should the Disciplinary Subcommittee reject the proposed consent order, the parties reserve the right to proceed to hearing.
3. The Disciplinary Subcommittee may enter the above Consent Order, supported by Board conferee Mohammed A. Arsiwala, M.D. Dr. Arsiwala or an attorney from the Licensing and Regulation Division may discuss this matter with the Disciplinary Subcommittee in order to recommend acceptance of this resolution.

4. Dr. Arsiwala and the parties considered the following factors in reaching this agreement:

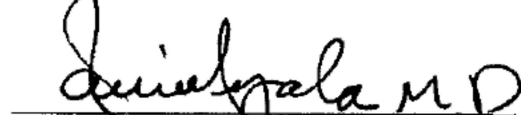
- A. During the March 14, 2018 compliance conference, Respondent readily acknowledged that he inadvertently prescribed the wrong dose. Respondent explained that the error was mechanical in nature due to his lack of familiarity with the electronic medical record software, which caused him to inadvertently mark off the wrong dosage on the screen. Respondent is fully aware of the correct dosing and expressed great remorse for the oversight.
- B. During the compliance conference, Respondent explained that since the underlying incident he is more careful with double-checking the EMR. Furthermore he explained that the EMR he currently works with has a much better fail-safe in place to ensure similar errors cannot occur.
- C. Respondent was fully cooperative in resolving this matter.

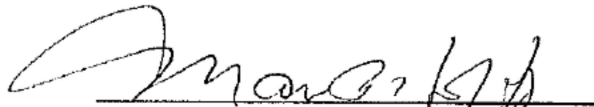
By signing this stipulation, the parties confirm that they have read, understand and agree with the terms of the consent order.

AGREED TO BY:


Bridget K. Smith (P71318)
Assistant Attorney General
Attorney for Complainant
Dated: 4/11/2018

AGREED TO BY:


Jaime Ayala, M.D.
Respondent
Dated: 4/11/2018


Max R. Hoffman, Jr. (P23199)
Attorney for Respondent
Dated: 4/11/2018

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In the Matter of

JAIME AYALA, M.D.
License No. 43-01-029142

Complaint No. 43-16-143609

ADMINISTRATIVE COMPLAINT

Attorney General Bill Schuette, through Assistant Attorney General Bridget K. Smith, on behalf of the Department of Licensing & Regulatory Affairs, Bureau of Professional Licensing (Complainant), files this complaint against Jaime Ayala, M.D. (Respondent), alleging upon information and belief as follows:

1. The Board of Medicine (Board), an administrative agency established by the Public Health Code (Code), 1978 PA 368, as amended, MCL 333.1101 *et seq*, is empowered to discipline licensees under the Code through its Disciplinary Subcommittee.

2. Respondent is currently licensed to practice as a physician pursuant to the Public Health Code. At all times relevant to this complaint Respondent practiced as a psychiatrist with Oakland Family Services located in Pontiac, Michigan.

3. Section 16221(a) of the Code provides the Disciplinary Subcommittee with the authority to take disciplinary action against a licensee for violation of general duty, consisting of negligence or failure to exercise due care, including negligent delegation to, or supervision of employees or other individuals, whether or not injury results or any conduct, practice or condition that impairs, or may impair, the ability to safely and skillfully practice as a physician.

4. Section 16221(b)(i) of the Code provides the Disciplinary Subcommittee with the authority to take disciplinary action against a licensee for incompetence, which is defined in section 16106(1) of the Code to mean "a departure from, or failure to conform to, minimal standards of acceptable and prevailing practice from the health profession, whether or not actual injury to an individual occurs."

5. Section 16221(b)(vi) of the Code provides the Disciplinary Subcommittee with the authority to take disciplinary action against a licensee for lack of good moral character, defined at section 1 of 1974 PA 381, as amended; MCL 338.41 *et seq*, as the "propensity on the part of the person to serve the public in the licensed area in a fair, honest and open manner."

6. Section 16226 of the Code authorizes the DSC to impose sanctions against persons licensed by the Board if, after opportunity for a hearing, the DSC determines that a licensee violated one or more of the subdivisions contained in section 16221 of the Code.

ALLEGATIONS

Previous Disciplinary Action

7. Oakland Family Services hired Respondent as a psychiatrist on February 25, 2015.

8. On October 2, 2015, the Department filed an administrative complaint against Respondent's license based on allegations that he documented performing examinations on Michigan Department of Corrections' prisoners at a later time than the examination actually occurred in order to allow himself to come into work later the next day. As a result of the complaint, Respondent entered into a consent agreement that reprimanded his license and fined him \$1000. The Board of Medicine Disciplinary Subcommittee accepted the proposed consent agreement and entered a final order on March 16, 2016.

9. Respondent failed to notify Oakland Family Services of his March 16, 2016 disciplinary action. A routine licensing audit revealed Respondent's license sanction and as a result, on October 13, 2016, Oakland Family Services revoked Respondent's employment contract with the facility.

Patient A.V.

10. On November 19, 2015, Respondent treated A.V. (initials used to protect patient confidentiality), for psychotic disorder non-specified, phonological disorder, and obsessive compulsive disorder. A.V. was 12-years old at the time of

this appointment. Respondent failed to document A.V.'s medical history, family medical history, chief complaint and a mental status examination.

11. Following examination, Respondent prescribed A.V. with 60 tablets of Abilify 15 mg, with instructions for A.V. to take one tablet, twice daily with two refills. This is much higher than the recommended dose for children, which is 2-10 mgs per day.

12. Respondent also prescribed A.V. 90 tablets of 200 mg Lamictal with instructions to take one tablet, three times a day with two refills. This is well above the recommended daily dosage of 25-200 mgs for children, and even exceeds the recommended daily dosage for adults. Additionally, standard of care for the use of Lamictal with children is to slowly titrate the dosage upward when treatment is initiated due to the increased risk of allergic reaction without gradual titration. Furthermore, there is no clear indication for the use of Lamictal in this case.

13. On December 25, 2015, A.V. was hospitalized at Children's Hospital Detroit with severe blistering and fever. A.V. was later diagnosed with Stevens Johnson Syndrome, which is a known reaction to, among other things, Lamictal. A.V. was released from the hospital on December 31, 2015.

COUNT I

14. Respondent's conduct as described above constitutes negligence and failure to exercise due care in violation of section 16221(a) of the Code.

COUNT II

15. Respondent's conduct as described above constitutes incompetence in violation of section 16221(b)(i) of the Code.

COUNT III

16. Respondent's conduct as described in paragraphs 7 through 9 above constitutes a lack of good moral character in violation of section 16221(b)(vi).

THEREFORE, Complainant requests that this Complaint be served upon Respondent and that Respondent be offered an opportunity to show compliance with all lawful requirements for retention of the aforesaid license. If compliance is not shown, Complainant further requests that formal proceedings be commenced pursuant to the Public Health Code, rules promulgated pursuant to it, and the Administrative Procedures Act of 1969, 1969 PA 306, as amended; MCL 24.201 *et seq.*

RESPONDENT IS HEREBY NOTIFIED that, pursuant to section 16231(8) of the Public Health Code, Respondent has 30 days from the receipt of this Complaint to submit a written response to the allegations contained in it. The written response shall be submitted to the Bureau of Professional Licensing, Department of Licensing and Regulatory Affairs, P.O. Box 30670, Lansing, Michigan, 48909, with a copy to the undersigned assistant attorney general. Further, pursuant to section 16231(9), failure to submit a written response within 30 days shall be treated as an

admission of the allegations contained in the complaint and shall result in the transmittal of the complaint directly to the Board's Disciplinary Subcommittee for the imposition of an appropriate sanction.

Respectfully submitted,

BILL SCHUETTE
Attorney General

A handwritten signature in black ink, appearing to read "Bridget K. Smith", with a stylized flourish at the end.

Bridget K. Smith (P71318)
Assistant Attorney General
Licensing & Regulation Division
P.O. Box 30758
Lansing, Michigan 48909
(517) 373-1146

Dated: November 20, 2017

LF: 2017-0200554-B\Ayala, Jaime, M.D., 143609\Pleading – Administrative Complaint – 2017-11-20