

1 5. On September 15 and 16, 2009, Respondent underwent Phase I of the
2 Physician Assessment and Clinical Education ("PACE") Program and significant concerns
3 were raised regarding her competency. The evaluators opined that Respondent would
4 benefit from an intensive education program in primary care and recommended that she
5 return for Phase II of PACE to evaluate her more thoroughly in a clinical setting.

6 6. On November 30 through December 4, 2009, Respondent successfully
7 completed Phase II of PACE. The evaluators opined that respondent was competent and
8 safe to practice, but noted some clinical deficiencies that require improvement. The
9 evaluators recommended that Respondent complete additional continuing medical
10 education in primary care by enrolling in a course such as a board update course offered
11 through the American Academy of Family Physicians (AAFP) or the American College of
12 Physicians (ACP). The evaluators also recommended that Respondent enroll in a
13 communication course that uses the curriculum created by the Institution for Healthcare
14 Communication (IHC).

15 7. The standard of care requires a physician to maintain adequate medical
16 records as to allow a subsequent provider to assume care of the patient.

17 8. Respondent deviated from the standard of care because she failed to
18 maintain adequate medical records on SP to allow for a subsequent treating physician to
19 assume care of the patient.

20 9. The standard of care requires a physician to follow up and contact a patient
21 with abnormal lab values.

22 10. Respondent deviated from the standard of care because she failed to follow
23 up and contact JMR regarding abnormal lab values.

24 11. The standard of care requires a physician to further explore patient
25 complaints of visual disturbances and dizziness.

1 12. Respondent deviated from the standard of care because she failed to fully
2 explore JR's symptoms of dizziness and visual disturbances.

3 13. The standard of care when treating a patient with steroid eye drops requires
4 indications for such treatment.

5 14. Respondent deviated from the standard of care because she prescribed
6 steroid ophthalmologic drops to JR without an indication.

7 15. A subsequent provider would be unable to discern from the medical record
8 the treatment provided for SP. There was potential to miss abnormal findings on the
9 physical exam of JMR, and there was potential for his diabetes mellitus to remain
10 uncontrolled. A provider assuming JMR's care would have a difficult time discerning the
11 management of the patient as prescribed medications were not listed and there was no
12 assessment or plan documented. There was potential to miss a transient ischemic attack
13 or subtle stroke in patient JR, and there was potential to miss an acute eye problem. In
14 addition, prescribing prednisone ophthalmologic drops may cause eye irritation, and long
15 term use may cause elevated intraocular pressure, defects in visual acuity, cataract
16 formation or aid in the establishment of secondary ocular infections.

17 16. A physician is required to maintain adequate legible medical records
18 containing, at a minimum, sufficient information to identify the patient, support the
19 diagnosis, justify the treatment, accurately document the results, indicate advice and
20 cautionary warnings provided to the patient and provide sufficient information for another
21 practitioner to assume continuity of the patient's care at any point in the course of
22 treatment. A.R.S. § 32-1401(2). Respondent's records were inadequate because
23 Respondent failed to document medication that had been prescribed.

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25

1 **CONCLUSIONS OF LAW**

2 1. The Board possesses jurisdiction over the subject matter hereof and over
3 Respondent.

4 2. The conduct and circumstances described above constitute unprofessional
5 conduct pursuant to A.R.S. §32-1401(27)(e) (“[f]ailing or refusing to maintain adequate
6 records on a patient.”).

7 3. The conduct and circumstances described above constitute unprofessional
8 conduct pursuant to A.R.S. § 32-1401(27)(q) (“[a]ny conduct or practice that is or might be
9 harmful or dangerous to the health of the patient or the public.”).

10 **ORDER**

11 IT IS HEREBY ORDERED THAT:

12 Respondent is placed on **Probation** for two years with the following terms and
13 conditions:

14 a. Respondent shall **within 30 days** of the effective date of this order,
15 enter a contract with a Board pre-approved monitoring company (“Contractor”) to provide
16 all monitoring services. Respondent shall bear all costs of monitoring requirements and
17 services.

18 b. Continuing Medical Education

19 Respondent shall complete a Board certification or recertification update
20 course through AAFP or ACP. Respondent shall also complete the communication course
21 provided either by PACE or by the IHC. Respondent shall **within thirty days** of the
22 effective date of this Order submit her request for the course to the Contractor for pre-
23 approval. Upon completion of the course work, Respondent shall provide the Contractor
24 with satisfactory proof of attendance.

25 c. Chart Review

1 The Contractor shall conduct a chart review upon completion of the course
2 work.

3 d. Obey All Laws

4 Respondent shall obey all state, federal and local laws, all rules governing
5 the practice of medicine in Arizona, and remain in full compliance with any court ordered
6 criminal probation, payments and other orders.

7 e. Tolling

8 In the event Respondent should leave Arizona to reside or practice outside
9 the State or for any reason should Respondent stop practicing medicine in Arizona,
10 Respondent shall notify the Executive Director in writing within ten days of departure and
11 return or the dates of non-practice within Arizona. Non-practice is defined as any period of
12 time exceeding thirty days during which Respondent is not engaging in the practice of
13 medicine. Periods of temporary or permanent residence or practice outside Arizona or of
14 non-practice within Arizona, will not apply to the reduction of the probationary period.

15 f. Termination of Probation

16 Respondent's probation shall terminate upon successful completion of the
17 course work and chart review described in paragraphs b and c of this Order.

18
19 DATED AND EFFECTIVE this 14TH day of APRIL, 2010.



22 ARIZONA MEDICAL BOARD

23 By 
24 Lisa S. Wynn
25 Executive Director

CONSENT TO ENTRY OF ORDER

1
2 1. Respondent has read and understands this Consent Agreement and the
3 stipulated Findings of Fact, Conclusions of Law and Order ("Order"). Respondent
4 acknowledges she has the right to consult with legal counsel regarding this matter.

5 2. Respondent acknowledges and agrees that this Order is entered into freely
6 and voluntarily and that no promise was made or coercion used to induce such entry.

7 3. By consenting to this Order, Respondent voluntarily relinquishes any rights to
8 a hearing or judicial review in state or federal court on the matters alleged, or to challenge
9 this Order in its entirety as issued by the Board, and waives any other cause of action
10 related thereto or arising from said Order.

11 4. The Order is not effective until approved by the Board and signed by its
12 Executive Director.

13 5. All admissions made by Respondent are solely for final disposition of this
14 matter and any subsequent related administrative proceedings or civil litigation involving
15 the Board and Respondent. Therefore, said admissions by Respondent are not intended
16 or made for any other use, such as in the context of another state or federal government
17 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
18 any other state or federal court.

19 6. Upon signing this agreement, and returning this document (or a copy thereof)
20 to the Board's Executive Director, Respondent may not revoke the consent to the entry of
21 the Order. Respondent may not make any modifications to the document. Any
22 modifications to this original document are ineffective and void unless mutually approved
23 by the parties.

1 7. This Order is a public record that will be publicly disseminated as a formal
2 disciplinary action of the Board and will be reported to the National Practitioner's Data
3 Bank and on the Board's web site as a disciplinary action.

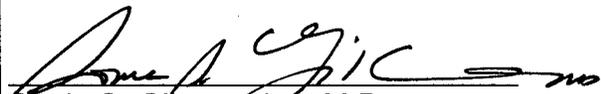
4 8. If any part of the Order is later declared void or otherwise unenforceable, the
5 remainder of the Order in its entirety shall remain in force and effect.

6 9. If the Board does not adopt this Order, Respondent will not assert as a
7 defense that the Board's consideration of the Order constitutes bias, prejudice,
8 prejudgment or other similar defense.

9 10. Any violation of this Order constitutes unprofessional conduct and may result
10 in disciplinary action. A.R.S. § § 32-1401(27)(r) ("[v]iolating a formal order, probation,
11 consent agreement or stipulation issued or entered into by the board or its executive
12 director under this chapter") and 32-1451.

13 11. Respondent acknowledges that, pursuant to A.R.S. § 32-2533(E), she
14 cannot act as a supervising physician for a physician assistant while her license is under
15 probation.

16 12. ***Respondent has read and understands the conditions of probation.***

17 
18 Sonia S. Giknavorian, M.D.

DATED: 3/10/2010

19 EXECUTED COPY of the foregoing mailed
20 this 15th day of April, 2010 to:

21 Terry F. Hall, Esq., P.C.
22 817 North Second Street
23 Phoenix, AZ 85004

23 EXECUTED COPY of the foregoing mailed
24 this 15th day of April, 2010 to:

25 Sonia S. Giknavorian, M.D.
Address of Record

1 ORIGINAL of the foregoing filed
2 this 5th day of April, 2010 with:

3 Arizona Medical Board
4 9545 E. Doubletree Ranch Road
5 Scottsdale, AZ 85258

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Arizona Medical Board Staff