

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
 )  
**PETER EDWARD DROUBAY M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. G27705** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**File No. 8002014003735**

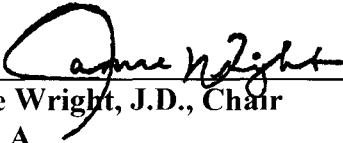
**DECISION**

**The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.**

**This Decision shall become effective at 5:00 p.m. on March 25, 2016.**

**IT IS SO ORDERED February 25, 2016.**

**MEDICAL BOARD OF CALIFORNIA**

By:   
**Jamie Wright, J.D., Chair**  
**Panel A**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JOSE R. GUERRERO  
Supervising Deputy Attorney General  
3 MARA FAUST  
Deputy Attorney General  
4 State Bar No. 111729  
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **PETER EDWARD DROUBAY, M.D.**  
3428 Morro Bay Ave.  
Davis, CA 95616

14 Physician's and Surgeon's Certificate No. G 27705

15 Respondent.

Case No. 800-2014-003735

OAH No. 2015080154

16 **STIPULATED SETTLEMENT AND**  
17 **DISCIPLINARY 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. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
22 Board of California. She brought this action solely in her official capacity and is represented in  
23 this matter by Kamala D. Harris, Attorney General of the State of California, by Mara Faust,  
24 Deputy Attorney General.

25 2. Respondent Peter Edward Droubay, M.D. ("Respondent") is represented in this  
26 proceeding by attorney Robert B. Zaro, Esq., whose address is: 1315 I Street, Suite 200  
27 Sacramento, CA 95814.

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1 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
2 licensure.

3 A prescribing practices course taken after the acts that gave rise to the charges in the  
4 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
5 or its designee, be accepted towards the fulfillment of this condition if the course would have  
6 been approved by the Board or its designee had the course been taken after the effective date of  
7 this Decision.

8 Respondent shall submit a certification of successful completion to the Board or its  
9 designee not later than 15 calendar days after successfully completing the course, or not later than  
10 15 calendar days after the effective date of the Decision, whichever is later.

11 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the  
12 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
13 equivalent to the Medical Record Keeping Course offered by the Physician Assessment and  
14 Clinical Education Program, University of California, San Diego School of Medicine (Program),  
15 approved in advance by the Board or its designee. Respondent shall provide the program with any  
16 information and documents that the Program may deem pertinent. Respondent shall participate in  
17 and successfully complete the classroom component of the course not later than six (6) months  
18 after Respondent's initial enrollment. Respondent shall successfully complete any other  
19 component of the course within one (1) year of enrollment. The medical record keeping course  
20 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education  
21 (CME) requirements for renewal of licensure.

22 A medical record keeping course taken after the acts that gave rise to the charges in the  
23 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
24 or its designee, be accepted towards the fulfillment of this condition if the course would have  
25 been approved by the Board or its designee had the course been taken after the effective date of  
26 this Decision.

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ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California.

Dated: *December 3, 2015*

Respectfully submitted,  
KAMALA D. HARRIS  
Attorney General of California  
JOSE R. GUERRERO  
Supervising Deputy Attorney General

*Mara Faust*  
MARA FAUST  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2014-003735**

1 KAMALA D. HARRIS  
Attorney General of California  
2 CONNIE A. BROUSSARD  
Supervising Deputy Attorney General  
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7 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO *June 19, 2015*  
BY *[Signature]* ANALYST

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

11 In the Matter of the Accusation Against:

Case No. 800-2014-003735

12 **Peter Edward Droubay, M.D.**  
13 3428 Morro Bay Avenue  
Davis, CA 95616

**ACCUSATION**

14 Physician's and Surgeon's Certificate No. G 27705,  
15 Respondent.

17 Complainant alleges:

18 **PARTIES**

19 1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official  
20 capacity as the Executive Director of the Medical Board of California, Department of Consumer  
21 Affairs (Board).

22 2. On or about August 6, 1974, the Medical Board issued Physician's and Surgeon's  
23 Certificate Number G 27705 to Peter Edward Droubay, M.D. (Respondent). The Physician's and  
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
25 herein and will expire on February 28, 2017, unless renewed.

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**JURISDICTION**

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

4       4.     Section 2227 of the Code provides that a licensee who is found guilty under the  
5 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
6 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
7 action taken in relation to discipline as the Division<sup>1</sup> deems proper.

8       5.     Section 2234 of the Code, states:

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

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

14            "(b) Gross negligence.

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

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

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

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26 \_\_\_\_\_  
27 <sup>1</sup> California Business and Professions Code section 2002, as amended and effective January 1,  
28 2008, provides that, unless otherwise expressly provided, the term "Board" as used in the State  
Medical Practice Act (Bus. & Prof. Code § 2000, et seq.) means the "Medical Board of  
California," and references to the "Division of Medical Quality" and "Division of Licensing" in  
the Act or any other provision of law shall be deemed to refer to the Board.

1 "(d) Incompetence."

2 "..."

3 6. Section 2242 of the Code states:

4 "(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022  
5 without an appropriate prior examination and a medical indication, constitutes unprofessional  
6 conduct.

7 "(b) No licensee shall be found to have committed unprofessional conduct within the  
8 meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of  
9 the following applies:

10 "(1) The licensee was a designated physician and surgeon or podiatrist serving in the  
11 absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs  
12 were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return  
13 of his or her practitioner, but in any case no longer than 72 hours."

14 7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain  
15 adequate and accurate records relating to the provision of services to their patients constitutes  
16 unprofessional conduct."

17 **DRUGS**

18 8. **Norco**, a brand name for hydrocodone bitartrate and acetaminophen, is a Schedule III  
19 controlled substance as designated in Health and Safety Code section 11056, subdivision (e)(4),  
20 and a Schedule III controlled substance as defined by Section 1308.13, subdivision (e), of Title  
21 21 of the Code of Federal Regulations, and is a dangerous drug as defined in section 4022 of the  
22 Code. The side effects include anxiety, dizziness, drowsiness and to become lightheaded.

23 9. **Fentanyl**, an opioid analgesic, is the chemical name for a Schedule II controlled  
24 substance as designated in Health and Safety Code section 11055, subdivision (c)(8), and is a  
25 Schedule II controlled substance as defined in Section 1308.12 of Title 21 of the Code of Federal  
26 Regulations, and is a dangerous drug as defined in section 4022 of the Code. Fentanyl's primary  
27 effects are anesthesia and sedation. Fentanyl is a strong opioid medication and is indicated only

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1 for treatment of chronic pain that cannot be managed by lesser means and requires continuous  
2 opioid administration. Side effects include sedation, dizziness and fainting/falls.

3 10. **OxyContin**, a trade name for the opiate, oxycodone hydrochloride, is a Schedule II  
4 controlled substance as designated in Health and Safety Code section 11055, subdivision  
5 (b)(1)(M), and a Schedule II controlled substance as defined by Section 1308.12, subdivision  
6 (b)(1), of Title 21 of the Code of Federal Regulations, and is a dangerous drug as defined in  
7 section 4022 of the Code. It is a pure agonist opioid whose principal therapeutic action is  
8 analgesia. Other therapeutic effects of oxycodone include reducing anxiety, euphoria, and  
9 feelings of relaxation. Respiratory depression is a chief hazard from all opioid agonist  
10 preparations. Some side effects include euphoria, sleepiness, and dizziness.

11 11. **Dilaudid**, a trade name for the opiate, hydromorphone hydrochloride, is a Schedule II  
12 controlled substance as designated in Health and Safety Code section 11055, subdivision (d) and  
13 a Schedule II controlled substance as defined by Section 1308.12, subdivision (d), of Title 21 of  
14 the Code of Federal Regulations, and is a dangerous drug as defined in section 4022 of the Code.  
15 Side effects include drowsiness, mental clouding, respiratory depression, vomiting, and sedation  
16 which can lead to falls.

17 12. **Vicodin**, a trade name for a combination drug containing hydrocodone bitartrate and  
18 acetaminophen, is a Schedule III controlled substance as designated in Health and Safety Code  
19 section 11056, subdivision (e)(3), and a Schedule III controlled substance as defined by section  
20 1308.13, subdivision (e), of Title 21 of the Federal Regulations, and is a dangerous drug as  
21 defined in section 4022 of the Code. Alcohol and other Central Nervous System (CNS)  
22 depressants may produce an addictive CNS depression, when taken with this combination  
23 product, and should be avoided. Patients taking other narcotic analgesics, antihistamines,  
24 antipsychotics, antianxiety agents, or other CNS depressants concomitantly with Vicodin may  
25 exhibit an additive CNS depression. Repeated administration of Vicodin over the course of  
26 several weeks may result in psychological and physical dependence.

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1 13. **Klonopin**, a trade name for clonazepam, an anticonvulsant of the benzodiazepine  
2 class of drugs, is a Schedule IV controlled substance as designated in Health and Safety Code  
3 section 11057, subdivision (d)(7) and a Schedule IV controlled substance as defined by section  
4 1308.14 of Title 16 of the Code of Federal Regulations, and is a dangerous drug as defined in  
5 section 4022 of the Code. It can increase the risk of cognitive impairment, delirium, and ataxia  
6 (clumsiness) which can lead to falls and fractures.

7 14. **Flexeril**, a brand name for cyclobenzaprine, which is a muscle-relaxant and sedative  
8 and a dangerous drug as defined in section 4022 of the Code.

9 15. **Methocarbamol**, is a muscle relaxer, and a dangerous drug as defined in section  
10 4022 of the Code. It can cause drowsiness and dizziness.

11 16. **Ambien**, a brand name for zolpidem tartrate, which treats insomnia, is a Schedule IV  
12 Controlled Substance as designated in Health and Safety Code section 11057, subdivision (d)(32),  
13 and a dangerous drug as defined in section 4022 of the Code.

14 17. **Melatonin**, is the chemical name for a hormone that assists in sleep and is a  
15 dangerous drug as defined in section 4022 of the Code.

16 18. **Buspar**, a trade name for buspirone hydrochloride, is an anxiolytic psychotropic  
17 drug, used to treat general anxiety disorder and a dangerous drug as defined in section 4022 of the  
18 Code.

19 19. **Zoloft**, a trade name for sertraline, and anti-depressant and is a dangerous drug as  
20 defined in section 4022 of the Code.

21 **FIRST CAUSE FOR DISCIPLINE**  
22 **(Gross Negligence in the lack of proper history & physical exam for patient L.L.)**

23 20. Respondent Peter Edward Droubay, M.D. is subject to disciplinary action under  
24 section 2234, subdivision (b) of the Code in that Respondent failed to do a proper history and  
25 physical of patient L.L. upon her admission to Courtyard Skilled Nursing Facility (SNF). The  
26 circumstances are as follows:

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1           21. On or about March 8, 2014, patient L.L., a 54-year old woman, fell at her niece's  
2 house while in the bathroom, and presented at U.C. Davis Emergency Department. Treating  
3 physician, Dr. J. N., who cared for patient L.L., filed a complaint with the Medical Board, on  
4 March 13, 2014, alleging that Respondent was inappropriately or excessively prescribing pain  
5 medication to patient L.L.

6           22. On or about December 10, 2013, patient L.L., had an earlier fall, while walking to her  
7 bathroom using her walker. She was diagnosed with a left humerus comminuted fracture (left  
8 shoulder). As her fracture was not displaced her physicians did not recommend surgical  
9 intervention. Instead, on December 14, 2013, patient L.L. was transferred to Courtyard SNF for  
10 treatment and rehabilitation of her left shoulder. Her care was supervised at this facility by  
11 Respondent, who was also the facility director, until March 3, 2014 when she was discharged.

12           23. On December 16, 2013, the patient was seen by Respondent as part of the formal  
13 admission to Courtyard SNF for pain management and rehabilitation of her shoulder fracture. In  
14 the two prior days, patient L.L. had been seen by a physician assistant (M.K.) and another  
15 physician (Dr. F.) Patient L.L.'s admission medications included the following: Zoloft 150 mg.,  
16 once a day; Buspar 10 mg., BID (twice a day) for depression and anxiety; Melatonin 3 mg., PO  
17 (by mouth) QHS (at bedtime) for insomnia; Klonopin 0.5 mg, twice daily for anxiety; Flexeril  
18 10 mg q (daily) 8 hr prn (when necessary), for anxiety; and Methocarbamol 500 mg, 1 tab PO (by  
19 mouth) TID (three times daily), for muscle spasms. For pain, patient L.L. was taking Norco  
20 10/325 mg., 1-2 tab q (daily) 4 hr prn (when necessary) and Oxycodone 5 mg., 102 tab q 3 hours  
21 prn. However, at the December 16, 2013 visit Respondent discontinued the Oxycodone prn and  
22 substituted Dilaudid 8mg. po q 6 hour. There was no documentation of the Oxycodone being  
23 ineffective or the patient showing intolerance to it. Respondent failed to document why he made  
24 the change in pain medication.

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1           24. On December 20, 2013, Respondent saw patient L.L. crying in pain. The patient had  
2 pain with any slight movement despite using 8 mg. of Dilaudid prn and Norco prn. Respondent  
3 prescribed the additional pain medication of Oxycontin 40 mg. po q 12 hours, left the Dilaudid 8  
4 mg., but instructed daily every 3 hours for breakthrough pain rather than every 6 hours, and left  
5 the Norco continued as before.

6           25. On December 28, 2013, patient L.L. was sick, and was recorded as wheezing on  
7 examination by Respondent and the patient continued to have much pain in the left arm.  
8 Respondent prescribed Augmentin 876 mg. bid for Acute Bronchitis. Respondent documented no  
9 review of pain medication effectiveness since the changes from December 20, 2013, nor were any  
10 changes made to the patient's pain medication.

11           26. On January 3, 2014, Respondent again saw patient L.L. who was complaining of  
12 increased right shoulder pain. In addition, the patient was asking for a steroid shot, sleep  
13 medication and/or a pain patch. The medical records also indicate that patient L.L. was anxious  
14 and was asking to increase the Klonopin to twice daily. Respondent increased the Klonopin to  
15 0.5 mg. po (mouth) q (daily)8 hours. He also started the patient on Duragesic/Fentanyl 25  
16 mcg./hour Patch q 3 days for pain control and Ambien 10 mg. q hs for insomnia. The patient was  
17 previously on Melatonin for insomnia.

18           27. On January 10, 2014, Respondent again saw patient L.L. and he recorded that the  
19 pain on the patient's left fracture side was better with the Fentanyl patch. However, the patient  
20 had right shoulder/lateral deltoid pain and was requesting a steroid shot which was given. The  
21 plan was to continue the Fentanyl patch and prn Norco 10/325. Respondent did not comment on  
22 any of the other prescribed pain medications including the Oxycontin and Dilaudid.

23           28. On February 3, 2014, Respondent saw patient L.L. in bed resting. The patient  
24 complained that she did not sleep well due to pain in left shoulder and hip. Her left arm was in a  
25 sling and was tender. Respondent ordered the medications continued as before. This was  
26 Respondent's last recorded visit with the patient and she was discharged a month later, on March  
27 3, 2014, to her niece's home.

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1           29. On March 8, 2014, at the time of the patient's second fall, she was on the following  
2 pain medications: Two short acting pain medications consisting of Dilaudid 8mg q (daily) 8 hr  
3 prn and Norco 10/325 1-2 tabs q (daily) 6 hours prn, and two long acting pain medications  
4 consisting of Fentanyl 25 mcg. q (daily) 3 days and Oxycontin 40 mg. bid (twice daily). In  
5 addition, patient L.L. was also taking the following medications, many with sedating affects:  
6 Flexeril and Methocarbamol to relax the muscles, Klonopin for anxiety, and Melatonin and  
7 Ambien for insomnia.

8           30. The U.C. Davis Emergency Department nurse, noted upon admission on March 8,  
9 2014, that patient L.L. had her Fentanyl patch on the left side of her chest. The patient was x-  
10 rayed and no new fractures were noted. The patient was admitted to the Family Practice Group  
11 for medication management and then discharged to the Courtyard SNF. At discharge from U.C.  
12 Davis, the patient was still taking Oxycontin, Norco and Methocarbamol, but the prescriptions for  
13 Dilaudid, Fentanyl and Flexeril were discontinued.

14           31. Respondent failed to document the characteristics and reason for continued pain at  
15 each visit. Respondent failed to write a full SOAP recommendation on the admitting visit and  
16 subsequent visits. Respondent failed to obtain the prior pain treatment plan at his admission  
17 evaluation. This information would have told him that the severe pain was due to fall and  
18 fracture. Respondent reported that the patient was crying and in pain which required medication  
19 changes on several visits, yet Respondent failed to document the exacerbating or relieving  
20 systems tied to the pain medication given, nor was patient monitored and/or warned about any  
21 side-effects. Respondent failed to evaluate the shoulder x-ray to see if the cause of the patient's  
22 pain was displacement or to see if any other reason existed for continued pain through a three  
23 month period when the fracture should have healed. Respondent failed to explore whether the  
24 patient's crying and pain had a psychological component, including possible drug seeking  
25 behavior, grief or worsening depression. All of these failures collectively and separately  
26 constitute an extreme departure from the standard of care in violation of section 2234, subdivision  
27 (b) of the Code.

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**SECOND CAUSE FOR DISCIPLINE**  
**(Gross Negligence in the treatment plan for patient L.L.)**

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2       32. Complainant hereby incorporates paragraphs 20 through 31 of the instant Accusation  
3 as though fully set forth herein.

4       33. Respondent Peter Edward Droubay, M.D. is subject to disciplinary action under  
5 section 2234, subdivision (b) of the Code in that Respondent failed to do follow through on a  
6 treatment plan of patient L.L. during her stay at Courtyard SNF and after her discharge.  
7 Respondent failed to appropriately manage patient L.L.'s pain by referring the patient out to the  
8 following consultants: a pain management clinic, a psychologist/psychiatrist for the psychological  
9 etiology of uncontrolled pain, for cognitive or behavioral therapy, and/or for complementary and  
10 alternative therapies. Respondent also failed to document the risks and benefits of using multiple  
11 narcotic and sedative medications at discharge and wrote no discharge summary nor a discharge  
12 medication summary. All of these failures collectively and separately constitute an extreme  
13 departure from the standard of care in violation of section 2234, subdivision (b) of the Code.

**THIRD CAUSE FOR DISCIPLINE**  
**(Gross Negligence in poly-pharmacy/excessive prescribing of sedating drugs to patient  
L.L.)**

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16       34. Complainant hereby incorporates paragraphs 20 through 31 of the instant Accusation  
17 as though fully set forth herein.

18       35. Respondent Peter Edward Droubay, M.D. is subject to disciplinary action under  
19 section 2234, subdivision (b) of the Code in that Respondent failed to consider the side effects of  
20 excessive prescribing and/or poly-pharmacy of multiple narcotics, muscle relaxants and mood  
21 altering medications and sedative medications both before and after the discharge of patient L.L.  
22 from Courtyard SNF. Respondent failed to discontinue certain categories of medications once  
23 new medications in the same category were introduced, such as limiting the patient to one short  
24 acting pain medication and one long acting medication, along with one muscle relaxer. All of  
25 these failures collectively and separately constitute an extreme departure from the standard of  
26 care in violation of section 2234, subdivision (b) of the Code.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 27705, issued to Peter Edward Droubay, M.D.;
2. Revoking, suspending or denying approval of Peter Edward Droubay, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code;
3. Ordering Peter Edward Droubay, M.D., 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: June 19, 2015



KIMBERLY KIRCHMEYER  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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STATE OF CALIFORNIA  
DEPARTMENT OF CONSUMER AFFAIRS  
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