

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

**In the Matter of the Accusation** )  
**Against:** )  
 )  
 )  
**Sampath Kumar Suryadevara, M.D.** )  
 )  
**Physician's and Surgeon's** )  
**Certificate No. C50601** )  
 )  
**Respondent** )  
\_\_\_\_\_ )

**Case No. 800-2017-032536**

**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 November 27, 2019.**

**IT IS SO ORDERED: October 29, 2019.**

**MEDICAL BOARD OF CALIFORNIA**

  
\_\_\_\_\_  
**Kristina D. Lawson, J.D., Chair  
Panel B**

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 TAN N. TRAN  
Deputy Attorney General  
4 State Bar No. 197775  
CALIFORNIA DEPARTMENT OF JUSTICE  
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2017-032536

12 **Sampath K. Suryadevara, M.D.**  
13 **19330 Chamblee Avenue**  
14 **Cerritos, California 90703**

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

15 **Physician's and Surgeon's Certificate**  
16 **No. C50601,**

Respondent.

17  
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 Xavier Becerra, Attorney General of the State of California, by Tan N. Tran,  
24 Deputy Attorney General.

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1 CULPABILITY

2 9. Respondent does not contest that at an administrative hearing, complainant could  
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
4 No. 800-2017-032536, and that he has thereby subjected his Physician's and Surgeon's Certificate  
5 No. C 50601 to disciplinary action.

6 10. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
7 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
8 Disciplinary Order below.

9 RESERVATION

10 11. The admissions made by Respondent herein are only for the purposes of this  
11 proceeding, or any other proceedings in which the Medical Board of California or other  
12 professional licensing agency is involved, and shall not be admissible in any other criminal or  
13 civil proceeding.

14 CONTINGENCY

15 12. This stipulation shall be subject to approval by the Medical Board of California.  
16 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
17 Board of California may communicate directly with the Board regarding this stipulation and  
18 settlement, without notice to or participation by Respondent or his counsel. By signing the  
19 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
20 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
21 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
22 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
23 action between the parties, and the Board shall not be disqualified from further action by having  
24 considered this matter.

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1 13. The parties understand and agree that Portable Document Format (PDF) and facsimile  
2 copies of this Stipulated Settlement and Disciplinary Order, including Portable Document Format  
3 (PDF) and facsimile signatures thereto, shall have the same force and effect as the originals.

4 14. In consideration of the foregoing admissions and stipulations, the parties agree that  
5 the Board may, without further notice or formal proceeding, issue and enter the following  
6 Disciplinary Order:

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 50601 issued  
9 to Sampath K. Suryadevara, M.D. (Respondent) is revoked. However, the revocation is stayed  
10 and Respondent is placed on probation for five (5) years on the following terms and conditions:

11 1. **CONTROLLED SUBSTANCES - PARTIAL RESTRICTION.** During the first two  
12 years of probation, Respondent shall not order, prescribe, dispense, administer, furnish, or possess  
13 any controlled substances as listed in Schedule(s) II and III of the California Uniform Controlled  
14 Substances Act.

15 Respondent shall not issue an oral or written recommendation or approval to a patient or a  
16 patient's primary caregiver for the possession or cultivation of marijuana for the personal medical  
17 purposes of the patient within the meaning of Health and Safety Code section 11362.5. If  
18 Respondent forms the medical opinion, after an appropriate prior examination and medical  
19 indication, that a patient's medical condition may benefit from the use of marijuana, Respondent  
20 shall so inform the patient and shall refer the patient to another physician who, following an  
21 appropriate prior examination and medical indication, may independently issue a medically  
22 appropriate recommendation or approval for the possession or cultivation of marijuana for the  
23 personal medical purposes of the patient within the meaning of Health and Safety Code section  
24 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that  
25 Respondent is prohibited from issuing a recommendation or approval for the possession or  
26 cultivation of marijuana for the personal medical purposes of the patient and that the patient or  
27 the patient's primary caregiver may not rely on Respondent's statements to legally possess or  
28 cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully

1 document in the patient's chart that the patient or the patient's primary caregiver was so  
2 informed. Nothing in this condition prohibits Respondent from providing the patient or the  
3 patient's primary caregiver information about the possible medical benefits resulting from the use  
4 of marijuana.

5 2. CONTROLLED SUBSTANCES- MAINTAIN RECORDS AND ACCESS TO  
6 RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled  
7 substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any  
8 recommendation or approval which enables a patient or patient's primary caregiver to possess or  
9 cultivate marijuana for the personal medical purposes of the patient within the meaning of Health  
10 and Safety Code section 11362.5; during probation, showing all the following: 1) the name and  
11 address of patient; 2) the date; 3) the character and quantity of controlled substances involved;  
12 and 4) the indications and diagnosis for which the controlled substances were furnished.

13 Respondent shall keep these records in a separate file or ledger, in chronological order. All  
14 records and any inventories of controlled substances shall be available for immediate inspection  
15 and copying on the premises by the Board or its designee at all times during business hours and  
16 shall be retained for the entire term of probation.

17 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
18 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
19 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
20 licenses are valid and in good standing, and who are preferably American Board of Medical  
21 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
22 relationship with Respondent, or other relationship that could reasonably be expected to  
23 compromise the ability of the monitor to render fair and unbiased reports to the Board, including  
24 but not limited to any form of bartering, shall be in Respondent's field of practice; and must agree  
25 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

26 The Board or its designee shall provide the approved monitor with copies of the Decision(s)  
27 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the  
28 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed

1 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role  
2 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees  
3 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the  
4 signed statement for approval by the Board or its designee.

5 Within 60 calendar days of the effective date of this Decision, and continuing throughout  
6 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall  
7 make all records available for immediate inspection and copying on the premises by the monitor  
8 at all times during business hours and shall retain the records for the entire term of probation.

9 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective  
10 date of this Decision, Respondent shall receive a notification from the Board or its designee to  
11 cease the practice of medicine within three (3) calendar days after being so notified. Respondent  
12 shall cease the practice of medicine until a monitor is approved to provide monitoring  
13 responsibility.

14 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
15 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
16 are within the standards of practice of medicine, and whether Respondent is practicing medicine  
17 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
18 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
19 preceding quarter.

20 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
21 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
22 name and qualifications of a replacement monitor who will be assuming that responsibility within  
23 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
24 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
25 notification from the Board or its designee to cease the practice of medicine within three (3)  
26 calendar days after being so notified Respondent shall cease the practice of medicine until a  
27 replacement monitor is approved and assumes monitoring responsibility.

28 In lieu of a monitor, Respondent may participate in a professional enhancement program

1 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the  
2 University of California, San Diego School of Medicine, that includes, at minimum, quarterly  
3 chart review, semi-annual practice assessment, and semi-annual review of professional growth  
4 and education. Respondent shall participate in the professional enhancement program at  
5 Respondent's expense during the term of probation.

6 4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
7 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
8 program approved in advance by the Board or its designee. Respondent shall successfully  
9 complete the program not later than six (6) months after Respondent's initial enrollment unless  
10 the Board or its designee agrees in writing to an extension of that time.

11 The program shall consist of a comprehensive assessment of Respondent's physical and  
12 mental health and the six general domains of clinical competence as defined by the Accreditation  
13 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
14 Respondent's current or intended area of practice. The program shall take into account data  
15 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
16 Accusation(s), and any other information that the Board or its designee deems relevant. The  
17 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
18 than five (5) days as determined by the program for the assessment and clinical education  
19 evaluation. Respondent shall pay all expenses associated with the clinical competence  
20 assessment program.

21 At the end of the evaluation, the program will submit a report to the Board or its designee  
22 which unequivocally states whether the Respondent has demonstrated the ability to practice  
23 safely and independently. Based on Respondent's performance on the clinical competence  
24 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
25 scope and length of any additional educational or clinical training, evaluation or treatment for any  
26 medical condition or psychological condition, or anything else affecting Respondent's practice of  
27 medicine. Respondent shall comply with the program's recommendations.

28 Determination as to whether Respondent successfully completed the clinical competence



1 assessment program is solely within the program's jurisdiction.

2 If Respondent fails to enroll, participate in, or successfully complete the clinical  
3 competence assessment program within the designated time period, Respondent shall receive a  
4 notification from the Board or its designee to cease the practice of medicine within three (3)  
5 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
6 until enrollment or participation in the outstanding portions of the clinical competence assessment  
7 program have been completed. If the Respondent did not successfully complete the clinical  
8 competence assessment program, the Respondent shall not resume the practice of medicine until a  
9 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
10 cessation of practice shall not apply to the reduction of the probationary time period.

11 STANDARD CONDITIONS

12 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
13 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
14 Chief Executive Officer at every hospital where privileges or membership are extended to  
15 Respondent, at any other facility where Respondent engages in the practice of medicine,  
16 including all physician and locum tenens registries or other similar agencies, and to the Chief  
17 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
18 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
19 calendar days.

20 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

21 6. PATIENT DISCLOSURE.

22 Before a patient's first visit following the effective date of this order and while the  
23 Respondent is on probation, the Respondent must provide all patients, or patient's guardian or  
24 health care surrogate, with a separate disclosure that includes the Respondent's probation status,  
25 the length of the probation, the probation end date, all practice restrictions placed on the  
26 Respondent by the board, the board's telephone number, and an explanation of how the patient  
27 can find further information on the Respondent's probation on the Respondent's profile page on  
28 the board's website. Respondent shall obtain from the patient, or the patient's guardian or health

1 care surrogate, a separate, signed copy of that disclosure. Respondent shall not be required to  
2 provide a disclosure if any of the following applies: (1) The patient is unconscious or otherwise  
3 unable to comprehend the disclosure and sign the copy of the disclosure and a guardian or health  
4 care surrogate is unavailable to comprehend the disclosure and sign the copy; (2) The visit occurs  
5 in an emergency room or an urgent care facility or the visit is unscheduled, including  
6 consultations in inpatient facilities; (3) Respondent is not known to the patient until immediately  
7 prior to the start of the visit; (4) Respondent does not have a direct treatment relationship with the  
8 patient.

9 7. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE  
10 NURSES. During probation, Respondent is prohibited from supervising physician assistants and  
11 advanced practice nurses.

12 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
13 governing the practice of medicine in California and remain in full compliance with any court  
14 ordered criminal probation, payments, and other orders.

15 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
16 under penalty of perjury on forms provided by the Board, stating whether there has been  
17 compliance with all the conditions of probation.

18 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
19 of the preceding quarter.

20 10. GENERAL PROBATION REQUIREMENTS.

21 Compliance with Probation Unit

22 Respondent shall comply with the Board's probation unit and all terms and conditions of  
23 this Decision.

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and  
26 residence addresses, email address (if available), and telephone number. Changes of such  
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021(b).

2 Place of Practice

3 Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
4 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
5 facility.

6 License Renewal

7 Respondent shall maintain a current and renewed California physician's and surgeon's  
8 license.

9 Travel or Residence Outside California

10 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
11 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
12 (30) calendar days.

13 In the event Respondent should leave the State of California to reside or to practice  
14 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
15 departure and return.

16 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
17 available in person upon request for interviews either at Respondent's place of business or at the  
18 probation unit office, with or without prior notice throughout the term of probation.

19 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
22 defined as any period of time Respondent is not practicing medicine in California as defined in  
23 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
24 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
25 time spent in an intensive training program which has been approved by the Board or its designee  
26 shall not be considered non-practice. Practicing medicine in another state of the United States or  
27 Federal jurisdiction while on probation with the medical licensing authority of that state or  
28 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall

1 not be considered as a period of non-practice.

2 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
3 months, Respondent shall successfully complete a clinical training program that meets the criteria  
4 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
5 Disciplinary Guidelines" prior to resuming the practice of medicine.

6 Respondent's period of non-practice while on probation shall not exceed two (2) years.

7 Periods of non-practice will not apply to the reduction of the probationary term.

8 Periods of non-practice will relieve Respondent of the responsibility to comply with the  
9 probationary terms and conditions with the exception of this condition and the following terms  
10 and conditions of probation: Obey All Laws; and General Probation Requirements.

11 13. COMPLETION OF PROBATION. Respondent shall comply with all financial  
12 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
13 completion of probation. Upon successful completion of probation, Respondent's certificate shall  
14 be fully restored.

15 14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
16 of probation is a violation of probation. If Respondent violates probation in any respect, the  
17 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
18 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
19 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
20 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
21 be extended until the matter is final.

22 15. LICENSE SURRENDER. Following the effective date of this Decision, if  
23 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
24 the terms and conditions of probation, Respondent may request to surrender his or her license.  
25 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
26 determining whether or not to grant the request, or to take any other action deemed appropriate  
27 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
28 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its

1 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
2 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
3 application shall be treated as a petition for reinstatement of a revoked certificate.

4 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
5 with probation monitoring each and every year of probation, as designated by the Board, which  
6 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
7 California and delivered to the Board or its designee no later than January 31 of each calendar  
8 year.

9  
10 ACCEPTANCE

11 I have carefully read the above Stipulated Settlement and Disciplinary Order. I understand  
12 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into  
13 this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and  
14 agree to be bound by the Decision and Order of the Medical Board of California.

15  
16  
17 DATED: sep 12<sup>th</sup> 2019 Sampath K. Suryadevara, M.D.  
18 Sampath K. Suryadevara, M.D.  
Respondent

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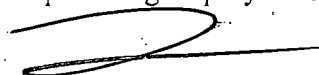
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ENDORSEMENT

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

Dated: 9/16/19

Respectfully submitted,  
XAVIER BECERRA  
Attorney General of California  
JUDITH T. ALVARADO  
Supervising Deputy Attorney General



TAN N. TRAN  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 800-2017-032536**

1 XAVIER BECERRA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 TAN N. TRAN  
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California Department of Justice  
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FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO MAY 14 2019  
BY SARA PASON ANALYST

8  
9 **BEFORE THE**  
10 **MEDICAL BOARD OF CALIFORNIA**  
**DEPARTMENT OF CONSUMER AFFAIRS**  
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12 In the Matter of the Accusation Against:

Case No. 800-2017-032536

13 **Sampath K. Suryadevara, M.D.**  
14 **19330 Chamblee Avenue**  
**Cerritos, California 90703**

**ACCUSATION**

15 **Physician's and Surgeon's Certificate**  
16 **No. C50601,**

Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

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

23 2. On or about June 13, 2001, the Medical Board issued Physician's and Surgeon's  
24 Certificate Number C50601 to Sampath K. Suryadevara, M.D. (Respondent). The Physician's  
25 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on August 31, 2020, unless renewed.

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1 JURISDICTION

2 3. This Accusation is brought before the Medical Board of California (Board),  
3 Department of Consumer Affairs, under the authority of the following laws. All section  
4 references are to the Business and Professions Code unless otherwise indicated.

5 4. Section 2004 of the Code states:

6 "The board shall have the responsibility for the following:

7 "(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice  
8 Act.

9 "(b) The administration and hearing of disciplinary actions.

10 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or an  
11 administrative law judge.

12 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of  
13 disciplinary actions.

14 "(e) Reviewing the quality of medical practice carried out by physician and surgeon  
15 certificate holders under the jurisdiction of the board.

16 "(f) Approving undergraduate and graduate medical education programs.

17 "(g) Approving clinical clerkship and special programs and hospitals for the programs in  
18 subdivision (f).

19 "(h) Issuing licenses and certificates under the board's jurisdiction.

20 "(i) Administering the board's continuing medical education program."

21 5. Section 2227 of the Code provides that a licensee who is found guilty under the  
22 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
23 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
24 action taken in relation to discipline as the board deems proper.

25 6. Section 2234 of the Code, states:

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

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

3           (b) Gross negligence.

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

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

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

14           (d) Incompetence.

15           (e) The commission of any act involving dishonesty or corruption which is substantially  
16 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 certificate.

18           (g) The practice of medicine from this state into another state or country without meeting  
19 the legal requirements of that state or country for the practice of medicine. Section 2314 shall not  
20 apply to this subdivision. This subdivision shall become operative upon the implementation of  
21 the proposed registration program described in Section 2052.5.

22           (h) The repeated failure by a certificate holder, in the absence of good cause, to attend and  
23 participate in an interview scheduled by Board. This subdivision shall only apply to a certificate  
24 holder who is the subject of an investigation by the board."

25           7. Section 2241 of the Code states:

26           (a) A physician and surgeon may prescribe, dispense, or administer prescription drugs,  
27 including prescription controlled substances, to an addict under his or her treatment for a purpose  
28 other than maintenance on, or detoxification from, prescription drugs or controlled substances.

1           "(b) A physician and surgeon may prescribe, dispense, or administer prescription drugs or  
2 prescription controlled substances to an addict for purposes of maintenance on, or detoxification  
3 from, prescription drugs or controlled substances only as set forth in subdivision (c) or in Sections  
4 11215, 11217, 11217.5, 11218, 11219, and 11220 of the Health and Safety Code. Nothing in this  
5 subdivision shall authorize a physician and surgeon to prescribe, dispense, or administer  
6 dangerous drugs or controlled substances to a person he or she knows or reasonably believes is  
7 using or will use the drugs or substances for a nonmedical purpose.

8           "(c) Notwithstanding subdivision (a), prescription drugs or controlled substances may also  
9 be administered or applied by a physician and surgeon, or by a registered nurse acting under his  
10 or her instruction and supervision, under the following circumstances:

11           "(1) Emergency treatment of a patient whose addiction is complicated by the presence of  
12 incurable disease, acute accident, illness, or injury, or the infirmities attendant upon age.

13           "(2) Treatment of addicts in state-licensed institutions where the patient is kept under  
14 restraint and control, or in city or county jails or state prisons.

15           "(3) Treatment of addicts as provided for by Section 11217.5 of the Health and Safety  
16 Code.

17           "(d)(1) For purposes of this section and Section 2241.5, "addict" means a person whose  
18 actions are characterized by craving in combination with one or more of the following:

19           "(A) Impaired control over drug use.

20           "(B) Compulsive use.

21           "(C) Continued use despite harm.

22           "(2) Notwithstanding paragraph (1), a person whose drug-seeking behavior is primarily due  
23 to the inadequate control of pain is not an addict within the meaning of this section or Section  
24 2241.5."

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1           8.     Section 2242 of the Code states:

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

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

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

12           "(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed  
13 vocational nurse in an inpatient facility, and if both of the following conditions exist:

14           "(A) The practitioner had consulted with the registered nurse or licensed vocational nurse  
15 who had reviewed the patient's records.

16           "(B) The practitioner was designated as the practitioner to serve in the absence of the  
17 patient's physician and surgeon or podiatrist, as the case may be.

18           "(3) The licensee was a designated practitioner serving in the absence of the patient's  
19 physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized  
20 the patient's records and ordered the renewal of a medically indicated prescription for an amount  
21 not exceeding the original prescription in strength or amount or for more than one refill.

22           "(4) The licensee was acting in accordance with Section 120582 of the Health and Safety  
23 Code."

24           9.     Section 2266 of the Code states: "The failure of a physician and surgeon to maintain  
25 adequate and accurate records relating to the provision of services to their patients constitutes  
26 unprofessional conduct."

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1           10. Section 725 of the Code states:

2           "(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering  
3 of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated  
4 acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of  
5 the community of licensees is unprofessional conduct for a physician and surgeon, dentist,  
6 podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language  
7 pathologist, or audiologist.

8           "(b) Any person who engages in repeated acts of clearly excessive prescribing or  
9 administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of  
10 not less than one hundred dollars (\$100) nor more than six hundred dollars (\$600), or by  
11 imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and  
12 imprisonment.

13           "(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or  
14 administering dangerous drugs or prescription controlled substances shall not be subject to  
15 disciplinary action or prosecution under this section.

16           "(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section  
17 for treating intractable pain in compliance with Section 2241.5."

18           11. Section 2264 of the Code states:

19           "The employing, directly or indirectly, the aiding, or the abetting of any unlicensed person  
20 or any suspended, revoked, or unlicensed practitioner to engage in the practice of medicine or any  
21 other mode of treating the sick or afflicted which requires a license to practice constitutes  
22 unprofessional conduct."

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1 FIRST CAUSE FOR DISCIPLINE

2 (Gross Negligence- 2 Patients)

3 12. Respondent is subject to disciplinary action under section 2234, subdivision (b), of  
4 the Code for the commission of acts or omissions involving gross negligence in the care and  
5 treatment of Patients 1 and 2.<sup>1</sup> The circumstances are as follows:

6 Patient 1

7 13. Patient 1 (or "patient") is a male who treated with Respondent from approximately  
8 July 15, 2015, through January 3, 2018,<sup>2</sup> for various conditions including chronic low back pain,  
9 increased blood pressure, and morbid obesity. Records indicate that Patient 1 was also using  
10 Norco (an opiate/painkiller), and that he requested to get something stronger. Respondent's plan  
11 was to discontinue the Norco and start Patient 1 on Oxycodone, which is another type of opiate.

12 14. On or about November 7, 2017, Patient 1 visited a drug rehab facility named  
13 Cornerstone of Southern California (Cornerstone). Per a Cornerstone employee, Patient 1  
14 admitted to their staff that he [Patient 1] was using Heroin and Oxycodone. Patient 1  
15 subsequently turned in the Oxycodone to Cornerstone staff and sought admission.

16 15. Per Cornerstone staff, Patient 1 later asked to be discharged and demanded that the  
17 Oxycodone be returned to him. Cornerstone staff informed Patient 1 that they [Cornerstone]  
18 could not return the Oxycodone to him, unless the prescribing doctor (Respondent) authorized the  
19 release of the medication. Cornerstone staff subsequently called Respondent's office and  
20 informed Respondent's assistant that Patient 1 was in treatment and admitted using Heroin, and  
21 that Patient 1 wanted Cornerstone to return the Oxycodone to him. Per Cornerstone staff,  
22 Respondent's assistant informed Cornerstone that she and Respondent were aware of the Heroin  
23 and Oxycodone.

24 16. On or about November 8, 2017, Cornerstone received, via fax, a signed  
25 authorization from Respondent's office authorizing Cornerstone to release the Oxycodone to

26 \_\_\_\_\_  
27 <sup>1</sup> The patients are identified by numbers to protect their privacy.

28 <sup>2</sup> These are approximate dates based on the medical records which were available to the Board.

1 Patient 1. The authorization appeared to have Respondent's signature thereon, but the other  
2 handwriting on the authorization appears different from Respondent's signature at the bottom.  
3 Respondent stated, among other things, during a Board interview that sometimes he would pre-  
4 sign physician order forms, so that his staff could fill in certain orders during Respondent's  
5 absence. Respondent, however, asserts that had he known about Patient 1's use of Heroin, he  
6 [Respondent] would not have authorized the release of Oxycodone to Patient 1.

7  
8 17. Respondent committed an extreme departure from the standard of care by  
9 prescribing Oxycodone (a narcotic) to Patient 1, who had signs of addiction, and by leaving pre-  
10 signed order forms, which can be completed by office staff to authorize medical treatment/orders  
11 (e.g. the release of Oxycodone to a patient who was using illicit drugs). By doing so, Respondent  
12 also allowed his assistant(s) to practice medicine without a license, and without his authorization.

13 Patient 2

14 18. Patient 2 (or "patient") is a male who treated with Respondent from approximately  
15 June 18, 2012, through November 2018,<sup>3</sup> for various conditions including ankle pain, back pain,  
16 and knee pain, asthma, diabetes, hypertension, Congestive Heart Failure (CHF) and Chronic  
17 Obstructive Pulmonary Disease (COPD). Records indicate that Respondent prescribed to Patient  
18 2 controlled medications such as Oxycodone, OxyContin, Hydromorphone (Dilaudid), and  
19 Alprazolam (Xanax).<sup>4</sup>  
20

21  
22 19. Respondent never performed urine drug screening on Patient 2, who was taking long-  
23 term narcotic medications. Respondent also never checked CURES<sup>5</sup> on Patient 2 to see if the

24 <sup>3</sup> Again, these are approximate dates based on the medical records which were available to  
25 the Board.

26 <sup>4</sup> These medications are all dangerous drugs with potentially addictive traits and side  
27 effects, if used improperly and/or overused.

28 <sup>5</sup> CURES allows healthcare prescribers, pharmacists, law enforcement, and regulatory  
boards to access patients' and providers' controlled substance prescription histories. CURES is  
intended to assist in the reduction of prescription drug abuse in California. As of July 1, 2016, all  
physicians in California were required to register with CURES.

1 patient was receiving narcotics from any other physicians, or taking any other medications that  
2 might interfere with the narcotics Respondent was prescribing to Patient 2. Respondent also  
3 would at times (e.g., August 13, 2017 and August 18, 2017) authorize refills of controlled  
4 medications to Patient 2, without adequately documenting a valid reason for the early refill.  
5 These acts and omissions in the care and treatment of Patient 2 constituted an extreme departure  
6 from the standard of care, and also a lack of knowledge.<sup>6</sup>

7 **SECOND CAUSE FOR DISCIPLINE**

8 **(Repeated Negligent Acts – 3 Patients)**

9 20. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
10 the Code in that he committed repeated negligent acts in his care of three patients. The  
11 circumstances are as follows:

12 21. The facts and circumstances in paragraphs 12 through 19, above, are incorporated by  
13 reference as if set forth in full herein.

14 Patient 1

15 22. Respondent also committed simple departures or showed a lack of knowledge in  
16 his care and treatment of Patient 1 as follows:

- 17 a. Failure to perform an adequate history and examination on Patient 1 (e.g. no  
18 documentation of back exams, no questions about cauda equina (spinal) symptoms, etc.).  
19 b. Failure to perform regular urinalyses for drug levels.  
20 c. Failure to timely refer Patient 1 to a pain specialist.  
21 d. Failure to have a pain management agreement with Patient 1.  
22 e. Failure to check the CURES database before prescribing opiates.

23  
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27 <sup>6</sup> Respondent stated, among other things, to Board staff that he was not currently familiar  
28 with pain management guidelines, and admitted that he never checked CURES on any of his  
patients.



1                   Patient 2

2                   23.     Respondent also committed simple departures or showed a lack of knowledge in  
3 his care and treatment of Patient 2 as follows:

4                   a.     Failure to perform an adequate history and examination on Patient 2 (e.g., no  
5 documentation of back exams, no questions about cauda equina symptoms, nocturnal pain, night  
6 sweats, or history of cancer, etc.).

7                   b.     Failure to have a pain management agreement with Patient 2, who was being  
8 prescribed narcotics for an extended period of time.

9                   c.     Failure to check the CURES database before prescribing opiates.

10                  d.     Prescribing large doses of narcotics, sometimes with tranquilizers, to Patient 2  
11 with diagnoses of asthma, COPD, CHF, or pneumonia, without adequately documenting why it  
12 was necessary to do so.  
13

14                  e.     Failure to timely refer Patient 2 to a pain specialist.  
15

16                   Patient 3

17                  24.     Patient 3 (or "patient") is a female who treated with Respondent from  
18 approximately April 9, 2014, through August 6, 2017,<sup>7</sup> for various conditions including COPD,  
19 Gastroesophageal Reflux Disease (GERD), but primarily for chronic pain. Records indicate that,  
20 during the period from 2014 through 2017, Respondent prescribed to Patient 3 multiple  
21 controlled medications such as Vicodin, Norco, Hydromorphone (Dilaudid), and Hydrocodone.<sup>8</sup>  
22

23                  25.     Respondent committed simple departures or showed a lack of knowledge in his  
24 care and treatment of Patient 3 as follows:

25                   <sup>7</sup> Again, these are approximate dates based on the medical records which were available to  
26 the Board.

27                   <sup>8</sup> These medications are all dangerous drugs with potentially addictive traits and side  
28 effects, if used improperly and/or overused. There is also documentation of a telephone call on or  
about December 19, 2014, when Respondent apparently gave Patient 3 a prescription for  
Dilaudid, at the request/preference of Patient 3.

1 a. Failure to conduct a thorough history and physical examination prior to prescribing  
2 pain medication (e.g., no documented back exams, no mention of asking the patient about “red  
3 flag” symptoms, etc.).

4 b. Prescribing narcotics to Patient 3 over an extended period of time without a pain  
5 management agreement.

6 c. Failure to check the CURES database before prescribing opiates, and prescribing  
7 narcotics to Patient 3 for an extended period of time without consultation from a pain specialist.

8 d. Prescribing large doses of narcotics in a patient with COPD.

9 e. Failure to check a urinalysis for drug screen.

10 f. Failure to check CURES to see if Patient 3 was receiving narcotics from any other  
11 physicians, or taking any other medications that might interfere with the narcotics being  
12 prescribed to Patient 3.  
13

14  
15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Prescribing Without Exam/Indication- 3 Patients)**

17 26. By reason of the facts and allegations set forth in the First and Second Causes for  
18 Discipline above, Respondent is subject to disciplinary action under section 2242 of the Code, in  
19 that Respondent prescribed dangerous drugs to Patients 1, 2, and 3, above, without an appropriate  
20 prior examination or medical indication therefore.

21 **FOURTH CAUSE FOR DISCIPLINE**

22 **(Excessive Prescribing- 3 Patients)**

23 27. By reason of the facts and allegations set forth in the First and Second Causes for  
24 Discipline above, Respondent is subject to disciplinary action under section 725 of the Code, in  
25 that Respondent excessively prescribed dangerous drugs to Patients 1, 2, and 3, above.

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1 **FIFTH CAUSE FOR DISCIPLINE**

2 **(Inadequate Records- 3 patients)**

3 28. By reason of the facts and allegations set forth in the First and Second Causes for  
4 Discipline above, Respondent is subject to disciplinary action under section 2266 of the Code, in  
5 that Respondent failed to maintain adequate and accurate records of his care and treatment of  
6 Patients 1, 2, and 3, above.

7 **SIXTH CAUSE FOR DISCIPLINE**

8 **(Prescribing to an Addict- Patient 1)**

9 29. Respondent is subject to disciplinary action under section 2241 of the Code in that  
10 Respondent prescribed controlled substances to Patient 1, above, who had signs of addiction.

11 30. The facts and circumstances in paragraphs 13 through 17, and 22.a. through 22. e. are  
12 incorporated by reference as if set forth in full herein.

13 **SEVENTH CAUSE FOR DISCIPLINE**

14 **(Aiding and Abetting- Patient 1)**

15 31. Respondent is subject to disciplinary action under section 2264 of the Code, in that he  
16 aided and abetted his assistant to engage in the unlicensed practice of medicine.

17 32. The facts and circumstances in paragraphs 13 through 17, above, are incorporated by  
18 reference as if set forth in full herein.

19 **EIGHTH CAUSE FOR DISCIPLINE**

20 **(Incompetence)**

21 33. Respondent is subject to disciplinary action under section 2234, subdivision (d), of  
22 the Code, in that he was incompetent in his care and treatment of patients.

23 34. The facts and circumstances in paragraphs 12 through 32, above, are incorporated by  
24 reference as if set forth in full herein.

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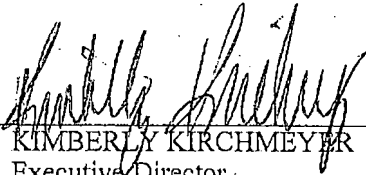
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PRAYER

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 C50601, issued to Sampath K. Suryadevara, M.D.;
2. Revoking, suspending or denying approval of Sampath K. Suryadevara, M.D.'s authority to supervise physician assistants and advance practice nurses;
3. Ordering Sampath K. Suryadevara, 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: May 14, 2019

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

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