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

In the Matter of the Accusation Against: Kanwar Bir Varinder Jeet Singh Multani, M.D. Physician's and Surgeon's Certificate No. A 143529 Respondent.	Case No.: 800-2018-049690

DECISION

The attached Stipulated Settlement 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 December 23, 2021.

IT IS SO ORDERED: November 23, 2021.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

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Attorney General of California
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **KANWAR BIR VARINDER JEET SINGH MULTANI, M.D.** **3749 Kim Way** **Yuba City, CA 95993-9127** **Physician's and Surgeon's Certificate No. A 143529** Respondent.	Case No. 800-2018-049690 OAH No. 2021040163 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Ryan J. McEwan, Deputy Attorney General.

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2. Respondent Kanwar Bir Varinder Jeet Singh Multani, M.D. (Respondent) is represented in this proceeding by attorneys Jennifer Scott, Esq., and Terilynn Diepenbrock, Esq., Kronick Moskovitz Tiedemann & Girard, 1331 Garden Highway, 2nd Floor, Sacramento, CA 95833.

3. On or about June 29, 2016, the Board issued Physician's and Surgeon's Certificate No. A 143529 to Kanwar Bir Varinder Jeet Singh Multani, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-049690, and will expire on December 31, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-049690 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 11, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-049690 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2018-049690. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-049690, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2018-049690, a true and correct copy of which is attached hereto as Exhibit A, and that his Physician's and Surgeon's Certificate, No. A 143529 has been subjected to disciplinary action.

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

CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2018-049690 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 143529 issued to Respondent Kanwar Bir Varinder Jeet Singh Multani, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical

record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

3. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

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

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine

safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

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

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

5. COMMUNICATION COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in communication approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The communication course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A communication course taken after the acts that gave rise to the charges in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board or its designee, be accepted towards the fulfillment of this condition if the course would have been

approved by the Board or its designee had the course been taken after the effective date of this Decision.

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

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

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

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

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

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

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

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards's Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

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

14. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and

carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

15. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2018-049690 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Jennifer Scott, Esq. and Terilynn Diepenbrock, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 10/13/21

KANWAR BIR VARINDER JEET SINGH MULTANI, M.D.
Respondent

I have read and fully discussed with Respondent Kanwar Bir Varinder Jeet Singh Multani, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: Oct 13, 2021

JENNIFER SCOTT, ESQ.
TERILYNN DIEPENBROCK, ESQ.
Attorneys for Respondent

ENDORSEMENT

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

DATED: 10/13/2021

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. MCEWAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2018-049690

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

In the Matter of the Accusation Against: **Kanwar Bir Varinder Jeet Singh Multani, M.D.** **3749 Kim Way** **Yuba City, CA 95993-9127** **Physician's and Surgeon's Certificate No. A 143529,** Respondent.	Case No. 800-2018-049690 **A C C U S A T I O N**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 29, 2016, the Medical Board issued Physician's and Surgeon's Certificate No. A 143529 to Kanwar Bir Varinder Jeet Singh Multani, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2021, unless renewed.

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JURISDICTION

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

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

5. Section 2234 of the Code, states:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

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

"(f) Any action or conduct that would have warranted the denial of a certificate.

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

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

7. Section 11166 of the Penal Code states in pertinent part:

"(a) Except as provided in subdivision (d), and in Section 11166.05, a mandated reporter shall make a report to an agency specified in Section 11165.9 whenever the mandated reporter, in the mandated reporter's professional capacity or within the scope of the mandated reporter's employment, has knowledge of or observes a child whom the mandated reporter knows or reasonably suspects has been the victim of child abuse or neglect. The mandated reporter shall make an initial report by telephone to the agency immediately or as soon as is practicably possible, and shall prepare and send, fax, or electronically transmit a written follow-up report within 36 hours of receiving the information concerning the incident. The mandated reporter may include with the report any nonprivileged documentary evidence the mandated reporter possesses relating to the incident.

"(1) For purposes of this article, 'reasonable suspicion' means that it is objectively reasonable for a person to entertain a suspicion, based upon facts that could cause a reasonable person in a like position, drawing, when appropriate, on the person's training and experience, to suspect child abuse or neglect. 'Reasonable suspicion' does not require certainty that child abuse or neglect has occurred nor does it require a specific medical indication of child abuse or neglect; any 'reasonable

suspicion' is sufficient. For purposes of this article, the pregnancy of a minor does not, in and of itself, constitute a basis for a reasonable suspicion of sexual abuse.

"(2) The agency shall be notified and a report shall be prepared and sent, faxed, or electronically transmitted even if the child has expired, regardless of whether or not the possible abuse was a factor contributing to the death, and even if suspected child abuse was discovered during an autopsy.

"(3) A report made by a mandated reporter pursuant to this section shall be known as a mandated report.

"(b) If, after reasonable efforts, a mandated reporter is unable to submit an initial report by telephone, the mandated reporter shall immediately or as soon as is practicably possible, by fax or electronic transmission, make a one-time automated written report on the form prescribed by the Department of Justice, and shall also be available to respond to a telephone follow-up call by the agency with which the mandated reporter filed the report. A mandated reporter who files a one-time automated written report because the mandated reporter was unable to submit an initial report by telephone is not required to submit a written follow-up report.

"(1) The one-time automated written report form prescribed by the Department of Justice shall be clearly identifiable so that it is not mistaken for a standard written follow-up report. In addition, the automated one-time report shall contain a section that allows the mandated reporter to state the reason the initial telephone call was not able to be completed. The reason for the submission of the one-time automated written report in lieu of the procedure prescribed in subdivision (a) shall be captured in the Child Welfare Services/Case Management System (CWS/CMS). The department shall work with stakeholders to modify reporting forms and the CWS/CMS as is necessary to accommodate the changes enacted by these provisions.

"(2) This subdivision shall not become operative until the CWS/CMS is updated to capture the information prescribed in this subdivision.

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"(3) This subdivision shall become inoperative three years after this subdivision becomes operative or on January 1, 2009, whichever occurs first.

"(4) This section does not supersede the requirement that a mandated reporter first attempt to make a report via telephone, or that agencies specified in Section 11165.9 accept reports from mandated reporters and other persons as required.

"(c) A mandated reporter who fails to report an incident of known or reasonably suspected child abuse or neglect as required by this section is guilty of a misdemeanor punishable by up to six months confinement in a county jail or by a fine of one thousand dollars ($1,000) or by both that imprisonment and fine. If a mandated reporter intentionally conceals the mandated reporter's failure to report an incident known by the mandated reporter to be abuse or severe neglect under this section, the failure to report is a continuing offense until an agency specified in Section 11165.9 discovers the offense.

". . ."

8. Section 11165.7, subdivision (a) (21), of the Penal Code defines a "mandated reporter" to include a physician and surgeon.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed gross negligence during the care and treatment of Patient A.[1] The circumstances are as follows:

10. Respondent is a pediatrician who at all times relevant to the charges brought herein worked at Ampla Health Yuba City Pediatrics, in Yuba City, California.

11. Patient A was born at Rideout Memorial Hospital in Marysville, California, on January 3, 2017. Due to methamphetamine and marijuana use by Patient A's mother during the pregnancy, the hospital contacted Child Protective Services (CPS), which placed the baby in non-family foster care on or about January 6, 2017.

[1] The patient's name is redacted to property privacy. It will be provided in discovery.

12. Respondent saw Patient A for the first time on or about January 12, 2017. Patient A was a healthy baby except for oral thrush during that first visit. Respondent continued to provide primary pediatric care to Patient A until the baby boy's death on November 14, 2017.

13. On or about February 24, 2017, Respondent saw Patient A for a rash, mild fever, and runny nose. Respondent diagnosed a viral exanthem.

14. On or about March 24, 2017, CPS placed Patient A into family foster care with his maternal grandmother.

15. On or about April 11, 2017, Respondent saw Patient A for a health maintenance visit and did not identify any health problems. Patient A also received vaccinations at the visit.

16. On or about May 25, 2017, the grandmother brought Patient A to Respondent due to a bruise on the left side of the baby's chest. Respondent documented Patient A's grandmother reporting that she had given the baby a bath on Sunday and did not see any bruises; however, after a visit with his biological mom the next day, Patient A came back with "a bruise on his left side of chest." Respondent documented that "CPS worker was reported about the incidence." Other than a 2 x 3 cm bruise on the left side of chest wall under the left nipple, Respondent documented a normal physical exam. Respondent's impression was an unexplained bruise, and he ordered a chest x-ray to look for an underlying rib fracture. As a patient instruction, Respondent documented, "Asked to contact CPS regarding the underlying incidence." There is no documentation that Respondent attempted to, or actually did, contact anyone at CPS concerning this visit. Nor is there any record of Respondent filing the legally required child abuse reporting form. In an interview with Board investigators on May 13, 2020, Respondent confirmed that he did not contact CPS after that visit. He later documented that the x-ray was normal.

17. On or about June 2, 2017, Respondent saw Patient A again for upper respiratory symptoms. Respondent diagnosed bronchiolitis. At this visit, there is no documentation in the history or physical regarding the presence or absence of bruises or an update to the unexplained bruise documented May 25, 2017. The unexplained bruise is not listed under "past medical history," which states only, "Reviewed history from 1/12/2017 and no changes required."

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18. On or about June 13, 2017, and August 15, 2017, Respondent saw Patient A for health maintenance visits and administered vaccines. At these visits, there is no documentation in the history or physical regarding the presence or absence of bruises, although under skin, Respondent documents "intact, without lesions, rashes." At neither visit did Respondent provide an update to the unexplained bruise documented May 25, 2017, and the "past medical history" section reiterates only that Respondent "[r]eviewed history from 1/12/2017 and no changes required."

19. On or about October 9, 2017, Patient A's grandmother brought him to Respondent for bruises. Respondent documented:

> "As per maternal grandmother whenever baby visits his biological mom, who he is at the rehab center, baby returns with abuses. Grandmom is his foster parent right now and baby has weekly visits for 3 hour with the biological parents. For the last couple of weeks she has noticed that whenever baby comes back he has bruises. Last time he was visiting parents on Saturday and he came back with 2 new lesions which concerned her a lot. Baby has been acting okay, not crying a lot, feeling okay with good number of wet diapers. Has been his happy himself at baseline. She does not feed [sic] baby gets any bruises when baby is with her. No easy bleeding from gums. She denies hematuria, denies blood in stool, denies easy bruising."

20. Respondent documented a normal physical exam during the above visit except for "[m]ultiple lesions which look like bruises of different ages. Under her [sic] left knee 1x1 centimeter lesion, dark blue in color with induration. Similar lesion centimeter 1x1 above his right nipple. 3 lesions which look like resolving bruises—dark brown in color, 2x2 centimeter, with no erythema on left elbow, right sick of back, below right nipple." As for patient instructions, Respondent documented:

> "(1) discussed in detail The pattern and distribution of lesions look like fresh and fading bruises. Since baby is nonmovable, lesions are not on the lower legs or arms which are more prone to trauma, there are higher chances of being this lesion due to inflicted injury.

"(2) As per grandmom she about the has been informing the CPS worker injuries. Will contact CPS worker and police department regarding the lesions. Asked grandmom to report police on her side to.

"(3) We will refer to child abuse specialist for further evaluation and actions to be taken."

21. There is no documentation that Respondent attempted to, or actually did, contact CPS, a child abuse specialist, or the police concerning this visit. Nor is there any record of Respondent filing the legally required child abuse reporting form.

22. On October 10, 2017, Ampla Health Yuba City Pediatrics staff member A.C. documented a phone call, summarizing that "grandma called she didn't get the lab slip for pt are you able to print it for her?" The follow-up detail noted by Respondent, which is dated October 11, 2017, states, "[N]o labs were order [sic]."

23. On October 18, 2017, Ampla Health Yuba City Pediatrics staff member Y.R. documented a phone call from Sutter County CPS, summarizing that "[K.W.] nurse fro[m] Sutter county CPS would like a call back in regards on bruising on the patient," and provided the return phone number and extension.[2]

24. In the CPS Delivered Services Log, Public Health Nurse K.W. documented a discussion with Respondent on October 18, 2017, stating:

"Provider discussed suspicion of intentional bruising. Provider stated he wanted to take pictures. PHN [public health nurse] asked if provider was able to obtain photographs. Provider stated he was instructed taking pictures was not clinic policy. Provider stated if abuse was suspected, Ampla Health's protocol was to contact an abuse specialist. PHN inquired whether provider thought bruising was possible result of metabolic or clotting disorder. Provider stated he would contact specialist and discuss case and see which provider might order blood tests, xrays, etc."

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[2] Respondent signed this phone call note as "done" on November 2, 2017, at 10:03 a.m.

25. On October 30, 2017, Ampla Health Yuba City Pediatrics staff member Y.C. documented a phone call, summarizing, "Grandmother called and would like to pick up the lab slip in regards to brussing [sic] but there is nothing in file."[3]

26. On November 1, 2017, Ampla Health Yuba City Pediatrics staff member Y.C. documented a phone call, summarizing, "[K.W.] the nurse is calling from Sutter County CPS requesting for the child to get a lab slip due to brussing [sic]. lab slip for clotting times and clotting factors."[4]

27. In the CPS Delivered Services Log, Public Health Nurse K.W. documented a telephone call made to Respondent's office on November 1, 2017, stating, "Staff member [] confirmed no requests for bloodwork had to date been ordered for [Patient A]. PHN requested a note be given to provider requesting labwork for clotting times and clotting factors to rule out anemia or clotting disorder as possible cause of recent bruising."

28. In the CPS Delivered Services Log, Public Health Nurse K.W. documented a discussion with Respondent on November 2, 2017, stating:

> "PHN received TC from [Respondent] for clarification of need for blood tests. Provider stated he suspected abuse and questioned need for labs. PHN explained need to rule out organic cause of bruising to be thorough in determining cause. Provider stated he wanted to take pictures of bruising for documentation but clarified with clinic that this was not protocol. Provider agreed to order labs and stated he 'will contact child abuse specialist.'"[5]

29. On or about November 8, 2017, Respondent saw Patient A for upper respiratory symptoms, fever, and ear pulling for two to three days. Respondent documented the exam as normal except for clear serous discharge. Respondent did not document in the history or physical regarding the presence or absence of bruises and did not update the bruising described at the

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[3] Respondent signed this phone call note on November 7, 2017, at 5:22 p.m., documenting "lab order ready to be picked up."

[4] Respondent signed this phone call note on November 7, 2017, at 5:25 p.m., documenting "lab order ready."

[5] In the CPS Delivered Services Log, Public Health Nurse K.W. documented that, on November 9, 2017, she "asked provider if he was able to follow up with child abuse specialist per 11/2/17 TC. Provider stated he was unable to contact specialist."

October 9, 2017 visit. That same day, a Quest Laboratory specimen was drawn at approximately 11:09 a.m. and received in the laboratory at approximately 11:24 p.m. The laboratory tests included CBC, PTT, PT, and Protein C.

30. On or about November 9, 2017, Ampla Health Yuba City Pediatrics staff member A.G. documented a phone call, summarizing, "[K.W.] from Sutter County . . . . was calling to request lab results for INR ordered 11/7/2017." The staff member documented that she called Quest on November 9, 2017, and that labs would be faxed immediately. Respondent's office received the laboratory results by fax for the first time on or about November 9, 2017, at approximately 2:48 p.m. The CBC was normal except for mildly low hemoglobin and mildly elevated platelets. The PT and INR were normal, and the protein C was still pending at that time. There was no PTT numerical result given; instead, there is a note stating, "Unable to report. Repeat analysis of this specimen yielded inconsistent or unacceptable results." There are no notations on the laboratory results that Quest attempted to contact Respondent or any other physician regarding the results.

31. Earlier that morning on November 9, 2017 (just after midnight), Patient A's grandmother had taken the baby to the Emergency Department at Rideout Memorial Hospital because she could not wake him after an 8.5-hour nap. On exam, he was unresponsive, but breathing, with a fixed and dilated right pupil and a 2mm non-reactive left pupil. A stat head CT showed numerous areas of hemorrhage including many hematomas. These bleeds were accompanied by shift of midline structures from right to left with dilation of the contralateral left lateral ventricle.

32. Due to severe brain injury with herniation, Patient A was intubated, hyperventilated, and provided mannitol at Rideout Memorial Hospital. He was transferred to the pediatric intensive care unit at Sutter Sacramento. Upon admission, Patient A's PTT was measured at 108. The Sutter discharge summary said the PTT performed by Quest on November 8, 2017, was "too high to report." Neurosurgical consultants stated that, due to the extensive bleeding, midline shift, and herniation, surgical intervention would be futile and the prognosis was grim.

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33. The child abuse specialist at Sutter, Dr. A.V., saw Patient A on the afternoon of November 9, 2017. She documented the following:

> "The MGM [maternal grandmother] has noted the baby having unexplained bruises since about 5 months of age, usually when he returns from visits with the parents. The MGM did note that once he got his arm stuck in the crib and had a bruise on his arm while he was in her care. The MGM sent me photos of the bruises for review. The MGM reported that the bruises always seemed to have 'a knot' in them, indicating that the bruises may have been heamtomas [sic]. MGM denies that he had any other rashes or bleeding. MGM had been urging the PCP with the help of the CPS worker and PHN to perform labs for bleeding problems. This was done at Quest yesterday morning before the baby became ill."

34. Dr. A.V. further documented that the Quest laboratory results included a PTT "testing error that could not be resolved," and that she "spoke with the senior lab technician at Quest tonight. He could not officially report on the PTT, but confirmed that if the PTT was extremely elevated, then the equipment would read 'error.' The test was repeated and no sample is left for further study."

35. On or about November 10, 2017, the hematologist, Dr. S.C.H. saw Patient A. He documented that bruising was first noted in May 2017 "on trunk, without known trauma," and "[t]hen in October, started to have more bruising of unknown cause. They would be hard and palpable, on trunk and extremities (GM showed pictures). According to GM, was brought to PMD but no blood work was done."

36. On November 13, 2017, the Sutter laboratory confirmed the diagnosis of Hemophilia A (Factor 8 deficiency), reporting a Factor 8 activity of less than one percent. The discharge summary noted that child abuse had been ruled out.

37. Because CPS was involved in Patient A's care, Sutter petitioned the court, which agreed with the decision to make the baby "do not resuscitate." After further discussion with Patient A's family, and with the consent of the court, intensive care was withdrawn on November 14, 2017. Cardiac death was declared shortly after cessation of intensive care, and Patient A

became an organ donor.

38. Respondent committed gross negligence in the care and treatment of Patient A, which included, but is not limited to the following:

A. Respondent failed to make a formal report to CPS on May 25, 2017, pursuant to California's Child Abuse and Neglect Reporting Act (Penal Code sections 11164-11174.3);

B. Respondent failed to make a formal report to CPS on October 9, 2017, pursuant to California's Child Abuse and Neglect Reporting Act (Penal Code sections 11164-11174.3);

C. Respondent failed to contact a child abuse specialist following Patient A's visit on October 9, 2017; and

D. Respondent failed to perform an appropriate medical evaluation (including a timely blood test order) for unexplained, unusual bruising in Patient A.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

39. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during the care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 38, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

40. Respondent's license is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate medical records relating to the care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 39, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

41. Respondent's license is subject to disciplinary action under sections 2227 and 2234 of the Code in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical

profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 40, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 No. A 143529, issued to Kanwar Bir Varinder Jeet Singh Multani, M.D.;

2. Revoking, suspending or denying approval of Kanwar Bir Varinder Jeet Singh Multani, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Kanwar Bir Varinder Jeet Singh Multani, 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: FEB 11 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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