

**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**

**Case No.: 800-2018-049690**

**Respondent.**

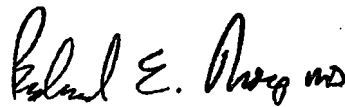
**DECISION**

**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**



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

1 ROB BONTA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 RYAN J. MCEWAN  
Deputy Attorney General  
4 State Bar No. 285595  
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **KANWAR BIR VARINDER JEET SINGH**  
14 **MULTANI, M.D.**  
15 **3749 Kim Way**  
**Yuba City, CA 95993-9127**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 143529**

18 Respondent.

Case No. 800-2018-049690

OAH No. 2021040163

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

19  
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
21 entitled proceedings that the following matters are true:

22 **PARTIES**

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

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1           2.     Respondent Kanwar Bir Varinder Jeet Singh Multani, M.D. (Respondent) is  
2 represented in this proceeding by attorneys Jennifer Scott, Esq., and Terilynn Diepenbrock, Esq.,  
3 Kronick Moskowitz Tiedemann & Girard, 1331 Garden Highway, 2nd Floor, Sacramento, CA  
4 95833.

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

9                               **JURISDICTION**

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

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

16                               **ADVISEMENT AND WAIVERS**

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

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

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

1 CULPABILITY

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

5 10. Respondent does not contest that, at an administrative hearing, complainant could  
6 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-  
7 2018-049690, a true and correct copy of which is attached hereto as Exhibit A, and that his  
8 Physician's and Surgeon's Certificate, No. A 143529 has been subjected to disciplinary action.

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

12 CONTINGENCY

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

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

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

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

7 **DISCIPLINARY ORDER**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

4 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
5 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
6 name and qualifications of a replacement monitor who will be assuming that responsibility within  
7 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
8 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
9 notification from the Board or its designee to cease the practice of medicine within three (3)  
10 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
11 replacement monitor is approved and assumes monitoring responsibility.

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

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

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



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

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

26 10. GENERAL PROBATION REQUIREMENTS.

27 Compliance with Probation Unit

28 Respondent shall comply with the Board's probation unit.

1        Address Changes

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

7        Place of Practice

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

11       License Renewal

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

14       Travel or Residence Outside California

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

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

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

24       12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
25       its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
26       30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
27       defined as any period of time Respondent is not practicing medicine as defined in Business and  
28       Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

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

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

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

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

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

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

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

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

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

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

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

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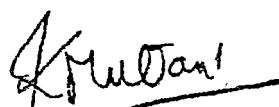
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1 ACCEPTANCE

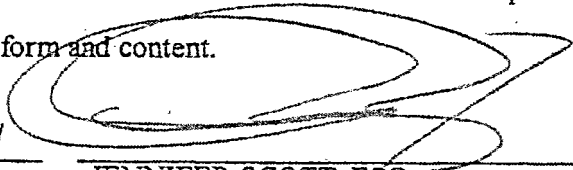
2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
3 discussed it with my attorneys, Jennifer Scott, Esq. and Terilynn Diepenbrock, Esq. I understand  
4 the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into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

7  
8 DATED: 10/13/21

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

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

14 DATED: Oct 13, 2021

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


17  
18 ENDORSEMENT

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

21 DATED: 10/13/2021

Respectfully submitted,

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

25   
26 RYAN J. MCEWAN  
27 Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 800-2018-049690**

1 XAVIER BECERRA  
Attorney General of California  
2 STEVEN D. MUNI  
Supervising Deputy Attorney General  
3 RYAN J. MCEWAN  
Deputy Attorney General  
4 State Bar No. 285595  
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5 P.O. Box 944255  
Sacramento, CA 94244-2550  
6 Telephone: (916) 210-7548  
Facsimile: (916) 327-2247  
7 *Attorneys for Complainant*

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

Case No. 800-2018-049690

13 **Kanwar Bir Varinder Jeet Singh**  
14 **Multani, M.D.**  
3749 Kim Way  
15 **Yuba City, CA 95993-9127**

**A C C U S A T I O N**

16 **Physician's and Surgeon's Certificate**  
17 **No. A 143529,**

Respondent.

18  
19 **PARTIES**

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

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

27 ///

28 ///

## 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.



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

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

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

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

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

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

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

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

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

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

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

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

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

28 ///

“(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.<sup>1</sup> 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.

<sup>1</sup> The patient's name is redacted to protect privacy. It will be provided in discovery.

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

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

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

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

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

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

28       ///

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

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

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

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

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

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

4           “(3) We will refer to child abuse specialist for further evaluation and actions to  
5           be taken.”

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

9           22. On October 10, 2017, Ampla Health Yuba City Pediatrics staff member A.C.  
10          documented a phone call, summarizing that “grandma called she didn’t get the lab slip for pt are  
11          you able to print it for her?” The follow-up detail noted by Respondent, which is dated October  
12          11, 2017, states, “[N]o labs were order [sic].”

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

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

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

26          ///

27          ///

28                 <sup>2</sup> Respondent signed this phone call note as “done” on November 2, 2017, at 10:03 a.m.

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

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

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

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

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

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

25           <sup>3</sup> Respondent signed this phone call note on November 7, 2017, at 5:22 p.m., documenting  
26 "lab order ready to be picked up."

27           <sup>4</sup> Respondent signed this phone call note on November 7, 2017, at 5:25 p.m., documenting  
28 "lab order ready."

<sup>5</sup> 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."

1 October 9, 2017 visit. That same day, a Quest Laboratory specimen was drawn at approximately  
2 11:09 a.m. and received in the laboratory at approximately 11:24 p.m. The laboratory tests  
3 included CBC, PTT, PT, and Protein C.

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

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

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

28 ///



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

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

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

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

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

25           37. Because CPS was involved in Patient A’s care, Sutter petitioned the court, which  
26 agreed with the decision to make the baby “do not resuscitate.” After further discussion with  
27 Patient A’s family, and with the consent of the court, intensive care was withdrawn on November  
28 14, 2017. Cardiac death was declared shortly after cessation of intensive care, and Patient A

1 became an organ donor.

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

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

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

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

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

12 **SECOND CAUSE FOR DISCIPLINE**

13 **(Repeated Negligent Acts)**

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

18 **THIRD CAUSE FOR DISCIPLINE**

19 **(Failure to Maintain Adequate and Accurate Records)**

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

24 **FOURTH CAUSE FOR DISCIPLINE**

25 **(General Unprofessional Conduct)**

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

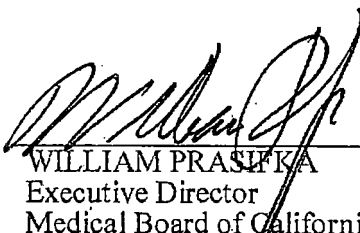
1 profession, and which demonstrates an unfitness to practice medicine, as more particularly  
2 alleged in paragraphs 9 through 40, above, which are hereby incorporated by reference and  
3 realleged as if fully set forth herein.

4 **PRAYER**

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

- 7 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 143529, issued  
8 to Kanwar Bir Varinder Jeet Singh Multani, M.D.;
- 9 2. Revoking, suspending or denying approval of Kanwar Bir Varinder Jeet Singh  
10 Multani, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 11 3. Ordering Kanwar Bir Varinder Jeet Singh Multani, M.D., if placed on probation, to  
12 pay the Board the costs of probation monitoring; and
- 13 4. Taking such other and further action as deemed necessary and proper.
- 14

15  
16 DATED: FEB 11 2021

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

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