

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

In the Matter of the First Amended
Accusation Against:

Feliciano Antonio Serrano II, M.D.

Physician's and Surgeon's
Certificate No. A 88849

Respondent.

Case No.: 800-2018-049600

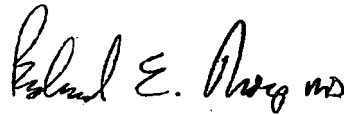
DECISION

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

This Decision shall become effective at 5:00 p.m. on January 13, 2023.

IT IS SO ORDERED: December 15, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 STEVE DIEHL
Supervising Deputy Attorney General
3 RYAN J. MCEWAN
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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation
13 Against:

14 **FELICIANO ANTONIO SERRANO II,**
15 **M.D.**
16 **7305 Pacific Blvd., Floor 2**
Huntington Park, CA 90255

17 **Physician's and Surgeon's Certificate**
18 **No. A 88849**

19 Respondent.

Case No. 800-2018-049600

OAH No. 2022010282

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

23 **PARTIES**

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

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1 behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the
2 production of documents; the right to reconsideration and court review of an adverse decision;
3 and all other rights accorded by the California Administrative Procedure Act and other applicable
4 laws.

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

7 **CULPABILITY**

8 9. Respondent understands and agrees that the charges and allegations in First Amended
9 Accusation No. 800-2018-049600, if proven at a hearing, constitute cause for imposing discipline
10 upon his Physician's and Surgeon's Certificate.

11 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
12 for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to
13 contest those charges.

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

17 **CONTINGENCY**

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

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1 13. Respondent agrees that if he ever petitions for early termination or modification of
2 probation, or if an accusation and/or petition to revoke probation is filed against him before the
3 Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-
4 049600 shall be deemed true, correct and fully admitted by respondent for purposes of any such
5 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

12 **DISCIPLINARY ORDER**

13 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 88849 issued
14 to Respondent FELICIANO ANTONIO SERRANO II, M.D. is revoked. However, the
15 revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the
16 following terms and conditions. This Order supersedes the probationary order in Case No. 800-
17 2014-007881.

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

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

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

15 Respondent shall submit a certification of successful completion to the Board or its
16 designee not later than 15 calendar days after successfully completing the course, or not later than
17 15 calendar days after the effective date of the Decision, whichever is later.

18 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
19 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
20 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose
21 licenses are valid and in good standing, and who are preferably American Board of Medical
22 Specialties (ABMS) certified. At least one practice monitor proposed by Respondent shall be
23 qualified to determine whether Respondent is complying with the practice restrictions in
24 Paragraph 4 below. A monitor shall have no prior or current business or personal relationship
25 with Respondent, or other relationship that could reasonably be expected to compromise the
26 ability of the monitor to render fair and unbiased reports to the Board, including but not limited to
27 any form of bartering, shall be in Respondent's field of practice, and must agree to serve as
28 Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

17 The monitor(s) shall submit a quarterly written report to the Board or its designee which
18 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
19 are within the standards of practice of medicine, and whether Respondent is practicing medicine
20 safely, billing appropriately or both. The quarterly written report to the Board shall further
21 indicate whether Respondent is complying with the practice restrictions in Paragraph 4 below. It
22 shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly
23 written reports to the Board or its designee within 10 calendar days after the end of the preceding
24 quarter.

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
27 name and qualifications of a replacement monitor who will be assuming that responsibility within
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60

1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
2 notification from the Board or its designee to cease the practice of medicine within three (3)
3 calendar days after being so notified. Respondent shall cease the practice of medicine until a
4 replacement monitor is approved and assumes monitoring responsibility.

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

10 4. PRACTICE RESTRICTION. During probation, Respondent will not schedule the
11 performance of routine fistulagrams. All fistulagrams will be clinically indicated, which includes,
12 but is not limited to, objective indications established by ultrasound in each case. Respondent
13 will include ultrasound images in the patient's medical records whenever a fistulagram is deemed
14 clinically indicated. In addition, during probation, Respondent will not place bare metal stents
15 within a patient's fistula for dialysis access. After the effective date of this Decision, all patients
16 being treated by Respondent shall be notified that Respondent will not perform routine
17 fistulagrams without objective indications, including an ultrasound, and will not place bare metal
18 stents within a fistula. Any new patients must be provided this notification at the time of their
19 initial appointment.

20 Respondent shall maintain a log of all patients to whom the required oral and/or written
21 notification was made. The log shall contain the: 1) patient's name, address and phone number;
22 2) patient's medical record number, if available; 3) the full name of the person making the
23 notification; 4) the date the notification was made; and 5) a description of the notification given.
24 Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the
25 log available for immediate inspection and copying on the premises at all times during business
26 hours by the Board or its designee, and shall retain the log for the entire term of probation.

27 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
28 Respondent shall provide a true copy of this Decision and First Amended Accusation to the Chief

1 of Staff or the Chief Executive Officer at every hospital where privileges or membership are
2 extended to Respondent, at any other facility where Respondent engages in the practice of
3 medicine, including all physician and locum tenens registries or other similar agencies, and to the
4 Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage
5 to Respondent. Respondent shall submit proof of compliance to the Board or its designee within
6 15 calendar days.

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

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

11 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
12 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
13 \$13,366.25 (thirteen thousand three hundred sixty-six dollars and twenty-five cents). Costs shall
14 be payable to the Medical Board of California. Failure to pay such costs shall be considered a
15 violation of probation.

16 Payment must be made in full within 30 calendar days of the effective date of the Order, or
17 by a payment plan approved by the Medical Board of California. Any and all requests for a
18 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
19 the payment plan shall be considered a violation of probation.

20 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
21 repay investigation and enforcement costs.

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

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

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1 9. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

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

4 Address Changes

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

10 Place of Practice

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

14 License Renewal

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

17 Travel or Residence Outside California

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

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

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

27 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 period of non-practice.

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

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

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

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

25 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. This term does not include cost recovery, which is due within 30
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
2 shall be fully restored.

3 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
4 of probation is a violation of probation. If Respondent violates probation in any respect, the
5 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
6 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,
7 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have
8 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
9 the matter is final.

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

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

25 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
26 a new license or certification, or petition for reinstatement of a license, by any other health care
27 licensing action agency in the State of California, all of the charges and allegations contained in
28 First Amended Accusation No. 800-2018-049600 shall be deemed to be true, correct, and

1 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
2 seeking to deny or restrict license.

3 **ACCEPTANCE**

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
5 discussed it with my attorneys, Raymond J. McMahon, Esq. and Peter R. Osinoff, Esq. I
6 understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate.
7 I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and
8 intelligently, and agree to be bound by the Decision and Order of the Medical Board of
9 California.

10
11 DATED: 10/13/2022 
12 FELICIANO ANTONIO SERRANO II, M.D.
Respondent

13 I have read and fully discussed with Respondent Feliciano Antonio Serrano II, M.D. the
14 terms and conditions and other matters contained in the above Stipulated Settlement and
15 Disciplinary Order. I approve its form and content.

16
17 DATED: October 17, 2022 
18 RAYMOND J. McMAHON, ESQ.
Attorney for Respondent

19
20 I have read and fully discussed with Respondent Feliciano Antonio Serrano II, M.D. the
21 terms and conditions and other matters contained in the above Stipulated Settlement and
22 Disciplinary Order. I approve its form and content.

23
24 DATED: 10/17/2022 
25 PETER R. OSINOFF, ESQ.
Attorney for Respondent

26
27 *///*

28

ENDORSEMENT

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

DATED: 10/17/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General



RYAN J. MCEWAN
Deputy Attorney General
Attorneys for Complainant

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36625775.docx

Exhibit A

First Amended Accusation No. 800-2018-049600

1 ROB BONTA
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9 **BEFORE THE**
10 **MEDICAL BOARD OF CALIFORNIA**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
12 **STATE OF CALIFORNIA**

12 In the Matter of the First Amended Accusation
13 Against:

Case No. 800-2018-049600

14 **FELICIANO ANTONIO SERRANO II, M.D.**
15 **7305 Pacific Blvd., Floor 2**
Huntington Park, CA 90255-5736

FIRST AMENDED ACCUSATION

16 **Physician's and Surgeon's Certificate**
No. A 88849,

17 Respondent.

18
19 **PARTIES**

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

24 2. On or about September 10, 2004, the Board issued Physician's and Surgeon's
25 Certificate No. A 88849 to Feliciano Antonio Serrano II, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on March 31, 2024, unless renewed.

28 *///*

1 JURISDICTION

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

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

9 5. Section 2234 of the Code, states:

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

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

15 "(b) Gross negligence.

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

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

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

28 "(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 COST RECOVERY

12 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
13 administrative law judge to direct a licensee found to have committed a violation or violations of
14 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
15 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
16 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
17 included in a stipulated settlement.

18 FACTUAL ALLEGATIONS

19 8. Respondent is a nephrologist and vascular physician who practices in Huntington
20 Park, California. On or about August 25, 2017, Patient A,¹ then a 72-year-old male, consulted
21 Respondent for a second opinion. Patient A had a history of diabetes mellitus, hypertension,
22 advanced chronic kidney disease, and had developed end stage renal disease (ESRD). He had
23 been on hemodialysis at DaVita Doctors Dialysis Montebello (“DaVita”) three times per week
24 since October 2016, where he had a primary nephrology team overseen by Dr. P.C. Patient A
25 sought a second opinion from Respondent due to his dissatisfaction with hemodialysis.

26 ///

27
28 ¹ The patient’s name is omitted to protect privacy. Respondent is aware of the identity of
Patient A.

1 9. During the August 25, 2017 initial consultation, Respondent documented that Patient
2 A had “missed dialysis sessions in the past by his own choice and he actually ‘felt better off
3 dialysis.’” He further noted that Respondent would consider stopping dialysis altogether.
4 Respondent documented a plan to perform a renal ultrasound and regular labs on the following
5 Friday “before regular dialysis session (the patient stated he would skip Wednesday dialysis
6 session as he has in the past).” He also documented counseling Patient A on the “usage of
7 probiotics (Rinonol v. Renadyl) to help remove uremic toxins and as an option to either delay or
8 refrain from dialysis initiation.”²

9 10. On the same day as the consultation, Respondent performed a right arm fistulagram³
10 and angioplasty⁴ of the right subclavian vein for 60% subclavian vein stenosis.⁵ The indication
11 was infiltration, “poor pulse pressure and has not had venogram evaluation since fistula creation.”
12 Respondent documented a plan to repeat the procedure in two months.

13 11. Following the initial consultation, Patient A continued to see Respondent for regular
14 follow-up visits and lab work while continuing to receive treatment and hemodialysis at DaVita.
15 On or about February 21, 2018, Respondent noted that Patient A had been “dialyzing twice
16 weekly now.” Respondent documented a plan for Patient A to continue hemodialysis twice per
17 week and to return to Respondent’s clinic in four weeks.

18 12. On or about May 4, 2018, Patient A reported to Respondent that he was recently “put
19 in ‘an insane asylum’ with a psychiatrist for some reason.” At the next visit, on June 8, 2018,
20 Respondent documented the history of present illness as follows: “[Patient A] adamant about
21 stopping hemodialysis + told he had to do one more blood test to confirm GFR⁶.” Respondent
22 documented a plan to “draw labs here” in a couple days and for Patient A to return for a follow-

23 _____
24 ² Rinonol is the probiotic supplement Respondent recommended to Patient A. Respondent
told Board investigators that Patient A tried probiotics briefly.

25 ³ A fistula is a passage from the kidney that allows kidney dialysis. A fistulagram (also
referred to as a venogram) is an imaging procedure to look at the blood flow and check for blood
26 clots or other blockages in the fistula.

27 ⁴ An angioplasty is a procedure used to widen a narrowed or obstructed blood vessel.

28 ⁵ Stenosis in this context refers to the narrowing of a blood vessel, which slows and
reduces blood flow.

⁶ Glomerular filtration rate (GFR) is a calculation that determines how well the blood is
filtered by the kidneys.

1 up in one week. Respondent did not document Patient A's decision-making capacity during the
2 June 8, 2018 visit. Nor did he document anything related to Patient A's understanding of the
3 potential consequences of stopping hemodialysis.

4 13. The DaVita medical records show that, on May 1, 2018, Patient A reported suicidal
5 ideations to the dialysis social worker. As a result, he was transported to the Beverly Hospital
6 emergency department. Subsequent DaVita medical records note that Patient A was discharged
7 from the hospital after observation and evaluation by a psychologist and that he resumed dialysis
8 along with following up with his psychiatrist (or psychologist).

9 14. On or about Friday, August 10, 2018, Patient A informed Respondent that he hadn't
10 been to hemodialysis since the prior Saturday. Respondent documented the lung examination as
11 "CTAB" and labs were drawn that same day to evaluate renal parameters. The plan included
12 "continue hemodialysis."

13 15. On or about October 3, 2018, Respondent documented that Patient A told him that he
14 "refuses to continue with renal replacement therapy." Respondent documented a plan stating,
15 "Lasix 80mg PO BID; May stop HD x 2 weeks; lower fluid intake; lower K diet; RTC - 2 weeks
16 with new labs" with an additional note of "Rinonol." Attached to the visit summary is a
17 physician order note stating, "Pt may hold dialysis for 2 weeks. Pt will return to the office in 2
18 weeks for blood draw. Lab values will be reviewed." Patient A's last dialysis treatment at DaVita
19 occurred on October 2, 2018. The DaVita records show a discharge date of October 3, 2018.
20 During an interview with Board investigators on February 27, 2020, Respondent stated that he
21 assumed responsibility for Patient A when he stopped dialysis treatment at DaVita.

22 16. On or about October 26, 2018, Respondent documented a chief complaint that Patient
23 A "feels weak" and an HPI stating, "Has NOT been to HD in 2 weeks. c/o diarrhea for last 2
24 weeks. No N/V. Feels well - diarrhea resolved now." Respondent documented a plan stating, "Pt
25 probably volume depleted & had AKI/CKDV likely GFR 10% or more. May stay off HD as he
26 has no uremic sx. RTC - 2 weeks with same labs." There is no documentation whether Patient A
27 had given the 10/3/2018 physician order note (mentioned above) to his prior nephrologist or the
28

1 DaVita staff. Nor is there any documentation that Respondent had communicated (or attempted to
2 communicate) with Patient A's prior nephrologist or the DaVita staff.

3 17. Patient A continued to see Respondent for treatment every 1-3 weeks. Although
4 Respondent documented that Patient A did not want to return to dialysis on two occasions, he did
5 not document a discussion to clarify if Patient A would still make the same decision if his kidney
6 function were to progress from stage 5 chronic kidney disease (CKD) to ESRD and if he
7 understood that ESRD is considered a terminal condition without dialysis. It is also not clear from
8 the documentation whether Patient A demonstrated to Respondent that he understood the
9 potential risks associated with his decision and if he was offered other resources such as a referral
10 to palliative care or if he was informed to ask his prior nephrologist or primary care provider
11 about a palliative care referral.

12 18. During his time off hemodialysis, Patient A reported to Respondent episodes of
13 diarrhea and upper respiratory tract infection that appeared to have led to episodes of acute kidney
14 injury that had contributed to progression of advanced CKD.

15 19. On or about February 5, 2019, following a complaint from DaVita staff regarding
16 Respondent's care of Patient A, the Board sent a request to Respondent seeking certified medical
17 records for Patient A.

18 20. On or about February 11, 2019, Patient A visited Respondent and reported
19 generalized weakness and decreased appetite. Respondent noted crackles upon a respiratory
20 examination. These symptoms indicated progression to ESRD. Respondent performed a
21 fistulagram due to right upper extremity pain at the fistula site and recommended the patient go to
22 the emergency department to start hemodialysis. Respondent documented, "I had a long
23 discussion with [Patient A] today and instructed him to return to hemodialysis despite his
24 reluctance to do so. In preparation for this we evaluated his painful dialysis access which had not
25 been used in 4 months. We also talked to the emergency room physician when he arrived at the
26 hospital to facilitate this. He will be rescheduled for a repeat venogram in 2 to 3 months."

27 21. On or about February 12, 2019, Patient A presented to Adventist White Memorial
28 Hospital's emergency department. Patient A was discharged on February 15, 2021, after receiving

1 in-patient dialysis treatments and being accepted as a dialysis patient by DaVita Drs. Dialysis of
2 East LA.

3 22. In addition to the visits and treatment described above, Respondent performed
4 unnecessary fistulagrams and placed stents on a regular basis. For example, following the initial
5 fistulagram on August 25, 2017, Respondent performed a fistulagram and stent placement on or
6 about December 22, 2017, for "70% body of fistula stenosis." Respondent documented the
7 indication as prolonged bleeding and right arm pain. Following the angioplasty, Respondent
8 documented a "more than 20% residual" as prompting placement of a stent in the cephalic vein
9 and resulting in "less than 20% residual." Respondent documented a plan to repeat the procedure
10 in two months due to "the difficulty of this case and severity of the recurring lesions."

11 23. On or about April 25, 2018, Respondent performed a right arm fistulagram with
12 angioplasty and stenting of right cephalic vein and right cephalic arch for 70% stenosis.
13 Respondent documented a plan to repeat the procedure in two months due to "the difficulty of
14 this case and severity of the recurring lesions."

15 24. On or about September 19, 2018, Respondent performed a right arm fistulagram with
16 angioplasty and stent placement for in-stent stenosis of a previously placed stent. The indication
17 for the procedure was a complaint of right arm pain and difficulty with cannulation⁷ during
18 dialysis. Respondent documented a plan to repeat the procedure in 2-3 months.

19 25. As noted above, Respondent performed another right arm fistulagram and angioplasty
20 on or about February 11, 2019. The indications were for complaint of right arm pain as well as
21 evaluation of the fistula in preparation for re-initiation of dialysis. Respondent performed the
22 angioplasty of a 70% stenosis with plans to repeat the procedure in 2-3 months.

23 26. During Respondent's treatment of Patient A, he did not document any use of
24 ultrasound when Patient A had arm pain or infiltration to assist with diagnosis. Nor did
25 Respondent document the use of ultrasound to follow up on the "difficult and recurring lesions"
26

27 ⁷ Cannulation is the act of establishing a "canal" between an arterialized vein (the fistula
28 or graft) and the system of blood lines that allow blood to be circulated between the patient and
the dialysis machine.

1 noted during fistulagrams. Nor did Respondent document consideration for vascular surgical
2 consultation at any point.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Gross Negligence)**

5 27. Respondent's license is subject to disciplinary action under section 2234, subdivision
6 (b), of the Code, in that he committed gross negligence during the care and treatment of Patient
7 A, as more particularly alleged in paragraphs 8 through 26 above, which are hereby incorporated
8 by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

9 28. Respondent committed grossly negligent acts, including but not limited to:

10 A. Scheduling and performing routine preemptive fistulagrams without clinical
11 indication; and

12 B. Using bare metal stent placement within fistulas and for in-stent stenosis.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Repeated Negligent Acts)**

15 29. Respondent's license is subject to disciplinary action under section 2234, subdivision
16 (c), of the Code, in that he committed repeated negligent acts during the care and treatment of
17 Patient A, as more particularly alleged in paragraphs 8 through 28 above, which are hereby
18 incorporated by reference and realleged as if fully set forth herein. Additional circumstances are
19 as follows:

20 30. Respondent committed the following additional negligent acts, including but not
21 limited to:

22 A. Failing to communicate (or document attempts to communicate) with Patient
23 A's primary nephrologist (or nephrology group) and relay his second opinion recommendations.

24 B. Failing to determine Patient A's decision-making capacity, document Patient
25 A's decision-making capacity, or have (or document) a meaningful discussion with Patient A
26 regarding the risks and benefits of stopping hemodialysis, including providing the patient
27 information about other treatment options and palliative care; and

28 C. Failing to use duplex ultrasounds to assist in his diagnosis of Patient A's arm

1 pain or fistula restenosis.

2 **THIRD CAUSE FOR DISCIPLINE**

3 **(Failure to Maintain Adequate and Accurate Medical Records)**

4 31. Respondent's license is subject to disciplinary action under section 2266 of the Code
5 in that he failed to maintain adequate and accurate medical records relating to the care and
6 treatment of Patient A, as more particularly alleged in paragraphs 8 through 30, above, which are
7 hereby incorporated by reference and realleged as if fully set forth herein.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 **(General Unprofessional Conduct)**

10 32. Respondent's license is subject to disciplinary action under section 2234 of the Code
11 in that he engaged in unprofessional conduct when he violated section 2234, subdivisions (b)
12 through (c), and Section 2266 of the Code. In addition, Respondent engaged in conduct which
13 breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a
14 member in good standing of the medical profession, and which demonstrate an unfitness to
15 practice medicine.

16 **DISCIPLINARY CONSIDERATIONS**

17 33. To determine the degree of discipline, if any, to be imposed on Respondent,
18 Complainant alleges that on March 15, 2019, in a prior disciplinary action titled *In the Matter of*
19 *the First Amended Accusation Against Feliciano Antonio Serrano II, M.D.* before the Medical
20 Board of California, in Case No. 800-2014-007881, Respondent's license was revoked; however,
21 the revocation was stayed and Respondent's license was placed on probation for a period of three
22 (3) years with certain terms and conditions. The underlying First Amended Accusation alleged
23 that Respondent committed gross negligence and repeated negligent acts, demonstrated
24 incompetence, and failed to maintain adequate and accurate medical records during the care and
25 treatment of two patients. That Decision is now final and is incorporated by reference as if fully
26 set forth herein.

27 34. In addition, on July 23, 2020, in Case No. 800-2018-044107, the Medical Board of
28 California issued a Public Letter of Reprimand to Respondent, stating: "An investigation by the

1 Medical Board of California revealed you failed to adequately or accurately document your
2 patient communications and consultative recommendations, thereby potentially delaying or
3 reducing dialysis treatments to three patients. These actions constitute a violation of Business and
4 Professions Code [section] 2226.” As part of the discipline, Respondent was required to complete
5 a medical record keeping course.

6 **PRAYER**

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

- 9 1. Revoking or suspending Physician’s and Surgeon’s Certificate No. A 88849, issued
10 to Respondent Feliciano Antonio Serrano II, M.D.;
- 11 2. Revoking, suspending or denying approval of Respondent Feliciano Antonio Serrano
12 II, M.D.’s authority to supervise physician assistants and advanced practice nurses;
- 13 3. Ordering Respondent Feliciano Antonio Serrano II, M.D., to pay the Board the costs
14 of the investigation and enforcement of this case, and if placed on probation, the costs of
15 probation monitoring; and
- 16 4. Taking such other and further action as deemed necessary and proper.

17
18 DATED: **MAR 30 2022**



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

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