

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

In the Matter of the Amended Accusation
Against:

Vasuki Daram, M.D.

Physician's and Surgeon's
Certificate No. A 93866

Respondent.

Case No. 800-2019-057398

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 2, 2023.

IT IS SO ORDERED January 31, 2023.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
4 State Bar No. 237826
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7549
Facsimile: (916) 327-2247
7 *Attorneys for Complainant*

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

13 In the Matter of the Amended Accusation
Against:

14 **VASUKI DARAM, M.D.**
15 **P.O. BOX 188671**
Sacramento, CA 95818

16
17 **Physician's and Surgeon's Certificate No. A**
93866

18 Respondent.
19

Case No. 800-2019-057398

OAH No. 2021120219

20 **STIPULATED SETTLEMENT AND**
21 **DISCIPLINARY ORDER**

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

24 **PARTIES**

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

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

3 **CULPABILITY**

4 9. Respondent understands and agrees that the charges and allegations in Amended
5 Accusation No. 800-2019-057398, if proven at a hearing, constitute cause for imposing discipline
6 upon her Physician's and Surgeon's Certificate.

7 10. Respondent does not contest that, at an administrative hearing, Complainant could
8 establish a prima facie case or factual basis with respect to the charges and allegations in
9 Amended Accusation No. 800-2019-057398, a true and correct copy of which is attached hereto
10 as Exhibit A, and that he has thereby subjected her Physician's and Surgeon's Certificate, No. A
11 93866 to disciplinary action, and hereby gives up her right to contest those charges.

12 11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
13 discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the
14 Disciplinary Order below.

15 **RESERVATION**

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

20 **CONTINGENCY**

21 13. This stipulation shall be subject to approval by the Medical Board of California.
22 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
23 Board of California may communicate directly with the Board regarding this stipulation and
24 settlement, without notice to or participation by Respondent or her counsel. By signing the
25 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
26 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
27 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
28 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

3 14. Respondent agrees that if an accusation is filed against her before the Board, all of the
4 charges and allegations contained in the Amended Accusation No. 800-2019-057398 shall be
5 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
6 other licensing proceeding involving Respondent in the State of California.

7 **ADDITIONAL PROVISIONS**

8 15. This Stipulated Settlement and Disciplinary Order is intended by the parties herein
9 to be an integrated writing representing the complete, final, and exclusive embodiment of the
10 agreements of the parties in the above-entitled matter.

11 16. The parties agree that copies of this Stipulated Settlement and Disciplinary Order,
12 including copies of the signatures of the parties, may be used in lieu of original documents and
13 signatures and, further, that such copies shall have the same force and effect as originals.

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

17 **DISCIPLINARY ORDER**

18 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 93866 issued
19 to Respondent Vasuki Daram, M.D. shall be and is hereby publicly reprimanded pursuant to
20 California Business and Professions Code, section 2227, subdivision (a) (4.) This public
21 reprimand, which is issued in connection with Respondent's care and treatment of Patients A, B,
22 and C, as set forth in Amended Accusation No. 800-2017-036806, is as follows:

23 "You failed to appropriately keep adequate documentation of your patient encounters with
24 Patients A, B, and C."

25 **A. EDUCATION COURSE**

26 Within 60 calendar days of the effective date of this Decision, Respondent shall submit to
27 the Board or its designee for its prior approval, educational program(s) or course(s) which shall
28 not be less than 40 hours, in addition to the 25 hours required for license renewal. The

1 educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or
2 knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at
3 Respondent's expense and shall be in addition to the Continuing Medical Education (CME)
4 requirements for renewal of licensure. Following the completion of each course, the Board or its
5 designee may administer an examination to test Respondent's knowledge of the course. Within
6 12 months of the effective date of this Decision, Respondent shall provide proof of attendance for
7 65 hours of CME of which 40 hours were in satisfaction of this condition.

8 Failure to successfully complete and provide proof of attendance to the Board or its
9 designee of the educational program(s) or course(s) within 12 months of the effective date of this
10 Decision, unless the Board or its designee agrees in writing to an extension of time, shall
11 constitute general unprofessional conduct and may serve as the grounds for further disciplinary
12 action.

13 **B. MEDICAL RECORD KEEPING COURSE**

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

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

1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later. Failure to provide
4 proof of successful completion to the Board or its designee within twelve (12) months of the
5 effective date of this Decision, unless the Board or its designee agrees in writing to an extension
6 of that time, shall constitute general unprofessional conduct and may serve as the grounds for
7 further disciplinary action.

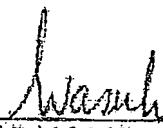
8 **C. COST RECOVERY**

9 Respondent shall pay the cost of investigation and enforcement in the amount of \$1980.00

10 **ACCEPTANCE**

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


16
17 DATED: 7/11/22



VASUKI DARAM, M.D.
Respondent

18
19 I have read and fully discussed with Respondent Vasuki Daram, M.D. the terms and
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
21 I approve its form and content.

22 DATED: 7/12/22



FOR
LINDSAY M. JOHNSON, ESQ.
Attorney for Respondent

23
24
25 **ENDORSEMENT**

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

DATED: 7/13/2022

Respectfully submitted,

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



JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

SA2021302724
36270326.docx

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 JANNSEN TAN
Deputy Attorney General
4 State Bar No. 237826
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7549
Facsimile: (916) 327-2247
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 Amended Accusation
Against:
13 **VASUKI DARAM, M.D.**
14 **PO Box 188671**
Sacramento, CA 95818
15
16 **Physician's and Surgeon's Certificate**
No. A 93866,
17
18 **Respondent.**

Case No. 800-2019-057398
AMENDED ACCUSATION

19
20 **PARTIES**

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

24
25 2. On or about January 25, 2006, the Board issued Physician's and Surgeon's Certificate
26 Number A 93866 to Vasuki Daram, M.D. (Respondent). The Physician's and Surgeon's
27 Certificate was in full force and effect at all times relevant to the charges brought herein and will
28 expire on June 30, 2023, unless renewed.

1 JURISDICTION

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

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
22 medical review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that are
24 agreed to with the board and successfully completed by the licensee, or other matters
25 made confidential or privileged by existing law, is deemed public, and shall be made
26 available to the public by the board pursuant to Section 803.1.

27 STATUTORY PROVISIONS

28 5. Section 2234 of the Code¹, 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.

¹ Business and Professions Code Section 2234 was amended in January 1, 2020. All
allegations in this Amended Accusation occurred prior to January 1, 2020. The prior version of
Section 2234 was effective January 1, 2014 to December 31, 2019.

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

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

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

13 (d) Incompetence.

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

17 (f) Any action or conduct which would have warranted the denial of a
18 certificate.

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

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

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

COST RECOVERY

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

1 FIRST CAUSE FOR DISCIPLINE
2 (Repeated Negligent Acts)

3 8. Respondent's license is subject to disciplinary action under section 2234, subdivision
4 (c), of the Code, in that she committed repeated negligent acts during the care and treatment of
5 Patients A, B, and C². The circumstances are as follows:

6 9. Respondent is a physician and surgeon, board certified in family medicine who at all
7 times relevant to the charges brought herein practiced medicine under The Permanente Medical
8 Group, 6600 Bruceville Rd., Sacramento, CA 95823.

9 Patient A

10 10. At the time she saw Respondent, Patient A was a 73-year-old female, with a history
11 of COPD, Hodgkins Lymphoma, and hypertension. Respondent initially saw Patient A sometime
12 prior to January 2018 once her previous provider retired.

13 11. Approximately a month later, Patient A called Respondent's clinic with complaints of
14 cough for the past 5 weeks, which had been worsening, and wanted it treated. Respondent
15 allegedly asked Patient A to come in for an appointment, but according to Respondent, Patient A
16 refused, and instead asked for medication for the cough. Respondent ordered a chest x-ray.
17 Respondent failed to document Patient A's refusal of treatment, evaluation, diagnosis, or plan of
18 care.

19 12. On or about January 29, 2018, Respondent documented a telephone encounter where
20 Respondent instructed her nurse to call Patient A to let Patient A know that the chest x-ray
21 showed possible pneumonia. Respondent ordered an antibiotic for Patient A, and instructed
22 Patient A to obtain another x-ray one week after she completed the antibiotic. Respondent also
23 documented that Patient A has COPD and has a small amount of fluid in the left lung. The nurse
24 documented that the information was relayed to Patient A on the same day and that Patient A had
25 no other questions.

26 13. On or about January 31, 2018, the nurse documented that Patient A called the clinic
27 regarding night sweats. Patient A stated she believed she was having a reaction to the antibiotic,

28 ² Patient names are redacted to protect privacy.

1 but realized that it might be the pneumonia. Patient A denied any chest pain, palpitation,
2 abdominal pain, dizziness, urinary issues or any other concern. Patient A stated that she would
3 complete the antibiotic course. Patient A requested that Respondent be advised of the call, and
4 asked if Respondent had comments regarding her complaints. The nurse forwarded the message
5 to Respondent. The nurse documented that "Member requests consultation instead of appointment
6 or advice."

7 14. On or about February 1, 2018, Patient A called and continued to complain that she
8 could not sleep and was still continuing to have night sweats.

9 15. On or about February 9, 2018, Respondent saw Patient A for an office visit.
10 Respondent documented that Patient A stated that since "she has been taking the antibiotics has
11 been having sweats and sleeping problem. But it has gotten a little better. She is still coughing,
12 coughing up clear phlegm, chest congestion but much better. She denies any fevers or chills,
13 denies any sore throat, denies any ear pain sinus congestion or chest pain." Respondent
14 documented Patient A had no history of coronary artery disease or CHF and denied any dyspnea
15 on exertion or orthopnea. Respondent also gave IV fluids to Patient A. During her interview with
16 the Board, Respondent stated that Patient A was reticent of going to the emergency room and
17 insisted on IV fluids only. Respondent admitted during her interview that she failed to document
18 Patient A's refusal to go to the emergency room. After trying the IV fluids, Patient A did not feel
19 any better. Respondent had to leave the clinic temporarily, and the covering physician sent
20 Patient A to the emergency room for worsening cough, shortness of breath, dyspnea or exertion
21 and tachycardia. Patient A was found to be in congestive heart failure with low oxygen
22 saturation, low sodium and elevated white blood cell count.

23 16. Respondent's care and treatment of Patient A departed from the standard of care in
24 that she failed to document her conversation with Patient A when she called regarding her
25 symptoms, and failed to document Patient A's evaluation, diagnosis and plan of care.

26 **Patient B**

27 17. At the time she saw Respondent, Patient B was a 63-year-old female with history of
28 diabetes mellitus 2, cervical spine fracture, hypertension, osteoarthritis, epilepsy and anemia.

1 Patient B also had a history of allogenic bone marrow transplant (AML) and was under the care
2 of an oncologist.

3 18. On or about April 8, 2018, Patient B presented to the emergency room (ER) with
4 shortness of breath and altered mental status. Patient B had been brought by EMS from a skilled
5 nursing facility. Respondent was on-call and admitted Patient B. Patient B was found to have a
6 large pleural effusion with mediastinal shift. During her interview with the Board, Respondent
7 claimed that she spoke with Patient B's daughter, and Patient B's oncologist.

8 19. During her interview with the Board, Respondent claimed that she spoke with Patient
9 B's oncologist in great detail because Patient B had AML and was in remission. Respondent
10 stated that Patient B's oncologist told her that Patient B's pleural effusion was chronic, and to
11 hold off on treatment until the fluid was taken from Patient B for evaluation. Respondent
12 admitted that she failed to document any conversations with Patient B's oncologist. Respondent
13 stated that she was concerned that the pleural effusion may have been infectious in nature.

14 20. At the ER, the ER physician tapped the pleural effusion and sent the fluid for studies,
15 and Patient B was admitted to the medical surgical floor. Patient B subsequently developed
16 respiratory distress and started to decompensate, so she was transferred to the ICU.

17 21. Respondent's care and treatment of Patient B departed from the standard of care in
18 that she failed to document her conversation and consult with Patient B's oncologist.

19 **Patient C**

20 22. At the time he saw Respondent, Patient C was a 57-year-old male with history of type
21 2 diabetes and shoulder pain.

22 23. On or about February 20, 2018, Respondent saw Patient C for an office visit. Patient
23 C presented with multiple complaints. He complained of left shoulder pain, falling asleep while
24 driving, and dizziness when he stands up very fast. Respondent ordered an x-ray of the left
25 shoulder and sleep labs.

26 24. Respondent also ordered lab tests, which showed that Patient C was anemic and iron
27 deficient. The second set of labs came back the same.

28 ///

1 25. Respondent asked Patient C to come in to review his labs and start iron tablets. In her
2 interview with the Board, Respondent stated that she also wanted Patient C to come in for an
3 appointment to discuss endoscopy and colonoscopy procedures. Respondent stated that she also
4 tried multiple times to get Patient C to come in for an appointment, but Patient C allegedly did not
5 want to. Respondent admitted that she failed to document her efforts to have Patient C come in
6 for an appointment, and Patient C's refusal to come in for an appointment. Respondent also
7 failed to refer Patient C to a gastroenterologist.

8 26. Patient C was eventually seen by another provider after Patient C developed
9 constipation. A colonoscopy and esophagogastroduodenoscopy (EGD) was ordered and a
10 malignancy was found.

11 27. Respondent's care and treatment of Patient C departed from the standard of care in
12 that she failed to document her concerns and recommendations, including Patient C's refusal to
13 come in for an appointment. Respondent also failed to refer Patient C to a gastroenterologist
14 rather than just prescribing iron tablets.

15 **SECOND CAUSE FOR DISCIPLINE**
16 **(Failure to Maintain Adequate and Accurate Records)**

17 28. Respondent's license is subject to disciplinary action under section 2266 of the Code,
18 in that she failed to maintain adequate and accurate medical records relating to her care and
19 treatment of Patients A, B, and C. The circumstances are set forth in paragraphs 10 through 27,
20 above, which are hereby incorporated by reference and realleged as if fully set forth herein.

21 **PRAYER**

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

24 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 93866,
25 issued to Respondent Vasuki Daram, M.D.;

26 2. Revoking, suspending or denying approval of Respondent Vasuki Daram, M.D.'s
27 authority to supervise physician assistants and advanced practice nurses;


28 //

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

3. Ordering Respondent Vasuki Daram, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

4. Taking such other and further action as deemed necessary and proper.

DATED: JUL 26 2022



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

SA2021302724/Ameded Accusation with client edits.docx