

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

**In the Matter of the Accusation
Against:**

AAZIB KHAN, M.D.

**Physician's and Surgeon's
Certificate No. A 168622**

Case No.: 800-2020-072176

Respondent.

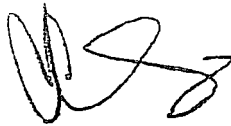
DECISION

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 August 24, 2023.

IT IS SO ORDERED: July 25, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 KALEV KASEORU
Deputy Attorney General
4 State Bar No. 331645
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7508
Facsimile: (916) 327-2247
7 E-mail: Kalev.Kaseoru@doj.ca.gov
Attorneys for Complainant
8

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

13 In the Matter of the Accusation Against:

14 **AAZIB KHAN, M.D.**
2425 Sonoma Street
15 Redding, CA 96001-3026

16 Physician's and Surgeon's Certificate No.
A 168622

17 Respondent.
18

Case No. 800-2020-072176

OAH No. 2022120436

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
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. Reji Varghese (Complainant) is the Interim Executive Director of the Medical Board
25 of California (Board). He brought this action solely in his official capacity and is represented in
26 this matter by Rob Bonta, Attorney General of the State of California, by Kalev Kaseoru, Deputy
27 Attorney General.
28

1 2. Respondent Aazib Khan, M.D. (Respondent) is represented in this proceeding by
2 attorney Amelia F. Burroughs, Esq., whose address is: 1600 Humboldt Road, Suite 1
3 Chico, CA 95928-8100.

4 3. On April 23, 2020, the Board issued Physician's and Surgeon's Certificate No. A
5 168622 to Aazib Khan, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full
6 force and effect at all times relevant to the charges brought in Accusation No. 800-2020-072176,
7 and will expire on April 30, 2024, unless renewed.

8 **JURISDICTION**

9 4. Accusation No. 800-2020-072176 was filed before the Board, and is currently
10 pending against Respondent. The Accusation and all other statutorily required documents were
11 properly served on Respondent on June 2, 2022. Respondent timely filed his Notice of Defense
12 contesting the Accusation.

13 5. A copy of Accusation No. 800-2020-072176 is attached as Exhibit A and
14 incorporated herein by reference.

15 **ADVISEMENT AND WAIVERS**

16 6. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in Accusation No. 800-2020-072176. Respondent has also carefully read,
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
19 Disciplinary Order.

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

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

28 ///

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2020-072176, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right
7 to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, Complainant could
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
10 2020-072176, a true and correct copy of which is attached hereto as Exhibit A, and that he has
11 thereby subjected his Physician's and Surgeon's Certificate, No. G 62641 to disciplinary action.

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

15 **ACKNOWLEDGMENT**

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

19 **CONTINGENCY**

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

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

3 15. Respondent agrees that if he ever petitions for early termination or modification of
4 probation, or if an accusation and/or petition to revoke probation is filed against him before the
5 Board, all of the charges and allegations contained in Accusation No. 800-2020-072176 shall be
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
7 other licensing proceeding involving Respondent in the State of California.

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

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

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 168622 issued
16 to Respondent Aazib Khan, M.D. is revoked. However, the revocation is stayed and Respondent
17 is placed on probation for thirty-five (35) months from the effective date of the Decision on the
18 following terms and conditions:

19 1. **EDUCATION COURSE**

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

1 were in satisfaction of this condition.

2 2. **MEDICAL RECORD KEEPING COURSE**

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

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

17 Respondent shall submit a certification of successful completion to the Board or its
18 designee not later than 15 calendar days after successfully completing the course, or not later than
19 15 calendar days after the effective date of the Decision, whichever is later.

20 3. **PROFESSIONALISM PROGRAM (ETHICS COURSE)**

21 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
22 professionalism program, that meets the requirements of Title 16, California Code of Regulations
23 (CCR) section 1358.1. Respondent shall participate in and successfully complete that program.
24 Respondent shall provide any information and documents that the program may deem pertinent.
25 Respondent shall successfully complete the classroom component of the program not later than
26 six (6) months after Respondent's initial enrollment, and the longitudinal component of the
27 program no later than the time specified by the program, but no later than one (1) years after the
28 attending classroom component. The professionalism program shall be at Respondent's expense

1 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of
2 licensure.

3 A professionalism program 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 program would have
6 been approved by the Board or its designee had the program been taken after the effective date of
7 the 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 program or not later
10 than 15 calendar days after the effective date of the Decision, whichever is later.

11 4. **CLINICAL COMPETENCE ASSESSMENT PROGRAM**

12 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
13 clinical competence assessment program approved in advance by the Board or its designee.
14 Respondent shall successfully complete the program not later than six (6) months after
15 Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension
16 of that time.

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

26 At the end of the evaluation, the program will submit a report to the Board or it designee
27 which unequivocally states whether the Respondent has demonstrated the ability to practice
28 safely and independently. Based on Respondent's performance on the clinical competence

1 assessment, the program will advise the Board or its designee of its recommendation(s) for the
2 scope and length of any additional educational or clinical training, evaluation or treatment for any
3 medical condition or psychological condition, or anything else affecting Respondent's practice of
4 medicine. Respondent shall comply with the program's recommendations.

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

16 Within 60 days after Respondent has successfully completed the clinical competence
17 assessment program, Respondent shall participate in a professional enhancement program
18 approved in advance by the Board or its designee, which shall include quarterly chart review,
19 semi-annual practice assessment, and semi-annual review of professional growth and education.
20 Respondent shall participate in the professional enhancement program at Respondent's expense
21 during the term of probation, or until the Board or its designee determines that further
22 participation is no longer necessary.

23 5. **PRACTICE MONITOR**

24 Within 30 calendar days of the effective date of this Decision, Respondent shall submit to
25 the Board or its designee for prior approval as a Practice monitor, the name and qualifications of
26 one or more licensed physicians and surgeons whose licenses are valid and in good standing, and
27 how are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall
28 have no prior or current business or personal relationship with Respondent, or other relationship

1 that could reasonably be expected to compromise the ability of the monitor to render fair and
2 unbiased reports to the Board, including, but not limited to any form of bartering, shall be in
3 Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent
4 shall pay all monitoring costs.

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

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

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

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

27 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days
28 of such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three (3)
5 calendar days after being so notified., Respondent shall cease the practice of medicine until a
6 replacement monitor is approved and assumes monitoring responsibility.

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

12 6. **NOTIFICATION**

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

21 7. **OBEY ALL LAWS**

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

25 8. **INVESTIGATION/ENFORCEMENT COST RECOVERY**

26 Respondent is hereby ordered to reimburse the Board its costs of investigation and
27 enforcement, including, but not limited to, expert review, amended accusations, legal reviews,
28 investigation(s), and subpoena enforcement, as applicable, in the amount of \$21,156.60 (twenty-

one thousand one hundred fifty-six dollars and sixty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs (if applicable).

9. **QUARTERLY DECLARATIONS**

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

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

10. **GENERAL PROBATION REQUIREMENTS.**

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

1 license.

2 Travel or Residence Outside California

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

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

9 11. INTERVIEW WITH THE BOARD OR ITS DESIGNEE

10 Respondent shall be available in person upon request for interviews either at Respondent's
11 place of business or at the probation unit office, with or without prior notice throughout the term
12 of probation.

13 12. NON-PRACTICE WHILE ON PROBATION

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

27 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
28 months, Respondent shall successfully complete the Federation of State Medical Boards's Special

1 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
2 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
3 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

11 13. **COMPLETION OF PROBATION**

12 Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not
13 later than 120 calendar days prior to the completion of probation. This term does not include cost
14 recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment
15 plan approved by the Medical Board and timely satisfied. Upon successful completion of
16 probation, Respondent's certificate shall be fully restored.

17 14. **VIOLATION OF PROBATION**

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

24 15. **LICENSE SURRENDER**

25 Following the effective date of this Decision, if Respondent ceases practicing due to
26 retirement or health reasons or is otherwise unable to satisfy the terms and conditions of
27 probation, Respondent may request to surrender his or her license. The Board reserves the right to
28 evaluate Respondent's request and to exercise its discretion in determining whether or not to

1 grant the request, or to take any other action deemed appropriate and reasonable under the
2 circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar
3 days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent
4 shall no longer practice medicine. Respondent will no longer be subject to the terms and
5 conditions of probation. If Respondent re-applies for a medical license, the application shall be
6 treated as a petition for reinstatement of a revoked certificate.

7 16. **PROBATION MONITORING COSTS**

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

12 17. **FUTURE ADMISSIONS CLAUSE.**

13 If Respondent should ever apply or reapply for a new license or certification, or petition for
14 reinstatement of a license, by any other health care licensing action agency in the State of
15 California, all of the charges and allegations contained in Accusation No. 800-2020-072176 shall
16 be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
17 Issues or any other proceeding seeking to deny or restrict license.

18 **ACCEPTANCE**

19 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
20 discussed it with my attorney, Amelia F. Burroughs, Esq. I understand the stipulation and the
21 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
22 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
23 bound by the Decision and Order of the Medical Board of California.


24
25 DATED: 6/8/2023



AAZIB KHAN, M.D.
Respondent

1 I have read and fully discussed with Respondent Aazib Khan, M.D. the terms and
2 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
3 I approve its form and content.

4 DATED: 06.09.2023


5 AMELIA F. BURROUGHS, ESQ.
6 *Attorney for Respondent*


7 **ENDORSEMENT**

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

10 DATED: June 9, 2023

11 Respectfully submitted,

12 ROB BONTA
13 Attorney General of California
14 ALEXANDRA M. ALVAREZ
15 Supervising Deputy Attorney General


16 KALEV KASEORU
17 Deputy Attorney General
18 *Attorneys for Complainant*

19 SA2022300963
20 37238251.docx
21
22
23
24
25
26
27
28

Exhibit A

Accusation No. 800-2020-072176

1 ROB BONTA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 KALEV KASEORU
Deputy Attorney General
4 State Bar No. 331645
1300 I Street, Suite 125
5 P.O. Box 944255
Sacramento, CA 94244-2550
6 Telephone: (916) 210-7508
Facsimile: (916) 327-2247
7 E-mail: Kalev.Kaseoru@doj.ca.gov
Attorneys for Complainant
8

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

13 In the Matter of the Accusation Against:

Case No. 800-2020-072176

14 **Aazib Khan, M.D.**
15 **5223 Garlenda Dr.**
El Dorado Hills, CA 95762-5532

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 168622,**

Respondent.

18
19 Complainant alleges:
20

21 **PARTIES**

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

25 2. On or about April 23, 2020, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 168622 to Aazib Khan, 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 April 30, 2024, unless renewed.

- 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

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

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

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

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

7 6. Section 2021 of the Code states:

8 “(a) If the board publishes a directory pursuant to Section 112, it may require persons
9 licensed pursuant to this chapter to furnish any information as it may deem necessary to enable it
10 compile the directory.

11 “(b) Each licensee shall report to the board each and every change of address, including an
12 email address, within 30 days after each change, giving both the old and the new address. If an
13 address reported to the board at the time of application for licensure or subsequently is a post
14 office box, the applicant shall also provide the board with a street address. If another address is
15 the licensee’s address of record, the license may request that the second address not be disclosed
16 to the public.

17 “(c) Each licensee shall report to the board each and every change of name within 30 days
18 after each change, giving both the old and the new names.

19 “(d) Each applicant and licensee shall have an electronic mail address and shall report to the
20 board that electronic mail address no later than July 1, 2022. The electronic mail address shall be
21 considered confidential and not subject to public disclosure.”

22 7. Section 2266 of the Code states:

23 “The failure of the physician and surgeon to maintain adequate and accurate records
24 relating to the provision of services to their patients constitutes unprofessional conduct.”

25 **COST RECOVERY**

26 8. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
27 administrative law judge to direct a licensee found to have committed a violation or violations of
28 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and

1 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
2 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
3 included in a stipulated settlement.

4 FIRST CAUSE FOR DISCIPLINE

5 (Gross Negligence)

6 9. Respondent Aazib Khan, M.D., is subject to a disciplinary action under section 2234,
7 subdivision (b), in that his care and treatment of Patient A¹ was grossly negligent. The
8 circumstances are as follows:

9 10. On or about the evening of October 12, 2020, Patient A, a 72-year-old male, and
10 retired cardiologist, experienced chest pains, and after a 911 call and EMS transport, arrived at
11 the emergency department of the Shasta Regional Medical Center in Redding, CA. Initially,
12 Patient A had 8/10 chest pain and an EKG performed at 6:41 p.m. revealed suspected inferior
13 STEMI² (myocardial infarction). The EKG stated, "Meets ST elevation MI criteria". Patient A
14 was initially treated with nitroglycerin and aspirin whereupon chest pain was reduced and
15 reported as 5/10. An EKG performed at 6:52 p.m. revealed at least 1mm inferior ST elevation
16 consistent with acute infarct.

17 11. At 7:01 p.m. on October 12, 2020, an emergency room physician at Shasta Regional
18 Medical Center, saw the patient with the results of another EKG, performed at 6:56 p.m., which
19 showed an acute inferior ST elevation myocardial infarction. The physician interpreted it as a
20 non-ST elevation myocardial infarction. The EKG had approximately 1-1.5mm of ST elevation in
21 leads ii, iii, and avf. There was mild less than 1mm ST elevation in V6. There was a mild less
22 than 1mm ST depression in V1 and V2 and 1.5mm downsloping ST depression in AVL. Another
23 EKG at 7:19 p.m. produced similar results but with no significant ST depression in V1 and V2.

24
25
26 ¹ Patient names are redacted to protect confidentiality and will be provided during
Discovery.

27 ² ST-Segment Elevation Myocardial Infarction is a myocardial infarction that causes a
28 distinct pattern on an electrodiagram (ECG or EKG). It is a very serious type of heart attack
during which one of the major arteries to the heart is blocked.

1 12. The Emergency Room physician who evaluated Patient A noted that he was having
2 chest pain and did not look well. The ER³ physician reports calling Respondent about five times,
3 however Respondent states that he believes he was called only twice. Respondent reported that
4 the first call was at or around 7:05 p.m. asking him to review the patient's EKG (necessitating a
5 trip to the facility) and that the second call was at or around 7:38 p.m. to discuss the results of
6 troponin being administered to the patient.

7 13. Respondent claims to have met with Patient A at the hospital between 9:48 and 9:53
8 p.m. but there are no notes or other documentation regarding any evaluation, discussion or
9 interaction with Patient A. Patient A confirmed a meeting with Respondent at the hospital on the
10 night of his admission. When asked at an interview to explain this lack of documentation
11 Respondent stated that for NSTEMI's⁴ he usually has a discussion with the ER physician or
12 hospital physician and does not physically come into the hospital. Respondent admits coming to
13 the hospital for a consult but failed to provide an explanation for the lack of documentation
14 regarding his interaction with Patient A.

15 14. Respondent stated in his written response to Patient A's complaint, and during an
16 interview, that he read Patient A's EKG as a NSTEMI. Respondent stated that based on his
17 recollection, Patient A had no ongoing chest pain, despite the ER and hospital physicians
18 reporting and recording that Patient A had ongoing pain, and that upon consultation with Patient
19 A, a decision was made to have Patient A go to the Cath lab the next morning for a cardiac
20 catheterization and not that evening. The ER and hospital physicians do not recall ever meeting
21 with Respondent on the evening of October 12, 2020 and the hospital physician was not even
22 aware that Respondent had physically been at the hospital and had met with Patient A.

23 15. There was no documentation of any plan of care that included a cardiac
24 catheterization for Patient A for the morning of October 13, 2020. There was no documentation
25 that any risks, benefits, alternatives or process of the procedure were discussed by Respondent
26

27 ³ ER stands for Emergency Room.

28 ⁴ NSTEMI stands for Non-ST Segment Myocardial Infarction. Compared to STEMI an
NSTEMI is typically less damaging to the heart.

1 with Patient A. Respondent stated that his visit with Patient A was not a formal consult and just a
2 discussion on managing the situation.

3 16. Respondent claimed to have spoken to the hospital physician who admitted Patient A
4 regarding advice and treatment, but the hospital physician does not recall any such conversation
5 and was unaware Respondent had even been present at the hospital or met with Patient A. There
6 is no documentation of any such interaction or conversation.

7 17. In an interview, the ER physician was asked if he had interacted with or spoke to
8 Respondent in person when Respondent was at the hospital and he stated that Respondent did not
9 speak with him during his visit to the ER or afterwards.

10 18. The ER and hospital physicians discussed Patient A's case on the night of October 12,
11 2020 and, per documented records, indicated that Patient A was having ongoing chest pain which
12 had not been resolved with the administration of morphine and heparin. After the initial two calls
13 by the ER physician prior to Respondent seeing Patient A, both the ER and hospital physicians
14 stated they had no conversations with Respondent that night.

15 19. Patient A is a retired cardiologist and in examining his own EKG results and
16 discussing his case with the other physicians, including his own cardiologist, made repeated
17 requests to undergo a cardiac catheterization on the evening of October 12, 2020.

18 20. Patient A underwent cardiac catheterization in the afternoon of October 13, 2020
19 based on his own repeated requests. Respondent was not involved in that procedure.

20 21. Respondent wrote a note on October 13, 2020 at 5:25 p.m. It stated that Patient A had
21 chest pain for one day and had undergone left heart catheterization with significant RCA
22 thrombus. Respondent's assessment was a Non-ST elevation myocardial infarction.

23 22. During an interview on November 8, 2021 Respondent still agreed with his original
24 assessment and diagnosis of Patient A's condition as a Non-ST elevation myocardial infarction.

25 23. Respondent's failure to document any of his interactions and evaluations of Patient
26 A's condition, history, EKG readouts, test results, diagnosis, treatment and/or proposed
27 treatment(s), and communication and discussion(s) with other physicians regarding the diagnosis
28

1 and treatment of Patient A during a formal consultation and evaluation of Patient A is an extreme
2 departure from the standard of care.

3
4 **SECOND CAUSE FOR DISCIPLINE**

5 **(Repeated Negligent Acts)**

6 24. Respondent Aazib Khan, M.D., is subject to disciplinary action under section 2234,
7 subdivision (c), in that he was repeatedly negligent in his care of Patient A. The circumstances are
8 as follows:

9 25. Complaint re-alleges paragraphs 9 through 23, and those paragraphs are incorporated
10 by reference as if fully set forth herein.

11 26. The gross departure from the standard of care set forth in paragraph 23, is
12 incorporated by reference as if fully set forth herein and serve as repeated negligent acts.

13 27. Respondent's care and treatment of Patient A was repeatedly negligent in the
14 following respects:

15 a. Respondent failed to document any evaluations, diagnoses, interactions and
16 prescribed or proposed treatment of Patient A on the night of October 12, 2020.

17 b. Respondent failed to document any planned course of treatment or care, or any
18 discussions with Patient A regarding proposed medical procedures, timing, their attendant risks,
19 benefits or alternative treatment plans with regard to the care and treatment of Patient A for
20 October 12, 2020.

21 c. Respondent failed to communicate his observations and recommendation(s) for
22 care to the other physicians.

23 d. Respondent incorrectly diagnosed a NSTEMI on the evening of October 12,
24 2020.

25 e. Respondent failed to immediately schedule a cardiac catheterization for Patient
26 A for October 12, 2020.

27 ///

28 ///

1 **THIRD CAUSE FOR DISCIPLINE**

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

3 28. Respondent's license is subject to disciplinary action under section 2266 in that he
4 failed to properly keep adequate and accurate medical records for Patient A. The circumstances
5 are as follows:

6 29. Complainant realleges paragraphs 9 through 27 and those paragraphs are incorporated
7 by reference as if fully set forth herein.

8 **PRAYER**

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

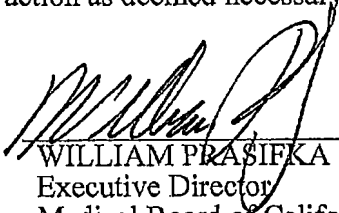
11 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 168622,
12 issued to Aazib Khan, M.D.;

13 2. Revoking, suspending or denying approval of Aazib Khan, M.D.'s authority to
14 supervise physician assistants and advanced practice nurses;

15 3. Ordering Aazib Khan, M.D., to pay the Board the costs of the investigation and
16 enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

18
19 DATED: JUN 02 2022

20 
21 WILLIAM PRASIFKA
22 Executive Director
23 Medical Board of California
24 Department of Consumer Affairs
25 State of California
26 Complainant

24 SA2022300963
25 Accusation with Board requested revisions edits.docx
26
27
28