

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

In the Matter of the Accusation
Against:

RASHMI JAIN, M.D.

Physician's and Surgeon's
Certificate No. C 42911

Case No.: 800-2019-052122

Respondent.

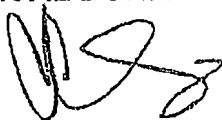
DECISION

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 July 12, 2023.

IT IS SO ORDERED: June 12, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 GREG CHAMBERS
Supervising Deputy Attorney General
3 THOMAS OSTLY
Deputy Attorney General
4 State Bar No. 209234
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
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Attorneys for Complainant

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

12 In the Matter of the Accusation Against:

13 **RASHMI JAIN, M.D.**
1860 El Camino Real, Suite 310
14 Burlingame, CA 94010-3114

15 Physician's and Surgeon's Certificate No. C
42911

16 Respondent.
17

Case No. 800-2019-052122

OAH No. 2022060421

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 In the interest of a prompt and speedy settlement of this matter, consistent with the public
20 interest and the responsibility of the Medical Board of California of the Department of Consumer
21 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
22 which will be submitted to the Board for approval and adoption as the final disposition of the
23 Accusation.

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 Thomas Ostly, Deputy
28 Attorney General.

1 2. Respondent Rashmi Jain, M.D. (Respondent) is represented in this proceeding by
2 attorney Joseph C. Gharrity, whose address is: 275 Battery Street, Suite 1600, San Francisco, CA
3 94111-3370.

4 3. On or about August 26, 1991, the Board issued Physician's and Surgeon's Certificate
5 No. C 42911 to Rashmi Jain, M.D. (Respondent). The Physician's and Surgeon's Certificate was
6 in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-
7 052122, and will expire on October 31, 2023, unless renewed.

8 **JURISDICTION**

9 4. Accusation No. 800-2019-052122 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 December 30, 2021. Respondent timely filed her Notice of
12 Defense contesting the Accusation.

13 5. A copy of Accusation No. 800-2019-052122 is attached as exhibit A and incorporated
14 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. 800-2019-052122. Respondent has also carefully read,
18 fully discussed with her counsel, and understands the effects of this Stipulated Settlement and
19 Disciplinary Order.

20 7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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. 800-2019-052122, if proven at a hearing, constitute cause for imposing discipline upon her
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a prima
7 facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up
8 her right to contest those charges.

9 11. Respondent agrees that if she ever petitions for early termination or modification of
10 probation, or if the Board ever petitions for revocation of probation, all of the charges all of the
11 charges and allegations contained in Accusation No. 800-2019-052122, a true and correct copy of
12 which is attached hereto as Exhibit A, shall be deemed true, correct, and fully admitted by
13 Respondent for purposes of that proceeding or any other licensing proceeding involving
14 Respondent in the state of California.

15 12. Respondent agrees that her Physician's and Surgeon's Certificate, No. C 42911, is
16 subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in
17 the Disciplinary Order below.

18 CONTINGENCY

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

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 42911 issued to Respondent Rashmi Jain, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 30 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 55 hours of CME of which 30 hours were in satisfaction of this condition.

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

1 Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

27 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of
28 the effective date of this Decision, Respondent shall enroll in a professionalism program, that

1 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.

2 Respondent shall participate in and successfully complete that program. Respondent shall
3 provide any information and documents that the program may deem pertinent. Respondent shall
4 successfully complete the classroom component of the program not later than six (6) months after
5 Respondent's initial enrollment, and the longitudinal component of the program not later than the
6 time specified by the program, but no later than one (1) year after attending the classroom
7 component. The professionalism program shall be at Respondent's expense and shall be in
8 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

4 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
5 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
6 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
7 enforcement, as applicable, in the amount of \$18,406.25 (eighteen thousand four hundred six
8 dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure
9 to pay such costs shall be considered a violation of probation.

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

14 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
15 repay investigation and enforcement costs, including expert review costs.

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

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

21 10. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

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

1 and Professions Code section 2021, subdivision (b).

2 Place of Practice

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

6 License Renewal

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

9 Travel or Residence Outside California

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

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

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

19 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
22 defined as any period of time Respondent is not practicing medicine as defined in Business and
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If
25 Respondent resides in California and is considered to be in non-practice, Respondent shall
26 comply with all terms and conditions of probation. All time spent in an intensive training
27 program which has been approved by the Board or its designee shall not be considered non-
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

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

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

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

12 Periods of non-practice for a Respondent residing outside of California will relieve
13 Respondent of the responsibility to comply with the probationary terms and conditions with the
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;
15 General Probation Requirements; Quarterly Declarations.

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

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

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

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

16 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
17 a new license or certification, or petition for reinstatement of a license, by any other health care
18 licensing action agency in the State of California, all of the charges and allegations contained in
19 Accusation No. 800-2019-052122 shall be deemed to be true, correct, and admitted by
20 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
21 restrict license.

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1 ACCEPTANCE

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

7
8 DATED: 11/18/2022 Rashmi Jain
9 RASHMI JAIN, M.D.
Respondent

10 I have read and fully discussed with Respondent Rashmi Jain, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: 11/21/2022 Joseph C. Gharrity
14 JOSEPH C. GHARRITY
Attorney for Respondent

15
16 ENDORSEMENT

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

19
20 DATED: 11/21/2022

Respectfully submitted,

21 ROB BONTA
Attorney General of California
22 GREG CHAMBERS
Supervising Deputy Attorney General

23 Thomas Ostly

24 THOMAS OSTLY
25 Deputy Attorney General
26 Attorneys for Complainant
27
28

1 ROB BONTA
Attorney General of California
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2019-052122

13 **RASHMI JAIN, M.D.**
14 **1860 El Camino Real, Suite 310**
Burlingame, CA 94010-3114

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. C 42911,**

17 **Respondent.**

18
19 **PARTIES**

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

23 2. On August 26, 1991, the Board issued Physician's and Surgeon's Certificate Number
24 C 42911 to Rashmi Jain, M.D. (Respondent). The Physician's and Surgeon's Certificate was in
25 full force and effect at all times relevant to the charges brought herein and will expire on October
26 31, 2022, unless renewed.
27
28

JURISDICTION

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

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

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

6. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

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

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

...

7. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

(1) The licensee was a designated physician and surgeon or podiatrist serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of the patient's practitioner, but in any case no longer than 72 hours.

(2) The licensee transmitted the order for the drugs to a registered nurse or to a licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

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

4 9. Section 2228.1 of the Code states:

5 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
6 the board shall require a licensee to provide a separate disclosure that includes the
7 licensee's probation status, the length of the probation, the probation end date, all
8 practice restrictions placed on the licensee by the board, the board's telephone
9 number, and an explanation of how the patient can find further information on the
10 licensee's probation on the licensee's profile page on the board's online license
information Internet Web site, to a patient or the patient's guardian or health care
surrogate before the patient's first visit following the probationary order while the
licensee is on probation pursuant to a probationary order made on and after July 1,
2019, in any of the following circumstances:

11 (1) A final adjudication by the board following an administrative hearing or
12 admitted findings or prima facie showing in a stipulated settlement establishing any
of the following:

13 ...

14 (D) Inappropriate prescribing resulting in harm to patients and a probationary
period of five years or more.

15 (2) An accusation or statement of issues alleged that the licensee committed any
16 of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a
stipulated settlement based upon a nolo contendere or other similar compromise that
17 does not include any prima facie showing or admission of guilt or fact but does
include an express acknowledgment that the disclosure requirements of this section
would serve to protect the public interest.

18 (b) A licensee required to provide a disclosure pursuant to subdivision (a) shall
19 obtain from the patient, or the patient's guardian or health care surrogate, a separate,
signed copy of that disclosure.

20 (c) A licensee shall not be required to provide a disclosure pursuant to
21 subdivision (a) if any of the following applies:

22 (1) The patient is unconscious or otherwise unable to comprehend the
23 disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a
guardian or health care surrogate is unavailable to comprehend the disclosure and
24 sign the copy.

25 (2) The visit occurs in an emergency room or an urgent care facility or the visit
is unscheduled, including consultations in inpatient facilities.

26 (3) The licensee who will be treating the patient during the visit is not known to
27 the patient until immediately prior to the start of the visit.

28 (4) The licensee does not have a direct treatment relationship with the patient.

1 (d) On and after July 1, 2019, the board shall provide the following
2 information, with respect to licensees on probation and licensees practicing under
3 probationary licenses, in plain view on the licensee's profile page on the board's
4 online license information Internet Web site.

5 (1) For probation imposed pursuant to a stipulated settlement, the causes
6 alleged in the operative accusation along with a designation identifying those causes
7 by which the licensee has expressly admitted guilt and a statement that acceptance of
8 the settlement is not an admission of guilt.

9 (2) For probation imposed by an adjudicated decision of the board, the causes
10 for probation stated in the final probationary order.

11 (3) For a licensee granted a probationary license, the causes by which the
12 probationary license was imposed.

13 (4) The length of the probation and end date.

14 (5) All practice restrictions placed on the license by the board.

15 (e) Section 2314 shall not apply to this section.

16 COST RECOVERY

17 10. Section 125.3 of the Code states:

18 (a) Except as otherwise provided by law, in any order issued in resolution of a
19 disciplinary proceeding before any board within the department or before the
20 Osteopathic Medical Board, upon request of the entity bringing the proceeding, the
21 administrative law judge may direct a licensee found to have committed a violation or
22 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
23 investigation and enforcement of the case.

24 (b) In the case of a disciplined licensee that is a corporation or a partnership, the
25 order may be made against the licensed corporate entity or licensed partnership.

26 (c) A certified copy of the actual costs, or a good faith estimate of costs where
27 actual costs are not available, signed by the entity bringing the proceeding or its
28 designated representative shall be prima facie evidence of reasonable costs of
investigation and prosecution of the case. The costs shall include the amount of
investigative and enforcement costs up to the date of the hearing, including, but not
limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount
of reasonable costs of investigation and prosecution of the case when requested
pursuant to subdivision (a). The finding of the administrative law judge with regard to
costs shall not be reviewable by the board to increase the cost award. The board may
reduce or eliminate the cost award, or remand to the administrative law judge if the
proposed decision fails to make a finding on costs requested pursuant to subdivision
(a).

(e) If an order for recovery of costs is made and timely payment is not made as
directed in the board's decision, the board may enforce the order for repayment in any
appropriate court. This right of enforcement shall be in addition to any other rights
the board may have as to any licensee to pay costs.

1 (f) In any action for recovery of costs, proof of the board's decision shall be
2 conclusive proof of the validity of the order of payment and the terms for payment.

3 (g) (1) Except as provided in paragraph (2), the board shall not renew or
4 reinstate the license of any licensee who has failed to pay all of the costs ordered
5 under this section.

6 (2) Notwithstanding paragraph (1), the board may, in its discretion,
7 conditionally renew or reinstate for a maximum of one year the license of any
8 licensee who demonstrates financial hardship and who enters into a formal agreement
9 with the board to reimburse the board within that one-year period for the unpaid
10 costs.

11 (h) All costs recovered under this section shall be considered a reimbursement
12 for costs incurred and shall be deposited in the fund of the board recovering the costs
13 to be available upon appropriation by the Legislature.

14 (i) Nothing in this section shall preclude a board from including the recovery of
15 the costs of investigation and enforcement of a case in any stipulated settlement.

16 (j) This section does not apply to any board if a specific statutory provision in
17 that board's licensing act provides for recovery of costs in an administrative
18 disciplinary proceeding.

19 DEFINITIONS

20 11. Clonazepam (trade name Klonopin) is an anticonvulsant of the benzodiazepine class
21 of drugs. It is a dangerous drug as defined in section 4022 and a Schedule IV controlled
22 substance as defined by section 11057 of the Health and Safety Code. It produces central nervous
23 system depression and should be used with caution with other central nervous system depressant
24 drugs. Like other benzodiazapines, it can produce psychological and physical dependence.
25 Withdrawal symptoms similar to those noted with barbiturates and alcohol have been noted upon
26 abrupt discontinuance. The initial dosage for adults should not exceed 1.5 mg per day divided in
27 three doses.

28 12. Hydrocodone with acetaminophen (trade names such as Vicodin, Norco or Lortab,
also known as hydrocodone w/APAP (acetaminophen)) is a semi-synthetic narcotic analgesic, a
dangerous drug as defined in section 4022 of the Business and Professions Code, and a Schedule
II controlled substance and narcotic as defined by section 11055, subdivision (e) of the Health
and Safety Code. Repeated administration of hydrocodone over a course of several weeks may
result in psychic and physical dependence. The usual adult dosage is one tablet every four to six
hours as needed for pain. The total 24-hour dose should not exceed 6 tablets.

1 13. Hydromorphone (trade name Dilaudid) is a dangerous drug as defined in section 4022
2 of the Business and Professions Code, and a Schedule II controlled substance as defined by
3 section 11055, subdivision (d) of the Health and Safety Code. Dilaudid is a hydrogenated ketone
4 of morphine and is a narcotic analgesic. Its principal therapeutic use is relief of pain. Psychic
5 dependence, physical dependence, and tolerance may develop upon repeated administration of
6 narcotics; therefore, it should be prescribed and administered with caution. Physical dependence,
7 the condition in which continued administration of the drug is required to prevent the appearance
8 of a withdrawal syndrome, usually assumes clinically significant proportions after several weeks
9 of continued use. Side effects include drowsiness, mental clouding, respiratory depression, and
10 vomiting. The usual starting dosage for injections is 1-2 mg. The usual oral dose is 2 mg every
11 two to four hours as necessary. Patients receiving other narcotic analgesics, anesthetics,
12 phenothiazines, tranquilizers, sedative-hypnotics, tricyclic antidepressants and other central
13 nervous system depressants, including alcohol, may exhibit an additive central nervous system
14 depression. When such combined therapy is contemplated, the use of one or both agents should
15 be reduced.

16 14. Lorazepam (trade name Ativan) is used for anxiety and sedation in the management
17 of anxiety disorder for short-term relief from the symptoms of anxiety or anxiety associated with
18 depressive symptoms. It is a dangerous drug as defined in section 4022 of the Business and
19 Professions Code, and a Schedule IV controlled substance as defined by section 11057 of the
20 Health and Safety Code. Lorazepam is not recommended for use in patients with primary
21 depressive disorders. The initial dose of this drug for elderly patients should not exceed 2 mg per
22 day. Sudden withdrawal from lorazepam can produce withdrawal symptoms including seizures.
23 The usual dosage range is 2 to 6 mg per day given in divided doses, the largest dose being taken
24 before bedtime, but the daily dosage may vary from 1 to 10 mg per day.

25 15. Naloxone is a medication approved by the Food and Drug Administration (FDA)
26 designed to rapidly reverse opioid overdose. It is an opioid antagonist—meaning that it binds to
27 opioid receptors and can reverse and block the effects of other opioids such as heroin, morphine,
28 and oxycodone. Administered when a patient is showing signs of opioid overdose, naloxone is a

1 temporary treatment and its effects do not last long. Therefore, it is critical to obtain medical
2 intervention as soon as possible after administering/receiving naloxone. The medication can be
3 given by intranasal spray (into the nose), intramuscular (into the muscle), subcutaneous (under the
4 skin), or intravenous injection. A practitioner should assess the need to prescribe naloxone for
5 patients who are receiving medication-assisted treatment (MAT) or otherwise considered a risk
6 for opioid overdose.

7 16. Oxycodone (trade name Roxicodone) is a semi-synthetic narcotic analgesic with
8 multiple actions qualitatively similar to those of morphine. It is a Schedule II controlled
9 substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety
10 Code and a dangerous drug as defined in section 4022 of the Business and Professions Code.
11 Oxycodone can produce drug dependence of the morphine type and, therefore, has the potential
12 for being abused.

13 17. Zolpidem (trade name Ambien) is a non-benzodiazepine hypnotic of the
14 imidazopyridine class. It is a dangerous drug as defined in section 4022 of the Business and
15 Professions Code, and a Schedule IV controlled substance as defined by section 11057 of the
16 Health and Safety Code. It is indicated for the short-term treatment of insomnia. It is a central
17 nervous system depressant and should be used cautiously in combination with other central
18 nervous system depressants. Any central nervous system depressant could potentially enhance
19 the central nervous system depressive effects of Ambien. It should be administered cautiously to
20 patients exhibiting signs or symptoms of depression because of the risk of suicide. Because of the
21 risk of habituation and dependence, individuals with a history of addiction to or abuse of drugs or
22 alcohol should be carefully monitored while receiving Ambien. The recommended dosage for
23 adults is 10 mg immediately before bedtime.

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FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct; and/or Gross Negligence and/or Repeated Negligent Acts; and/or Improper Prescribing; and/or Prescribing without an Appropriate Medical Examination/Medical Indication; and/or Inadequate Medical Record Keeping in the Care Provided to Patient 1)¹

18. Respondent Rashmi Jain, M.D. is subject to disciplinary action under sections 2234, 2234(b), 2234(c); and/or 2242, and/or 2266 of the Code, regarding his treatment of Patient 1. The circumstances are as follows:

19. On or about June 9, 2015, Respondent, an internal medicine physician with a specialty in nephrology, saw Patient 1 in the hospital where the patient was being treated for an acute kidney injury. Patient 1 had a history of chronic kidney disease, and other medical issues, for which he received dialysis. Respondent managed the dialysis for Patient 1. The Controlled Substance Utilization Review and Evaluation System (CURES)² shows Respondent took over prescribing for Patient 1's chronic pain syndrome and anxiety starting in late 2015.

20. Respondent prescribed oxycodone for the patient from March 24, 2016, through February 19, 2019, in the amount of 30 mg at 180 tablets every 15 days. This prescribing correlated to 540 morphine milligram equivalency (MME)³ daily, placing the patient in the high-risk category for drug overdose and death. There was no documentation of an informed consent and pain care agreement between Patient 1 and Respondent.

21. Respondent's medical record at no time documents a clear functional assessment on the efficacy of the medication prescribed and did not evaluate to see if the medications required an increase or decrease for efficacy. There was no urine drug screen and/or serum sample drug screen. There was no documentation in Patient 1's chart that Respondent ever consulted

¹ Names are redacted to protect privacy interests. Respondent knows the names of the patients and can confirm identities through discovery.

² CURES (Controlled Substance Utilization Review and Evaluation System) is a database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies and law enforcement.

³ MME stands for morphine milligram equivalency. This is used to convert the many different opioids into one standard value based on morphine and its potency. Oxycodone, for example, is 1.5 times as potent as morphine so 100 mg of oxycodone is equivalent to 150 MME.

1 CURES⁴. There were no documented goals of care discussions indicating this patient was being
2 placed on palliative care.

3 22. While prescribing oxycodone, Respondent simultaneously prescribed the
4 benzodiazepine lorazepam for the patient from December 10, 2015, through February 19, 2019.
5 The risk of accidental drug overdose and respiratory failure becomes significant with concurrent
6 usage of narcotics and benzodiazepines.

7 23. The records for Patient 1 did not document a referral to psychiatry or other efforts to
8 see if the lorazepam could be tapered off. There was no documentation of this being palliative
9 care. There was no naloxone antidote recommended for accidental overdose given the concurrent
10 usage of narcotics and benzodiazepines. No urine drug screen and/or serum sample drug screen
11 was found in the patient's chart.

12 24. Patient 1 was admitted to the hospital on February 21, 2019 with an "altered mental
13 status" and the discharge note stated that "[t]he patient was felt to be altered due to Ativan and
14 oxycodone overdose."

15 25. Respondent's overall care and treatment of Patient 1 constitutes unprofessional
16 conduct through gross negligence and/or repeated negligent acts and/or improper prescribing
17 and/or prescribing without an appropriate medical examination or medical indication and/or
18 failure to maintain adequate and accurate medical records for reasons including, but not limited,
19 to the following:

20 a. Respondent failed to provide informed consent for the long-term use of opiates and
21 benzodiazepines, and/or failed to maintain a record of informed consent;

22 b. Respondent did not have a pain care agreement, and/or failed to maintain a record of
23 a pain care agreement;

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27 ⁴ Effective October 2, 2018, physicians are required to consult the CURES database to
28 review a patient's controlled substance history before prescribing controlled substances to the
patient for the first time, and at least once every four months thereafter, if the prescribing
continues as treatment. Health and Safety Code section 111654.

1 c. Respondent failed to provide appropriate initiation/continuation and titration of the
2 medication prescribed, in that Respondent did not conduct a clear functional assessment of the
3 efficacy of the medication used and/or failed to record such assessment;

4 d. Respondent concurrently prescribed narcotics and benzodiazepines without careful and
5 appropriate monitoring, without consideration for psychiatry referrals or antidote therapy, and/or
6 failed to record the consideration of psychiatric referrals or antidote therapy;

7 e. Respondent did not recommend or prescribe naloxone antidote for accidental
8 overdose and/or failed to document such a recommendation;

9 f. Respondent failed to conduct urine drug screens and/or serum sample drug screens,
10 and/or failed document such screenings; and

11 g. Respondent failed to check the patient's CURES report, and/or failed to document
12 that CURES was checked.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Unprofessional Conduct; and/or Gross Negligence and/or Repeated Negligent Acts; and/or**
15 **Improper Prescribing; and/or Prescribing without an Appropriate Medical**
16 **Examination/Medical Indication; and/or Inadequate Medical Record Keeping in the Care**
17 **Provided to Patient 2)**

18 26. Respondent Rashmi Jain, M.D. is subject to disciplinary action under section sections
19 2234, 2234(b), 2234(c); and/or 2242, and/or 2266 of the Code, regarding his treatment of Patient

20 2. The circumstances are as follows:

21 27. Respondent first saw Patient 2 in July of 2012, while the patient was hospitalized.
22 Respondent continued seeing Patient 2 from that point on, including consulting with the patient
23 for dialysis management.

24 28. Respondent started prescribing zolpidem on November 21, 2012, and beginning on
25 August 6, 2013, began prescribing hydrocodone. The concurrent prescribing of zolpidem and
26 hydrocodone continued until May of 2015.

27 29. At no time over the course of prescribing was there a documented informed consent
28 or pain care agreement. There was no drug screen and/or serum drug screen documented in the
patient's chart.

30. Respondent's overall care and treatment of Patient 2 constitutes unprofessional conduct through gross negligence and/or repeated negligent acts and/or improper prescribing and/or prescribing without an appropriate medical examination or medical indication and/or failure to maintain adequate and accurate medical records for reasons including, but not limited, to the following:

a. Respondent failed to provide informed consent, and/or failed to maintain a record of informed consent;

b. Respondent did not have a pain care agreement, and/or failed to maintain a record of a pain care agreement;

d. Respondent concurrently prescribed narcotics and non-benzodiazepine hypnotics to a geriatric patient; and

d. Respondent failed to conduct urine drug screens and/or serum sample drug screens, and/or failed document such screenings.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct; Gross Negligence and/or Repeated Negligent Acts; and/or Prescribing without an Appropriate Medical Examination/Medical Indication; and/or Inadequate Medical Record Keeping in the Care Provided to Patient 3)

31. Respondent Rashmi Jain, M.D. is subject to disciplinary action under sections 2234, 2234(b), 2234(c); and/or 2242, and/or 2266 of the Code, regarding his treatment of Patient 3. The circumstances are as follows:

32. Respondent prescribed Patient 3 hydrocodone from November 23, 2012, through September 23, 2019. There was no documentation of informed consent or a pain care agreement in the Patient's chart. The patient's chart did not document risk assessment for opioid misuse. There was no documentation regarding previous treatment. Functional goals and/or evaluations for adverse events were not documented. There was no drug screen and/or serum drug screen documented in the patient's chart.

33. Respondent's overall care and treatment of Patient 3 constitutes unprofessional conduct through gross negligence and/or repeated negligent acts and/or prescribing without an

1 appropriate medical examination or medical indication and/or failure to maintain adequate and
2 accurate medical records for reasons including, but not limited, to the following:

3 a. Respondent did not have a pain care agreement, and/or failed to maintain a record of
4 a pain care agreement;

5 b. Respondent failed to provide informed consent, and/or failed to maintain a record of
6 informed consent;

7 c. Respondent failed to document a risk assessment for opioid misuse, and/or failed to
8 maintain a record of such an assessment;

9 d. Respondent failed to conduct urine drug screens and/or serum sample drug screens,
10 and/or failed document such screenings; and

11 e. Respondent failed to provide appropriate initiation/continuation and titration and
12 monitoring of the medication prescribed in that Respondent did not document any previous
13 treatment, functional goals, and/or evaluation for adverse events and/or failed to record such
14 evaluations or assessment.

15 **FOURTH CAUSE FOR DISCIPLINE**

16 **(Unprofessional Conduct; and/or Gross Negligence and/or Repeated Negligent Acts; and/or**
17 **Improper Prescribing; and/or Prescribing without an Appropriate Medical**
18 **Examination/Medical Indication; and/or Inadequate Medical Record Keeping in the Care**
19 **Provided to Patient 4)**

20 34. Respondent Rashmi Jain, M.D. is subject to disciplinary action under sections 2234,
21 2234(b), 2234(c); and/or 2242, and/or 2266 of the Code, regarding his treatment of Patient 4. The
22 circumstances are as follows:

23 35. Respondent treated Patient 4 for dialysis and complaints of pain. Respondent's chart
24 documents the patient had a past history of overuse of sedatives and narcotics, and as recently as
25 January 2015, was noted to have narcotic addiction and dependence. The medical records indicate
26 multiple instances in 2015 alone where Patient 4 had drug overdoses, and many occasions of
27 aberrant behavior, losing her medication or asking for early refills. Respondent prescribed Patient
28 4 clonazepam and hydromorphone from October 30, 2015, through May 26, 2016. There was no
documented informed consent or pain care agreement between Respondent and Patient 4. Patient

1 4 was stratified to a high-risk group for opioid misuse but there was no documentation of
2 monitoring through toxicology screens and/or serum drug screens.

3 36. The concurrent prescribing of an opiate (hydromorphone) and a benzodiazepine
4 (clonazepam) increases the risk for accidental drug overdose and respiratory failure. The chart did
5 not delineate functional goals for the prescribing and there was no documentation that the goal of
6 care was palliative. Despite the patient's multiple documented overdoses, there is no
7 documentation of naloxone antidote therapy being recommended or prescribed.

8 37. Respondent's overall care and treatment of Patient 4 constitutes unprofessional
9 conduct through gross negligence and/or repeated negligent acts and/or prescribing without an
10 appropriate medical examination or medical indication and/or failure to maintain adequate and
11 accurate medical records including, but not limited, to the following:

12 a. Respondent failed to provide informed consent, and/or failed to maintain a record of
13 informed consent for prescribing of opioids and benzodiazepines;

14 b. Respondent did not have a pain care agreement, and/or failed to maintain a record of
15 a pain care agreement;

16 c. Respondent failed to provide appropriate initiation/continuation and titration of the
17 medication prescribed, in that Respondent did not contain a clear functional assessment of the
18 efficacy of the medication used and/or failed to record such assessment;

19 e. Respondent did not recommend or prescribe naloxone antidote for accidental
20 overdose and/or failed to document such a recommendation; and

21 f. Respondent failed to conduct urine drug screens and/or serum sample drug screens,
22 and/or failed document such screenings.

23 **FIFTH CAUSE FOR DISCIPLINE**

24 **(Unprofessional Conduct; and/or Gross Negligence and/or Repeated Negligent Acts; and/or**
25 **Improper Prescribing; and/or Prescribing without an Appropriate Medical**
Examination/Medical Indication; and/or Inadequate Medical Record Keeping in the Care
Provided to Patient 5)

26 38. Respondent Rashmi Jain, M.D. is subject to disciplinary action under sections 2234,
27 2234(b), 2234(c); and/or 2242, and/or 2266 of the Code, regarding his treatment of Patient 5. The
28 circumstances are as follows:

1 39. Respondent prescribed hydrocodone and zolpidem for Patient 5 from 2013 through
2 2018. There was no monitoring documented regarding drug screens or checking CURES for this
3 patient. The chart also did not document any informed consent or pain care agreement between
4 Respondent and Patient 5.

5 40. Zolpidem is contra indicated in geriatric patients who are at risk for delirium and
6 falls/fractures and Patient 5 was born in 1942. Concurrent prescribing of hydrocodone and
7 zolpidem (a non-benzodiazepine) can result in central nervous system depression and decreased
8 respiratory drive.

9 41. Respondent's overall care and treatment of Patient 5 constitutes unprofessional
10 conduct through gross negligence and/or repeated negligent acts and/or improper prescribing
11 and/or prescribing without an appropriate medical examination or medical indication and/or
12 failure to maintain adequate and accurate medical records for reasons including, but not limited,
13 to the following:

14 a. Respondent failed to provide informed consent, and/or failed to maintain a record of
15 informed consent;

16 b. Respondent did not have a pain care agreement, and/or failed to maintain a record of
17 a pain care agreement;

18 c. Respondent concurrently prescribed narcotics and non-benzodiazepine hypnotics and
19 failed to provide appropriate initiation/continuation, titration and monitoring of the medication
20 prescribed; and

21 d. Respondent failed to conduct urine drug screens and/or serum sample drug screens,
22 and/or failed document such screenings.

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SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct; and/or Gross Negligence and/or Repeated Negligent Acts; and/or Prescribing without an Appropriate Medical Examination/Medical Indication; and/or Inadequate Medical Record Keeping in the Care Provided to Patient 6)

42. Respondent Rashmi Jain, M.D. is subject to disciplinary action under sections 2234, 2234(b), 2234(c); and/or 2242, and/or 2266 of the Code, regarding his treatment of Patient 6. The circumstances are as follows:

43. Based on CURES, Respondent prescribed Patient 6 hydrocodone from January 18, 2016, through December 12, 2019. The patient's chart did not document any informed consent or pain care agreement between Respondent and Patient 6. There was no monitoring documented in the records regarding drug screens for this patient.

44. A chart entry⁵ on November 27, 2019, indicating Patient 6 needed antibiotics, was repeated verbatim (copied and pasted) in the chart entries for the following dates: December 19, 2019, April 15, 2020, May 27, 2020, and July 27, 2020. During this time-frame Patient 6 was not getting antibiotic prescriptions on every visit.

45. Respondent's overall care and treatment of Patient 6 constitutes unprofessional conduct through gross negligence and/or repeated negligent acts and/or improper prescribing and/or prescribing without an appropriate medical examination or medical indication and/or failure to maintain adequate and accurate medical records including, but not limited, to the following:

a. Respondent failed to provide informed consent, and/or failed to maintain a record of informed consent;

b. Respondent did not have a pain care agreement, and/or failed to maintain a record of a pain care agreement;

c. Respondent "copied and pasted" entries on several occasions making it hard to understand what actually transpired; and

⁵ "MILD INTERMITTENT REACTIVE AIRWAY DISEASES; USING INHALER BUT NEED ANTIBIOTICS -Asthmatic bronchitis vs acute bronchitis. No evidence of pneumonia on cxr. Influenza screen is negative for A and B some component of sinusitis"

1 d. Respondent prescribed narcotics and failed to provide appropriate
2 initiation/continuation, titration and monitoring through drug screens.
3

4 **PRAYER**

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


7 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 42911,
8 issued to Respondent Rashmi Jain, M.D.;

9 2. Revoking, suspending or denying approval of Respondent Rashmi Jain, M.D.'s
10 authority to supervise physician assistants and advanced practice nurses;

11 3. Ordering Respondent Rashmi Jain, M.D., to pay the Board the costs of the
12 investigation and enforcement of this case, and if placed on probation, the costs of probation
13 monitoring; and

14 4. Taking such other and further action as deemed necessary and proper.
15

16 DATED: **DEC 30 2021**

17 
18 **WILLIAM PRASIFKA**
19 Executive Director
20 Medical Board of California
21 Department of Consumer Affairs
22 State of California
23 Complainant
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Reji Varghese
Deputy Director

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