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

In the Matter of the First Amended Accusation Against: Juma Ahmed Bharadia, M.D. Physician's and Surgeon's Certificate No. A 56515 Respondent.	Case No.: 800-2019-053824

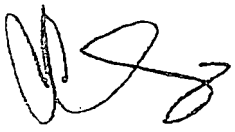
DECISION

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

This Decision shall become effective at 5:00 p.m. on October 27, 2023.

IT IS SO ORDERED: September 29, 2023.

MEDICAL BOARD OF CALIFORNIA



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

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

In the Matter of the First Amended Accusation Against: **JUMA AHMED BHARADIA, M.D.** **16 Pine Tree Lane** **Rolling Hills, CA 90274** **Physician's and Surgeon's Certificate Number A 56515** Respondent.	Case No. 800-2019-053824 OAH No. 2022100767 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). His predecessor brought this action solely in his official capacity and is Complainant is represented in this matter by Rob Bonta, Attorney General of the State of California, by Colleen M. McGurrin, Deputy Attorney General.

2. Juma Ahmed Bharadia, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., of Doyle Schafer McMahon, LLP, whose address is 5440 Trabuco Road, Irvine, CA 92620.

3. On or about January 30, 1997, the Board issued Physician's and Surgeon's Certificate Number A 56515 to Juma Ahmed Bharadia, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2019-053824, and will expire on September 30, 2024, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2019-053824 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on May 23, 2022. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A copy of First Amended Accusation No. 800-2019-053824 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2019-053824. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2019-053824, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2019-053824, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate Number A 56515 to disciplinary action, and he agrees to be bound by the Board's probationary terms and conditions as set forth in the Disciplinary Order below.

CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2019-053824 shall be deemed true, correct and fully admitted by Respondent for purposes of any such

proceeding or any other licensing proceeding involving him in the State of California.

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 Number A 56515 issued to Respondent JUMA AHMED BHARADIA, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years 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 40 hours per year, for each year of probation, in the area(s) of cardiology, evaluating and treating patient(s) with acute myocardial infarction(s) or any other area deemed necessary by the Board or its designee. 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 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping 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 medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews and related tasks, as applicable, in the amount of $17,993.60 (seventeen thousand nine hundred ninety-three 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.

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 license.

Travel or Residence Outside California

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

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

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

12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall

comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

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

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

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

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

17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2019-053824 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Raymond J. McMahon, Esq.. I understand the stipulation and the

effect it will have on my Physician's and Surgeon's Certificate, I enter into this Stipulated Settlement and Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7/21/2023

JUMA AHMED BHARADIA, M.D.
Respondent

I have read and fully discussed with Respondent Juma Ahmed Bharadia, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: July 21, 2023

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: July 21, 2023

Respectfully submitted.

ROB BONTA
Attorney General of California
ROBERT MCKIM BELL
Supervising Deputy Attorney General

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the First Accusation Against: **JUMA AHMED BHARADIA, M.D.** **16 Pine Tree Lane** **Rolling Hills, CA 90274** **Physician's and Surgeon's Certificate Number A 56515,** Respondent.	Case No. 800-2019-053824 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On January 30, 1997, the Board issued Physician's and Surgeon's Certificate Number A 56515 to Juma Ahmed Bharadia, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2022, unless renewed.

JURISDICTION

3. This First Amended 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 22 of the Code states: "Board" as used in any provisions of this code, refers to the board in which the administration of the provision is vested, and unless otherwise expressly provided, shall include "division," "examining committee," and "agency."

5. Section 2227 of the Code provides, in pertinent part:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his . . . license revoked upon order of the board.
>
> (2) Have his . . . right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

6. Section 2220 of the Code provides, in pertinent part:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, . . . and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:
>
> (a) Investigating complaints from . . . other licensees, from health care facilities, . . . that a physician and surgeon may be guilty of unprofessional conduct.
>
> (b) . . . (c).

7. Section 2230.5 of the Code provides, in pertinent part:

> (a) Except as provided in subdivision . . . (c) . . . any accusation filed against a licensee pursuant to Section 11503 of the Government Code shall be filed within

three years after the board, or a division thereof, discovers the act or omission alleged as the ground for disciplinary action, or within seven years after the act or omission alleged as the ground for disciplinary action occurs, whichever occurs first.

(b) . . . .

(c) An accusation filed against a licensee pursuant to Section 11503 of the Government Code alleging unprofessional conduct based on incompetence, gross negligence, or repeated negligent acts of the licensee is not subject to the limitation provided for by subdivision (a) upon proof that the licensee intentionally concealed from discovery his or her incompetence, gross negligence, or repeated negligent acts.

(d) ..... (f).

8. Section 2228 of the Code provides, in pertinent part:

The authority of the board . . . to discipline a licensee by placing his ..... on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and maybe a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

9. Section 2234 of the Code, provides, in pertinent part:

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) . . . .

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

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

negligent act.

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

(d) . . . (e).

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

(g) . . . .

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

COST RECOVERY

11. Effective on January 1, 2022, section 125.3 of the Code was amended to provide as follows:

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

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

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its 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.

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

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

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

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

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

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.[1]

FACTUAL ALLEGATIONS

12. On March 8, 2019, the Board's Central Complaint Unit received a Health Facility Reporting Form pursuant to Business & Professions Code section 805 from the Medical Director at California Hospital Medical Center (CHMC). The CHMC opened an investigation into Respondent for allegations regarding delays in responding to staff. During the course of the investigation, Respondent resigned from his staff membership and clinical privileges at CHMC.

13. On May 13, 2019, Board investigators subpoenaed CHMC records in response to receiving the Health Facility Reporting Form. CHMC produced to Board investigators patient records of five patients that were cared for and treated by Respondent.

14. On June 7, 2019, Board investigators received the certified patient records for Patients T.A., A.G., H.L., E.O., and R.S.[2]

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[1] Effective January 1, 2022, subdivision (k) of Section 125.3, which exempted physicians and surgeons from paying recovery of the costs of investigation and prosecution by the Board, was repealed.

[2] For privacy, the patients in this Accusation are identified by their initials. The patient's full names will be disclosed to Respondent upon a timely request for discovery pursuant to Government Code section 11507.6.

Patient T.A.

15. Patient T.A. was a 46-year-old man with a history of hypertension, previous tobacco use, schizophrenia, congestive heart failure, and cocaine use. Patient T.A. came to CHMC on June 4, 2015, at approximately 10:36 p.m., complaining of chest pain radiating to his back for one day. Patient T.A. was at Centinela Hospital the previous day and had signed out against medical advice. Respondent was called for a possible cardiac catheterization[3], but Respondent declined after reviewing Patient T.A.'s data. While in the Emergency Room (ER) at CHMC, Patient T.A. complained of difficulty breathing at approximately 11:20 p.m. Patient T.A. signed out of CHMC against medical advice.

16. Patient T.A. came back to CHMC on June 5, 2015, at approximately 1:58 p.m., complaining of chest pain and reported he had fainted as well. Respondent saw Patient T.A. on June 6, 2015, and noted he had difficulty breathing and was unable to lie flat. Patient T.A. was scheduled for a cardiac catheterization, which Respondent performed. After the cardiac catheterization procedure, Respondent did not produce any written documentation of the details of the procedure or documentation of his results. The only report of this procedure is a hemodynamic record signed by the catheterization lab nurse and monitor.

Patient A.G.

17. When first seen by Respondent, Patient A.G. was a 60-year-old man with diabetes, chronic kidney disease, and a history of tobacco use. Patient A.G. came to CHMC on April 8, 2018, with persistent left big toe pain and an infection. Patient A.G. had previously been treated for this problem in the emergency room on March 24, 2018, where he had been diagnosed with a diabetic foot ulcer and osteomyelitis, a bone infection.

18. Respondent saw patient A.G. on April 10, 2018, in the presence of a medical student and nurse practitioner, and a plan was formulated with Respondent. An arterial Doppler study[4]

[3] Cardiac catheterization is a process in which a physician will put a small, flexible, hollow tube, (known as a catheter) into a blood vessel, typically in the groin, arm, or neck. The catheter is threaded through the blood vessel into the aorta and into the heart. Once in place, the physician can conduct several tests.

[4] An arterial Doppler study is an ultrasound test used to estimate the blood flow through

was performed, and Patient A.G. underwent a left lower extremity angiogram. Respondent did not document the performance and results of the peripheral lower extremity angiography procedure.

Patient H.L.

19. Patient H.L. was a 68-year-old man who came to CHMC on March 24, 2018 with a one-day history of intermittent left side chest pressure and difficulty breathing. Patient H.L.'s EKG was taken upon admission to CHMC. He was seen by Respondent, who reported Patient H.L. to be chest pain-free. The patient was noted to be Spanish-speaking and it is not clear if Respondent spoke to Patient H.L. through a translator or spoke Spanish to him. Patient H.L. presented with an acute non-ST-segment elevation myocardial infarction (STEMI), a type of heart attack, and significantly elevated troponin[5] levels while at CHMC, with levels of 17 of troponin on March 24, 2018 and 29 of troponin on March 25, 2018, thus presenting a high risk for cardiovascular morbidity and mortality.

20. Patient H.L.'s acute non-STEMI converted to a STEMI, the most severe type of heart attack, on March 25, 2018, at or before 7:56 p.m. Patient H.L.'s cardiac telemetry[6] at that time showed a new bundle branch block.[7] Patient H.L.'s presentation required immediate emergency cardiac catheterization and revascularization.[8] Respondent failed to review Patient H.L.'s cardiac telemetry and failed to obtain an EKG following the EKG taken during Patient H.L.'s admission,

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the blood vessels by bouncing high-frequency sound waves, or ultrasounds, off circulating red blood cells.

[5] Troponins are a group of proteins found in skeletal and heart muscle fibers that regulate muscular contraction. Troponin tests measure the level of cardiac-specific troponin in the blood to help detect heart injury. When there is damage to heart muscle cells, troponin is released into the blood.

[6] Cardiac telemetry is a way to monitor a person's vital signs remotely. A cardiac telemetry unit monitors data, such as a patient's heart rate, breathing, and blood pressure.

[7] A bundle branch block is either a complete or partial interruption of the electrical pathways inside the wall of the heart between the two lower chambers, known as the ventricles.

[8] Revascularization is a process by which a severely diseased artery is cleared of blockage through an interventional procedure. Areas of significant obstruction in the coronary arteries can be opened with angioplasty or stent placement or with coronary artery bypass grafting.

which caused a delay of about 12 hours before the patient was brought to the catheterization lab. Patient H.L. died as a result.

Patient E.O.

21. Patient E.O. was a 53-year-old woman whom Respondent treated on CHMC on July 24, 2015. Patient E.O. arrived at CHMC at approximately 12:32 a.m. complaining of chest pain radiating to her left arm intermittently for the past 12 hours. Patient E.O. reported the pain severity as a ten out of ten. Patient E.O.'s EKG was taken at 12:34 a.m. She was seen by Dr. S. in the E.R., who was concerned that Patient E.O. had an S.T. elevation myocardial infarction based on the EKG reading. Respondent was contacted at 12:44 a.m. Respondent felt Patient E.O. did not need to go to the cardiac catheterization lab. It is unclear whether Respondent reviewed Patient E.O.'s EKG. Respondent was contacted again at 1:12 a.m. regarding Patient E.O.'s EKG reading from 12:34 a.m. The EKG reading showed poor R wave progression anteriorly, peaked T waves, with S.T. elevation anteriorly, with concave S.T. segments. At 1:05 a.m., anterior S.T. segment elevation appeared more prominent, and at 5:21 a.m., S.T. segment elevation persisted and now appeared more convex. Patient E.O.'s troponin from the ER was 0.09. An echocardiogram[9] was done at 9:00 a.m. and showed an akinetic septum and apex, with possible thrombus. The left ventricular ejection fraction was 30%. In his interview, Respondent concurred that there was S.T. elevation in V4 and V5 seen in the EKG from 5:21 a.m.

22. Respondent saw Patient E.O. and dictated a note at 11:53 a.m., and he recommended emergency cardiac catheterization. Patient E.O. was brought to the cardiac catheterization laboratory and found to have a mid-left anterior descending coronary occlusion.[10] This was

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[9] An echocardiogram is a procedure that uses sound waves to produce images of your heart. It allows a physician to see a patient's heart beating and pumping blood. The images can be used to identify heart disease.

[10] A coronary occlusion is a partial or total obstruction of a coronary artery, usually resulting in a heart attack, or myocardial infarction.

treated with thrombectomy[11] and a drug-eluting stent[12] placement. Per the hemodynamic report, the procedure started at 12:00 p.m. There was no dictated report for the coronary angiogram[13] and the left anterior descending revascularization was performed on July 24, 2015. There was a 90% left circumflex stenosis, this lesion was treated at a separate procedure on July 27, 2015, to minimize risk for contrast nephropathy[14], and as the culprit lesion was the left anterior descending artery. There was no dictated report for the circumflex coronary revascularization performed on July 27, 2015. She was discharged on October 3, 2015.

Patient R.S.

23. Patient R.S. was a 54-year-old man who was treated by Respondent during a hospitalization from January 11, 2018, to January 13, 2018, for chest pain and difficulty breathing, having been transferred from a Kaiser Permanente hospital. Patient R.S.'s troponin levels had been elevated, at 0.31 and 0.34, at Kaiser, and 0.62 and 0.54 at CHMC. His urine toxicology screen was positive for cocaine. His echocardiogram report stated that his left ventricular function was normal and there was mild mitral regurgitation.[15]

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[11] Thrombectomy is a surgical procedure used to remove blood clots, or thrombus, from arteries and veins.

[12] A drug-eluting stent is a peripheral or coronary stent placed into a narrowed, diseased peripheral or coronary artery that slowly releases a drug to block cell proliferation. This prevents fibrosis that, together with clots, could otherwise block the stented artery.

[13] A coronary angiogram is a procedure that uses X-ray imaging to see a patient's heart's blood vessels.

[14] Nephropathy is the deterioration of kidney function.

[15] Mitral regurgitation is a condition in which the mitral valve of a person's heart does not close tightly, allowing blood to flow backward into the heart. Symptoms include shortness of breath, fatigue, lightheadedness, and a rapid, fluttering heartbeat.

A stress nuclear test[16] was ordered, but Patient R.S. declined imaging. Respondent evaluated the patient on January 12, 2018 in the company of a medical student, and on January 13, 2018, with a nurse practitioner. He was treated medically and discharged.

24. Patient R.S. again presented to CHMC on November 25, 2018, with shortness of breath and exertional chest pain. Respondent saw him in consultation on November 26, 2018. Cardiolite was reported to show an ischemic anterolateral perfusion defect, and cardiac catheterization was recommended. An echocardiogram was performed on November 28, 2018, showing normal left ventricular systolic function, with E.F. 55%, moderate left ventricular hypertrophy, and moderate mitral regurgitation. The coronary angiogram was performed on November 29, 2018. The report stated that the left main had a 30% lesion, left anterior descending an 80% ostial lesion, with proximal occlusion, left circumflex had minor diffuse disease, and right coronary distal 90% stenosis. The posterior descending was filled by collaterals from the left.

25. Patient R.S. was referred for coronary artery bypass graft, and on December 5, 2018, underwent a three-vessel bypass with Dr. A.H. The surgical report was signed on March 5, 2019. A left internal mammary graft was placed to the left anterior descending, saphenous vein grafts to the obtuse marginal and posterior descending, and mitral valve replacement. The mitral valve replacement was performed as it was noted that under general anesthesia he had severe mitral regurgitation, and the valve was not felt to be repairable. In the operating room, following these procedures, the echocardiogram was reported to show normal LV function and a normally functioning prosthetic mitral valve.

26. On December 7, 2018, Patient R.S. suffered a ventricular fibrillation[17] cardiac arrest.[18] He was resuscitated with defibrillator shocks, intubated, and brought back to the cardiac

[16] A nuclear stress test uses a small amount of radioactive material, known as a tracer, and an imaging machine to create pictures showing the blood flow to your heart. The test measures blood flow while you are at rest and during activity, showing areas with poor blood flow or damage in the heart.

[17] Ventricular fibrillation is a dangerous type of arrhythmia, or irregular heartbeat.

[18] Cardiac arrest is the abrupt loss of heart function in a person who may or may not have

catheterization lab immediately by Respondent. There was a delay in Respondent getting to the catheterization lab. The patient arrived at the lab at 7:56 a.m., and Respondent arrived at 8:45 a.m. He explained that he was in the hospital but attending to another emergency in ICU, which prevented him from going to the catheterization lab right away. Left internal mammary graft to the left anterior descending, saphenous vein grafts to obtuse marginal, and right posterior descending coronary arteries were noted. A STAT echocardiogram was performed, showing moderate left ventricular systolic dysfunction and an E.F. of 30%. There was mid to distal septal, anterior, and lateral hypokinesis and severe apical hypokinesis. Trace mitral regurgitation was noted. The patient had moderate tricuspid regurgitation[19] and severe pulmonary hypertension, with P.A. pressure of 70 mm H.G. and dilated inferior vena cava, indicating elevated central venous pressure of over 15 mm H.G. He had high-grade atrioventricular block[20], and was paced via temporary pacing wires.

27. Patient R.S. suffered another ventricular fibrillation cardiac arrest at about 10:00 a.m. on December 7, 2018, a few hours after the initial cardiac arrest. Patient R.S. was again resuscitated, and an intra-aortic balloon pump was placed. He remained in the ICU, and on December 10, 2018, self-extubated. On December 11, 2018, a right arm deep vein thrombosis was diagnosed. Intravenous heparin was started. On that day, Patient R.S. was also noted to have right-sided weakness and cognitive deficit/short term memory loss. A left thalamic cerebrovascular accident/stroke was noted, and felt to be acute or subacute. Patient R.S. was transitioned from intravenous heparin[21] to warfarin.[22] He was eventually discharged on

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been diagnosed with heart disease. Cardiac arrest usually results from an electrical disturbance in the heart.

[19] Tricuspid valve regurgitation is a condition in which the valve between the two right heart chambers (right ventricle and right atrium) doesn't close properly. The malfunctioning valve allows blood to flow back into your heart's upper right chamber (right atrium).

[20] An atrioventricular block is partial or complete interruption of impulse transmission from the atria to the ventricles.

[21] Heparin is a drug that helps to prevent blood clots.

[22] Warfarin is an anticoagulant or blood thinner. It is used to treat or prevent blood clots in veins or arteries, which can reduce risk of stroke, heart attack, or other serious conditions.

December 11, 2018.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

28. By reason of the facts and allegations set forth in paragraphs 12 through 27, Respondent is subject to disciplinary action under section 2334, subdivision (c), of the Code in that he committed repeated negligent acts in his care of Patients H.L., E.O., and R.S. The circumstances are as follows:

a. Respondent failed to order and review appropriate diagnostic studies to guide his treatment of Patient H.L.'s acute myocardial infarction.

b. Respondent failed to provide emergency treatment to Patient E.O. who was presenting with a severe heart attack or STEMI.

c. Respondent failed to evaluate a possible pulmonary embolus in Patient R.S. Respondent brought Patient R.S. to cardiac catheterization to assess graft patency following Patient R.S.'s cardiac arrest. When no graft or other coronary occlusion was found, but Patient R.S. had continued instability, and elevated pulmonary pressures, Respondent should have considered pulmonary embolus.

29. Respondent's acts and/or omissions as set forth in paragraphs 12 through 27 above, whether proven individually, jointly, or in any combination thereof, constitutes repeated negligent acts, pursuant to Section 2334, subdivision (c), of the Code.

SECOND CAUSE FOR DISCIPLINE

(Inadequate Medical Recordkeeping)

30. By reason of the facts set forth in paragraphs 12 through 27, Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate records of his care and treatment of Patients T.A., A.G., and E.O. The circumstances are as follows:

a. Respondent failed to document the details of Patient T.A.'s cardiac catheterization procedure or its results. The only report of this procedure is a hemodynamic record, signed by the catheterization lab nurse and monitor.

b. Respondent failed to document the details of Patient A.G.'s peripheral lower extremity angiography procedure or its results.

c. Respondent failed to document Patient E.O.'s coronary angiography and percutaneous revascularization procedures or its results.

31. Respondent's acts and/or omissions as set forth in paragraphs 12 through 27 above, whether proven individually, jointly, or in any combination thereof, constitutes repeated negligent acts, pursuant to Section 2266 of the Code.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

32. By reason of the facts and allegations set forth in paragraphs 12 through 31, Respondent is subject to disciplinary action under section 2234, subdivision (a), of the Code in that he (1) committed repeated negligent acts in the care and treatment of Patients H.L., E.O., and R.S.; and (2) failed to maintain adequate and accurate records of his care and treatment of Patients T.A., A.G., and E.O. The circumstances are as follows:

33. The facts and allegations detailed in paragraphs 12 through 31 above are incorporated herein by reference as if fully set forth.

34. Respondent's acts and/or omissions as set forth in paragraphs 12 through 31 above, whether proven individually, jointly, or in any combination thereof, constitutes repeated negligent acts, pursuant to Section 2234, subdivision (a), of the Code.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 56515, issued to Respondent Juma Ahmed Bharadia, M.D.;

2. Revoking, suspending or denying approval of his authority to supervise physician and assistants and advanced practice nurses;

3. Ordering him to pay the Board reasonable costs of investigation and prosecution incurred after January 1, 2022.

4. If placed on probation, ordering him to pay the Board the costs of probation monitoring; and

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

DATED: MAY 23 2022

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

Complainant

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