

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

In the Matter of the First Amended
Accusation Against:

Rita Roop Thakur, M.D.

Physician's and Surgeon's
Certificate No. A 43923

Case No.: 800-2020-068269

Respondent.

DECISION

The attached Stipulated Settlement and Disciplinary 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 April 26, 2024.

IT IS SO ORDERED: March 28, 2024.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, Chair
Panel B

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 CHRISTINE A. RHEE
Deputy Attorney General
4 State Bar No. 295656
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9455
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

13 In the Matter of the First Amended Accusation
Against:
14 **RITA ROOP THAKUR, M.D.**
15 **636 E Santa Clara St.**
16 **San Jose CA 95112-1902**
17 **Physician's and Surgeon's Certificate**
No. A 43923,
18 Respondent.

Case No. 800-2020-068269

OAH No. 2023080540

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
20 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
21 entitled proceedings that the following matters are true:

22 **PARTIES**

23 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Christine A. Rhee, Deputy
26 Attorney General.

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1 **CULPABILITY**

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a prima facie case with respect to the charges and allegations contained in First
4 Amended Accusation No. 800-2020-068269, and that she has thereby subjected her license to
5 disciplinary action.

6 10. Respondent agrees that if she ever petitions for early termination or modification of
7 probation, or if the Board ever petitions for revocation of probation, all of the charges and
8 allegations contained in First Amended Accusation No. 800-2020-068269 shall be deemed true,
9 correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing
10 proceeding involving Respondent in the State of California.

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

14 **CONTINGENCY**

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

25 **ADDITIONAL PROVISIONS**

26 13. This Stipulated Settlement and Disciplinary Order is intended to be an integrated
27 writing representing the complete, final, and exclusive embodiment of the agreements of the
28 parties in the above-listed matter.

1 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
2 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the
3 completion of each course, the Board or its designee may administer an examination to test
4 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65
5 hours of CME of which 40 hours were in satisfaction of this condition.

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

15 A prescribing practices course taken after the acts that gave rise to the charges in the First
16 Amended Accusation, but prior to the effective date of the Decision may, in the sole discretion of
17 the Board or its designee, be accepted towards the fulfillment of this condition if the course would
18 have been approved by the Board or its designee had the course been taken after the effective date
19 of this Decision.

20 Respondent shall submit a certification of successful completion to the Board or its
21 designee not later than 15 calendar days after successfully completing the course, or not later than
22 15 calendar days after the effective date of the Decision, whichever is later.

23 4. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
24 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
25 advance by the Board or its designee. Respondent shall provide the approved course provider
26 with any information and documents that the approved course provider may deem pertinent.
27 Respondent shall participate in and successfully complete the classroom component of the course
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The medical
2 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
3 Medical Education (CME) requirements for renewal of licensure.

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

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

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

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

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

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a
14 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

8 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
9 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
10 limited to, expert review, amended accusations, legal reviews, and investigation(s), in the amount
11 of \$38,966.25 (thirty-eight thousand, nine hundred and sixty-six dollars and twenty-five cents).
12 Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be
13 considered a violation of probation.

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

18 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
19 to repay investigation and enforcement costs, including expert review costs.

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

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

25 12. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

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

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1 Address Changes

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

7 Place of Practice

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

11 License Renewal

12 Respondent shall maintain a current and renewed California physician's and surgeon's
13 license.

14 Travel or Residence Outside California

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

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

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

24 14. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
25 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
26 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
27 defined as any period of time Respondent is not practicing medicine as defined in Business and
28 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

1 patient care, clinical activity or teaching, or other activity as approved by the Board. If
2 Respondent resides in California and is considered to be in non-practice, Respondent shall
3 comply with all terms and conditions of probation. All time spent in an intensive training
4 program which has been approved by the Board or its designee shall not be considered non-
5 practice and does not relieve Respondent from complying with all the terms and conditions of
6 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
7 on probation with the medical licensing authority of that state or jurisdiction shall not be
8 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
9 period of non-practice.

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

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

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

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

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

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

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

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

23 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
24 a new license or certification, or petition for reinstatement of a license, by any other health care
25 licensing action agency in the State of California, all of the charges and allegations contained in
26 First Amended Accusation No. 800-2020-068269 shall be deemed to be true, correct, and
27 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
28 seeking to deny or restrict license.

I have voluntarily read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Steven M. Maslauski, 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 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 2-6-2024 
RITA ROOP THAKUR, M.D.
Respondent

I have read and fully discussed with Respondent Rita Roop Thakur, 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: _____
STEVEN M. MASLAUSKI, 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: _____

Respectfully submitted,
ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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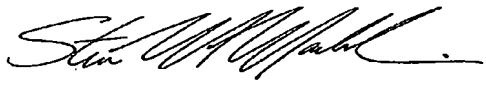
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Steven M. Maslauski, 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 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____
RITA ROOP THAKUR, M.D.
Respondent

I have read and fully discussed with Respondent Rita Roop Thakur, 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: 2/6/24 _____

STEVEN M. MASLAUSKI, 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: _____
Respectfully submitted,
ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Steven M. Maslauski, 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 voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____
RITA ROOP THAKUR, M.D.
Respondent

I have read and fully discussed with Respondent Rita Roop Thakur, 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: _____
STEVEN M. MASLAUSKI, 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: 2/6/24

Respectfully submitted,
ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



CHRISTINE A. RHEE
Deputy Attorney General
Attorneys for Complainant

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1 ROB BONTA
Attorney General of California
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3 CHRISTINE A. RHEE
Deputy Attorney General
4 State Bar No. 295656
600 West Broadway, Suite 1800
5 San Diego, CA 92101
P.O. Box 85266
6 San Diego, CA 92186-5266
Telephone: (619) 738-9455
7 Facsimile: (619) 645-2061

8 *Attorneys for Complainant*

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

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

Case No. 800-2020-068269

FIRST AMENDED ACCUSATION

15 **RITA ROOP THAKUR, M.D.**
16 **636 E Santa Clara St.**
San Jose, CA 95112-1902

17 **Physician's and Surgeon's Certificate**
No. A 43923,

18 Respondent.

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21 **PARTIES**

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

25 2. On or about August 10, 1987, the Medical Board issued Physician's and Surgeon's
26 Certificate No. A 43923 to Rita Roop Thakur, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on August 31, 2025, unless renewed.

1 JURISDICTION

2 3. This First Amended Accusation, which supersedes the Accusation filed on June 15,
3 2023, is brought before the Board, under the authority of the following laws. All section
4 references are to the Business and Professions Code (Code) unless otherwise indicated.

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

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

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

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

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

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

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

21 ...

22 5. Section 2228.1 of the Code states, in pertinent part:

23 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
24 the board and the Podiatric Medical Board of California shall require a licensee to
25 provide a separate disclosure that includes the licensee's probation status, the length
26 of probation, the probation end date, all practice restrictions placed on the licensee by
27 the board, the board's telephone number, and an explanation of how the patient can
28 find further information on the licensee's probation on the licensee's profile page on
the board's online license information internet website, 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:

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

...

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

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

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

(1) The patient is unconscious or otherwise unable to comprehend the 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 sign a copy.

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

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

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

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

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

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

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

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

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

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

6. Section 2234 of the Code, states, 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:

...

(b) Gross negligence.

///

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

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

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

13 ...

14 7. Unprofessional conduct under Section 2234 is conduct which breaches the rules or
15 ethical code of the medical profession, or conduct which is unbecoming a member in good
16 standing of the medical profession, and which demonstrates an unfitness to practice medicine.
17 (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

18 8. Section 2261 of the Code states:

19 Knowingly making or signing any certificate or other document directly or
20 indirectly related to the practice of medicine or podiatry which falsely represents the
21 existence or nonexistence of a state of facts, constitutes unprofessional conduct.

22 9. Section 2262 of the Code states, in pertinent part:

23 Altering or modifying the medical record of any person, with fraudulent
24 intent, or crating any false medical record with fraudulent intent, constitutes
25 unprofessional conduct.

26 ...

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

COST RECOVERY

11. Section 125.3 of the Code states:

(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

1 violations of the licensing act to pay a sum not to exceed the reasonable costs of the
2 investigation and enforcement of the case.

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

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

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

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

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

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

27 (2) Notwithstanding paragraph (1), the board may, in its discretion,
28 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.

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1 **FACTUAL ALLEGATIONS**

2 12. At the time of the allegations in this First Amended Accusation, Respondent operated
3 a weight loss and family practice clinic in San Jose, CA. Respondent trained as a pediatrician and
4 has no board certifications in any area of medicine. Respondent employed a medical assistant,
5 K.C., who trained as a physician in another country, but is not licensed to practice medicine in
6 California. Respondent also employed her husband who managed the payroll and ordered
7 supplies and equipment. Respondent's daughter worked as a part-time manager at Respondent's
8 clinic, handling marketing and clerical duties. At the time of the allegations in this First
9 Amended Accusation, Respondent dispensed medications at her practice.

10 **Patient A**

11 13. On or about February 16, 2019, Respondent first saw Patient A,¹ then a 28-year-old
12 woman, in her office. At the time of this initial appointment, Patient A had a lengthy history of
13 being prescribed the following medications by other treatment providers: hydrocodone
14 acetaminophen,² Suboxone,³ methadone,⁴ and Zubsolv.⁵ At her initial visit with Respondent,
15 Patient A weighed 165.8 pounds and was approximately five feet, six inches tall. Respondent
16 assessed Patient A as being 15 to 30 pounds overweight. Patient A's height and body mass index
17 were not documented in Respondent's medical records. Respondent failed to check Patient A's
18 CURES⁶ Patient Activity Report before prescribing her phentermine,⁷ a controlled substance.

19 ¹ Patient and family member names have been redacted to protect their privacy.

20 ² Hydrocodone acetaminophen, brand name Norco, is an opioid analgesic. Hydrocodone
is a Schedule II controlled substance pursuant to Health and Safety Code section 11055,
21 subdivision (b).

22 ³ Suboxone, brand name for buprenorphine naloxone, is a semisynthetic narcotic mixed
with an opioid-blocking agent used to treat opioid addiction. Buprenorphine is a Schedule V
controlled substance pursuant to Health and Safety Code section 11058, subdivision (d).

23 ⁴ Methadone is an opioid used to treat pain. It is a Schedule II controlled substance
pursuant to Health and Safety Code section 11055, subdivision (c).

24 ⁵ Zubsolv is the brand name for buprenorphine naloxone.

25 ⁶ The Controlled Substance Utilization Review and Evaluation System (CURES) stores
Schedule II, III, IV, and V controlled substance prescription information as dispensed in
California. A CURES Patient Activity Report contains, but is not limited to, the following
26 information: patient first and last name, patient date of birth, patient gender, prescriber name,
prescriber DEA number, prescriber address, pharmacy name, prescription fill date, drug name,
27 drug form, quality, drug strength, refill number, number of authorized refills, and number of days
supply.

28 ⁷ Phentermine is a stimulant medication used for weight loss. It is a Schedule IV

1 14. To aid in weight loss, on or about February 16, 2019, Respondent gave Patient A a
2 prescription for seven tablets of 37.5 mg phentermine, which was a 14-day supply of the
3 medication. Respondent's medical office directly dispensed the phentermine to Patient A.

4 15. After an appointment on or about March 9, 2019, Respondent switched Patient A to
5 phendimetrazine tartrate⁸ based on Patient A's reported side effects. From approximately March
6 9, 2019 through June 5, 2020, Respondent gave Patient A approximately 20 prescriptions of 35
7 mg phendimetrazine tartrate, and dispensed an approximate total of 789 tablets of the medication
8 to Patient A in approximately 16 months. Throughout this period of time, Patient A's
9 documented weight decreased to as low as 140 pounds.

10 16. Throughout her treatment of Patient A, Respondent failed to assess and properly
11 monitor Patient A's treatment. Respondent failed to discover Patient A's extensive prior medical
12 treatment involving controlled substances. There are no indications that Respondent ever
13 checked Patient A's CURES Patient Activity Report or asked about her prior medical history.
14 Respondent failed to require urine drug screens to monitor Patient A's compliance with her
15 medication.

16 17. Throughout her treatment of Patient A, Respondent failed to obtain an adequate
17 medical history from or conduct appropriate physical examinations on Patient A. Respondent did
18 not obtain or order any laboratory testing to rule out thyroid issues, diabetes, or other conditions
19 which may cause weight gain. Respondent failed to inquire or test whether Patient A was
20 pregnant, which is a contraindication of the medications Respondent prescribed. While
21 Respondent documented Patient A's weight and blood pressure at each office visit, Respondent
22 failed to conduct appropriate physical examinations throughout Patient A's course of treatment.
23 After Patient A's weight was measured at 155 pounds, which is in normal range based on her
24 height, Respondent failed to discontinue Patient A's use of phendimetrazine tartrate for weight
25 loss.

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controlled substance pursuant to Health and Safety Code section 11057, subdivision (f).

28 ⁸ Phendimetrazine is a stimulant medication used for weight loss. It is a Schedule III
controlled substance pursuant to Health and Safety Code section 11056, subdivision (b).

1 18. In her care and treatment of Patient A, Respondent failed to document any discussion
2 with Patient A regarding the risks and benefits and side effects of taking phentermine or any
3 necessary ongoing evaluations when prescribing controlled substances to a patient over a long
4 period of time. Respondent failed to document why she added Topamax⁹ to Patient A's
5 medication regimen on or about June 14, 2019, or why she gave Patient A another prescription
6 for phentermine on or about June 14, 2019.

7 **Patient B**

8 19. Patient B is Patient A's mother. Patient A told Respondent that her mother wanted
9 weight loss treatment, but that she could not come to Respondent's office because of the
10 pandemic. Respondent agreed to treat Patient B without seeing her. Patient A brought in Patient
11 B's signed forms to initiate treatment. Board investigators later interviewed Patient B who stated
12 that she never sought or received treatment from Respondent.

13 20. In an interview with Board investigators, Respondent stated that Patient B's initial
14 visit on or about March 16, 2020, was via telemedicine. Respondent stated that the video for the
15 telemedicine visit did not work, so they had to talk on the phone.

16 21. Contrary to Respondent's aforementioned statements, Respondent's medical records
17 for Patient B's initial visit do not indicate that it was a telemedicine visit. Rather, Respondent
18 documented that she did a physical examination on Patient B, checking Patient B's pulse, blood
19 pressure, lungs, heart, ears, thyroid, throat, and abdomen. Respondent did not document Patient
20 B's height or target weight. At this initial visit, Respondent dispensed to Patient B 56 tablets of
21 35 mg phendimetrazine tartrate. According to Respondent's interview with the Board, Patient A
22 picked up Patient B's dispensed medications.

23 22. According to Respondent's records obtained by Board investigators in or around
24 September 2021, Patient B received two additional prescriptions for phendimetrazine tartrate on
25 or about May 27, 2020 and September 10, 2020, for a total of 42 tablets of 35 mg

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28 ⁹ Topamax, brand name for topiramate, is an anticonvulsant and nerve pain medication
which may be used off-label to aid in weight loss.

1 phendimetrazine tartrate. Respondent documented that Patient B's weight was 285 pounds on or
2 about May 27, 2020. Patient B's weight was not measured on or about September 10, 2020.

3 23. Patient B eventually realized that her daughter had been using her name to obtain
4 additional phendimetrazine tartrate from Respondent. In or around September or October 2020,
5 Patient B confronted Respondent about her daughter's scheme and demanded her medical
6 records. In the medical records Patient B obtained from Respondent's office, the prescription
7 medications dispensed on or about May 27, 2020 and September 10, 2020, were not documented.

8 **Prescribing to Family Members**

9 24. Respondent repeatedly prescribed controlled substances to two family members on a
10 non-emergent basis, including, but not limited to, the following:

11 **Family Member A**

- 12 a. 45 tablets of 2 mg alprazolam¹⁰ filled on or about August 3, 2016;
13 b. 90 tablets of 0.5 mg lorazepam¹¹ filled on or about December 12, 2016;
14 c. 45 tablets of 2 mg lorazepam filled on or about April 15, 2017;
15 d. 60 tablets of 2 mg lorazepam filled on or about June 21, 2017;
16 e. 45 tablets of 2 mg alprazolam filled on or about June 23, 2017;
17 f. 20 tablets of 325-5 mg hydrocodone bitartrate acetaminophen filled on or about
18 July 17, 2017; and
19 g. 30 tablets of 2 mg lorazepam filled on or about October 18, 2018.

20 **Family Member B**

- 21 h. 60 tablets of 1 mg lorazepam filled on or about September 25, 2020.

22 **FIRST CAUSE FOR DISCIPLINE**
23 **(Gross Negligence)**

24 25. Respondent has subjected her Physician's and Surgeon's Certificate No. A 43923 to
25 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of

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27 ¹⁰ Alprazolam, brand name Xanax, is a benzodiazepine and a Schedule IV controlled
substance pursuant to Health and Safety Code section 11057, subdivision (d).

28 ¹¹ Lorazepam, brand name Ativan, is a benzodiazepine and Schedule IV controlled
substance pursuant to Health and Safety Code section 11057, subdivision (d).

1 the Code, in that she committed gross negligence in the care and treatment of Patient B, as more
2 particularly alleged hereafter:

3 26. Paragraphs 19 through 23, above, are hereby incorporated by reference and re-alleged
4 as if fully set forth herein.

5 27. Respondent committed gross negligence which includes, but is not limited to,
6 falsifying medical records, including physical examination documentation, for Patient B, a patient
7 Respondent never met.

8 **SECOND CAUSE FOR DISCIPLINE**
9 **(Repeated Negligent Acts)**

10 28. Respondent has further subjected her Physician's and Surgeon's Certificate
11 No. A 43923 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
12 subdivision (c), of the Code, in that she committed repeated negligent acts, as more particularly
13 alleged hereafter:

14 29. Paragraphs 13 through 27, above, are hereby incorporated by reference and re-alleged
15 as if fully set forth herein.

16 30. Respondent repeatedly prescribed controlled substances to family members on a non-
17 emergent basis.

18 **Patient A**

19 31. Respondent committed negligence in the care and treatment of Patient A which
20 includes, but is not limited to, the following:

21 a. Respondent prescribed two controlled substances to Patient A over an
22 approximately 16-month period without performing a complete history and physical of the
23 patient, a proper indication to prescribe phentermine and phendimetrazine to Patient A,
24 proper monitoring to ensure that Patient A was complying with her medication regimen,
25 and proper follow up of Patient A's long-term, controlled substance treatment.

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THIRD CAUSE FOR DISCIPLINE
(Knowingly Making a Document Directly Related to the Practice of Medicine Falsely Representing the Existence of Facts)

32. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 43923 to disciplinary action under sections 2227 and 2234, as defined by section 2261, of the Code, in that she knowingly made a document directly related to the practice of medicine falsely representing the existence of facts in her care and treatment of Patient B, as more particularly alleged in paragraphs 19 through 23, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE
(Creating a False Medical Record with Fraudulent Intent)

33. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 43923 to disciplinary action under sections 2227 and 2234, as defined by section 2262, of the Code, in that she created a false medical record with fraudulent intent in her care and treatment of Patient B, as more particularly alleged in paragraphs 19 through 23, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

34. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 43923 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that she failed to maintain adequate and accurate records in her care and treatment of Patients A and B, as more particularly alleged in paragraphs 13 through 33, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

SIXTH CAUSE FOR DISCIPLINE
(General Unprofessional Conduct)

35. Respondent has further subjected her Physician's and Surgeon's Certificate No. A 43923 to disciplinary action under sections 2227 and 2234 of the Code in that she committed general unprofessional conduct, as more particularly alleged in paragraphs 13 through 34, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.


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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 43923, issued to Respondent Rita Roop Thakur, M.D.;
2. Revoking, suspending or denying approval of Respondent Rita Roop Thakur, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Rita Roop Thakur, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;
4. Ordering Respondent Rita Roop Thakur, M.D., if placed on probation, to provide patient notification in accordance with Business and Professions Code section 2228.1; and
5. Taking such other and further action as deemed necessary and proper.

DATED: SEP 12 2023



REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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