

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

**In the Matter of the Second Amended
Accusation/Petition to Revoke
Probation Against:**

Case No.: 800-2021-078960

Bhupinder Nath Bhandari, M.D.

**Physician's and Surgeon's
Certificate No. A 50058**

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 July 5, 2024.

IT IS SO ORDERED: June 6, 2024.

MEDICAL BOARD OF CALIFORNIA



**Randy W. Hawkins, M.D., Vice-Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 GREG W. CHAMBERS
Supervising Deputy Attorney General
3 HARRIET NEWMAN
Deputy Attorney General
4 State Bar No. 189784
455 Golden Gate Avenue, Suite 11000
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Attorneys for Complainant

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

12 In the Matter of the Second Amended
Accusation/Petition to Revoke Probation
13 Against:

14 **BHUPINDER NATH BHANDARI, M.D.**
15 **3755 Beacon Avenue**
Fremont, CA 94538

16 **Physician's and Surgeon's Certificate No. A**
17 **50058**

18 Respondent

Case No. 800-2021-078960

OAH No. 2023070688

**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 Harriet Newman, Deputy
26 Attorney General.

1 review of an adverse decision; and all other rights accorded by the California Administrative
2 Procedure Act and other applicable laws.

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

5 **CULPABILITY**

6 9. Respondent understands and agrees that the charges and allegations in Second
7 Amended Accusation/Petition to Revoke Probation No. 800-2021-078960, if proven at a hearing,
8 constitute cause for imposing discipline upon his Physician's and Surgeon's License.

9 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
10 for the charges in the Second Amended Accusation/Petition to Revoke Probation, and that
11 Respondent hereby gives up his right to contest those charges.

12 11. Respondent agrees that his Physician's and Surgeon's License Certificate Number A
13 50058 is subject to discipline and he agrees to be bound by the Board's probationary terms as set
14 forth in the Disciplinary Order below.

15 **CONTINGENCY**

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

26 13. Respondent agrees that if he ever petitions for early termination or modification of
27 probation, or if an accusation and/or petition to revoke probation is filed against him before the
28 Board, all of the charges and allegations contained in Second Amended Accusation/Petition to

1 Revoke Probation No. 800-2021-078960 shall be deemed true, correct and fully admitted by
2 respondent for purposes of any such proceeding or any other licensing proceeding involving
3 Respondent in the State of California.

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

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

10 **DISCIPLINARY ORDER**

11 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 50058 issued
12 to Respondent BHUPINDER NATH BHANDARI, M.D. is revoked. However, the revocation is
13 stayed and Respondent is placed on probation for six (6) years on the following terms and
14 conditions. This Order is to run consecutive to, and shall take effect immediately upon
15 completion of the probationary order in case No. 800-2017-039428.

16 1. **COMMUNITY SERVICE - FREE SERVICES.** Within 60 calendar days of the
17 effective date of this Decision, Respondent shall submit to the Board or its designee for prior
18 approval a community service plan in which Respondent shall, within the first 2 years of
19 probation, provide 40 hours of free services (nonmedical) to a community or non-profit
20 organization.

21 Prior to engaging in any community service, Respondent shall provide a true copy of the
22 Decision to the chief of staff, director, office manager, program manager, officer, or the chief
23 executive officer at every community or non-profit organization where Respondent provides
24 community service and shall submit proof of compliance to the Board or its designee within 15
25 calendar days. This condition shall also apply to any change(s) in community service.

26 Community service performed prior to the effective date of the Decision shall not be
27 accepted in fulfillment of this condition.

28 2. **PROFESSIONALISM PROGRAM (ETHICS COURSE).** Within 60 calendar days of

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

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

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

18 3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
19 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
20 program approved in advance by the Board or its designee. Respondent shall successfully
21 complete the program not later than six (6) months after Respondent's initial enrollment unless
22 the Board or its designee agrees in writing to an extension of that time.

23 The program shall consist of a comprehensive assessment of Respondent's physical and
24 mental health and the six general domains of clinical competence as defined by the Accreditation
25 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
26 Respondent's current or intended area of practice. The program shall take into account data
27 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
28 Accusation(s), and any other information that the Board or its designee deems relevant. The

1 program shall require Respondent's on-site participation as determined by the program for the
2 assessment and clinical education and evaluation. Respondent shall pay all expenses associated
3 with the clinical competence assessment program.

4 At the end of the evaluation, the program will submit a report to the Board or its designee
5 which unequivocally states whether the Respondent has demonstrated the ability to practice
6 safely and independently. Based on Respondent's performance on the clinical competence
7 assessment, the program will advise the Board or its designee of its recommendation(s) for the
8 scope and length of any additional educational or clinical training, evaluation or treatment for any
9 medical condition or psychological condition, or anything else affecting Respondent's practice of
10 medicine. Respondent shall comply with the program's recommendations.

11 Determination as to whether Respondent successfully completed the clinical competence
12 assessment program is solely within the program's jurisdiction.

13 4. MONITORING - PRACTICE. If recommended by the clinical competence
14 assessment program upon Respondent's completion of the program, Respondent shall submit to
15 the Board or its designee for prior approval as a practice monitor, the name and qualifications of
16 one or more licensed physicians and surgeons whose licenses are valid and in good standing, and
17 who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall
18 have no prior or current business or personal relationship with Respondent, or other relationship
19 that could reasonably be expected to compromise the ability of the monitor to render fair and
20 unbiased reports to the Board, including but not limited to any form of bartering, shall be in
21 Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent
22 shall pay all monitoring costs.

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

1 signed statement for approval by the Board or its designee.

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

6 If Respondent fails to obtain approval of a monitor within 60 calendar days of the
7 recommendation by PACE, Respondent shall receive a notification from the Board or its designee
8 to cease the practice of medicine within three (3) calendar days after being so notified.

9 Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring
10 responsibility.

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

17 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
18 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
19 name and qualifications of a replacement monitor who will be assuming that responsibility within
20 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
21 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
22 notification from the Board or its designee to cease the practice of medicine within three (3)
23 calendar days after being so notified. Respondent shall cease the practice of medicine until a
24 replacement monitor is approved and assumes monitoring responsibility.

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

1 expense during the term of probation.

2 5. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
3 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
4 where: 1) Respondent merely shares office space with another physician but is not affiliated for
5 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
6 location.

7 If Respondent fails to establish a practice with another physician or secure employment in
8 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
9 Respondent shall receive a notification from the Board or its designee to cease the practice of
10 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
11 practice until an appropriate practice setting is established.

12 If, during the course of the probation, the Respondent's practice setting changes and the
13 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
14 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
15 If Respondent fails to establish a practice with another physician or secure employment in an
16 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
17 shall receive a notification from the Board or its designee to cease the practice of medicine within
18 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
19 appropriate practice setting is established.

20 6. 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.

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

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

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

7 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
8 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
9 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
10 enforcement, as applicable, in the amount of \$45,000 (forty five thousand dollars), with \$22,500
11 to paid at the time of the signing of this Stipulation and the remaining \$22,500 payable for \$7,500
12 per year for the next three years. Costs shall be payable to the Medical Board of California.
13 Failure to pay such costs shall be considered a violation of probation. Payment of \$22,500 must
14 be made within 30 calendar days of the effective date of the Order.

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

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

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

22 11. GENERAL PROBATION REQUIREMENTS.

23 Compliance with Probation Unit

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

25 Address Changes

26 Respondent shall, at all times, keep the Board informed of Respondent's business and
27 residence addresses, email address (if available), and telephone number. Changes of such
28 addresses shall be immediately communicated in writing to the Board or its designee. Under no

1 circumstances shall a post office box serve as an address of record, except as allowed by Business
2 and Professions Code section 2021, subdivision (b).

3 Place of Practice

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

7 License Renewal

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

10 Travel or Residence Outside California

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

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

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

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

1 does not relieve Respondent from complying with all the terms and conditions of probation.
2 Practicing medicine in another state of the United States or Federal jurisdiction while on
3 probation with the medical licensing authority of that state or jurisdiction shall not be considered
4 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-
5 practice.

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

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

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

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

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

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

1 continuing jurisdiction until the matter is final, and the period of probation shall be extended until
2 the matter is final.

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


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

18 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
19 a new license or certification, or petition for reinstatement of a license, by any other health care
20 licensing action agency in the State of California, all of the charges and allegations contained in
21 Second Amended Accusation/Petition to Revoke Probation No. 800-2021-078960 shall be
22 deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of
23 Issues or any other proceeding seeking to deny or restrict license.

24 **ACCEPTANCE**

25 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
26 discussed it with my attorney, Marvin H. Firestone. I understand the stipulation and the effect it
27 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
28

1 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
2 Decision and Order of the Medical Board of California.

3
4 DATED: 4-26-24 
5 BHUPINDER NATH BHANDARI, M.D.
6 Respondent

7 I have read and fully discussed with Respondent Bhupinder Nath Bhandari, M.D. the terms
8 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
9 Order. I approve its form and content.

10
11 DATED: 4/26/24 
12 MARVIN H. FIRESTONE, MD, JD
13 Attorney for Respondent

ENDORSEMENT

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

16 DATED: 4-26-24

17 Respectfully submitted,
18 ROB BONTA
19 Attorney General of California
20 GREG W. CHAMBERS
21 Supervising Deputy Attorney General

Harriet Newman

22 HARRIET NEWMAN
23 Deputy Attorney General
24 Attorneys for Complainant

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Attorney General of California
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Against:

Case No. 800-2021-078960

BHUPINDER NATH BHANDARI, M.D.
3755 Beacon Avenue
Fremont, CA 94538

**SECOND AMENDED
ACCUSATION/PETITION TO REVOKE
PROBATION**

Physician's and Surgeon's Certificate
No. A 50058

Respondent.

PARTIES

1. Reji Varghese (Complainant) brings this Second Amended Accusation/Petition to Revoke Probation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about October 22, 1991, the Board issued Physician's and Surgeon's Certificate Number A 50058 to Bhupinder Nath Bhandari, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2024, unless renewed.

1 6. Section 2234 of the Code provides, in pertinent part, that a board shall take action
2 against any licensee who is charged with unprofessional conduct. In addition to other provisions
3 of this article, unprofessional conduct includes, but is not limited to, the following:

4 (b) Gross negligence

5 (c) Repeated negligent acts

6 (d) Incompetence

7 (e) The commission of any act involving dishonesty or corruption that is substantially
8 related to the qualifications, functions, or duties of a physician and surgeon.

9 7. Section 2236 of the Code states:

10 (a) The conviction of any offense substantially related to the qualifications, functions,
11 or duties of a physician and surgeon constitutes unprofessional conduct within the meaning of this
12 chapter [Chapter 5, the Medical Practice Act]. The record of conviction shall be conclusive
13 evidence only of the fact that the conviction occurred.

14 8. Section 2266 of the Code states:

15 The failure of a physician and surgeon to maintain adequate and accurate records
16 relating to the provision of services to their patients constitutes unprofessional conduct.

17 9. California Code of Regulations, title 16, section 1360, states:

18 (a) For the purposes of denial, suspension or revocation of a license pursuant to
19 Section 141 or Division 1.5 (commencing with Section 475) of the code, a crime, professional
20 misconduct, or act shall be considered to be substantially related to the qualifications, functions or
21 duties of a person holding a license if to a substantial degree it evidences present or potential
22 unfitness of a person holding a license to perform the functions authorized by the license in a
23 manner consistent with the public health, safety or welfare. Such crimes, professional
24 misconduct, or acts shall include but not be limited to the following: Violating or attempting to
25 violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate
26 any provision of state or federal law governing the applicant's or licensee's professional practice.

27 (b) In making the substantial relationship determination required under subdivision

28 (a) for a crime, the board shall consider the following criteria:

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- (1) The nature and gravity of the crime;
- (2) The number of years elapsed since the date of the crime; and
- (3) The nature and duties of the profession.

(c) For purposes of subdivision (a), substantially related crimes, professional misconduct, or acts shall include, but are not limited to, the following:

- (1) Any violation of Article 6, Chapter 1, Division 2 of the Code;
- (2) Any violation of the provisions of the Osteopathic Act or the Medical Practice Act

ETHICAL PRINCIPLES

10. The American Medical Association's Code of Medical Ethics adopted standards of conduct that define the essentials of honorable behavior for the physician, including:

...

II. A physician shall uphold the standards of professionalism, be honest in all professional interactions, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

III. A physician shall respect the law and also recognize a responsibility to seek changes in those requirements which are contrary to the best interests of the patient.

...

VIII. A physician shall, while caring for a patient, regard responsibility to the patient as paramount.

COST RECOVERY

11. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to 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, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct; Criminal Conviction)**

3 12. Respondent subjected his Physician's and Surgeon's Certificate No. A 50058 to
4 disciplinary action under sections 2227, 2234 and 2236 of the Code, and Title 16, Section 1360 of
5 the California Code of Regulations, in that he was convicted of an offense substantially related to
6 the qualifications, functions, or duties of a physician and surgeon, as more particularly alleged
7 herein.

8 13. On March 9, 2021, the United States government filed a superseding indictment in
9 the matter of *The United States of America v. Bhupinder Bhandari*, Case No. 3:20-cr-00374-CRB,
10 in the United States District Court, Northern District of California. Respondent was charged with
11 violating the following United States Code Sections: Title 18 §371, Conspiracy to Pay and
12 Receive Health Care Kickbacks; Title 42 § 1320(a)-7(b)(1)(A); Title 18 §2 Solicitation and
13 Receipt of Kickbacks in Connection with a Federal Health Care Program; Title 18 §1014 and §2
14 False Statements to a Financial Institution; Title 18 §981(a)(1)(C); Title 18 §982(a)(7); and Title
15 28 §2461(c) forfeiture allegation.

16 14. On or about June 6, 2022, Respondent entered into a plea agreement, in which he
17 admitted to knowingly and willfully soliciting and receiving kickback payments under a federal
18 healthcare program, with the intent to be induced to refer an individual to a person or entity for
19 the purpose of furnishing any item or service for which payment may be made.

20 15. On or about January 23, 2023 in the United States District Court, Northern District of
21 California, in the matter of *The United States of America v. Bhupinder Bhandari M.D.*, Case No.
22 3:20-cr-00374-CRB, Respondent was convicted of violating Title 42 United States Code §1329a-
23 7(b), a felony.

24 **SECOND CAUSE FOR DISCIPLINE**

25 **(Unprofessional Conduct—Breach of Ethics; Dishonesty)**

26 16. The allegations in paragraphs 12 through 15 above are incorporated by reference as if
27 set out in full.

1 17. Respondent's license is subject to disciplinary action under Code section 2234(e) in
2 that he engaged in dishonest conduct substantially related to the qualifications, functions, or
3 duties of a physician and surgeon.

4 **THIRD CAUSE FOR DISCIPLINE**

5 **(Unprofessional Conduct—Gross Negligence; Record Keeping—Patient 1)**

6 18. Respondent is subject to disciplinary action under Business and Professions Code
7 sections 2234(b) and 2266, in that Respondent committed gross negligence in his care and
8 treatment of Patient 1¹, and failed to keep adequate and accurate records, as described more fully
9 herein.

10 19. Patient 1 was a resident at Windsor Post-Acute (WPA) for seven years. During this
11 time, he developed numerous health issues including a pressure sore, gangrene, and chronic
12 vascular issues. Respondent provided care to Patient 1 at WPA from approximately January 2022
13 until April 2022. Respondent visited Patient 1 two or three times. At the time of Patient 1's death
14 on April 10, 2022, he suffered from various medical conditions including Alzheimer's,
15 schizophrenia, depression, malnutrition, and tobacco abuse.

16 20. Between February 2022 and April 2022 Patient 1 was admitted to the hospital on two
17 different occasions for his various health issues. Patient 1 was admitted to the hospital on
18 February 20, 2022, due to multiple open wounds, including gangrene. When Patient 1 was
19 discharged from the hospital on March 2, 2022, and returned to WPA, the discharge summary
20 stated, "Do Not attempt Resuscitation (DNR)." Patient 1 was then re-admitted to the hospital on
21 March 30, 2022, with severe sepsis. Checklists about POLST (Physician's Orders for Life
22 Sustaining Treatment) documented Patient 1 as DNR. When Patient 1 was discharged from the
23 hospital on April 5, 2022, and returned to WPA, the discharge summary again stated DNR.
24 Patient 1 was again re-admitted to the hospital on April 10, 2022, and he died that day.

25 21. Respondent failed to document or issue any orders about Patient 1's code status or
26 Patient 1's goals of care. Respondent failed to see or speak to Patient 1's family. Due to

27 ¹Patients names are redacted to protect the patient privacy interests. Their identities will
28 be provided in discovery.

1 Respondent's failure to document Patient 1's code status as DNR, Patient 1 received full
2 resuscitation efforts, including being coded, intubated, and undergoing terminal extubation² when
3 he arrived at the hospital on April 10, 2022, because WPA had him listed as Full Code³.

4 22. Respondent failed to accurately document his visits with Patient 1 at WPA, including
5 failing to note the following:

- 6 a. subjective information, including pain assessment and review of systems;
- 7 b. information on medications;
- 8 c. information about goals of care or code status; and
- 9 d. information about long-term care issues.

10 **FOURTH CAUSE FOR DISCIPLINE**

11 **(Unprofessional Conduct—Gross Negligence; Record Keeping—Patient 2)**

12 23. Respondent is subject to disciplinary action under Business and Professions Code
13 sections 2234(b) and 2266, in that Respondent committed gross negligence in his care and
14 treatment of Patient 2 and failed to keep adequate and accurate records, as described more fully
15 herein.

16 24. On November 4, 2021, Patient 2, a 59 year-old woman, was examined in the
17 emergency department with abdominal pain and was found to be severely anemic⁴. A CT scan
18 showed significant colon abnormality, suggestive of colon cancer. On November 5, 2021, Patient
19 2 was seen in Respondent's office. Respondent failed to obtain the history that blood tests were
20 completed in the emergency department the day before, or that a CT scan was also conducted
21 showing abnormal findings.

22 25. On November 8, 2021, Respondent performed a colonoscopy on Patient 2.
23 Respondent performed a history and physical examination but did not obtain the information that

24
25 ² The withdrawal of mechanical ventilation from patients who are not expected to sustain
independent respiration without it.

26 ³ "Full Code" is a hospital designation that means to intercede if a patient's heart stops
27 beating or if the patient stops breathing. It is the opposite code of DNR/DNI, meaning "Do Not
Resuscitate/Do Not Intubate." If a patient is listed as Full Code, it means they want resuscitation
and all life saving measures during a medical emergency. This includes chest compressions,
"shocks" (cardioversion or defibrillation), and being placed on a ventilator.

28 ⁴ Respondent was the sole gastroenterologist on staff at the hospital.

1 Patient 2 was seen in the emergency department four days earlier and had a CT scan with
2 significant abnormality of the colon. He failed to note in the records any details of Patient 2's
3 pain such as triggering or mitigating factors, timing or severity of the pain.

4 26. On November 22, 2021 and on December 20, 2021, Respondent saw Patient 2 in his
5 office but still failed to obtain the results of her November 4, 2021 CT scan.

6 27. Despite Respondent treating Patient 2 for several years, he failed to note her recurrent
7 abdominal pain. Throughout his treatment of Patient 2, Respondent failed to ever order an
8 abdominal CT scan or MRI, which are considered the tests of choice in a patient the age of
9 Patient 2 suffering from persistent pain.

10 28. On February 14, 2022, Patient 2 presented to another hospital with an obstruction of
11 her large bowel. A subsequent CT scan showed the presence of a mass in the colon. On February
12 17, 2022, a physician other than Respondent performed a colonoscopy on Patient 2 and found an
13 adenocarcinoma at the splenic flexure of the colon.

14 FIFTH CAUSE FOR DISCIPLINE

15 **(Unprofessional Conduct—Gross Negligence; Incompetence—Patient 3)**

16 29. Respondent is subject to disciplinary action under Business and Professions Code
17 sections 2234(b) and (d), in that Respondent committed gross negligence and showed
18 incompetence in his care and treatment of Patient 3, as described more fully herein.

19 30. Patient 3, a 64 year-old man, underwent a total colectomy⁵ in 2004 for colon polyps,
20 in which Respondent's entire colon and rectum were removed. In place of Patient 3's rectum, the
21 surgeon used a "J" pouch⁶, constructed out of his small intestine, to form a reservoir to allow for
22 fecal continence.

23 31. In exams and procedures Respondent performed on Patient 3 in 2019 and in 2022,
24 Respondent mistakenly identified the presence of a rectum and sigmoid colon⁷ where there was

25 ⁵ Total colectomy is a surgical procedure to remove the entire colon. The colon is part of
26 the large intestine and is a long tube-like organ at the end of the digestive tract.

27 ⁶ J-pouch surgery is done when the entire colon is removed. This allows an alternative
28 route for fecal matter to pass through the body. It's an internal pouch made from the end of the
small intestine that connects to the anal canal.

⁷ The sigmoid colon is the final part of the large intestine, shaped like an S. It connects the

1 none. Additionally, Respondent misread the J pouch anatomy as a sigmoid anastomosis⁸ and
2 mistakenly identified a segment of bowel as descending colon. In the 2022 report, Respondent
3 failed to identify the extent of the exam—namely how far into the intestine the scope reached.

4 32. On June 3, 2022, while performing an endoscopy⁹ on Patient 3, Respondent failed to
5 distinguish the small bowel from the large bowel, pushed well past the safe limit of the procedure,
6 and applied undue stress on the bowel, resulting in a perforation of Patient 3's small intestine.
7 Respondent's error led to Patient 3 undergoing emergency surgery to repair the bowel and create
8 a permanent ileostomy¹⁰.

9 DISCIPLINARY CONSIDERATIONS

10 33. To determine the degree of discipline, if any, to be imposed on Respondent
11 Bhupinder Nath Bhandari, M.D., Complainant alleges that on or about January 14, 2022, in a
12 prior disciplinary action titled *In the Matter of the First Amended Accusation Against Bhupinder*
13 *Nath Bhandari, M.D.* before the Medical Board of California, in Case Number 800-2017-039428,
14 Respondent's license was revoked, the revocation was stayed, and Respondent was placed on
15 probation for three years for gross negligence, repeated negligent acts, incompetence, failure to
16 maintain adequate records and failure to report a felony indictment. That decision is now final
17 and is incorporated by reference as if fully set forth herein. A copy of that Decision and Order is
18 attached as Exhibit A.

19 CAUSE TO REVOKE PROBATION

20 34. Paragraphs 12 through 33 above are hereby incorporated by reference and re-alleged
21 as if fully set forth.

22 _____
23 bowel to the rectum and anus, where feces exits the body.

24 ⁸ Sigmoid anastomosis is a surgical procedure done to remove the section of bowel
25 affected by disease. The two cut ends are joined together, which is called an anastomosis. The
26 aim of the surgery is to remove the affected section of the bowel and rejoin the remaining parts.


27 ⁹ Endoscopy is a diagnostic procedure that involves the insertion of a thin, flexible tube
28 equipped with a light and camera through the mouth and into the digestive tract. This procedure
allows the doctor to visually examine the esophagus, stomach, and small intestine for any signs of
inflammation, infection, or abnormalities. Endoscopy examines the esophagus, stomach, and
small intestine, while colonoscopy examines the entire colon. Endoscopy is inserted through the
mouth, while colonoscopy is inserted through the rectum.

¹⁰ An ileostomy is an opening in the abdominal wall that's made during surgery. It's
usually needed because a problem is causing the ileum (final section of the small intestine) to not
work properly, or a disease is affecting that part of the colon and it needs to be removed.

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- 3. Revoking, suspending or denying approval of Respondent Bhupinder Nath Bhandari, M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 4. Ordering Respondent Bhupinder Nath Bhandari, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 5. Taking such other and further action as deemed necessary and proper.

DATED: DEC 07 2023


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

SF2023400492