

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

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

**Jaswant S. Khokhar, M.D.**

**Physician's and Surgeon's  
Certificate No. A 50719**

**Case No.: 800-2020-072960**

**Respondent.**

**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on October 18, 2024.**

**IT IS SO ORDERED: September 19, 2024.**

**MEDICAL BOARD OF CALIFORNIA**

*Michelle A. Bholat, MD*

**Michelle A. Bholat, M.D., Interim Chair  
Panel A**

1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 MARIANNE A. PANSA  
Deputy Attorney General  
4 State Bar No. 270928  
California Department of Justice  
5 2550 Mariposa Mall, Room 5090  
Fresno, CA 93721  
6 Telephone: (559) 705-2329  
Facsimile: (559) 445-5106  
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **JASWANT S. KHOKHAR, M.D.**  
14 **300 Juniper Ridge Blvd., Apt 106**  
**Coalinga, CA 93210**

15 **Physician's and Surgeon's Certificate No.**  
16 **A 50719**

17 Respondent.

Case No. 800-2020-072960

OAH No. 2024020471

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

18  
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
20 entitled proceedings that the following matters are true:

21 **PARTIES**

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

26 2. Respondent Jaswant S. Khokhar, M.D. (Respondent) is represented in this proceeding  
27 by attorney Cheryl Ruggiero, Esq., whose address is: PO Box 1107, Bolinas, CA 94924-1107.  
28

3. On or about June 4, 2003, the Board issued Physician's and Surgeon's Certificate No. A 50719 to Jaswant S. Khokhar, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2020-072960, and will expire on April 30, 2025, unless renewed.

## JURISDICTION

4. Accusation No. 800-2020-072960 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 17, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2020-072960 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2020-072960. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2020-072960, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation No. 800-2020-072960, a true and correct copy of which is attached hereto as Exhibit A, that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 50719 to disciplinary action based on those charges, and that Respondent hereby gives up his right to contest those charges.

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

## CONTINGENCY

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

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above entitled matter.

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2020-072960 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

## DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 50719 issued to Respondent JASWANT S. KHOKHAR, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

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

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

///

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

10           A medical record keeping course 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 course would have  
13 been approved by the Board or its designee had the course 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 course, or not later than  
17 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 If Respondent fails to enroll, participate in, or successfully complete the clinical  
14 competence assessment program within the designated time period, Respondent shall receive a  
15 notification from the Board or its designee to cease the practice of medicine within three (3)  
16 calendar days after being so notified. The Respondent shall not resume the practice of medicine  
17 until enrollment or participation in the outstanding portions of the clinical competence assessment  
18 program have been completed. If the Respondent did not successfully complete the clinical  
19 competence assessment program, the Respondent shall not resume the practice of medicine until a  
20 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
21 cessation of practice shall not apply to the reduction of the probationary time period.

22 4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this  
23 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice  
24 monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose  
25 licenses are valid and in good standing, and who are preferably American Board of Medical  
26 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal  
27 relationship with Respondent, or other relationship that could reasonably be expected to  
28 compromise the ability of the monitor to render fair and unbiased reports to the Board, including

1 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree  
2 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

25 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
26 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
27 name and qualifications of a replacement monitor who will be assuming that responsibility within  
28 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60



1 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
2 notification from the Board or its designee to cease the practice of medicine within three (3)  
3 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
4 replacement monitor is approved and assumes monitoring responsibility.

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

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

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

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

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

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

28 Respondent shall submit quarterly declarations not later than 10 calendar days after the end

1 of the preceding quarter.

2 9. GENERAL PROBATION REQUIREMENTS.

3 Compliance with Probation Unit

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

5 Address Changes

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

11 Place of Practice

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

15 License Renewal

16 Respondent shall maintain a current and renewed California physician's and surgeon's  
17 license.

18 Travel or Residence Outside California

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

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

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

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1           11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
4 defined as any period of time Respondent is not practicing medicine as defined in Business and  
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
7 Respondent resides in California and is considered to be in non-practice, Respondent shall  
8 comply with all terms and conditions of probation. All time spent in an intensive training  
9 program which has been approved by the Board or its designee shall not be considered non-  
10 practice and does not relieve Respondent from complying with all the terms and conditions of  
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
12 on probation with the medical licensing authority of that state or jurisdiction shall not be  
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
14 period of non-practice.

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

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

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

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

27           12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. This term does not include cost recovery, which is due within 30  
2 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
3 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
4 shall be fully restored.

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

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

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

27 16. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
28 ordered to reimburse the Board its costs of investigation and enforcement, including, but not

1 limited to, expert review, amended accusations, legal reviews, and investigations, in the amount  
2 of \$51,290.75 (fifty-one thousand two hundred ninety dollars and seventy-five cents). Costs shall  
3 be payable to the Medical Board of California. Failure to pay such costs shall be considered a  
4 violation of probation.

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

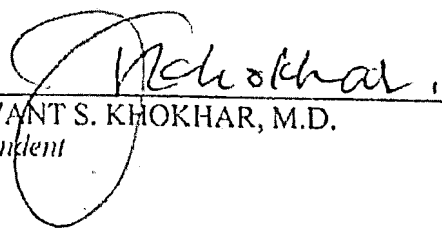
9 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
10 repay investigation and enforcement costs, including expert review costs.

11 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
12 a new license or certification, or petition for reinstatement of a license, by any other health care  
13 licensing action agency in the State of California, all of the charges and allegations contained in  
14 Accusation No. 800-2020-072960 shall be deemed to be true, correct, and admitted by  
15 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
16 restrict license.

17 ACCEPTANCE

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

23  
24 DATED: 7/9/24

25   
JASWANT S. KHOKHAR, M.D.  
Respondent

26 ///

27 ///

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

4  
5 DATED: July 10, 2024

  
CHERYL RUGGIERO, ESQ.  
*Attorney for Respondent*

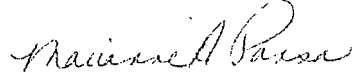
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8 **ENDORSEMENT**

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

11 DATED: July 10, 2024

Respectfully submitted,

12  
13 ROB BONTA  
Attorney General of California  
14 STEVE DIEHL  
Supervising Deputy Attorney General

15 

16 MARIANNE A. PANSA  
17 Deputy Attorney General  
*Attorneys for Complainant*

Exhibit Accusation 800-2020-072960

1 ROB BONTA  
Attorney General of California  
2 STEVE DIEHL  
Supervising Deputy Attorney General  
3 MARIANNE A. PANSA  
Deputy Attorney General  
4 State Bar No. 270928  
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5 2550 Mariposa Mall, Room 5090  
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6 Telephone: (559) 705-2329  
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7 Email: marianne.pansa@doj.ca.gov  
*Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2020-072960

13 **Jaswant S. Khokhar, M.D.**  
14 **11000 Brimhall Rd., Ste. E. Box 90**  
**Bakersfield, CA 93312-3016**

**A C C U S A T I O N**

15 **Physician's and Surgeon's Certificate**  
16 **No. A 50719,**

17 Respondent.

18  
19  
20 **PARTIES**

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

24 2. On or about June 4, 2003, the Medical Board issued Physician's and Surgeon's  
25 Certificate Number A 50719 to Jaswant S. Khokhar, M.D. (Respondent). The Physician's and  
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
27 herein and will expire on April 30, 2025, unless renewed.  
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6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

#### **COST RECOVERY**

7. 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.

#### **FACTUAL ALLEGATIONS**

##### **Patient A<sup>1</sup>**

8. On or about November 23, 2020, the Board received a complaint concerning Respondent's care and treatment of Patient A, a 36-year-old male diagnosed with schizoaffective disorder.

9. On or about April 2018 through May of 2018, Respondent made three home visits to Patient A's home. Respondent was friends with Patient A's family and Patient A was living with the family at the time of the encounters. Patient A was experiencing mental distress and Patient A's family requested Respondent come to their house to evaluate Patient A.

10. Respondent first went to the home on or about April 2018, in response to complaints by Patient A's mother that Patient A was burning the carpet in their home. During this visit, Respondent noted that Patient A was experiencing hallucinations. Respondent did not document this home visit. The second visit occurred when Patient A's mother complained that Patient A was taking showers for several hours at a time. Respondent did not document this home visit.

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<sup>1</sup> The patient's name is redacted to protect the patient's privacy. Respondent is aware of the identity of the patient referred to herein.

1 During the third visit, which occurred on or about the end of May 2018 or early June 2018  
2 (approximately one week before a June 6, 2018 clinic visit), Respondent provided Patient A with  
3 some sample medications.<sup>2</sup> Respondent did not document this home visit.

4 11. During one of the home visits, Respondent recommended that Patient A be evaluated  
5 on an emergency basis. Patient A's family did not want to take Patient A for emergency  
6 evaluation at that time.

7 12. Respondent did not document any of his clinical observations, medications provided,  
8 or his treatment recommendations regarding Patient A for any of the home visits.

9 13. On or about June 6, 2018, Respondent evaluated Patient A at his office and  
10 documented his evaluation. His notes included a history of symptoms, a mental status  
11 examination and assessment, and recommendations. Respondent noted that Patient A had present  
12 mental illness; a history of feelings of depression, hopelessness, helplessness, and worthlessness;  
13 a history of "voices" (interpreted as auditory hallucinations); and "visions or paranoia" for many  
14 years. It was noted that Patient A was on 1.5 mg of Vraylar (cariprazine)<sup>3</sup> nightly for an  
15 unspecified duration. A diagnosis of schizoaffective disorder was entered. Documented  
16 medication treatments in the medical record at the end of the encounter included Vraylar 1.5 mg  
17 at night and Wellbutrin XL<sup>4</sup> 300 mg in the morning. No other records were included. During an  
18 interview, Respondent reported that he provided Patient A with an additional 30-day supply of  
19 sample medications at the office visit on or about June 6, 2018, but these were not documented.

20 14. Respondent's notes for the June 6, 2018 encounter with Patient A did not document  
21 his prior home observations, or that he provided sample medications to Patient A on any  
22 occasion.

23 ///

24 \_\_\_\_\_  
25 <sup>2</sup> It is unclear what medications Respondent gave to Patient A during this visit.

26 <sup>3</sup> Vraylar ® (cariprazine) is an antipsychotic medication and is used to treat certain mental/mood  
disorders such as bipolar disorder, bipolar depression, and schizophrenia.

27 <sup>4</sup> Wellbutrin XL ® (bupropion) is an antidepressant medication that is used to treat depressive  
28 disorder and seasonal affective disorder.

1 15. The June 6, 2018 note indicated that the "patient has a good prognosis as long as  
2 treatment and recommendations are adhered to."

3 16. Approximately one month later, Respondent re-visited Patient A outside of the clinic  
4 after Patient A failed to attend the scheduled follow-up visit at Respondent's office.<sup>5</sup> During this  
5 visit, Patient A refused a referral to an alternative psychiatrist and refused to follow Respondent's  
6 medication recommendations. Respondent failed to document this follow-up visit or  
7 conversations with Patient A's family regarding Patient A's refusal to accept treatment.

8 17. Respondent made no further attempts to treat Patient A for his hallucinations and  
9 other behavioral symptoms, he failed to take additional steps to refer Patient A to an alternative  
10 care provider, and did not discuss alternative treatment options with Patient A's family, such as  
11 involuntary hospitalization, prior to terminating Patient A's treatment.

12 **Patient B**

13 18. On or about August 15, 2022, the Board received a complaint from Patient B  
14 regarding Respondent's care and treatment of Patient B's schizophrenia and paranoid disorder.

15 19. Patient B was a 61-year-old male living in an adult residential facility when he first  
16 saw Respondent for medical care.

17 20. On or about August 12, 2016, Respondent first evaluated Patient B for psychiatric  
18 health concerns. Patient B's weight was 291 pounds. Dr. Khokhar documented that Patient B  
19 was taking 5 mg of Haldol<sup>6</sup> twice daily, 25 mg of Zyprexa<sup>7</sup> at night, 750 mg of Depakote ER<sup>8</sup> at  
20

21 <sup>5</sup> It is unclear if this visit took place at Patient A's home or at church.

22 <sup>6</sup> Haldol is a medication used to treat certain mental/mood disorders, such as schizophrenia and  
23 schizoaffective disorder.

24 <sup>7</sup> Zyprexa ® (olanzapine), is an antipsychotic prescription medicine used to treat schizophrenia,  
25 bipolar disorder, and episodes of depression. Concomitant use of Zyprexa with other drugs that  
26 cause sleepiness or slowed breathing, such as opioids, sleeping pills, muscle relaxers, or medicine  
27 for anxiety or seizures, can cause dangerous or life-threatening side effects.

28 <sup>8</sup> Depakote ® (divalproex sodium), is used to treat various types of seizure disorders and can be  
used together with other seizure medications. It is not recommended for use by persons with liver  
disease, a urea cycle disorder, low platelet counts, or certain genetic disorders.

1 night, 15 mg of Remeron<sup>9</sup> at night, and 1 mg of Cogentin<sup>10</sup> at night. Patient B had a history of  
2 hospitalization for psychiatric health issues one year prior, as well as aggressive behavior  
3 described as "lunging." Patient B had no active psychotic symptoms. Respondent diagnosed  
4 Patient B with bipolar disorder and stimulant dependence, although Patient B was not assessed as  
5 actively using stimulants.

6 21. On or about October 7, 2016, Patient B had a follow-up appointment with  
7 Respondent. There were no complaints documented. It was noted that Patient B was mumbling  
8 with word-finding difficulty; however, the mental status examination indicated normal speech  
9 and normal mental health status. Zyprexa and Remeron were discontinued, and Patient B was  
10 prescribed Abilify,<sup>11</sup> Depakote, Lexapro,<sup>12</sup> Cogentin, and Ativan.<sup>13</sup> The Depakote was increased  
11 to 1500 mg daily.

12 22. On or about November 2, 2016, Patient B presented to Respondent for follow-up with  
13 no complaints. A normal mental status examination was documented. Treatment with Abilify,  
14 Depakote, and Lexapro was continued.

15 23. Between on or about November 2, 2016, and May 10, 2018, there are no documented  
16 office visits by Respondent with Patient B; however, Respondent authorized prescriptions in 2017  
17  
18

19 <sup>9</sup> Remeron ® (mirtazapine), is an antidepressant that is thought to positively affect  
20 communication between nerve cells in the central nervous system and/or restore chemical balance  
21 in the brain. Using Remeron with other drugs that induce drowsiness can worsen this effect.

22 <sup>10</sup> Cogentin ® (benztropine), is used to treat symptoms of Parkinson's disease, such as stiffness or  
23 tremors. It is also used to treat Parkinson-like symptoms caused by using certain medicines.

24 <sup>11</sup> Abilify ® (aripiprazole), is an antipsychotic medication used to treat the symptoms of psychotic  
25 conditions such as schizophrenia. It can be used alone or with a mood stabilizer to treat bipolar I  
26 disorder (manic depression). Taking Abilify with other drugs that induce drowsiness or slowed  
27 breathing can cause dangerous side effects or death.

28 <sup>12</sup> Lexapro ® (escitalopram), is a selective serotonin reuptake inhibitor (SSRI) used to treat  
certain types of depression and anxiety.

<sup>13</sup> Ativan® (lorazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a  
Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision  
(d), and a dangerous drug pursuant to Business and Professions Code section 4022. When  
properly prescribed and indicated, it is used for the management of anxiety disorders or for short-  
term relief of anxiety or anxiety associated with depressive symptoms.

1 for lorazepam, Depakote, Abilify, and Lexapro to Patient B. These medications were filled  
2 approximately 11 times during this period.

3 24. On or about May 11, 2018, Patient B returned to Respondent for an evaluation,  
4 apparently noncompliant with medications. He was described as having an angry mood, poor  
5 insight and judgement. He was treated with Depakote, Abilify, Lexapro, and Ativan. An EKG  
6 was noted.

7 25. On or about June 8, 2018, Respondent noted no complaints or side effects and  
8 decreased Patient B's Depakote. The Abilify and Lexapro were continued. Ativan was  
9 discontinued. An EKG is mentioned.

10 26. On or about July 6, 2018, Patient B again had no complaints and a normal mental  
11 status examination and was described as "at baseline." Respondent continued Depakote, Abilify,  
12 and Lexapro.

13 27. On or about August 31, 2018, Patient B returned to Respondent for follow-up,  
14 complaining of gaining too much weight. Depakote was discontinued and replaced with 300 mg  
15 of lithium<sup>14</sup> in the morning and 600 mg in the evening. Abilify was discontinued. Patient B was  
16 started on 3 mg Rexulti.<sup>15</sup> Lexapro was continued.

17 28. On or about October 3, 2018, Patient B returned to Respondent for a routine follow-  
18 up with no complaints noted. Lithium was continued. Rexulti, Cogentin and Lexapro were  
19 continued.

20 29. On or about November 28, 2018, Patient B returned to Respondent for a routine  
21 follow-up with concerns about tremors. Patient B's mental status examination was described as  
22 normal. Benztropine (Cogentin) was increased. Rexulti was discontinued. Patient B was started.

23  
24 <sup>14</sup> Lithium is a mood stabilizer that affects the flow of sodium through nerve and muscle cells in  
25 the body. It is used to treat or control the manic episodes of bipolar disorder, including symptoms  
26 such as hyperactivity, rushed speech, poor judgment, reduced need for sleep, aggression and  
27 anger. Lithium is a medicine with a narrow range of safety, and toxicity can occur if only slightly  
28 more than the recommended dose is taken. Lithium toxicity can cause death.

<sup>15</sup> Rexulti ® (brexpiprazole), is an atypical antipsychotic medication used to treat major  
depressive disorder, schizophrenia, and agitation associated with dementia due to Alzheimer's  
disease.

1 on 300 mg Seroquel<sup>16</sup> at night. Lithium and Lexapro was continued. Propranolol<sup>17</sup> was also  
2 initiated.

3 30. On or about December 26, 2018, Patient B returned to Respondent for a routine  
4 follow-up and discussion of voices. Medications were continued. No laboratory results,  
5 including lithium levels, were discussed.

6 31. On or about March 1, 2019, Patient B returned to Respondent for a routine follow-up.  
7 Labs were described as last done on or about January 9, 2019, but the results were not discussed  
8 in the record. Patient B was described as being at baseline and medications were continued.

9 32. On or about March 29, 2019, Patient B returned to Respondent for a routine follow-  
10 up, complaining of pain in the knees and hip. Labs were described as done on or about January  
11 22, 2019, but the results are not in the records or analyzed in the progress note. Patient B was  
12 noted to have tremors. Medications were continued.

13 33. On or about May 24, 2019, Patient B returned to Respondent for a routine follow-up.  
14 Labs done on January 22, 2019, were documented with a lithium level of 1.3 (mmol/L), which is  
15 at the upper limits of normal. No other complaints were noted. Medications were continued.

16 34. On or about May 28, 2019, a lab report shows a complete blood count for Patient B,  
17 which is normal, and a lithium level of 1.0 mmol/L.

18 35. On or about July 19, 2019, Patient B had another routine visit with Respondent with  
19 no complaints. Labs were noted, and Patient B was "advised to repeat labs."

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23 <sup>16</sup> Seroquel ® (quetiapine), is an atypical antipsychotic medication used to treat schizophrenia in  
24 adults and children over 13 years old. It is used alone or with divalproex or lithium to treat  
25 episodes of mania or depression in patients with bipolar disorder. It can also be used with other  
26 medications to prevent episodes of depression in patients with bipolar disorder. Seroquel can  
cause a serious heart problem, the risk of which is higher when used with certain other medicines  
for infections, asthma, heart problems, high blood pressure, depression, mental illness, cancer,  
malaria, or HIV.

27 <sup>17</sup> Propranolol is a beta-blocker, which affects the heart and circulation. It is used to treat tremors,  
28 angina (chest pain), hypertension, heart rhythm disorders, and other heart or circulatory  
conditions.

36. On or about September 20, 2019, Patient B returned to Respondent for a routine follow-up. No new lab results or complaints were noted. Propranolol was decreased to 10 mg twice daily and other medications were continued.

37. On or about December 13, 2019, Patient B returned to Respondent for a routine follow-up. Patient B was described as being at baseline. CURES was noted as “discussed.” Patient B was continued on propranolol, Cogentin, Lexapro, and Seroquel.

38. On or about January 31, 2020, Patient B visited Respondent for the final time. Patient B was using a walker and his weight had increased to 314 pounds. He was described as being at baseline. Medications were continued.

39. No records of treatment of Patient B by Respondent in March 2020 are provided, despite prescription records showing Respondent prescribed lithium to Patient B on or about March 2, 2020.

**FIRST CAUSE FOR DISCIPLINE**

**(Gross Negligence)**

40. Respondent Jaswant S. Khokhar, M.D. is subject to disciplinary action under section 2227 of the Code pursuant to section 2234, subdivision (b), in that Respondent committed act(s) and/or omission(s) amounting to gross negligence in his care and treatment of Patient A and Patient B. The circumstances giving rise to this cause for discipline are set forth in paragraphs 8 through 39 above, which are incorporated herein by reference as if fully set forth herein. Additional circumstances are as follows:

### Patient A

41. Failure to Document Clinical Encounters: The standard of care for a physician providing medical services is to complete and maintain an adequate medical record. In the outpatient setting, medical records should be created at each clinical encounter. Whenever a physician evaluates a patient's symptoms, formulates a clinical impression, and makes recommendations to a patient or caregiver based on medical knowledge and expertise, a clinical encounter has occurred and documentation should be created. Such documentation should provide an account of subjective complaints or medical events, the physician's findings and



1 observations, a discussion of the medical interpretation of the clinical data and symptoms, and a  
2 clear indication of the treatment plan formulated by the physician as a result of the encounter.

3 42. Respondent failed to document four out of the five clinical encounters he had with  
4 Patient A outlined above, constituting one extreme departure from the standard of care for  
5 Respondent's failure to document all of these clinical encounters.

6 43. Inadequate Attention to the Physician-Patient Relationship. The standard of care  
7 dictates that a physician-patient relationship is established when a patient is evaluated by a  
8 physician, particularly for conditions within that physician's area of specialty or expertise, and the  
9 physician makes a medical recommendation for treatment as a result of that evaluation. Until the  
10 physician-patient relationship is formally terminated, the physician retains responsibility for  
11 overseeing the treatment plan, reevaluating the patient at appropriate intervals, and making  
12 appropriate medical recommendations based on the progression of the condition under treatment.  
13 It is also the standard of care to document any clinical encounters with the patient.

14 44. If a patient is not adhering to the recommended treatment, the physician should  
15 attempt to encourage adherence, or refer the patient to another physician or alternative level of  
16 care. In the case of patients with psychiatric disorders, if a patient is not adhering to treatment, or  
17 refuses additional care by the psychiatrist, the psychiatrist should consider whether the patient  
18 requires a higher level of care, including involuntary treatment, due to dangerousness to self,  
19 others, or grave disability. Efforts should be made to communicate the risk of non-adherence to  
20 psychiatric treatment to the patient or caregivers, as appropriate. This is especially true with  
21 patients with severe psychotic disorders, including symptoms of disorganized behavior, paranoia,  
22 or poor insight into their illness and the need for treatment. These severely ill patients may be  
23 difficult to engage in treatment, are at risk of becoming lost to follow-up, and are at a high risk for  
24 decompensation, which can lead to behaviors presenting a danger to themselves or others, as a  
25 result of their psychiatric disorder.

26 45. While patients with full medical decision making capacity may reasonably decline  
27 medical treatments following a discussion of the risks and benefits of treatment, in the case of  
28

1 psychiatric patients, it is appropriate for the physician to assess whether the patient has full  
2 medical decision making capacity to make that decision.

3 46. There is no indication that Respondent assessed or formulated a medical opinion  
4 about Patient A's decision making capacity when Patient A refused to take his medication,  
5 refused to return for a follow-up visit, and refused a referral for additional treatment.

6 47. Respondent also failed to document any discussion with Patient A's family members,  
7 with whom he had a pre-existing social relationship, about the risks of Patient A continuing  
8 without treatment, or a discussion of alternative treatments including an emergency room  
9 evaluation for inpatient involuntary hospitalization. Instead, Respondent simply withdrew from  
10 the case without formally terminating the physician-patient relationship, or providing medical  
11 recommendations for continued care to Patient A, or his family members.

12 48. Respondent's failure to formally terminate the physician-patient relationship with  
13 Patient A, who was unstable and in need of urgent stabilization and continued treatment, is an  
14 extreme departure from the standard of care.

15 **Patient B**

16 49. Continuity of Care and Inadequate Patient Supervision: When a patient is under a  
17 psychiatrist's care for a chronic psychiatric condition, the psychiatrist should see the patient at  
18 reasonable intervals to ensure that the treatment plan remains effective and that the patient's  
19 psychiatric needs are being met. For a diagnosis of bipolar disorder, regular monitoring is  
20 essential because of the risk of development of major depressive episodes or manic episodes, both  
21 associated with significant morbidity. A monitoring frequency of at least twice yearly is essential  
22 when prescribing psychiatric medications such as atypical antipsychotics and mood stabilizers,  
23 which may also have serious side effects and require laboratory monitoring for safe use. Further,  
24 controlled substances such as lorazepam require regular clinical reassessment for safe prescribing.

25 50. From December 1, 2016 through May 11, 2018, there were no documented office  
26 visits. Although in the interview Respondent indicated that during this interval Patient B was  
27 managed by another physician, this is not referenced in any of the progress notes. Despite not  
28 seeing Patient B, Respondent issued or authorized prescriptions in 2017 for lorazepam, Depakote,

1 Abilify, and Lexapro. Depakote, Abilify, and Lexapro were prescribed with 11 refills and filled  
2 during 2017 and March 2018, while Patient B was not being seen by Respondent. Lorazepam was  
3 also reauthorized several times during this interval while Patient B was not being seen.

4 51. Prescribing lorazepam, Depakote, Abilify, and Lexapro without seeing Patient B and  
5 conducting a clinical assessment for over one year is an extreme departure from the standard of  
6 care.

## 7 SECOND CAUSE FOR DISCIPLINE

### 8 (Repeated Negligent Acts)

9 52. Respondent Jaswant S. Khokhar, M.D. is subject to disciplinary action under section  
10 2227 of the Code pursuant to section 2234, subdivision (c), in that Respondent committed  
11 repeated negligent acts in his care and treatment of Patient A and Patient B. The circumstances  
12 giving rise to this cause for discipline are set forth in paragraphs 8 through 51 above, which are  
13 incorporated herein by reference as if fully set forth herein. Additional circumstances are as  
14 follows:

#### 15 Patient A

16 53. Completeness of Psychiatric Assessment on June 6, 2018 Regarding Dangerousness  
17 and Appropriate Level of Care: In 2018, the standard of care for the assessment and treatment of  
18 psychotic symptoms included: gathering sufficient information about the presenting problem to  
19 formulate a reasonable diagnosis, even if preliminary; evaluation and ruling out the presence of  
20 other psychotic disorders contributing to psychotic symptoms; and providing appropriate  
21 treatment at the appropriate level of care. As psychotic disorders present a high risk for behaviors  
22 dangerous to the patient or others, it is necessary to complete an assessment of risk for violence or  
23 suicidal behavior, and consider treating the patient at the least restrictive, safe level of care.

24 54. Respondent's June 6, 2018 note lacks evidence that Respondent performed an  
25 adequate risk assessment at the June 6, 2018 office visit. Patient A had been engaging in  
26 behaviors that indicated potential dangerousness to himself and others, such as burning carpets at  
27 home. The record does not indicate that these facts were documented or considered. Although  
28 Respondent indicated in an interview that he recommended emergency evaluation and psychiatric

1 hospitalization, this is not reflected in the documentation. Respondent's failure to adequately  
2 assess Patient A's risk of dangerousness to himself or others, given Patient A's severe psychotic  
3 symptoms, is a simple departure from the standard of care.

4 55. Omission of Relevant Prior History in the June 6, 2018 Progress Note: The standard  
5 of care requires that documentation should include relevant and accurate medical facts known to  
6 the physician. Omission of relevant information to conceal acts or omissions on the part of the  
7 physician is inappropriate, as later medical decisions may be made based on incomplete or  
8 incorrect information.

9 56. There is no indication in the June 6, 2018 office visit note that Respondent had  
10 previously provided Patient A with sample medications and had instructed Patient A to take the  
11 medications. This note is inaccurate because Patient A was assessed as though he had not taken  
12 these medications, and the note did not include a discussion of Respondent's assessment of  
13 Patient A's adherence to or response to those medications. The omission of these facts in the June  
14 6, 2018 progress note was due to inadequate attention to completeness of documentation and  
15 constitutes a simple departure from the standard of care.

16 **Patient B**

17 57. Failure to Properly Monitor Lithium Levels: When a physician treats a patient with  
18 lithium, the standard of care is to obtain baseline laboratory monitoring of kidney  
19 functioning, including creatinine and blood urea nitrogen, thyroid function studies, and calcium  
20 level. After starting lithium, when an estimated therapeutic dose is reached, the serum  
21 concentration of lithium should be checked after about one week to ensure that the serum  
22 concentration is within the therapeutic range, as lithium can become toxic at concentrations only  
23 slightly above the therapeutic range. During ongoing treatment, lithium levels and kidney  
24 functioning should be monitored at least every six months, and thyroid functioning monitored at  
25 least yearly. These tests are necessary because long-term lithium treatment can impair the  
26 functioning of the kidneys and the thyroid.

27 ///

28 ///

1           58. Respondent's failure to order baseline kidney and thyroid function tests for Patient B  
2 prior to prescribing him lithium on or about August 31, 2018, constitutes a simple departure from  
3 the standard of care.

4           59. Respondent's failure to order a lithium level within a reasonable period after  
5 establishing a lithium dose of 900 mg per day, constitutes a simple departure from the standard of  
6 care.

7           60. A simple departure from the standard of care occurred at all office visits after August  
8 31, 2018, when Respondent failed to order or consider kidney and thyroid function tests.

9           61. Respondent's failure to acknowledge Patient B's elevated lithium levels in his  
10 medical decision-making on or about May 24, 2019, constitutes a simple departure from the  
11 standard of care.

12           62. Failure to Properly Monitor Depakote Levels: The standard of care requires that  
13 when treating a patient for bipolar disorder with Depakote, the physician ensure that the Depakote  
14 blood level is within the therapeutic range. In addition, patients taking Depakote should have  
15 laboratory monitoring including liver function tests and complete blood counts at least once a  
16 year as Depakote can cause liver damage and thrombocytopenia.<sup>18</sup>

17           63. Respondent's failure to order or review the results of liver function tests or complete  
18 blood counts for Patient B, while prescribing Depakote from December 2016 through July 2018,  
19 constitutes simple departures from the standard of care.

20           64. Medical Recordkeeping and Documentation: The standard of care requires that a  
21 complete medical record be maintained for outpatient treatment. The complete medical record  
22 should include, at a minimum, a record of subjective complaints as rendered by the patient or  
23 other informants, a record of the medications being prescribed to the patient, a record of the  
24 physician's objective observations in the form of physical examination or mental status  
25 examination findings, a record of the diagnostic impression and medical-decision making process  
26 required for the physician to formulate a medical opinion about the treatment, and a record of the

27  
28           <sup>18</sup> Thrombocytopenia is a condition where abnormally low levels of platelets are present  
in the blood, and can cause nosebleeds, bleeding gums, blood in the urine, and bruising.

1 treatment plan as developed by the physician and communicated to the patient or caregiver. In  
2 instances where controlled substances are prescribed after October 2, 2018, the standard of care  
3 requires that the physician check the CURES database and incorporate the information from the  
4 database into the medical decision making process.

5 65. Simple departures from the standard of care occurred when Respondent issued  
6 prescriptions for lorazepam on or about May 9, 2017, October 16, 2017, and December 11, 2017,  
7 without documenting an examination of the patient and the clinical facts supporting the decision  
8 to prescribe lorazepam.

### 9 **THIRD CAUSE FOR DISCIPLINE**

#### 10 **(Inadequate or Inaccurate Recordkeeping)**

11 66. Respondent Jaswant S. Khokhar, M.D. is subject to disciplinary action under section  
12 2227 of the Code pursuant to section 2266, in that Respondent failed to adequately and accurately  
13 document his clinical encounters with Patient A and Patient B. The circumstances giving rise to  
14 this cause for discipline are set forth in paragraphs 8 through 65 above, which are incorporated  
15 herein by reference as if fully set forth herein.

### 16 **DISCIPLINARY CONSIDERATIONS**

17 67. To determine the degree of discipline, if any, to be imposed on Respondent Jaswant  
18 S. Khokhar, M.D., Complainant alleges that:

19 a. On or about June 22, 2012, in a prior disciplinary action titled *In the Matter of*  
20 *the Reprimand Against Jaswant S. Khokhar, M.D.* before the Medical Board of California, in  
21 Medical Board Case Number 08-2009-200940, Respondent's license was publicly reprimanded  
22 for Repeated Negligent Acts, in violation of section 2234, subdivision (c), of the Code, and for  
23 Failure to Maintain Adequate and Accurate Medical Records, in violation of section 2266, of the  
24 Code. That decision is now final and is incorporated by reference as if fully set forth herein.

25 b. On or about March 23, 2018, in a prior disciplinary action titled *In the Matter of*  
26 *the Accusation Against Jaswant S. Khokhar, M.D.* before the Medical Board of California, in  
27 Medical Board Case Number 800-2015-016178, Respondent's license was revoked, with said  
28 revocation stayed, and a three year probationary period imposed for: Gross Negligence, in


1 violation of section 2234, subdivision (b) of the Code; Repeated Negligent Acts, in violation of  
2 section 2234, subdivision (c), of the Code; and Failure to Maintain Adequate and Accurate  
3 Medical Records, in violation of section 2266, of the Code. Respondent's probation included  
4 completion of education classes, a prescribing practices course, a medical record keeping course,  
5 practice monitoring, and complying with the standard terms and conditions of probation.  
6 Probation was completed effective July 20, 2022, and Respondent's license was restored to its  
7 prior status, free of probation requirements. That decision is now final and is incorporated by  
8 reference as if fully set forth herein.

9 **PRAYER**

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

- 12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 50719,  
13 issued to Respondent Jaswant S. Khokhar, M.D.;
- 14 2. Revoking, suspending or denying approval of Respondent Jaswant S. Khokhar,  
15 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 16 3. Ordering Respondent Jaswant S. Khokhar, M.D., to pay the Board the costs of the  
17 investigation and enforcement of this case, and if placed on probation, the costs of probation  
18 monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

20  
21 DATED: NOV 17 2023

22   
23 REJI VARGHESE  
24 Executive Director  
25 Medical Board of California  
26 Department of Consumer Affairs  
27 State of California  
28 Complainant