

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

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

Saranya Srinivasan, M.D.

**Physician's and Surgeon's
Certificate No. A 120228**

Case No.: 800-2023-097642

Respondent.

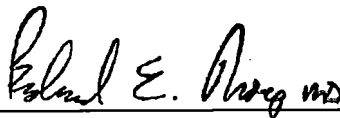
DECISION

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 October 18, 2024.

IT IS SO ORDERED: September 20, 2024.

MEDICAL BOARD OF CALIFORNIA



**Richard E. Thorp, Chair
Panel B**

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the First Amended Accusation
Against:

Case No. 800-2023-097642

OAH No. 2024040953

12 **SARANYA SRINIVASAN, M.D.**
13 **4618 Fountain Avenue**
Los Angeles, CA 90029-1830
14 **Physician's and Surgeon's Certificate**
No. A 120228,

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15
16 Respondent.

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

19 **PARTIES**

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

24 2. Respondent Saranya Srinivasan, M.D. (Respondent) is representing herself in this
25 proceeding and has chosen not to exercise her right to be represented by counsel.

26 3. On or about February 22, 2012, the Board issued Physician's and Surgeon's
27 Certificate No. A 120228 to Respondent. The Physician's and Surgeon's Certificate was in full
28 force and effect at all times relevant to the charges brought in First Amended Accusation No.

2023-097642, and will expire on November 30, 2025, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2023-097642 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on June 14, 2024. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 800-2023-097642 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, and understands the charges and allegations in First Amended Accusation No. 800-2023-097642. Respondent has also carefully read, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended Accusation; the right to be represented by counsel at her own expense; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her 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 admits the truth of each and every charge and allegation in First Amended Accusation No. 800-2023-097642.

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

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1 enter the following Disciplinary Order:

2 **DISCIPLINARY ORDER**

3 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 120228 issued
4 to Respondent SARANYA SRINIVASAN, M.D. is revoked. However, the revocation is stayed
5 and Respondent is placed on probation for five (5) years on the following terms and conditions:

6 1. **PATIENT DISCLOSURE.** Before a patient's first visit following the effective date
7 of this order and while the respondent is on probation, the respondent must provide all patients, or
8 patient's guardian or health care surrogate, with a separate disclosure that includes the
9 respondent's probation status, the length of the probation, the probation end date, all practice
10 restrictions placed on the respondent by the board, the board's telephone number, and an
11 explanation of how the patient can find further information on the respondent's probation on the
12 respondent's profile page on the board's website. Respondent shall obtain from the patient, or the
13 patient's guardian or health care surrogate, a separate, signed copy of that disclosure. Respondent
14 shall not be required to provide a disclosure if any of the following applies: (1) The patient is
15 unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure
16 and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the
17 copy; (2) The visit occurs in an emergency room or an urgent care facility or the visit is
18 unscheduled, including consultations in inpatient facilities; (3) Respondent is not known to the
19 patient until immediately prior to the start of the visit; (4) Respondent does not have a direct
20 treatment relationship with the patient.

21 2. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE.** Respondent shall abstain
22 completely from the personal use or possession of controlled substances as defined in the
23 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
24 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
25 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
26 illness or condition.

27 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
28 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone

number; medication name, strength, and quantity; and issuing pharmacy name, address, and telephone number.

3. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the use of products or beverages containing alcohol.

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

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

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

5. PSYCHIATRIC/SUBSTANCE ABUSE EVALUATION. At the Board's discretion, and on whatever periodic basis that may be required by the Board or its designee, Respondent shall undergo and complete a psychiatric and/or substance abuse evaluation (and associated testing, if deemed necessary) by a Board-appointed evaluator, who shall consider any information provided by the Board or its designee and any other information the evaluator deems relevant, and shall furnish a written evaluation report to the Board or its designee. Respondent shall

1 cooperate fully with any evaluation, and shall pay the cost of all evaluations and testing.
2 Respondent shall comply with all restrictions or conditions recommended by the evaluator within
3 15 calendar days after being notified by the Board or its designee.

4 6. PSYCHOTHERAPY. Within 60 calendar days of the effective date of this Decision,
5 Respondent shall submit to the Board or its designee for prior approval the name and
6 qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who
7 has a doctoral degree in psychology and at least five years of postgraduate experience in the
8 diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall
9 undergo and continue psychotherapy treatment, including any modifications to the frequency of
10 psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

11 The psychotherapist shall consider any information provided by the Board or its designee
12 and any other information the psychotherapist deems relevant and shall furnish a written
13 evaluation report to the Board or its designee. Respondent shall cooperate in providing the
14 psychotherapist with any information and documents that the psychotherapist may deem
15 pertinent.

16 Respondent shall have the treating psychotherapist submit quarterly status reports to the
17 Board or its designee. The Board or its designee may require Respondent to undergo psychiatric
18 evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of
19 probation, Respondent is found to be mentally unfit to resume the practice of medicine without
20 restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the
21 period of probation shall be extended until the Board determines that Respondent is mentally fit
22 to resume the practice of medicine without restrictions.

23 Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

24 7. MEDICAL EVALUATION AND TREATMENT. At the Board's discretion, and on
25 a periodic basis thereafter as may be required by the Board or its designee, Respondent shall
26 undergo a medical evaluation by a Board-appointed physician who shall consider any information
27 provided by the Board or designee and any other information the evaluating physician deems
28 relevant and shall furnish a medical report to the Board or its designee. Respondent shall provide

1 the evaluating physician with any information and documentation that the evaluating physician
2 may deem pertinent.

3 Following the evaluation, Respondent shall comply with all restrictions or conditions
4 recommended by the evaluating physician within 15 calendar days after being notified by the
5 Board or its designee. If Respondent is required by the Board or its designee to undergo medical
6 treatment, Respondent shall within 30 calendar days of the requirement notice, submit to the
7 Board or its designee for prior approval the name and qualifications of a California licensed
8 treating physician of Respondent's choice. Upon approval of the treating physician, Respondent
9 shall within 15 calendar days undertake medical treatment and shall continue such treatment until
10 further notice from the Board or its designee.

11 The treating physician shall consider any information provided by the Board or its designee
12 or any other information the treating physician may deem pertinent prior to commencement of
13 treatment. Respondent shall have the treating physician submit quarterly reports to the Board or
14 its designee indicating whether or not the Respondent is capable of practicing medicine safely.
15 Respondent shall provide the Board or its designee with any and all medical records pertaining to
16 treatment that the Board or its designee deems necessary.

17 If, prior to the completion of probation, Respondent is found to be physically incapable of
18 resuming the practice of medicine without restrictions, the Board shall retain continuing
19 jurisdiction over Respondent's license and the period of probation shall be extended until the
20 Board determines that Respondent is physically capable of resuming the practice of medicine
21 without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

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

27 If Respondent fails to establish a practice with another physician or secure employment in
28 an appropriate practice setting within 60 calendar days of the effective date of this Decision,

1 Respondent shall receive a notification from the Board or its designee to cease the practice of
2 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
3 practice until an appropriate practice setting is established.

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

12 9. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS: Within thirty (30)
13 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as
14 may be required by the Board or its designee, Respondent shall undergo and complete a clinical
15 diagnostic evaluation, including any and all testing deemed necessary, by a Board-appointed
16 board certified physician and surgeon. The examiner shall consider any information provided by
17 the Board or its designee and any other information he or she deems relevant, and shall furnish a
18 written evaluation report to the Board or its designee.

19 The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon
20 who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of
21 physicians and surgeons with substance abuse disorders, and is approved by the Board or its
22 designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable
23 professional standards for conducting substance abuse clinical diagnostic evaluations. The
24 evaluator shall not have a current or former financial, personal, or business relationship with
25 Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and
26 independent evaluation. The clinical diagnostic evaluation report shall set forth, in the
27 evaluator's opinion, whether Respondent has a substance abuse problem, whether Respondent is a
28 threat to himself or herself or others, and recommendations for substance abuse treatment,

1 practice restrictions, or other recommendations related to Respondent's rehabilitation and ability
2 to practice safely. If the evaluator determines during the evaluation process that Respondent is a
3 threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24)
4 hours of such a determination.

5 In formulating his or her opinion as to whether Respondent is safe to return to either part-
6 time or full-time practice and what restrictions or recommendations should be imposed, including
7 participation in an inpatient or outpatient treatment program, the evaluator shall consider the
8 following factors: Respondent's license type; Respondent's history; Respondent's documented
9 length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use);
10 Respondent's scope and pattern of substance abuse; Respondent's treatment history, medical
11 history and current medical condition; the nature, duration and severity of Respondent's
12 substance abuse problem or problems; and whether Respondent is a threat to himself or herself or
13 the public.

14 For all clinical diagnostic evaluations, a final written report shall be provided to the Board
15 no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator
16 requests additional information or time to complete the evaluation and report, an extension may
17 be granted, but shall not exceed thirty (30) days from the date the evaluator was originally
18 assigned the matter.

19 The Board shall review the clinical diagnostic evaluation report within five (5) business
20 days of receipt to determine whether Respondent is safe to return to either part-time or full-time
21 practice and what restrictions or recommendations shall be imposed on Respondent based on the
22 recommendations made by the evaluator. Respondent shall not be returned to practice until he or
23 she has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating
24 that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited
25 substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of
26 Regulations.

27 Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall
28 not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic

1 evaluation, including any and all testing deemed necessary by the examiner, the Board or its
2 designee, shall be borne by the licensee.

3 Respondent shall not engage in the practice of medicine until notified by the Board or its
4 designee that he or she is fit to practice medicine safely. The period of time that Respondent is
5 not practicing medicine shall not be counted toward completion of the term of probation.

6 Respondent shall undergo biological fluid testing as required in this Decision at least two (2)
7 times per week while awaiting the notification from the Board if he or she is fit to practice
8 medicine safely.

9 Respondent shall comply with all restrictions or conditions recommended by the examiner
10 conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified
11 by the Board or its designee.

12 10. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7)
13 days of the effective date of this Decision, Respondent shall provide to the Board the names,
14 physical addresses, mailing addresses, and telephone numbers of any and all employers and
15 supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's
16 worksite monitor, and Respondent's employers and supervisors to communicate regarding
17 Respondent's work status, performance, and monitoring.

18 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
19 Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff
20 privileges.

21 11. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
22 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
23 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
24 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
25 make daily contact with the Board or its designee to determine whether biological fluid testing is
26 required. Respondent shall be tested on the date of the notification as directed by the Board or its
27 designee. The Board may order a Respondent to undergo a biological fluid test on any day, at
28 any time, including weekends and holidays. Except when testing on a specific date as ordered by

1 the Board or its designee, the scheduling of biological fluid testing shall be done on a random
2 basis. The cost of biological fluid testing shall be borne by the Respondent.

3 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
4 During the second year of probation and for the duration of the probationary term, up to five (5)
5 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
6 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
7 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
8 of random tests to the first-year level of frequency for any reason.

9 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
10 approved in advance by the Board or its designee, that will conduct random, unannounced,
11 observed, biological fluid testing and meets all of the following standards:

12 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
13 Association or have completed the training required to serve as a collector for the United
14 States Department of Transportation.

15 (b) Its specimen collectors conform to the current United States Department of
16 Transportation Specimen Collection Guidelines.

17 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published
18 by the United States Department of Transportation without regard to the type of test
19 administered.

20 (d) Its specimen collectors observe the collection of testing specimens.

21 (e) Its laboratories are certified and accredited by the United States Department of Health
22 and Human Services.

23 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
24 of receipt and all specimens collected shall be handled pursuant to chain of custody
25 procedures. The laboratory shall process and analyze the specimens and provide legally
26 defensible test results to the Board within seven (7) business days of receipt of the
27 specimen. The Board will be notified of non-negative results within one (1) business day
28 and will be notified of negative test results within seven (7) business days.

1 (g) Its testing locations possess all the materials, equipment, and technical expertise
2 necessary in order to test Respondent on any day of the week.

3 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
4 for the detection of alcohol and illegal and controlled substances.

5 (i) It maintains testing sites located throughout California.

6 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
7 computer database that allows the Respondent to check in daily for testing.

8 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
9 access to drug test results and compliance reporting information that is available 24 hours a
10 day.

11 (l) It employs or contracts with toxicologists that are licensed physicians and have
12 knowledge of substance abuse disorders and the appropriate medical training to interpret
13 and evaluate laboratory biological fluid test results, medical histories, and any other
14 information relevant to biomedical information.

15 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
16 while practicing, even if the Respondent holds a valid prescription for the substance.

17 Prior to changing testing locations for any reason, including during vacation or other travel,
18 alternative testing locations must be approved by the Board and meet the requirements above.

19 The contract shall require that the laboratory directly notify the Board or its designee of
20 non-negative results within one (1) business day and negative test results within seven (7)
21 business days of the results becoming available. Respondent shall maintain this laboratory or
22 service contract during the period of probation.

23 A certified copy of any laboratory test result may be received in evidence in any
24 proceedings between the Board and Respondent.

25 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
26 administered to himself or herself a prohibited substance, the Board shall order Respondent to
27 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
28 medicine or providing medical services. The Board shall immediately notify all of Respondent's

1 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
2 provide medical services while the cease-practice order is in effect.

3 A biological fluid test will not be considered negative if a positive result is obtained while
4 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
5 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

6 After the issuance of a cease-practice order, the Board shall determine whether the positive
7 biological fluid test is in fact evidence of prohibited substance use by consulting with the
8 specimen collector and the laboratory, communicating with the licensee, his or her treating
9 physician(s), other health care provider, or group facilitator, as applicable.

10 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
11 acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

12 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
13 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
14 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
15 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

16 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
17 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the
18 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
19 any other terms or conditions the Board determines are necessary for public protection or to
20 enhance Respondent's rehabilitation.

21 12. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. Within thirty (30) days of
22 the effective date of this Decision, Respondent shall submit to the Board or its designee, for its
23 prior approval, the name of a substance abuse support group which he or she shall attend for the
24 duration of probation. Respondent shall attend substance abuse support group meetings at least
25 once per week, or as ordered by the Board or its designee. Respondent shall pay all substance
26 abuse support group meeting costs.

27 The facilitator of the substance abuse support group meeting shall have a minimum of three
28 (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed

1 or certified by the state or nationally certified organizations. The facilitator shall not have a
2 current or former financial, personal, or business relationship with Respondent within the last five
3 (5) years. Respondent's previous participation in a substance abuse group support meeting led by
4 the same facilitator does not constitute a prohibited current or former financial, personal, or
5 business relationship.

6 The facilitator shall provide a signed document to the Board or its designee showing
7 Respondent's name, the group name, the date and location of the meeting, Respondent's
8 attendance, and Respondent's level of participation and progress. The facilitator shall report any
9 unexcused absence by Respondent from any substance abuse support group meeting to the Board,
10 or its designee, within twenty-four (24) hours of the unexcused absence.

11 13. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE. Within thirty
12 (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or
13 its designee for prior approval as a worksite monitor, the name and qualifications of one or more
14 licensed physician and surgeon, other licensed health care professional if no physician and
15 surgeon is available, or, as approved by the Board or its designee, a person in a position of
16 authority who is capable of monitoring the Respondent at work.

17 The worksite monitor shall not have a current or former financial, personal, or familial
18 relationship with Respondent, or any other relationship that could reasonably be expected to
19 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
20 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite
21 monitor, this requirement may be waived by the Board or its designee, however, under no
22 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

23 The worksite monitor shall have an active unrestricted license with no disciplinary action
24 within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms
25 and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth
26 by the Board or its designee.

27 Respondent shall pay all worksite monitoring costs.

28 The worksite monitor shall have face-to-face contact with Respondent in the work

1 environment on as frequent a basis as determined by the Board or its designee, but not less than
2 once per week; interview other staff in the office regarding Respondent's behavior, if requested
3 by the Board or its designee; and review Respondent's work attendance.

4 The worksite monitor shall verbally report any suspected substance abuse to the Board and
5 Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected
6 substance abuse does not occur during the Board's normal business hours, the verbal report shall
7 be made to the Board or its designee within one (1) hour of the next business day. A written
8 report that includes the date, time, and location of the suspected abuse; Respondent's actions; and
9 any other information deemed important by the worksite monitor shall be submitted to the Board
10 or its designee within 48 hours of the occurrence.

11 The worksite monitor shall complete and submit a written report monthly or as directed by
12 the Board or its designee which shall include the following: (1) Respondent's name and
13 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
14 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
15 worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the
16 names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance;
17 (8) any change in Respondent's behavior and/or personal habits; and (9) any indicators that can
18 lead to suspected substance abuse by Respondent. Respondent shall complete any required
19 consent forms and execute agreements with the approved worksite monitor and the Board, or its
20 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

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

responsibility.

14. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING LICENSEES. Failure to fully comply with any term or condition of probation is a violation of probation.

A. If Respondent commits a major violation of probation as defined by section 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue an immediate cease-practice order and order Respondent to undergo a clinical diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice order issued by the Board or its designee shall state that Respondent must test negative for at least a month of continuous biological fluid testing before being allowed to resume practice. For purposes of determining the length of time a Respondent must test negative while undergoing continuous biological fluid testing following issuance of a cease-practice order, a month is defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until notified in writing by the Board or its designee that he or she may do so.

(2) Increase the frequency of biological fluid testing.

(3) Refer Respondent for further disciplinary action, such as suspension, revocation, or other action as determined by the Board or its designee.

B. If Respondent commits a minor violation of probation as defined by section 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take one or more of the following actions:

(1) Issue a cease-practice order;

(2) Order practice limitations;

(3) Order or increase supervision of Respondent;

(4) Order increased documentation;

(5) Issue a citation and fine, or a warning letter;

(6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in

1 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
2 Regulations, at Respondent's expense;

3 (7) Take any other action as determined by the Board or its designee.

4 C. Nothing in this Decision shall be considered a limitation on the Board's authority
5 to revoke Respondent's probation if he or she has violated any term or condition of probation. If
6 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
7 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
8 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
9 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
10 is final, and the period of probation shall be extended until the matter is final.

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

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

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

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

26 18. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
27 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
28 \$16,878.88 (sixteen thousand eight hundred seventy-eight dollars and eighty-eight cents). Costs

1 shall be payable to the Medical Board of California. Failure to pay such costs shall be considered
2 a violation of probation.

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

7 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
8 to repay investigation and enforcement costs.

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

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

14 20. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

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

17 Address Changes

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

23 Place of Practice

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

27 License Renewal

28 Respondent shall maintain a current and renewed California physician's and surgeon's

1 license.

2 Travel or Residence Outside California

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

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

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

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

26 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
27 months, Respondent shall successfully complete the Federation of State Medical Boards' Special
28 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

1 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
2 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

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

23 25. LICENSE SURRENDER. Following the effective date of this Decision, if
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
25 the terms and conditions of probation, Respondent may request to surrender his or her license.
26 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in
27 determining whether or not to grant the request, or to take any other action deemed appropriate
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
4 application shall be treated as a petition for reinstatement of a revoked certificate.

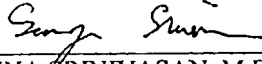
5 26. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
6 with probation monitoring each and every year of probation, as designated by the Board, which
7 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
8 California and delivered to the Board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

10 27. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
11 a new license or certification, or petition for reinstatement of a license, by any other health care
12 licensing action agency in the State of California, all of the charges and allegations contained in
13 First Amended Accusation No. 800-2023-097642 shall be deemed to be true, correct, and
14 admitted by Respondent for the purpose of any Statement of Issues or any other proceeding
15 seeking to deny or restrict license.

16 ACCEPTANCE

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

21
22 DATED: 07/24/24


SARANYA SRINIVASAN, M.D.
Respondent

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ENDORSEMENT

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

DATED: 7/25/2024

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

Dang Vu

DANG VU
Deputy Attorney General
Attorneys for Complainant

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7 *Attorneys for Complainant*

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

11 In the Matter of the First Amended Accusation
Against:

Case No. 800-2023-097642

12 **SARANYA SRINIVASAN, M.D.**
13 **4618 Fountain Ave.**
Los Angeles, CA 90029-1830

FIRST AMENDED ACCUSATION

14 **Physician's and Surgeon's Certificate**
15 **No. A 120228,**

16 Respondent.

17
18 **PARTIES**

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

22 2. On or about February 22, 2012, the Board issued Physician's and Surgeon's
23 Certificate Number A 120228 to Saranya Srinivasan, M.D. (Respondent). The Physician's and
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on November 30, 2025, unless renewed.

26 **JURISDICTION**

27 3. This First Amended Accusation is brought before the Board, under the authority of
28 the following laws. All section references are to the Business and Professions Code (Code)

1 unless otherwise indicated.

2 4. Section 2004 of the Code states:

3 The board shall have the responsibility for the following:

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

6 (b) The administration and hearing of disciplinary actions.

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

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

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

11 (f) Approving undergraduate and graduate medical education programs.

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

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

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

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

20 6. Section 2228.1 of the Code states.

21 (a) On and after July 1, 2019, except as otherwise provided in subdivision (c),
22 the board and the Podiatric Medical Board of California shall require a licensee to
23 provide a separate disclosure that includes the licensee's probation status, the length
of the probation, the probation end date, all practice restrictions placed on the licensee
24 by the board, the board's telephone number, and an explanation of how the patient
can find further information on the licensee's probation on the licensee's profile page
25 on the board's online license information internet web site, to a patient or the
patient's guardian or health care surrogate before the patient's first visit following the
probationary order while the licensee is on probation pursuant to a probationary order
made on and after July 1, 2019, in any of the following circumstances:

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

1 (A) The commission of any act of sexual abuse, misconduct, or relations with a
2 patient or client as defined in Section 726 or 729.

3 (B) Drug or alcohol abuse directly resulting in harm to patients or the extent
4 that such use impairs the ability of the licensee to practice safely.

5 (C) Criminal conviction directly involving harm to patient health.

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

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

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

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

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

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

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

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

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

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

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

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

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

- 1 (5) All practice restrictions placed on the license by the board.
2 (e) Section 2314 shall not apply to this section.

3 **STATUTORY PROVISIONS**

4 7. Section 2234 of the Code, states:

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

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

9 (b) Gross negligence.

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

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

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

17 (d) Incompetence.

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

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

21 (g) The failure by a certificate holder, in the absence of good cause, to attend
22 and participate in an interview by the board no later than 30 calendar days after being
23 notified by the board. This subdivision shall only apply to a certificate holder who is
the subject of an investigation by the board.

24 (h) Any action of the licensee, or another person acting on behalf of the
25 licensee, intended to cause their patient or their patient's authorized representative to
rescind consent to release the patient's medical records to the board or the
Department of Consumer Affairs, Health Quality Investigation Unit.

26 (i) Dissuading, intimidating, or tampering with a patient, witness, or any person
27 in an attempt to prevent them from reporting or testifying about a licensee.
28

1 8. Section 2239 of the Code states:

2 (a) The use or prescribing for or administering to himself or herself, of any
3 controlled substance; or the use of any of the dangerous drugs specified in Section
4 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
5 or injurious to the licensee, or to any other person or to the public, or to the extent that
6 such use impairs the ability of the licensee to practice medicine safely or more than
7 one misdemeanor or any felony involving the use, consumption, or
8 self-administration of any of the substances referred to in this section, or any
9 combination thereof, constitutes unprofessional conduct. The record of the
10 conviction is conclusive evidence of such unprofessional conduct.

11 (b) A plea or verdict of guilty or a conviction following a plea of nolo
12 contendere is deemed to be a conviction within the meaning of this section. The
13 Medical Board may order discipline of the licensee in accordance with Section 2227
14 or the Medical Board may order the denial of the license when the time for appeal has
15 elapsed or the judgment of conviction has been affirmed on appeal or when an order
16 granting probation is made suspending imposition of sentence, irrespective of a
17 subsequent order under the provisions of Section 1203.4 of the Penal Code allowing
18 such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or
19 setting aside the verdict of guilty, or dismissing the accusation, complaint,
20 information, or indictment.

21 9. Section 820 of the Code states:

22 Whenever it appears that any person holding a license, certificate or permit
23 under this division or under any initiative act referred to in this division may be
24 unable to practice his or her profession safely because the licentiate's ability to
25 practice is impaired due to mental illness, or physical illness affecting competency,
26 the licensing agency may order the licentiate to be examined by one or more
27 physicians and surgeons or psychologists designated by the agency. The report of the
28 examiners shall be made available to the licentiate and may be received as direct
evidence in proceedings conducted pursuant to Section 822.

1 10. Section 822 of the Code states:

2 If a licensing agency determines that its licentiate's ability to practice his or her
3 profession safely is impaired because the licentiate is mentally ill, or physically ill
4 affecting competency, the licensing agency may take action by any one of the
5 following methods:

6 (a) Revoking the licentiate's certificate or license.

7 (b) Suspending the licentiate's right to practice.

8 (c) Placing the licentiate on probation.

9 (d) Taking such other action in relation to the licentiate as the licensing agency
10 in its discretion deems proper.

11 The licensing section shall not reinstate a revoked or suspended certificate or
12 license until it has received competent evidence of the absence or control of the
13 condition which caused its action and until it is satisfied that with due regard for the

1 public health and safety the person's right to practice his or her profession may be
2 safely reinstated.

3 11. Section 2236 of the Code states:

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

9 (b) The district attorney, city attorney, or other prosecuting agency shall notify
10 the Medical Board of the pendency of an action against a licensee charging a felony
11 or misdemeanor immediately upon obtaining information that the defendant is a
12 licensee. The notice shall identify the licensee and describe the crimes charged and
13 the facts alleged. The prosecuting agency shall also notify the clerk of the court in
14 which the action is pending that the defendant is a licensee, and the clerk shall record
15 prominently in the file that the defendant holds a license as a physician and surgeon.

16 (c) The clerk of the court in which a licensee is convicted of a crime shall,
17 within 48 hours after the conviction, transmit a certified copy of the record of
18 conviction to the board. The division may inquire into the circumstances surrounding
19 the commission of a crime in order to fix the degree of discipline or to determine if
20 the conviction is of an offense substantially related to the qualifications, functions, or
21 duties of a physician and surgeon.

22 (d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is
23 deemed to be a conviction within the meaning of this section and Section 2236.1.
24 The record of conviction shall be conclusive evidence of the fact that the conviction
25 occurred.

26 REGULATORY PROVISIONS

27 12. California Code of Regulations, title 16, section 1360, states:

28 For the purposes of denial, suspension or revocation of a license, certificate or
permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime
or act shall be considered to be substantially related to the qualifications, functions or
duties of a person holding a license, certificate or permit under the Medical Practice
Act if to a substantial degree it evidences present or potential unfitness of a person
holding a license, certificate or permit to perform the functions authorized by the
license, certificate or permit in a manner consistent with the public health, safety or
welfare. Such crimes or acts shall include but not be limited to the following:
Violating or attempting to violate, directly or indirectly, or assisting in or abetting the
violation of, or conspiring to violate any provision of the Medical Practice Act.

3 COST RECOVERY

4 13. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
5 administrative law judge to direct a licensee found to have committed a violation or violations of
6 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
7 enforcement of the case, with failure of the licensee to comply subjecting the license to not being

1 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
2 included in a stipulated settlement.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Dangerous Use of Alcohol)**

5 14. Respondent Saranya Srinivasan, M.D. is subject to disciplinary action under section
6 2234, subdivision (a), and section 2239, of the Code and California Code of Regulations, title 16,
7 section 1360, in that she used alcoholic beverages, to the extent, or in such a manner as to be
8 dangerous and injurious to Respondent, or to any other person or to the public. The
9 circumstances are as follows:

10 15. On or about July 6, 2023, the Redondo Beach Police Department dispatched police
11 officers to the area of Aviation Boulevard and Manhattan Beach Boulevard to the scene of an
12 accident involving Respondent's vehicle. California Highway Patrol officers were dispatched
13 there as well. Police officers arrived on scene at approximately 12:45 a.m. At that time, the
14 roadway was in good condition and the posted speed limit on Aviation Boulevard was forty (40)
15 miles per hour, and Respondent's vehicle was located facing north on the raised median of
16 Aviation Boulevard on the 3500 block of Aviation Boulevard in Redondo Beach, California.
17 Respondent's vehicle had sustained damage, including¹ to its front end. Respondent had driven
18 her car into a one-way street sign, causing damage to the sign (which was no longer attached to its
19 stand, but was instead lying on the ground separated from its metal stand, which was also lying
20 nearby and not implanted into the ground). Respondent's car was stopped straddling the raised
21 center divider which separated the lanes of the street that had traffic traveling in opposite
22 directions. Respondent was driving without possession of her driver's license and without proof
23 of auto insurance.

24 16. A witness (W1) on scene described what she saw at the time of the accident. W1 was
25 in the parking lot of McDonald's just north of the collision. W1 observed Respondent's vehicle
26 traveling northbound in the number one (#1) lane of Aviation Boulevard at a high rate of speed.
27 W1 stated Respondent's vehicle drifted towards the center of the roadway and drove up on the

28 ¹ As used here, "including" means "including without limitation."

1 median without ever slowing down. Respondent's vehicle then struck a street sign on the median
2 and came to rest up on the median. W1 identified Respondent as the driver who exited her
3 vehicle after the collision.

4 17. The police officers conducted an investigation of the accident and arrested
5 Respondent for driving under the influence. At the time of her arrest, Respondent displayed the
6 objective symptoms of alcohol impairment, including: horizontal nystagmus; bloodshot and
7 watery eyes; dilated pupils; strong odor of alcohol on her breath; mumbling, thick tongued, and
8 confused; vomit on her soiled clothing; not wearing shoes; extremely slurred and repetitious
9 speech; a talkative, combative and insulting attitude; and use of profanity. Although Respondent
10 initially admitted to drinking two glasses of wine, she later recanted. When asked how her
11 vehicle ended up on the median, Respondent stated that she was texting and swerved and collided
12 with the curb. A police officer escorted Respondent from the median to the parking lot on the
13 east side of Aviation Boulevard. As she walked, Respondent was stumbling and required
14 assistance to stand. Respondent was asked preliminary questions: (Q: How much alcohol did she
15 consume? A: She stated she had not been drinking); (Q: Where was she going? A: "Tomato Joes"
16 rather than "Trader Joes"); (Q: Was she driving the vehicle? A: She stated that she had not been
17 driving initially, but later admitted to driving); (Q: How much sleep did she get on the prior
18 night? A: Approximately four hours); (Q: Where was she? A: She stated that she was on Artesia
19 Boulevard; rather than Aviation Boulevard); and (Q: What time is it? A: 9 pm; rather than after
20 midnight).

21 18. A police officer then administered Field Sobriety Tests (FST) on Respondent,
22 including the Romberg test; the walk and turn; the one leg stand; and the finger to nose.
23 Respondent failed the FSTs and also displayed an inability to follow simple instructions. A
24 police officer then administered the Preliminary Alcohol Screening test on Respondent and
25 results were 0.129% BAC at 0128 hours, 0.132% BAC at 0130 hours. Respondent was arrested
26 for driving under the influence of alcohol, handcuffed, and transported to Torrance Memorial
27 Hospital.

28 ///

1 19. While at the hospital, Respondent became verbally aggressive towards officers.
2 While awaiting the services of a phlebotomist, Respondent attempted to grab medical supplies
3 from a nearby medical station. Respondent also repeatedly attempted to stand up after being
4 commanded to sit down. For the safety of Respondent, the hospital employees and the officers,
5 an officer moved a mobile medical station away from Respondent in order to prevent her from
6 unauthorized use of any medical equipment, and to prevent her from being able to use these items
7 as improvised weapons. Respondent then stood up in an agitated state and demanded an "AMA
8 Form." When a police officer placed his hand on her right shoulder, Respondent became further
9 agitated, and kicked the officer in the left shin causing minor injuries consisting of a bruise and a
10 minor abrasion.

11 20. The traffic investigation determined that Respondent had driven her vehicle
12 northbound on Aviation Boulevard while under the influence of alcohol. Respondent made an
13 unsafe turning movement, causing her vehicle to collide with the raised median which separates
14 the north and south bound lanes of traffic on the 3500 block. Respondent had driven her vehicle
15 into a street sign on the median and sheared the pole off from the ground.

16 21. On or about July 6, 2023, in proceedings entitled *The People of the State of*
17 *California v. Saranya Srinivasan*, case number 3TR02345, in the Los Angeles County Superior
18 Court, Respondent was charged with violating Penal Code section 243, subdivision (b), a
19 misdemeanor (Count 1); Vehicle Code section 23152, subdivision (a), a misdemeanor (Count 2);
20 Vehicle Code section 23152, subdivision (b), a misdemeanor (Count 3). On or about October 16,
21 2023, Respondent pleaded not guilty to Counts 1, 2 and 3.

22 **SECOND CAUSE FOR DISCIPLINE**

23 **(Mental Illness Affecting Competency)**

24 22. Respondent Saranya Srinivasan, M.D. is subject to disciplinary action under section
25 822 of the Code in that her ability to practice medicine safely is impaired due to mental illness
26 affecting competency. The circumstances are as follows:

27 23. On or about July 25, 2023, Dr. M.H. performed a physical evaluation of Respondent,
28 and found that Respondent has an alcohol use disorder. Dr. M.H. noted that Respondent had a

1 recent prescription for chlordiazepoxide.² Typically, this medication would be given after an
2 episode of acute alcohol intoxication, usually within 24-48 hours after the last drink (not during
3 alcohol consumption as the mechanism is to prevent withdrawal which happens when alcohol has
4 already been metabolized). Dr. M.H. asked Respondent why this medication was prescribed to
5 her, and Respondent noted that she had too much to drink on a weekend, and got into an
6 altercation with some family members. She was given this medication as a precaution. When
7 Dr. M.H. noticed that the prescribing physician was different than her other physicians, and asked
8 Respondent if Respondent was evaluated in-person for this medication, Respondent responded,
9 "yes." When further asked whether her primary care provider or another different physician
10 prescribed the medication, Respondent said she could not remember. When asked where she was
11 evaluated (at her usual primary care office, or another facility), Respondent said that she was not
12 sure if she was evaluated by her primary care doctor, or "some emergency room." Dr. M.H.
13 noted that Respondent either downplayed her alcohol use, and/or had lack of insight into her
14 disease, or both. Dr. M.H. recommended that Respondent continue to receive treatment for her
15 depression, anxiety, and alcohol use disorders.

16 24. On or about September 18, 2023, Respondent underwent a mental examination by
17 psychiatrist, Dr. S.C. Urine toxicology results from a sample collected on or about June 14, 2023
18 were positive for nordiazepam and oxazepam, active metabolites of diazepam³ (Valium®), and
19 negative for all other substances tested. A CURES report revealed high usage of

21 ² "Chlordiazepoxide" is a sedative and hypnotic benzodiazepine medication used to treat
22 anxiety, insomnia and withdrawal symptoms from alcohol and/or drug abuse. It is sold under the
23 brand name Librium®. Chlordiazepoxide is a drug that is very frequently involved in drug
24 intoxication, including overdose. Chlordiazepoxide overdose is considered a medical emergency
and, in general, requires the immediate attention of medical personnel. It is a Schedule IV
controlled substance and narcotic as defined by Health and Safety Code section 11057,
subdivision (d)(5), and a dangerous drug as defined in Code section 4022.

25 ³ "Diazepam" is a benzodiazepine psychotropic drug used for the management of anxiety
26 disorders or for the short-term relief of the symptoms of anxiety. It can produce psychological
and physical dependence and should be prescribed with caution particularly to addiction-prone
27 individuals (such as drug addicts and alcoholics) because of the predisposition of such patients to
habituation and dependence. It is sold under the brand name Valium®. It is a Schedule IV
28 controlled substance as designated by Health and Safety Code section 11057(d)(1), and is a
dangerous drug as designated in Code section 4022.

1 benzodiazepines⁴ and meprobamate⁵ by Respondent, each of which carry a higher risk for
2 dependence than Respondent expressed to Dr. S.C., and display a pattern of obtaining
3 prescriptions from multiple providers for these medications. Dr. S.C. found that Respondent
4 lacked adequate insight into the extent of her use of, and the potential harm from her use of,
5 sedative-hypnotic medications. Dr. S.C.'s diagnostic impressions of Respondent included:
6 alcohol use disorder; sedative, hypnotic, or anxiolytic use disorder; unspecified anxiety disorder;
7 persistent depressive disorder; major depressive disorder; and possible substance-induced mood
8 disorder. Upon completion of his examination of Respondent, Dr. S.C. concluded that
9 Respondent has mental illnesses that required her to have restrictions or conditions to safely
10 engage in the practice of medicine, including that Respondent (a) have treatment for depression
11 and anxiety under the supervision of a board-certified psychiatrist and by a licensed therapist that
12 includes a plan for discontinuation of sedative-hypnotic medications; (b) undergo an evaluation
13 and obtain treatment, and be monitored, by an addiction medicine specialist, including regular
14 participation in substance use treatment programs and random drug screens; and (c) complete at
15 least eight hours of Board approved Continuing Medical Education courses on the use of
16 benzodiazepines and other controlled sedative-hypnotics.

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19 _____
20 ⁴ "Benzodiazepines" are a class of drugs that produce central nervous system (CNS)
21 depression. They are used therapeutically to produce sedation, induce sleep, relieve anxiety and
22 muscle spasms, and to prevent seizures. In general, benzodiazepines act as hypnotics in high
23 doses, anxiolytics in moderate doses, and sedatives in low doses, and are used for a limited time
24 period. Benzodiazepines are commonly misused and taken in combination with other drugs of
25 abuse. Commonly prescribed benzodiazepines include alprazolam (Xanax®), lorazepam
26 (Ativan®), clonazepam (Klonopin®), diazepam (Valium®), and temazepam (Restoril®). Risks
27 associated with use of benzodiazepines include: 1) tolerance and dependence, 2) potential
28 interactions with alcohol and pain medications, and 3) possible impairment of driving.
Benzodiazepines can cause dangerous deep unconsciousness. When combined with other CNS
depressants such as alcoholic drinks and opioids, the potential for toxicity and fatal overdose
increases. Before initiating a course of treatment, patients should be explicitly advised about the
following: the goal and duration of benzodiazepine use; its risks and side effects, including risk of
dependence and respiratory depression; and alternative treatment options.

⁵ "Meprobamate" is a sedative anxiolytic drug used to treat tension, anxiety and
nervousness. It can cause drowsiness and addiction. It is a Schedule IV controlled substance
pursuant to Health and Safety Code section 11055(d)(18), and is a dangerous drug pursuant to
Code section 4022.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct)**

3 25. Respondent Saranya Srinivasan, M.D. is subject to disciplinary action under section
4 2234 of the Code, generally, in that she has engaged in unprofessional conduct which breaches
5 the rules or ethical code of the medical profession, or conduct which is unbecoming to a member
6 in good standing of the medical profession. The circumstances are as follows:

7 26. The allegations set forth in the First and Second Causes for Discipline are
8 incorporated herein as if fully set forth.

9 **FOURTH CAUSE FOR DISCIPLINE**

10 **(Conviction of a Crime)**

11 27. Respondent Saranya Srinivasan, M.D. is subject to disciplinary action under section
12 2236 of the Code, in that she was convicted of a crime substantially related to the practice of
13 medicine. The circumstances are as follows:

14 28. The allegations set forth in the First through Third Causes for Discipline, inclusive,
15 are incorporated herein as if fully set forth.

16 29. On or about March 7, 2024, in proceedings entitled *The People of the State of*
17 *California v. Saranya Srinivasan*, case number 3TR02345, in the Los Angeles County Superior
18 Court, Respondent pled nolo contendere to violating Vehicle Code section 23152, subdivision (b),
19 a misdemeanor. The court then sentenced Respondent to 36 months probation, with terms and
20 conditions, including, among other things, being required to pay fines and fees, perform 30 hours
21 of community service, and complete a 3 month driving under the influence program.

22 **PRAYER**

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

25 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 120228,
26 issued to Respondent, Saranya Srinivasan, M.D.;

27 2. Revoking, suspending or denying approval of Respondent, Saranya Srinivasan,
28 M.D.'s authority to supervise physician assistants and advanced practice nurses;

1 3. Ordering Respondent, Saranya Srinivasan, M.D., to pay the Board the costs of the
2 investigation and enforcement of this case, and if placed on probation, the costs of probation
3 monitoring;

4 4. Ordering Respondent, Saranya Srinivasan, M.D., if placed on probation, to provide
5 patient notification in accordance with Business and Professions Code section 2228.1; and

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

7
8
9 DATED: JUN 14 2024



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