

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

In the Matter of the Accusation
Against:

Sumit Singh Bagga, M.D.

Physician's and Surgeon's
Certificate No. A 161444

Case No.: 800-2022-091025

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 January 10, 2025.

IT IS SO ORDERED: December 13, 2024.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

Michelle Anne Bholat M.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 EDWARD K. KIM
Supervising Deputy Attorney General
3 COLLEEN M. MCGURRIN
Deputy Attorney General
4 State Bar Number 147250
California Department of Justice
5 300 South Spring Street, Suite 1702
Los Angeles, CA 90013
6 Telephone: (213) 269-6546
Facsimile: (916) 731-2117
7 E-mail: Colleen.McGurrin@doj.ca.gov
Attorneys for Complainant
8

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

12 In the Matter of the Accusation Against:

13 **SUMIT SINGH BAGGA, M.D.**
14 **4900 Overland Avenue, Unit 229**
Los Angeles, CA 90230-4289

15 **Physician's and Surgeon's Certificate No. A**
16 **161444**

17 Respondent.

Case No. 800-2022-091025

OAH No. 2024060776

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 Colleen M. McGurrin,
25 Deputy Attorney General.

26 2. Respondent Sumit Singh Bagga, M.D. (Respondent) is represented in this proceeding
27 by attorney Erik S. Laakkonen, Esq., of Kramer, DeBoer & Keane, LLP, whose address is: 74770
28 Highway 111, Suite 201, Indian Wells, California, 92210.

3. On or about March 21, 2019, the Board issued Physician's and Surgeon's Certificate No. A 161444 to Sumit Singh Bagga, M.D. (Respondent). The Physician's and surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-091025, and will expire on March 31, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-091025 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 April 26, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-091025 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. 800-2022-091025. Respondent has also carefully read, fully discussed with his counsel, and understands the fully 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 freely, 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. 800-2022-091025, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate No. A 161444.

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

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2022-091025, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. A 161444 to disciplinary action.

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

CONTINGENCY

13. 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.

14. 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.

15. 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. 800-2022-091025 shall be deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or

1 any other licensing proceeding involving Respondent in the State of California.

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

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

8 **DISCIPLINARY ORDER**

9 IT IS HEREBY ORDERED that Physician's and surgeon's Certificate No. A 161444 issued
10 to Respondent SUMIT SINGH BAGGA, M.D. is revoked. However, the revocation is stayed and
11 Respondent is placed on probation for three (3) years on the following terms and conditions:

12 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this
13 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee
14 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours
15 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at
16 correcting any areas of deficient practice or knowledge, including but not limited to the area(s) of
17 the ABCDEs of trauma assessment, the protocols for high-speed collision injuries and assessing
18 and treating trauma patients, or any other area(s) deemed necessary and shall be Category I
19 certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be
20 in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.
21 Following the completion of each course, the Board or its designee may administer an
22 examination to test Respondent's knowledge of the course. Respondent shall provide proof of
23 attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

24 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
26 advance by the Board or its designee. Respondent shall provide the approved course provider
27 with any information and documents that the approved course provider may deem pertinent.
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
2 complete any other component of the course within one (1) year of enrollment. The medical
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its
11 designee not later than 15 calendar days after successfully completing the course, or not later than
12 15 calendar days after the effective date of the Decision, whichever is later.

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

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

23 If, during the course of the probation, the Respondent's practice setting changes and the
24 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
25 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
26 If Respondent fails to establish a practice with another physician or secure employment in an
27 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
28 shall receive a notification from the Board or its designee to cease the practice of medicine within

1 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
2 appropriate practice setting is established.

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

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

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

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

18 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
19 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
20 limited to, investigation(s), expert review, legal reviews, accusations and other pleading, as
21 applicable, in the amount of \$28,843.25 (Twenty-eight thousand eight hundred forty-three dollars
22 and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure to pay
23 such costs shall be considered a violation of probation.

24 Payment must be made in full within one (1) calendar year of the effective date of the
25 Order, or by a payment plan approved by the Medical Board of California. Any and all requests
26 for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply
27 with the payment plan shall be considered a violation of probation.

28 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to

1 repay investigation and enforcement costs, including expert review costs.

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

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

7 9. GENERAL PROBATION REQUIREMENTS.

8 Compliance with Probation Unit

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

10 Address Changes

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

16 Place of Practice

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

20 License Renewal

21 Respondent shall maintain a current and renewed California physician's and surgeon's
22 license.

23 Travel or Residence Outside California

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

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

1 departure and return.

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

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

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

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

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

26 Periods of non-practice for a Respondent residing outside of California will relieve
27 Respondent of the responsibility to comply with the probationary terms and conditions with the
28 exception of this condition and the following terms and conditions of probation: Obey All Laws;

1 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
2 Controlled Substances; and Biological Fluid Testing.

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

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

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

26 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
27 with probation monitoring each and every year of probation, as designated by the Board, which
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

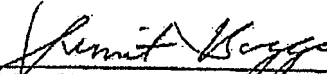
1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
4 a new license or certification, or petition for reinstatement of a license before any other health
5 care licensing action agency in the State of California, all of the charges and allegations contained
6 in Accusation No. 800-2022-091025 shall be deemed to be true, correct, and admitted by
7 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
8 restrict license.

9 ACCEPTANCE

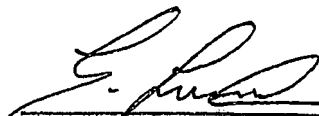
10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
11 discussed it with my attorney, Erik S. Laakkonen. I fully understand the stipulation and the effect
12 it will have on my Physician's and surgeon's Certificate. I enter into this Stipulated Settlement and
13 Disciplinary Order freely, voluntarily, knowingly, and intelligently, and agree to be bound by the
14 Decision and Order of the Medical Board of California.

15
16 DATED: 11/08/2024


17 SUMIT SINGH BAGGA, M.D.
18 Respondent

19 I have read and fully discussed with Respondent Sumit Singh Bagga, M.D. the terms and
20 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
21 I approve its form and content.

22 DATED: 11/8/2024


23 Erik S. Laakkonen, Esq.
24 Attorney for Respondent

25 ///

26 ///

27 ///

28 ///

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

ENDORSEMENT

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

DATED: November 8, 2024

Respectfully submitted,
ROB BONTA
Attorney General of California
EDWARD K. KIM
Supervising Deputy Attorney General

Colleen M. McGurrin

COLLEEN M. MCGURRIN
Deputy Attorney General
Attorneys for Complainant

LA2024600320
67220408.docx

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 LATRICE R. HEMPHILL
Deputy Attorney General
4 State Bar No. 285973
300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6198
6 Facsimile: (916) 731-2117
Attorneys for Complainant
7

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

12 In the Matter of the Accusation Against:

Case No. 800-2022-091025

13 **SUMIT SINGH BAGGA, M.D.**
14 **6041 Cadillac Avenue**
Los Angeles, CA 90034-1702

A C C U S A T I O N

15 **Physician's and surgeon's Certificate**
16 **No. A 161444,**

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 March 21, 2019, the Board issued Physician's and Surgeon's Certificate
25 Number A 161444 to Sumit Singh Bagga, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on March 31, 2025, unless renewed.

28 ///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code (Code) unless otherwise indicated.

4. Section 2004 of the Code states:

The board shall have the responsibility for the following:

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

(b) The administration and hearing of disciplinary actions.

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

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

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

(f) Approving undergraduate and graduate medical education programs.

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

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

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

5. Section 2227 of the Code states:

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

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

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

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

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

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

3 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
4 medical review or advisory conferences, professional competency examinations,
5 continuing education activities, and cost reimbursement associated therewith that are
6 agreed to with the board and successfully completed by the licensee, or other matters
7 made confidential or privileged by existing law, is deemed public, and shall be made
8 available to the public by the board pursuant to Section 803.1.

9 6. Section 2234 of the Code, states:

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

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

15 (b) Gross negligence.

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

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

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

28 (d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend
and participate in an interview by the board. This subdivision shall only apply to a
certificate holder who is the subject of an investigation by the board.

7. 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

8. Section 125.3 of the Code states:

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

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

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

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

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

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

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

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

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

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

(j) This section does not apply to any board if a specific statutory provision in

1 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

2 **DEFINITIONS**

3 9. The Glasgow Coma Scale is a tool used to measure a person's level of consciousness
4 following a brain injury. The Scale assesses a person based on their ability to perform eye
5 movements (eye opening), speak (verbal response), and move their body (motor response). The
6 total possible Glasgow Coma Score is 15, which means the patient is responsive. Each of the
7 three behaviors has a range of scores as follows: eye opening: 1-4; verbal response: 1-5; and
8 motor response: 1-6. A Glasgow Coma Score of 13-15 indicates mild traumatic brain injury, also
9 known as a concussion; a score of 9-12 indicates moderate traumatic brain injury; and a score of
10 3-8 indicates severe traumatic brain injury. The scores from each section of the scale describe
11 disruptions in nervous system function. For example Level 3 of the eye opening measurement
12 means that the patient only opens their eyes when someone tells them to do so; the eyes stay
13 closed otherwise.

14 10. Transthoracic echocardiography, also called a heart ultrasound, is a noninvasive way
15 to look at blood flow through the heart and heart valves.

16 11. A thoracic ultrasound, also called a chest ultrasound, is an imaging tool used in
17 emergencies to take detailed images of your chest.

18 12. An exploratory laparotomy is open abdominal surgery that helps a physician find the
19 source of an issue in your abdomen.

20 13. Intraabdominal hemorrhage, also called hemoperitoneum, is a type of internal
21 bleeding in which blood gathers in your peritoneal cavity (the space between your organs and the
22 inner lining of your abdominal wall).

23 14. Hypoxic brain injury is a process that begins with the cessation of cerebral blood flow
24 to brain tissue and results in an impaired level of consciousness. A hypoxic brain injury results
25 from cardiac arrest, vascular injury, or poisoning.

26 ///

27 ///

28 ///

1 FACTUAL ALLEGATIONS

2 15. Respondent is a board-certified family practitioner. Respondent practiced at
3 Riverside Medical Clinic Urgent care from about August 2019 until June 2020, and he currently
4 practices at Kaiser Permanente West Los Angeles Urgent Care.

5 16. On or about August 21, 2019, Patient A,¹ a thirty-five-year-old woman, was involved
6 in a motor vehicle accident (MVA), where her vehicle was struck on the left side. Following the
7 accident, Patient A presented to Respondent at Riverside Medical Clinic Urgent Care (RMC).

8 17. Patient A complained of pain in her neck, shoulder, and rib, all on the left side of her
9 body. Patient A indicated that her pain was a level 10 (out of 10). Respondent conducted a
10 physical examination of Patient A. After examination, Respondent noted that Patient A's head
11 examination was normal and atraumatic, and her respiratory efforts and breath sounds were
12 normal. Respondent also documented that Patient A had tenderness on the left lower ribs, as well
13 as a decreased range of motion to the left shoulder. Respondent noted that Patient A was unable
14 to move her arm, but there was no documentation regarding injury, or lack of injury, to Patient
15 A's skin.

16 18. Respondent did not perform, or failed to document that he performed, an abdominal
17 examination, back examination, or any other musculoskeletal examination.

18 19. Respondent ordered x-ray imaging of Patient A's ribs (left side), cervical spine and
19 left shoulder. Dr. J.B. provided x-ray reports, which indicated that Patient A had "superior
20 elevation of clavicle with widening of the acromioclavicular," but no fracture was identified. The
21 x-ray report also noted that the left rib and chest x-ray showed no cardiopulmonary abnormality
22 and no acute rib fractures.

23 20. After reviewing the x-ray results, coupled with Respondent's physical examination of
24 Patient A, Respondent diagnosed Patient A with motor vehicle trauma, an acromioclavicular
25 (AC) joint separation, and nausea.

26 ///

27 _____
28 ¹ The patient is identified as "Patient A" to protect her privacy.

1 21. Patient A was given a ketorolac² injection and an ondansetron³ tablet while at RMC
2 to address her pain and nausea. Respondent placed Patient A's arm/shoulder in a sling, and
3 prescribed Patient A tramadol, to be taken once a day as needed for pain. Respondent also
4 created an urgent orthopedic surgery referral for Patient A. Respondent then released Patient A
5 from his care.

6 22. Later in the evening, on August 21, 2019, Patient A collapsed at her home and was
7 transported by ambulance to Riverside University Health System Medical Center (RUHS).
8 Transporting emergency medical services (EMS) personnel alerted RUHS physicians that Patient
9 A suffered a cardiac arrest before arriving to the hospital.

10 23. Upon arrival to RUHS, Patient A was noted to have Glasgow Coma Scale of 3.
11 Patient A was sedated and intubated and critical care treatments and interventions were ordered.
12 A physician at RUHS, Dr. K.K., performed a limited abdominal ultrasound, a limited
13 transthoracic echocardiography, and a limited thoracic ultrasound, which were all negative but
14 indicated trauma. The ultrasounds revealed a large amount of fluid in the right upper quadrant
15 and suprapubic regions of the abdomen. Subsequently, Patient A was sent into surgery with the
16 trauma team.

17 24. Patient A underwent an emergency exploratory laparotomy, which found that Patient
18 A suffered a splenic rupture and grade 5 liver laceration.⁴ Consequently, a splenectomy was
19 performed, necessitating blood, plasma, and platelets transfusions. Following the surgery, Patient
20 A was transferred to the surgical intensive care unit.

21 25. On or about August 22, 2019, a plethora of other diagnostic tests/imaging were
22 conducted on Patient A, and, ultimately, it was determined that Patient A suffered from an
23 intraabdominal hemorrhage, a rib fracture, and a hypoxic brain injury.

24 26. Patient A was pronounced dead around on 4:30 p.m. on August 22, 2019.

25 ///

26 _____
27 ² Ketorolac is a nonsteroidal anti-inflammatory drug that is used to relieve moderately
28 severe pain in adults.

³ Ondansetron is a medication used to prevent nausea and vomiting.

⁴ Grade 5 is a large cut or complex liver injury with high risk for bleeding.

1

2

9

16

17

18

21

23

1 deployed, which is imperative to know when providing care. These failures, individually and
2 collectively, constitute a simple departure from the standard of care.

3 32. Respondent failed to conduct a skin examination (for injury), a neurological
4 examination, and a mental examination. Respondent also failed to examine Patient A's lower
5 extremities and failed to conduct a chest examination to test for trauma. During an interview with
6 the Board, Respondent indicated that he was certain he conducted an abdominal examination
7 because "it is always [his] customary practice" to perform abdominal examinations after motor
8 vehicle accidents. However, Respondent failed to document any part of the abdominal
9 examination and provided no explanation for the omission. Respondent's failures constitute
10 simple departures from the standard of care.

11 33. Respondent failed to consider and document other significant differential diagnoses.
12 Specifically, Respondent did not consider gastrointestinal symptoms and abdominal causes for
13 Patient A's nausea. This failure constitutes a simple departure from the standard of care.

14 SECOND CAUSE FOR DISCIPLINE

15 (Lack of Knowledge)

16 34. Respondent Sumit Singh Bagga, M.D. is subject to disciplinary action under Code
17 section 2234, subdivision (d), in that Respondent lacked the requisite knowledge to care for
18 Patient A. The circumstances are as follows:

19 35. Complainant hereby re-alleges the facts set forth in paragraphs 15 through 28, above,
20 as though fully set forth.

21 36. Each act of negligence set forth in the First Cause for Discipline demonstrates a lack
22 of knowledge. Specifically, Respondent's failure to obtain and document pertinent history or
23 review of symptoms demonstrates a lack of knowledge. Additionally, Respondent's failure to
24 obtain and document relevant history pertaining to the motor vehicle accident and the
25 corresponding trauma demonstrates a lack of knowledge.

26 37. During an interview with the Board, Respondent was asked if he knew the ABCDE
27 method of trauma assessment. Respondent stated that he did not. As such, Respondent lacked
28 the requisite knowledge to properly assess Patient A's trauma.

1 **THIRD CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Adequate and Accurate Medical Records)**

3 38. By reasons of the facts and allegations set forth in the First and Second Causes for
4 Discipline, Respondent Sumit Singh Bagga, M.D. is subject to disciplinary action under Code
5 section 2266 in that Respondent failed to maintain adequate and accurate medical records of his
6 care and treatment of Patient A.

7 **FOURTH CAUSE FOR DISCIPLINE**

8 **(Unprofessional Conduct)**

9 39. Respondent Sumit Singh Bagga, M.D. is subject to disciplinary action under Code
10 section 2234 in that Respondent engaged in unprofessional conduct. The circumstances are as
11 follows:

12 40. Complainant hereby re-alleges the facts and allegations in the First, Second, and
13 Third Causes for Discipline, which are incorporated herein by reference as if fully set forth.

14 **PRAYER**

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

- 17 1. Revoking or suspending Physician's and surgeon's Certificate Number A 161444,
18 issued to Respondent Sumit Singh Bagga, M.D.;
- 19 2. Revoking, suspending or denying approval of Respondent Sumit Singh Bagga, M.D.'s
20 authority to supervise physician assistants and advanced practice nurses;
- 21 3. Ordering Respondent Sumit Singh Bagga, M.D., to pay the Board the costs of the
22 investigation and enforcement of this case, and if placed on probation, the costs of probation
23 monitoring; and
- 24 4. Taking such other and further action as deemed necessary and proper.

25 DATED: APR 26 2024

26 JENNA FORT
27 REJI VARGHESE
28 Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant