

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

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

Sonny Garcha, M.D.

**Physician's and Surgeon's
Certificate No. A 105000**

Case No.: 800-2021-081588

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 April 17, 2025.

IT IS SO ORDERED: March 18, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

1 ROB BONTA
Attorney General of California
2 MICHAEL C. BRUMMEL
Supervising Deputy Attorney General
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8 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **SONNY GARCHA, M.D.**
14 **9020 Grateful Thomas Trail #310**
Tampa, FL 33626-1677

15 **Physician's and Surgeon's Certificate**
16 **No. A 105000**

17 Respondent.

Case No. 800-2021-081588

OAH No. 2024090256

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 Aaron L. Lent, Deputy
25 Attorney General.

26 2. Respondent Sonny Garcha, M.D. (Respondent) is represented in this proceeding by
27 attorney Paul Chan, whose address is: 1851 Heritage Lane, Suite 128, Sacramento, CA 95815-
28 4996.

1 3. On or about July 30, 2008, the Board issued Physician's and Surgeon's Certificate
2 No. A 105000 to Sonny Garcha, M.D. (Respondent). The Physician's and Surgeon's Certificate
3 was in full force and effect at all times relevant to the charges brought in Accusation No. 800-
4 2021-081588, and will expire on December 31, 2025, unless renewed.

5 **JURISDICTION**

6 4. Accusation No. 800-2021-081588 was filed before the Board and is currently pending
7 against Respondent. The Accusation and all other statutorily required documents were properly
8 served on Respondent on July 25, 2024. Respondent timely filed his Notice of Defense contesting
9 the Accusation.

10 5. A copy of Accusation No. 800-2021-081588 is attached as Exhibit A and
11 incorporated herein by reference.

12 **ADVISEMENT AND WAIVERS**

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2021-081588. Respondent has also carefully read,
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
16 Disciplinary Order.

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

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

25 **CULPABILITY**

26 9. Respondent admits the truth of each and every charge and allegation in Accusation
27 No. 800-2021-081588.

28 ///

10. 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

11. 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.

12. 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.

13. 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. 800-2021-081588 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 105000 issued to Respondent Sonny Garcha, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. **MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES.**

Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this

Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. **CLINICAL COMPETENCE ASSESSMENT PROGRAM.** Within 60 calendar days

of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment

1 program approved in advance by the Board or its designee. Respondent shall successfully
2 complete the program not later than six (6) months after Respondent's initial enrollment unless
3 the Board or its designee agrees in writing to an extension of that time.

4 The program shall consist of a comprehensive assessment of Respondent's physical and
5 mental health and the six general domains of clinical competence as defined by the Accreditation
6 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
7 Respondent's current or intended area of practice. The program shall take into account data
8 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
9 Accusation(s), and any other information that the Board or its designee deems relevant. The
10 program shall require Respondent's on-site participation as determined by the program for the
11 assessment and clinical education and evaluation. Respondent shall pay all expenses associated
12 with the clinical competence assessment program.

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

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

22 If Respondent fails to enroll, participate in, or successfully complete the clinical
23 competence assessment program within the designated time period, Respondent shall receive a
24 notification from the Board or its designee to cease the practice of medicine within three (3)
25 calendar days after being so notified. The Respondent shall not resume the practice of medicine
26 until enrollment or participation in the outstanding portions of the clinical competence assessment
27 program have been completed. If the Respondent did not successfully complete the clinical
28 competence assessment program, the Respondent shall not resume the practice of medicine until a

1 final decision has been rendered on the accusation and/or a petition to revoke probation. The
2 cessation of practice shall not apply to the reduction of the probationary time period.

3 Within 60 days after Respondent has successfully completed the clinical competence
4 assessment program, Respondent shall participate in a professional enhancement program
5 approved in advance by the Board or its designee, which shall include quarterly chart review,
6 semi-annual practice assessment, and semi-annual review of professional growth and education.
7 Respondent shall participate in the professional enhancement program at Respondent's expense
8 during the term of probation, or until the Board or its designee determines that further
9 participation is no longer necessary.

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

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

26 Within 60 calendar days of the effective date of this Decision, and continuing throughout
27 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
28 make all records available for immediate inspection and copying on the premises by the monitor

1 at all times during business hours and shall retain the records for the entire term of probation.

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

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

13 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
14 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
15 name and qualifications of a replacement monitor who will be assuming that responsibility within
16 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
17 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
18 notification from the Board or its designee to cease the practice of medicine within three (3)
19 calendar days after being so notified. Respondent shall cease the practice of medicine until a
20 replacement monitor is approved and assumes monitoring responsibility.

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

26 5. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
27 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
28 where: 1) Respondent merely shares office space with another physician but is not affiliated for

1 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
2 location.

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

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

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

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

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

28 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules

governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the reduced amount of \$44,676.40 (forty-four thousand six hundred seventy-six dollars and forty cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

1 Place of Practice

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

5 License Renewal

6 Respondent shall maintain a current and renewed California physician's and surgeon's
7 license.

8 Travel or Residence Outside California

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

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

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

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

1 on probation with the medical licensing authority of that state or jurisdiction shall not be
2 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
3 period of non-practice.

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

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

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

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

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

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

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

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

16 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a
17 new license or certification, or petition for reinstatement of a license, by any other health care
18 licensing action agency in the State of California, all of the charges and allegations contained in
19 Accusation No. 800-2021-081588 shall be deemed to be true, correct, and admitted by
20 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
21 restrict license.

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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Paul Chan. I understand the stipulation and the effect it will have
4 on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
5 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 01/28/2025


9 SONNY GARCHA, M.D.
Respondent

10 I have read and fully discussed with Respondent Sonny Garcha, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13
14 DATED: 1-30-25


15 PAUL CHAN
Attorney for Respondent

16 ENDORSEMENT

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

19
20 DATED: February 3, 2025

Respectfully submitted,

21 ROB BONTA
22 Attorney General of California
23 MICHAEL C. BRUMMEL
Supervising Deputy Attorney General


24 AARON L. LENT
25 Deputy Attorney General
26 Attorneys for Complainant

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Exhibit A

Accusation No. 800-2021-081588

1 ROB BONTA
Attorney General of California
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
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13 In the Matter of the Accusation Against:

Case No. 800-2021-081588

14 **Sonny Garcha, M.D.**
15 **9020 Grateful Thomas Trail #310**
Tampa, FL 33626-1677

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 105000,**

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 July 30, 2008, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 105000 to Sonny Garcha, 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 December 31, 2025, unless renewed.

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

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

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

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

12 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
13 adequate and accurate records relating to the provision of services to their patients constitutes
14 unprofessional conduct.

15 7. Section 4021 of the Code states: 'Controlled substance' means any substance listed in
16 Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code.

17 8. Section 4022 of the Code states: 'Dangerous drug' or 'dangerous device' means any
18 drug or device unsafe for self-use in humans or animals, and includes the following:

19 "(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing
20 without prescription,' 'Rx only,' or words of similar import.

21 "...

22 "(c) Any other drug or device that by federal or state law can be lawfully dispensed
23 only on prescription or furnished pursuant to Section 4006."

24 COST RECOVERY

25 9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
26 administrative law judge to direct a licensee found to have committed a violation or violations of
27 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
28 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
included in a stipulated settlement.

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PERTINENT DRUG INFORMATION

10. Demerol – Brand name for meperidine. Demerol is a synthetic opioid pain medication of the phenylpiperidine class. It is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 §1308.12. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

11. Fentanyl – Generic name for the drug Duragesic. Fentanyl is a potent, synthetic opioid analgesic with a rapid onset and short duration of action used for pain. Fentanyl is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Fentanyl is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(c).

12. Hydromorphone hydrochloride – Generic name for the drug Dilaudid. Hydromorphone hydrochloride (“HCL”) is a potent opioid agonist that has a high potential for abuse and risk of producing respiratory depression. Hydromorphone HCL is a short-acting medication used to treat severe pain. Hydromorphone HCL is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Hydromorphone HCL is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

13. Ketamine – Ketamine is an analgesic that is most effective when used alongside a low-dose opioid. This is because, while it does have analgesic effects by itself, the doses required for adequate pain relief when it is used as the sole analgesic agent are considerably higher and far more likely to produce disorienting side effects. Ketamine is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (g) and a dangerous drug pursuant to Business and Professions Code section 4022.

14. Lidocaine – Generic name for xylocaine or lignocaine. Lidocaine is a local anesthetic that blocks nerve signals to the brain. It is used to numb areas of the body before invasive

1 procedures to reduce pain. Lidocaine cream is also used to relieve itching, burning, and pain from
2 skin inflammations. It is a dangerous drug within the meaning of Business and Professions Code
3 section 4022.

4 15. Midazolam – Generic name for Versed. Midazolam is a benzodiazepine medication
5 used for anesthesia, procedural sedation, trouble sleeping, and severe agitation. Midazolam is a
6 Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section
7 1308.14. Midazolam is a dangerous drug pursuant to California Business and Professions Code
8 section 4022 and is a Schedule IV controlled substance pursuant to California Health and Safety
9 Code section 11057(d).

10 16. Propofol – Generic name for Diprivan. Propofol is an intravenous short-acting
11 sedative-hypnotic agent used for induction and maintenance of general anesthesia and for
12 procedural anesthesia before or during surgery. It is a dangerous drug within the meaning of
13 Business and Professions Code section 4022.

14 FACTUAL ALLEGATIONS

15 17. At all relevant times, Respondent Sonny Garcha, M.D., was a licensed physician and
16 surgeon, Board Certified in Internal Medicine and Anesthesia, providing medical care at Lodi
17 Memorial Hospital (LMH) as a locum tenens anesthesiologist, located in San Joaquin County,
18 California.

19 Patient 1²

20 18. On or about May 29, 2021, 84 year-old 57 kg female Patient 1 was treated in the
21 emergency room (ER) of LMH due to suffering a fall. Patient 1 presented with a history of
22 diabetes and hypertension. Imaging of Patient 1's right hip showed a new suspected non-
23 displaced fracture of the sub-capital neck of the right femur which resulted in Patient 1 being
24 admitted for treatment and surgery for her right hip fracture. Patient 1 was documented to be an
25 ASA III.³

26 ² To protect the privacy of the patients and witnesses involved, the patients' and witnesses' names
27 were not included in this pleading. Respondent is aware of the identity of each patient and witness. All
28 patients and witnesses will be fully identified in discovery.

³ The American Society of Anesthesiologists (ASA) Physical Status Classification System is a

1 19. On or about May 29, 2021, Patient 1's right hip surgery commenced at approximately
2 10:37 a.m. and ended at approximately 12:04 p.m. Prior to the start of the surgery, Respondent
3 dispensed 4 mg of hydromorphone, 500 mcg of Fentanyl, and 2 mg of Versed. Based on Patient
4 1's medical records, Respondent proceeded to give the patient 2 mg of Versed, 250 mcg of
5 Fentanyl, and 2 mg of hydromorphone. Respondent noted in the records that the intravenous (IV)
6 was infiltrated, and he then started a new IV which he repeated the dosages of 100 mcg of
7 Fentanyl and 0.5 mg of hydromorphone.

8 20. Approximately twenty minutes after Patient 1 arrived at the post-anesthesia care unit
9 (PACU), her respiratory rate was documented at 16–20 with a pain score of five and she was
10 medicated by the registered nurse (RN) with 0.5 mg of hydromorphone. Patient 1's pain score
11 dropped to zero and she was discharged to the floor at approximately 1:05 p.m.

12 21. According to the medical records, Patient 1 was comfortable for hours after her
13 discharge from the PACU. At approximately 2:30 p.m., over an hour after she left the PACU,
14 Respondent dispensed 50 mg of ketamine, 2 mg of hydromorphone, and 250 mcg of Fentanyl for
15 Patient 1. Less than ten minutes later, Respondent was documented wasting 30 mg of ketamine,
16 1.5 mg, 1.5 mg of hydromorphone and 150 mcg of Fentanyl.

17 Patient 2

18 22. On or about June 3, 2021, 36 year-old 118 kg female Patient 2 was admitted at LMH
19 for a bilateral tubal ligation laparotomy. Patient 2 presented with a history of obesity and
20 gestational diabetes, and was scheduled for a post-partum tubal ligation surgery. Patient 2's
21 recorded pain score was zero the day of her scheduled procedure.

22 23. Respondent was scheduled to perform the anesthetic for Patient 2's surgery which
23 occurred at approximately 12:46 p.m. and concluded at 1:46 p.m. According to Patient 2's
24 medical records, at approximately 8:16 a.m., Respondent dispensed 2 mg of Versed, 250 mcg of
25 Fentanyl and 2 mg of hydromorphone. At approximately 9:19 a.m., Respondent then dispensed an
26 tool used in preparation for surgery to help predict risks in a given patient. The system uses a scale based
27 on the patient's medical history, severity of known medical conditions, and current physical state to help
28 predict if they can tolerate anesthesia and the conditions of surgery. The scale runs from I to VI, with I
being a healthy patient with minimal risks, to VI being a brain-dead patient. A patient with a score of ASA
III has a severe systemic disease with significant functional limitation.

1 additional 250 mcg of Fentanyl and 2 mg of hydromorphone. At approximately 11:46 a.m.,
2 Respondent then dispensed an additional 250 mcg of Fentanyl and 2 mg of hydromorphone.

3 24. At approximately 12:09 p.m., prior to Patient 2's surgery procedure, a second
4 anesthesiologist contacted Respondent, dismissed him for the day, and informed Respondent that
5 she would take over Patient 2's case. At approximately 12:20 p.m., the second anesthesiologist
6 entered Patient 2's operating room to log in and dispense drugs for Patient 2's surgery when she
7 observed three unattended and unlocked syringes sitting on the anesthesia cart. The three syringes
8 had pre-printed labels on them identifying them for Patient 2 and dispensed by Respondent. One
9 syringe was a 10 cc syringe labeled as Fentanyl with an observed volume of 10 ml, another
10 syringe was labeled as 2 ml of hydromorphone, and the last syringe was labeled as 2 ml of
11 Versed. This second anesthesiologist contacted Respondent who then wasted the medications
12 syringes. The second anesthesiologist successfully conducted Patient 2's surgery with just 2 mg
13 of Versed and 100 mcg of Fentanyl.

14 Patient 3

15 25. On or about May 29, 2021, 10 year-old 50 kg male Patient 3 was admitted at LMH
16 and scheduled to undergo a laparoscopic appendectomy for appendicitis. Patient 3 was
17 documented to be an ASA IE.⁴ Patient 3's surgery commenced at approximately 4:02 p.m. and
18 ended at approximately 5:49 p.m. Prior to the start of Patient 3's surgery, Respondent dispensed 2
19 mg of hydromorphone, 250 mcg of Fentanyl, 50 mg of ketamine, and 2 mg of Versed.

20 26. According to the medical records, Respondent proceeded to give Patient 3 2 mg of
21 Versed, 100 mcg of Fentanyl, 10 mg of ketamine, and 1 mg of hydromorphone at the time of
22 induction. Later, during Patient 3's surgery, Respondent gave Patient 3 an additional dose of 100
23 mcg of Fentanyl. Prior to the end of Patient 3's surgery, Respondent gave Patient 3 an additional
24 2 mg of Versed at approximately 5:05 p.m. and 2 mg of Versed at approximately 5:20 p.m.
25 However, the records also reflect that these last two vials of Versed for Patient 3 were dispensed
26 at approximately 5:32 p.m. and 5:39 p.m., respectively. Patient 3's medical records contained no

27 ⁴ A patient with a score of ASA IE is a normal healthy patient in need of emergency
28 surgery. An emergency is defined as existing when delay in treatment of the patient would lead to
a significant increase in the threat to life or body part.

1 documented medical justification requiring an additional 4 mg of Versed prior to the end of his
2 surgery.

3 27. At the conclusion of Patient 3's surgery and upon arrival at the PACU, according to
4 the medical records, he was alert and had a respiratory rate of 25. By approximately 6:16 p.m.,
5 the PACU RN gave the patient 25 mcg of Fentanyl for pain which was then well controlled.
6 Respondent wasted 50 mcg of Fentanyl, 40 mg of ketamine, and 0.5 mg of hydromorphone at
7 approximately 5:51 p.m., and then subsequently wasted an additional 0.5 mg of hydromorphone
8 at approximately 6:13 p.m.

9 Patient 4

10 28. On or about May 29, 2021, 7 year-old 37 kg male Patient 4 was admitted at LMH and
11 scheduled to undergo a laparoscopic appendectomy for appendicitis. Patient 4 was documented to
12 be an ASA IE. Patient 4's surgery commenced at approximately 1:27 p.m. and ended at
13 approximately 3:15 p.m.

14 29. At the time of Patient 4's induction at approximately 1:32 p.m., Respondent
15 administered 2 mg of Versed, 100 mcg of Fentanyl, and 1 mg of hydromorphone. Respondent
16 also documented administering 100 mg of lidocaine and 100 mg of propofol for Patient 4's
17 induction. At approximately 2:39 p.m., Respondent dispensed 2 mg of Versed, 100 mcg of
18 Fentanyl, and 2 mg of hydromorphone for Patient 4. Respondent returned the 100 mcg of
19 Fentanyl and then dispensed 250 mcg of Fentanyl. Respondent then documented the
20 administration of 50 mcg of Fentanyl at 2:25 p.m. and again at 2:50 p.m. to Patient 4. Patient 4's
21 medical records contained no documented medical justification requiring the last two additional
22 Fentanyl doses.

23 30. At the conclusion of Patient 4's surgery and upon arrival at the PACU, according to
24 the medical records, he had a respiratory rate of 20, and by 3:49 p.m. reported having pain at
25 10/10, which resulted in the administration of 25 mcg of Fentanyl for pain by the RN, which
26 resulted in good pain control for the remainder of Patient 4's time in the PACU. At
27 approximately 3:24 p.m., Respondent wasted 50 mcg of Fentanyl and 1 mg of hydromorphone.
28

Patient 5

31. On or about May 29, 2021, 85 year-old 51 kg female Patient 5, with a medical history of hypertension, hypothyroidism, and mitral valve prolapse, was scheduled to undergo an open reduction internal fixation of a hip fracture. Patient 5's surgery was subsequently postponed to the following day when it commenced on May 30, 2021, at approximately 8:05 a.m. and ended at approximately 11:27 a.m. Patient 4 was documented to be an ASA III.

32. On or about May 29, 2021, at approximately 2:50 p.m., Respondent dispensed 250 mcg of Fentanyl, 2 mg of Versed, and 4 mg of hydromorphone for Patient 5's surgery. At approximately 10:37 p.m., Respondent dispensed an additional 250 mcg of Fentanyl, 2 mg of Versed, and 4 mg of hydromorphone. At approximately 11:00 p.m., Respondent wasted 250 mcg of Fentanyl, 4 mg of hydromorphone, and 2 mg of Versed.

33. On or about May 30, 2021, at approximately 4:16 a.m., Respondent dispensed 250 mcg of Fentanyl for Patient 5's surgery. At approximately 8:10 a.m., Respondent administered 200 mg of propofol, 2 mg of Versed, 250 mcg of Fentanyl, and 2 mg of hydromorphone to induce Patient 5 for her surgery. At approximately 9:10 a.m., Respondent administered an additional 100 mcg of Fentanyl, 0.5 mg of hydromorphone and 20 mg of ketamine.

34. At the conclusion of Patient 5's surgery and upon arrival at the PACU at approximately 11:25 a.m., according to the medical records, she had a respiratory rate of 16. At approximately 12:39 p.m., Respondent dispensed 50 mg of ketamine, and approximately four minutes later at 12:43 p.m. he wasted 30 mg of ketamine, 150 mcg of Fentanyl and 1.6 mg of hydromorphone.

Patient 6

35. On or about May 29, 2021, 95 year-old 52 kg female Patient 6, with a medical history of hypertension, was scheduled to undergo an open reduction internal fixation of a hip fracture. Patient 6 was documented to be an ASA III. Patient 6's surgery commenced at approximately 7:05 p.m. and ended at approximately 8:43 p.m.

36. At approximately 1:28 p.m. Respondent dispensed 250 mcg of Fentanyl, 4 mg of hydromorphone and 2 mg of Versed for Patient 6's surgery. At the time of Patient 6's induction at

1 approximately 7:10 p.m., Respondent administered 200 mg of propofol, 100 mg of Fentanyl, 2
2 mg of hydromorphone, and 2 mg of Versed. Just prior to 8:00 p.m., Respondent administered 20
3 mg of ketamine. At approximately 8:30 p.m., Respondent administered 50 mcg of Fentanyl and
4 0.5 mg of hydromorphone to Patient 6.

5 37. At the conclusion of Patient 6's surgery and upon arrival at the PACU at
6 approximately 8:40 p.m., according to the medical records, she had a respiratory rate of 18–21.
7 Less than half an hour later, Patient 6 reported a pain score of 4. At approximately 9:15 p.m., the
8 PACU RN administered a small dose of meperidine to Patient 6 for pain, which was then
9 controlled. At approximately 11:14 p.m., Respondent dispensed 50 mg of ketamine for Patient 6,
10 and at 11:29 p.m. Respondent wasted 100 mcg of Fentanyl, 1.6 mg of hydromorphone, and 30 mg
11 of ketamine.

12 Patient 7

13 38. On or about May 30, 2021, 30 year-old 93 kg male Patient 7, with a medical history
14 of substance use disorder, smoking and hepatitis C, was to undergo an incision and drainage of a
15 leg wound. Patient 7 was documented to be an ASA III. Patient 7's surgery commenced at
16 approximately 2:25 p.m. and ended at approximately 3:39 p.m.

17 39. At approximately 1:04 p.m. Respondent dispensed 2 mg of Versed, 4 mg of
18 hydromorphone, and 250 mcg of Fentanyl for Patient 7's surgery. At the time of Patient 7's
19 induction at approximately 2:30 p.m., Respondent administered 200 mg of propofol, 250 mcg of
20 Fentanyl, 2 mg of hydromorphone and 2 mg of Versed. Respondent documented that Patient 7's
21 IV was infiltrated and that those administered medications were wasted. Respondent began
22 another IV and gave an additional dose of Fentanyl 250 mcg and 2 mg of hydromorphone.

23 40. At approximately 2:59 p.m., the surgical incision of Patient 7 occurred and
24 Respondent dispensed 50 mg of ketamine at approximately 3:11 p.m. but administered only 20
25 mg of ketamine.

26 41. At approximately 3:12 p.m., Patient 7's surgery concluded however, approximately
27 one minute later, but prior to Patient 7 leaving the operating room, Respondent dispensed 250
28 mcg of Fentanyl and 2 mg of hydromorphone. Due to documentary ambiguities in Respondent's

1 anesthetic record, at some point Respondent also administered an additional dose of 100 mcg of
2 Fentanyl and 0.5 mg of hydromorphone to Patient 7.

3 42. After Patient 7 arrived at the PACU, Respondent wasted 30 mg ketamine, 1.5 mg
4 Hydromorphone, and 150 mcg of Fentanyl.

5 **FIRST CAUSE FOR DISCIPLINE**

6 **(Gross Negligence)**

7 43. Respondent Sonny Garcha, M.D. has subjected his Physician's and Surgeon's
8 Certificate No. A 105000 to disciplinary action under sections 2227 and 2234, as defined by
9 section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and
10 treatment of Patients 1, 2, 3, 4, 5, and 6. The circumstances are set forth in paragraphs 17 through
11 42, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

12 44. Respondent's license is subject to disciplinary action because he committed gross
13 negligence during the care and treatment of Patients 1, 2, 3, 4, 5, and 6 in the following distinct
14 and separate ways:

15 a. By failing to adequately document medications dispensed, administered, and
16 wasted/disposed of regarding Patient 1;

17 b. By failing to properly titrate and administer dosages of analgesic and sedative
18 medications to Patient 1;

19 c. By failing to properly dispense medically appropriate dosages of Fentanyl and
20 hydromorphone for Patient 2;

21 d. By failing to properly titrate and administer dosages of analgesic and sedative
22 medications to Patient 3;

23 e. By failing to properly titrate and administer dosages of analgesic and sedative
24 medications to Patient 4;

25 f. By failing to adequately document medications dispensed, administered, and
26 wasted/disposed of regarding Patient 5;

27 g. By failing to properly titrate and administer dosages of analgesic and sedative
28 medications to Patient 5; and

1 h. By failing to properly titrate and administer dosages of analgesic and sedative
2 medications to Patient 6.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 45. Respondent Sonny Garcha, M.D. has further subjected his Physician's and Surgeon's
6 Certificate No. A 105000 to disciplinary action under sections 2227 and 2234, as defined by
7 section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care
8 and treatment of Patients 1, 2, 3, 4, 5, 6, and 7 as more particularly alleged in paragraphs 17
9 through 44, above, which are hereby incorporated by reference and re-alleged as if fully set forth
10 herein.

11 46. The instances of gross departures from the standard of care as set forth in paragraph
12 44, are incorporated by reference as if fully set forth herein and serve as repeated negligent acts.

13 47. Respondent's license is further subject to disciplinary action because he committed
14 repeated negligent acts during the care and treatment of Patients 3, 4, 6 and 7 in the following
15 distinct and separate ways:

16 a. By failing to adequately document medications dispensed, administered, and
17 wasted/disposed of regarding Patient 3;

18 b. By failing to adequately document medications dispensed, administered, and
19 wasted/disposed of regarding Patient 4;

20 c. By failing to adequately document medications dispensed, administered, and
21 wasted/disposed of regarding Patient 6; and

22 d. By failing to adequately document medications dispensed, administered, and
23 wasted/disposed of regarding Patient 7.

24 **THIRD CAUSE FOR DISCIPLINE**

25 **(Failure to Maintain Adequate and Accurate Records)**

26 48. Respondent Sonny Garcha, M.D. has further subjected his Physician's and Surgeon's
27 Certificate No. A 105000 to disciplinary action under sections 2227 and 2234, as defined by
28 section 2266, of the Code, in that he failed to maintain adequate and accurate medical records of

1 Patients 1, 2, 3, 4, 5, 6, and 7 as more particularly alleged in paragraphs 17 through 47, above,
2 which are hereby incorporated by reference and re-alleged as if fully set forth herein.

3 **FOURTH CAUSE FOR DISCIPLINE**

4 **(General Unprofessional Conduct)**

5 49. Respondent Sonny Garcha, M.D. has further subjected his Physician's and Surgeon's
6 Certificate No. A 105000 to disciplinary action under sections 2227 and 2234, as defined by
7 section 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical
8 code of the medical profession, or conduct which is unbecoming of a member in good standing of
9 the medical profession, and which demonstrates an unfitness to practice medicine as to his care
10 and treatment of Patients 1, 2, 3, 4, 5, 6, and 7.

11 50. The circumstances are set forth in paragraphs 17 through 48, and those paragraphs are
12 incorporated by reference and re-alleged as if fully set forth herein.

13 **PRAYER**

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

16 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 105000, issued
17 to Respondent Sonny Garcha, M.D.;

18 2. Revoking, suspending or denying approval of Respondent Sonny Garcha, M.D.'s
19 authority to supervise physician assistants and advanced practice nurses;

20 3. Ordering Respondent Sonny Garcha, M.D., to pay the Board the costs of the
21 investigation and enforcement of this case, and if placed on probation, the costs of probation
22 monitoring; and

23 4. Taking such other and further action as deemed necessary and proper.

24
25 DATED: JUL 25 2024

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