

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

In the Matter of the Accusation Against:

Ajit Singh Khaira, M.D.

**Physician's & Surgeon's
Certificate No. A 46411**

Respondent.

Case No. 800-2021-077123

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 May 12, 2025.

IT IS SO ORDERED: April 11, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

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

1 ROB BONTA
2 Attorney General of California
3 STEVE DIEHL
4 Supervising Deputy Attorney General
5 MATTHEW FLEMING
6 Deputy Attorney General
7 State Bar No. 277992
8 1300 I Street, Suite 125
9 P.O. Box 944255
10 Sacramento, CA 94244-2550
11 Telephone: (916) 210-7820
12 Facsimile: (916) 327-2247
13 E-mail: Matthew.Fleming@doj.ca.gov
14 *Attorneys for Complainant*

15 **BEFORE THE**
16 **MEDICAL BOARD OF CALIFORNIA**
17 **DEPARTMENT OF CONSUMER AFFAIRS**
18 **STATE OF CALIFORNIA**

19 In the Matter of the Accusation Against:
20 **AJIT SINGH KHAIRA, M.D.**
21 **8648 N Goddard Dr.**
22 **Fresno, CA 93720-5636**
23 Physician's and Surgeon's Certificate No. A
24 **46411**

25 Case No. 800-2021-077123

26 OAH No. 2024050891

27 **STIPULATED SETTLEMENT AND**
28 **DISCIPLINARY ORDER**

29 Respondent.

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

32 **PARTIES**

33 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
34 California (Board). He brought this action solely in his official capacity and is represented in this
35 matter by Rob Bonta, Attorney General of the State of California, by Matthew Fleming, Deputy
36 Attorney General.

37 2. Respondent Ajit Singh Khaira, M.D. (Respondent) is represented in this proceeding
38 by attorney Michael F. Ball, Esq., whose address is: 7647 N. Fresno Street, Fresno, CA 93720-
39 8912, Mike.Ball@mccormickbarstow.com.

JURISDICTION

2 3. On or about August 14, 1989, the Board issued Physician's and Surgeon's Certificate
3 No. A 46411 to Ajit Singh Khaira, M.D. (Respondent). The Physician's and Surgeon's
4 Certificate was in full force and effect at all times relevant to the charges brought in Accusation
5 No. 800-2021-077123, and will expire on September 30, 2026, unless renewed.

6 4. Accusation No. 800-2021-077123 was filed before the Board, and is currently
7 pending against Respondent. The Accusation and all other statutorily required documents were
8 properly served on Respondent on February 15, 2024. Respondent timely filed his Notice of
9 Defense contesting the Accusation.

10 5. A copy of Accusation No. 800-2021-077123 is attached as exhibit A and incorporated
11 herein by reference.

ADVISEMENT AND WAIVERS

13 6. Respondent has carefully read, fully discussed with counsel, and understands the
14 charges and allegations in Accusation No. 800-2021-077123. 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.

CULPABILITY

26 9. Respondent understands and agrees that the charges and allegations in Accusation
27 No. 800-2021-077123, if proven at a hearing, constitute cause for imposing discipline upon his
28 physician and surgeon's certificate.

1 10. For the purpose of resolving the Accusation without the expense and uncertainty of
2 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
3 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
4 those charges. Respondent further agrees that if an Accusation is ever filed against him before
5 the Board, all of the charges and allegations contained in Accusation No. 800-2021-077123 shall
6 be deemed true, correct, and fully admitted by Respondent for purposes of any such proceeding or
7 any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

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

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

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

28 | 111

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

3 **IT IS HEREBY ORDERED THAT** the Physician's and Surgeon's Certificate No. A
4 46411 issued to Respondent Ajit Singh Khaira, M.D. shall be and is hereby publicly reprimanded
5 pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This
6 Public Reprimand, which is issued in connection with Accusation No. 800-2021-077123, is as
7 follows: "On or between January 27, 2017 and January 24, 2021, while providing treatment and
8 care for Patient A, you failed to meet the standard of care in regards to the evaluation and work
9 up of repeated falls and abnormal lab results, as more fully described in Accusation No. 800-
10 2021-077123."

B. CLINICAL COMPETENCE ASSESSMENT PROGRAM (“PACE”)

12 Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a
13 clinical competence assessment program approved in advance by the Board or its designee.
14 Respondent shall successfully complete the program not later than six (6) months after
15 Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension
16 of that time.

17 The program shall consist of a comprehensive assessment of Respondent's physical and
18 mental health and the six general domains of clinical competence as defined by the Accreditation
19 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
20 Respondent's current or intended area of practice. The program shall take into account data
21 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
22 Accusation(s), and any other information that the Board or its designee deems relevant. The
23 program shall require Respondent's on-site participation for a minimum of three (3) and no more
24 than five (5) days as determined by the program for the assessment and clinical education
25 evaluation. Respondent shall pay all expenses associated with the clinical competence
26 assessment program.

27 At the end of the evaluation, the program will submit a report to the Board or its designee
28 which unequivocally states whether the Respondent has demonstrated the ability to practice

1 safely and independently. Based on Respondent's performance on the clinical competence
2 assessment, the program will advise the Board or its designee of its recommendation(s) for the
3 scope and length of any additional educational or clinical training, evaluation or treatment for any
4 medical condition or psychological condition, or anything else affecting Respondent's practice of
5 medicine. Respondent shall comply with the program's recommendations.

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

8 **C. MEDICAL RECORD KEEPING COURSE**

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

18 A medical record keeping course taken after the acts that gave rise to the charges in the
19 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
20 or its designee, be accepted towards the fulfillment of this condition if the course would have
21 been approved by the Board or its designee had the course been taken after the effective date of
22 this Decision. On or about June 22-23, 2024, Respondent attended and completed the PBI
23 Medical Record Keeping Course through the University of California, Irvine.

24 Respondent shall submit a certification of successful completion to the Board or its
25 designee not later than 15 calendar days after successfully completing the course, or not later than
26 15 calendar days after the effective date of the Decision, whichever is later. Respondent may
27 submit the certificate of completion from the June 22-23 "Medical Record Keeping Course" to
28 satisfy this term.

D. 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, as applicable, in the amount of \$45,000. Costs shall be due and payable to the Medical Board of California.

Payment must be made in full within ninety (90) days of the effective date of the Order.

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay investigation and enforcement costs, including expert review costs. This condition shall be monitored by the Probation Department.

E. FAILURE TO COMPLY

If Respondent fails to enroll, participate in, or successfully complete the Clinical Competence Assessment program or Medical Record Keeping course, described in conditions B, and C, within the designated time period set forth in each condition, Respondent shall receive and comply with a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall not resume the practice of medicine until enrollment or participation in the educational program(s) or course(s) has been completed as required by the express language of the Decision and Order. In addition, failure to successfully complete the education program(s) or course(s) outlined above shall also constitute general unprofessional conduct and is grounds for further immediate disciplinary action.

If Respondent fails to reimburse the Board as described in condition D, within the designated time period, Respondent shall receive and comply with a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall not resume the practice of medicine until the full payment of the investigative and enforcement costs have been paid to the Board. In addition, failure to successfully reimburse the Board as outlined above shall also constitute general unprofessional conduct and is grounds for further immediate disciplinary action.

111

111

ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Michael F. Ball, Esq. I understand the stipulation and the effect it
4 will have 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.

8 DATED: 02/26/2025

Akhaira, MD
AHT SINGH KHAIORA, M.D.

AJIT SINGH KI
Respondent

10 I have read and fully discussed with Respondent Ajit Singh Khaira, 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: 2/25/2025

Michael F. Ball

MICHAEL F. BALL, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: February 4, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

Matthew Fleming
MATTHEW FLEMING
Deputy Attorney General
Attorneys for Complainant

27 FR2023303451
28 38698170.docx

Exhibit A

Accusation No. 800-2021-077123

ROB BONTA
Attorney General of California
MATTHEW FLEMING
Deputy Attorney General
State Bar No. 277992
1300 I Street, Suite 125
Sacramento, CA 95814
Telephone: (916) 210-7820
Facsimile: (559) 445-5106
Attorneys for Complainant

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

11 In the Matter of the Accusation Against: Case No. 800-2021-077123
12 **Ajit Singh Khaira, M.D.** A C C U S A T I O N
13 **8648 N. Goddard Dr.**
14 **Fresno, CA 93720**
15 **Physician's and Surgeon's Certificate**
No. A 46411,
16 Respondent.

PARTIES

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

22 2. On or about August 14, 1989, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 46411 to Ajit Singh Khaira, M.D. (Respondent). The Physician's and
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on September 30, 2024, unless renewed.

26 | //

27 | //

28 | //

1

JURISDICTION

2

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

6

4. Section 2227 of the Code states:

7

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

12

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

13

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

15

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

17

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

20

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

22

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

28

STATUTORY PROVISIONS

29

5. Section 2234 of the Code, states:

30

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

33

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

35

(b) Gross negligence.

36

(c) Repeated negligent acts. To be repeated, there must be two or more
37 negligent acts or omissions. An initial negligent act or omission followed by a

1 separate and distinct departure from the applicable standard of care shall constitute
2 repeated negligent acts.

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

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

11 (d) Incompetence.

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

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

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

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

16 COST RECOVERY

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

23 FACTUAL ALLEGATIONS

24 8. Patient A¹ presented to Respondent on a regular basis for primary care, several times
25 per year beginning in 2002 at age 50. Patient A is developmentally delayed as a result of
26 childhood meningitis with behavioral issues, depression, hypertension, hyperlipidemia, asthma,
27 and osteoporosis, and resides in a group home with the assistance of care providers.

28 ¹ The patient's name is redacted to protect privacy.

1 9. Respondent's notes documenting Patient A's visits were detailed and long. However,
2 Respondent's documentation of review of systems and physical examination were sometimes
3 identical from visit to visit, appearing to have been copied and pasted. For example, Respondent
4 documented an identical examination of right-hand swelling and pain on February 13, 2018,
5 January 25, 2019, April 2, 2019, January 31, 2020, January 4, 2021, and January 20, 2021. As a
6 result, it is unclear whether Patient A's right hand swelling and pain ever resolved. Patient A's
7 medication list included both alendronate and Fosamax in every clinic visit between 2012² and
8 2017, even though Fosamax is the brand name for the generic drug alendronate. This duplicative
9 medication entry persisted until August 29, 2017. On January 18, 2017, February 8, 2017,
10 February 13, 2018, June 2, 2020, and July 14, 2020, Respondent documented a plan that included
11 "add NORVASC 5 MG to current regimen", even though the patient was already on 5 mg
12 Norvasc. Respondent repeatedly documented that Patient A never smoked, yet Respondent
13 documented a plan that included counseling on smoking cessation. Patient A did not have
14 laboratory evidence of diabetes, and in an interview Respondent stated that the patient was not
15 diabetic but pre-diabetic, yet Respondent repeatedly documented a diagnosis of "Type 2 diabetes
16 mellitus without complications."

17 10. Respondent documented that Patient A suffered from repeated falls. Patient A was
18 seen for follow-up after a fall on May 13, 2019, May 24, 2019, August 12, 2019, August 22,
19 2019, September 5, 2019, November 10, 2020, November 24, 2020, and December 1, 2020.
20 Respondent appropriately ordered CT scans and X-rays to evaluate the patient for possible
21 intracranial bleeding or fractures after the falls. However, Respondent failed to investigate a
22 reasonable explanation for the repeated falls, to prevent future falls.

23 11. Respondent's chart included lab results showing elevated alkaline phosphatase on
24 January 27, 2017, September 25, 2018, February 3, 2019, February 7, 2020, February 26, 2020,
25 June 11, 2020, October 16, 2020, and January 4, 2021. Respondent failed to document any
26 workup based on these lab results.

27 28

² Allegations occurring beyond the statute of limitations period are described for
background purposes only.

1 12. Respondent's chart included lab results showing elevated creatine kinase or creatine
2 phosphokinase on January 27, 2017, September 25, 2018, January 25, 2019, February 7, 2020,
3 February 26, 2020, March 8, 2020, June 11, 2020, and January 4, 2021. Respondent did not
4 document a reason for checking Patient A's creatine kinase or creatine phosphokinase levels, and
5 did not document a working diagnosis for the cause of these elevated lab values. Respondent
6 failed to temporarily stop Patient A's atorvastatin prescription to evaluate whether that was the
7 cause for the elevated creatine kinase and creatine phosphokinase levels, or to perform any other
8 workup to determine a cause for these lab values.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11 13. Respondent Ajit Singh Khaira, M.D. is subject to disciplinary action under section
12 2234, subdivision (b) of the Code, in that he engaged in act(s) and/or omission(s) amounting to
13 gross negligence. The circumstances are set forth in paragraphs 8 through 12, above, which are
14 incorporated here by reference as if fully set forth. Additional circumstances are as follows:

14. The standard of care requires that a physician keep timely, legible, and accurate
15 medical records. Keeping clear and concise medical record documentation is critical to
16 maintaining continuity of care when other physicians take over care of a patient. Respondent's
17 practice of copying and pasting notes from visit to visit without change makes it difficult to
18 determine whether documented findings on any given visit were current or not. Respondent's
19 documentation of Patient A's medications was unclear, in that he repeatedly documented
20 prescribing both alendronate and Fosamax, and he repeatedly documented "add NORVASC 5
21 MG to current regimen", even though the patient was already on 5 mg Norvasc. Respondent's
22 documentation of counseling regarding smoking cessation for a patient who never smoked, and
23 his documentation of a diagnosis of "Type 2 diabetes mellitus without complications" in a patient
24 Respondent stated was not diabetic, adds further ambiguity to his documentation. Respondent's
25 failure to maintain clear and unambiguous documentation of his care and treatment of Patient A is
26 an extreme departure from the standard of care and constitutes gross negligence.
27

28 | //

1 15. The standard of care requires a targeted history and physical examination to identify
2 patients at risk for future falls. A history of falls places a patient at elevated risk of future falls.
3 For patients presenting with a fall, important components of the history include the activity of the
4 patient at the time of the incident, prodromal symptoms (such as lightheadedness, imbalance,
5 dizziness), and where and when the fall occurred. Loss of consciousness is associated with
6 injurious falls and should raise important considerations such as orthostatic hypotension, or
7 cardiac or neurologic disease. Identification of underlying chronic diseases that may increase fall
8 risk is also important. Examples include Parkinson's disease, chronic musculoskeletal pain, knee
9 osteoarthritis, cognitive impairment, dementia, stroke and diabetes. Visual impairment should
10 also be assessed. Information on previous falls should be collected to identify patterns that may
11 mitigate the risk for falls in the future. Medications, alcohol use, and environmental factors such
12 as lighting, floor covering and furniture may all add important clues and are potentially
13 modifiable risk factors. Targeted physical performance examination, physical examination and
14 labs to rule out anemia, kidney injury, and low glucose level may yield further clues in treating
15 the patient to avoid future falls. Respondent appropriately ordered imaging studies to evaluate
16 Patient A's injuries following his repeated falls, but Respondent failed to perform any workup to
17 investigate a cause for the falls. This failure is an extreme departure from the standard of care
18 and constitutes gross negligence.

19 16. The differential diagnosis for elevated serum alkaline phosphatase may range from
20 benign causes to obstructive, infiltrative, or metastatic malignant processes. The standard of care
21 requires that elevated alkaline phosphatase be fractionated to determine whether it originates from
22 the liver or bones. Further diagnostic imaging may then be obtained to further work up the cause.
23 Respondent failed to document any workup of Patient A's elevated alkaline phosphatase to
24 determine its cause. This failure is an extreme departure from the standard of care and constitutes
25 gross negligence.

26 17. Elevated serum creatine kinase or creatine phosphokinase results from muscle injury,
27 and is used to evaluate patients presenting with muscle weakness or myalgia, in whom myopathy
28 is suspected. Elevated creatine kinase may indicate inflammatory myopathy, infectious

1 myopathy, dystrophinopathies, rhabdomyolysis, drugs including statins, alcohol, metabolic
2 myopathies, malignant hyperthermia, endocrine myopathies, periodic paralyses, post-exercise,
3 motor neuron disease and iatrogenesis. A targeted history and physical should be performed to
4 clarify the etiology of the enzyme elevation to tailor therapy. Respondent failed to temporarily
5 stop Patient A's atorvastatin prescription to evaluate whether that was the cause for the elevated
6 creatine kinase and creatine phosphokinase levels, or to perform any other workup to determine a
7 cause for these lab values. This failure is an extreme departure from the standard of care and
8 constitutes gross negligence.

9 **SECOND CAUSE FOR DISCIPLINE**

10 **(Repeated Negligent Acts)**

11 18. Respondent Ajit Singh Khaira, M.D. is subject to disciplinary action under section
12 2234, subdivision (c) of the Code, in that he engaged in repeated act(s) and/or omission(s)
13 amounting to negligence. The circumstances are set forth in paragraphs 8 through 17, above,
14 which are incorporated here by reference as if fully set forth.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Recordkeeping)**

17 19. Respondent Ajit Singh Khaira, M.D. is subject to disciplinary action under section
18 2266 of the Code, in that he failed to maintain adequate and accurate records of his care and
19 treatment of Patient A. The circumstances are set forth in paragraphs 8 through 17, above, which
20 are incorporated here by reference as if fully set forth.

21 **DISCIPLINARY CONSIDERATIONS**

22 20. To determine the degree of discipline, if any, to be imposed on Respondent Ajit Singh
23 Khaira, M.D., Complainant alleges that on or about May 29, 1996, in a prior disciplinary action
24 titled In the Matter of the Accusation Against Ajit Singh Khaira, M.D. before the Medical Board
25 of California, in Case Number 08-94-33885, Respondent's license was revoked, with said
26 revocation stayed, and probation imposed for two years with various terms and conditions, related
27 to Respondent's employment of and failure to supervise an unlicensed person who acted as a
28 //

1 physician assistant. That decision is now final and is incorporated by reference as if fully set
2 forth herein.

3 **PRAYER**

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

6 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 46411,
7 issued to Ajit Singh Khaira, M.D.;

8 2. Revoking, suspending or denying approval of Ajit Singh Khaira, M.D.'s authority to
9 supervise physician assistants and advanced practice nurses;

10 3. Ordering Ajit Singh Khaira, M.D., to pay the Board the costs of the investigation and
11 enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

13 DATED: FEB 15 2024



14
15 REJI VARGHESE
16 Executive Director
17 Medical Board of California
18 Department of Consumer Affairs
19 State of California
20 *Complainant*

21
22 FR2023303451
23 95522606.docx
24
25
26
27
28