

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

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

Shahin Tissa Chandrasoma, M.D.

**Physician's and Surgeon's
Certificate No. A 95830**

Case No.: 800-2021-080238

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 July 3, 2025.

IT IS SO ORDERED: June 3, 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 JUDITH T. ALVARADO
Supervising Deputy Attorney General
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 **SHAHIN TISSA CHANDRASOMA, M.D.**
13 **106 North Grand Avenue**
Pasadena, CA 91103-3514

14 **Physician's and Surgeon's Certificate**
15 **No. A 95830,**

16 Respondent.

Case No. 800-2021-080238

OAH No. 2024100983

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

20 **PARTIES**

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

25 2. Respondent Shahin Tissa Chandrasoma, M.D. (Respondent) is represented in this
26 proceeding by attorney Raymond J. McMahon, Esq., whose address is: 5440 Trabuco Road
27 Irvine, CA 92620.

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3. On or about June 7, 2006, the Board issued Physician's and Surgeon's Certificate No. A 95830 to Shahin Tissa Chandrasoma, 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. 800-2021-080238, and will expire on May 31, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-080238 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 July 16, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-080238 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. 800-2021-080238. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-080238, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, 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. 800-2021-080238, 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 95830 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. 800-2021-080238 shall be

1 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or
2 any other licensing proceeding involving Respondent in the State of California.

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 95830 issued
11 to Respondent SHAHIN TISSA CHANDRASOMA, M.D. is revoked. However, the revocation
12 is stayed and Respondent is placed on probation for four (4) years on the following terms and
13 conditions:

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

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

28 Respondent shall submit a certification of successful completion to the Board or its

1 designee not later than 15 calendar days after successfully completing the course, or not later than
2 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

21 3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days
22 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment
23 program approved in advance by the Board or its designee. Respondent shall successfully
24 complete the program not later than six (6) months after Respondent's initial enrollment unless
25 the Board or its designee agrees in writing to an extension of that time.

26 The program shall consist of a comprehensive assessment of Respondent's physical and
27 mental health and the six general domains of clinical competence as defined by the Accreditation
28 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to

1 Respondent's current or intended area of practice. The program shall take into account data
2 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
3 Accusation(s), and any other information that the Board or its designee deems relevant. The
4 program shall require Respondent's on-site participation as determined by the program for the
5 assessment and clinical education and evaluation. Respondent shall pay all expenses associated
6 with the clinical competence assessment program.

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

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

16 If Respondent fails to enroll, participate in, or successfully complete the clinical
17 competence assessment program within the designated time period, 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. The Respondent shall not resume the practice of medicine
20 until enrollment or participation in the outstanding portions of the clinical competence assessment
21 program have been completed. If the Respondent did not successfully complete the clinical
22 competence assessment program, the Respondent shall not resume the practice of medicine until a
23 final decision has been rendered on the accusation and/or a petition to revoke probation. The
24 cessation of practice shall not apply to the reduction of the probationary time period.

25 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
26 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
27 Chief Executive Officer at every hospital where privileges or membership are extended to
28 Respondent, at any other facility where Respondent engages in the practice of medicine,

1 including all physician and locum tenens registries or other similar agencies, and to the Chief
2 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
3 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
4 calendar days.

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

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

9 6. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
10 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
11 \$25,000.00 (twenty-five thousand dollars). Costs shall be payable to the Medical Board of
12 California. Failure to pay such costs shall be considered a violation of probation.

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

17 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to
18 repay the costs of investigation and enforcement.

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

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

24 8. GENERAL PROBATION REQUIREMENTS.

25 Compliance with Probation Unit

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

27 Address Changes

28 Respondent shall, at all times, keep the Board informed of Respondent's business and

1 residence addresses, email address (if available), and telephone number. Changes of such
2 addresses shall be immediately communicated in writing to the Board or its designee. Under no
3 circumstances shall a post office box serve as an address of record, except as allowed by Business
4 and Professions Code section 2021, subdivision (b).

5 Place of Practice

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

9 License Renewal

10 Respondent shall maintain a current and renewed California physician's and surgeon's
11 license.

12 Travel or Residence Outside California

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

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

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

22 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
23 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
24 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
25 defined as any period of time Respondent is not practicing medicine as defined in Business and
26 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
27 patient care, clinical activity or teaching, or other activity as approved by the Board. If
28 Respondent resides in California and is considered to be in non-practice, Respondent shall

1 comply with all terms and conditions of probation. All time spent in an intensive training
2 program which has been approved by the Board or its designee shall not be considered non-
3 practice and does not relieve Respondent from complying with all the terms and conditions of
4 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
5 on probation with the medical licensing authority of that state or jurisdiction shall not be
6 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
7 period of non-practice.

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

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

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

15 Periods of non-practice for a Respondent residing outside of California will relieve
16 Respondent of the responsibility to comply with the probationary terms and conditions with the
17 exception of this condition and the following terms and conditions of probation: Obey All Laws;
18 General Probation Requirements; and Quarterly Declarations.

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

25 12. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
26 of probation is a violation of probation. If Respondent violates probation in any respect, the
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke

1 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
2 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
3 be extended until the matter is final.

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

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

19 15. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
20 a new license or certification, or petition for reinstatement of a license, by any other health care
21 licensing action agency in the State of California, all of the charges and allegations contained in
22 Accusation No. 800-2021-080238 shall be deemed to be true, correct, and admitted by
23 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
24 restrict license.

25 26 ACCEPTANCE

27 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
28 discussed it with my attorney, Raymond J. McMahon, Esq.. I understand the stipulation and the

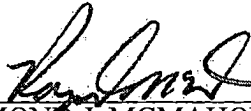
1 effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated
2 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
3 bound by the Decision and Order of the Medical Board of California.

4
5 DATED: April 15, 2025


6 SHAHIN TISSA CHANDRASOMA, M.D.
7 Respondent

8 I have read and fully discussed with Respondent Shahin Tissa Chandrasoma, M.D. the
9 terms and conditions and other matters contained in the above Stipulated Settlement and
10 Disciplinary Order. I approve its form and content.

11 DATED: April 15, 2025


12 RAYMOND J. MCMAHON, ESQ.
13 Attorney for Respondent


14 **ENDORSEMENT**

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

17 DATED: April 16, 2025

Respectfully submitted,

18 ROB BONTA
19 Attorney General of California
20 JUDITH T. ALVARADO
21 Supervising Deputy Attorney General


22 VLADIMIR SHALKEVICH
23 Deputy Attorney General
24 Attorneys for Complainant

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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
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12 In the Matter of the Accusation Against:

Case No. 800-2021-080238

13 **SHAHIN TISSA CHANDRASOMA, M.D.**
14 **106 North Grand Avenue**
Pasadena, California 91103-3514

A C C U S A T I O N

15 Physician's and Surgeon's Certificate A 95830,
16 Respondent.

17
18 **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 June 7, 2006, the Board issued Physician's and Surgeon's Certificate Number A
23 95830 to Shahin Tissa Chandrasoma, M.D. (Respondent). That license was in full force and
24 effect at all times relevant to the charges brought herein and will expire on May 31, 2026, unless
25 renewed.

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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 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.

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

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

5. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

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

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

6 (d) Incompetence.

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

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

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

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

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

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

20 COST RECOVERY

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

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1 **FACTUAL ALLEGATIONS**

2 8. On or about July 30, 2021, the Board received a report required by Business and
3 Professions Code section 805, that Fresno Community Hospital and Medical Center (FCHMC)
4 placed restrictions on Respondent's privileges to perform intra-abdominal surgery procedures for
5 a "medical disciplinary cause or reason." The report stated that the reason for the restriction was
6 "related to concerns involving a specific surgery performed by [Respondent] on June 17, 2021."
7 The Board investigated and discovered as follows:

8 9. Respondent is a board-certified urologist with a practice generally located in Northern
9 California. Respondent practiced at FCHMC on a locum-tenens basis, one week per month
10 before he allowed his privileges there to lapse.

11 10. Patient 1¹, a 54-year-old female, had a significant and complicated history of
12 recurrent kidney stones since 2018, as well as chronic pyelonephritis, hepatitis C, liver cirrhosis,
13 portal hypertension, splenomegaly, splenic varices, and a splenorenal shunt. She was homeless
14 and had multiple admissions for hepatic encephalopathy and recurrent left flank pain secondary to
15 chronic urinary tract infections that involved her kidneys. The patient was combative and had a
16 history of substance abuse that caused prior cancellations of surgical procedures.

17 11. Patient 1's history of renal calculi and infections in her left kidney left her with low
18 renal function and atrophy of the left kidney, which was noted to have a lower pole calculus and
19 nephrostomy tube preceding a surgery by Respondent on June 17, 2021. On June 17, 2021,
20 Respondent was scheduled to perform a left laparoscopic nephrectomy on Patient 1. At that time,
21 Respondent did not have privileges to perform laparoscopic surgeries at FCHMC.

22 12. During Respondent's interview with the Board's investigators, he stated that he was
23 "asked" to perform the procedure by his colleagues in his capacity as a locum, yet there is no
24 documentation of this in the medical record prior to the procedure. Further, there is no
25 documentation of the inability to get the patient to a higher-level facility to get the procedure
26

27 ¹ The patient is designated by a number to protect her privacy. Respondent is aware of the
28 patient's identity, or her identifying information will be provided to Respondent in response to a
written Request for Discovery.

1 performed by a urology service. There is no documentation of the refusal of a higher-level facility
2 to perform the procedure prior to the operation by Respondent.

3 13. Respondent did not perform and/or did not document in the operative note the
4 standard OR safety measures for preventing wrong site surgery as per the Joint Commission
5 requirements. There is no documentation of marking the patient or of a formal time-out being
6 performed.

7 14. During the laparoscopic surgery on June 17, 2021, Respondent could not identify the
8 structures surrounding the target left kidney, and noted that there were dense adhesions of the
9 "kidney" to the anterior wall of the abdomen. Also noted was that Respondent did not
10 specifically identify and tie off the ureter or find the percutaneous nephrostomy tube, known to be
11 in the ureter, during his dissection. Respondent wrote in his surgical note: "The PCNT was
12 removed in its entirety without incident. Interestingly, I did not encounter the PCNT during the
13 dissection, suggesting it may have been either dislodged or amputated without identification."

14 15. Respondent did not mark the target ureter by placing an open-ended catheter in the
15 ureter, to allow it to be identified more easily during surgery. The left kidney was known to be
16 smaller than normal and atrophic with an approximate size of 7.4 cm long. When the presumed
17 left kidney was removed, Respondent should have been alerted by the size of the specimen that he
18 had removed a different organ than intended, as, in light of the patient's diagnosed splenomegaly,
19 the organ Respondent removed from Patient 1 was considerably larger than expected.
20 Respondent did not document the size of the organ specimen he removed, or any suspicions of
21 having committed a surgical error.

22 16. On or about June 24, 2021, the specimen, identified as the left kidney by Respondent,
23 was reported by pathology to be Patient 1's spleen. Before this was reported, the finding was
24 double checked and confirmed.

25 17. During Respondent's interview with the Board's investigators Respondent related
26 that the patient did not later have the diseased kidney removed, and also that the patient was not
27 later symptomatic even though the diseased kidney remained. The option of not performing the
28

1 operation was not provided to Patient 1, and/or not documented, when Respondent obtained
2 Patient 1's informed consent for surgery.

3 **FIRST CAUSE FOR DISCIPLINE**

4 (Gross Negligence)

5 18. Respondent Shahin Tissa Chandrasoma, M.D. is subject to disciplinary action under
6 section 2234, subdivision (b) of the Code in that he was grossly negligent in his care and
7 treatment of Patient 1. The circumstances are as follows:

8 19. The allegations of paragraphs 9 through 17 are incorporated herein by reference.

9 20. Respondent's unintentional removal of Patient 1's spleen instead of her kidney was
10 an extreme departure from the standard of care.

11 21. Respondent's performance of a laparoscopic surgery when he did not have the
12 hospital privileges to do so was an extreme departure from the standard of care.

13 **SECOND CAUSE FOR DISCIPLINE**

14 (Repeated Negligent Acts)

15 22. Respondent Shahin Tissa Chandrasoma, M.D. is subject to disciplinary action under
16 section 2234, subdivision (c) of the Code in that he committed repeated negligent acts in his care
17 and treatment of Patient 1.

18 23. The allegations of the First Cause for Discipline are incorporated herein by reference.
19 In addition to the departures from the standard of care alleged in the First Cause for Discipline,
20 Respondent also departed from the standard of care, as follows:

21 24. Respondent's failure to document his care and treatment of Patient 1, as alleged in
22 paragraphs 9 through 17, hereinabove, was a departure from the standard of care.

23 **THIRD CAUSE FOR DISCIPLINE**

24 (Record Keeping)

25 25. Respondent Shahin Tissa Chandrasoma, M.D. is subject to disciplinary action under
26 section 2266 of the Code in that Respondent failed to keep adequate and accurate records of his
27 care and treatment of Patient 1. The circumstances are as follows:


28 26. The allegations of paragraphs 9 through 17 are incorporated herein by reference.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 95830, issued to Respondent Shahin Tissa Chandrasoma, M.D.;
2. Revoking, suspending or denying approval of Respondent Shahin Tissa Chandrasoma, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent Shahin Tissa Chandrasoma, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: JUL 16 2024


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

Complainant

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