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

In the Matter of the Accusation Against: Adam Ayham Rajoulh, M.D. Physician's and Surgeon's Certificate No. A 146131 Respondent.	Case No.: 800-2022-089767

DECISION

The attached Stipulated Settlement and Disciplnary 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 23, 2025.

IT IS SO ORDERED: June 23, 2025.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D., Chair
Panel B

ROB BONTA
Attorney General of California
MICHAEL C. BRUMMEL
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **ADAM AYHAM RAJOULH, M.D.** **3320 Kaweah Ave.** **Clovis, CA 93619-3903** **Physician's and Surgeon's Certificate No. A 146131** Respondent.	Case No. 800-2022-089767 OAH No. 2024120344 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent Adam Ayham Rajoulh, M.D. (Respondent) is represented in this proceeding by attorney Dennis R. Thelen, whose address is: Law Offices of LeBeau-Thelen, LLP, 9801 Camino Media, Ste 103, Bakersfield, CA 93311.

3. On or about November 18, 2016, the Board issued Physician's and Surgeon's Certificate No. A 146131 to Adam Ayham Rajoulh, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-089767, and will expire on June 30, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-089767 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 October 14, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-089767 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2022-089767. 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. 800-2022-089767, 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. 800-2022-089767, 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 146131 to disciplinary action.

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

CONTINGENCY

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

14. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above-entitled matter.

15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2022-089767 shall be

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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.

16. 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.

17. 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 146131 issued to Respondent ADAM AYHAM RAJOULH, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions:

1. 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.

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

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

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

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

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

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

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

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

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

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

6. 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.

7. 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 amount of $34,000 (thirty-four thousand dollars). 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 (if applicable).

8. 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.

9. 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).

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

Respondent's period of non-practice while on probation shall not exceed two (2) years. Periods of non-practice will not apply to the reduction of the probationary term. Periods of non-practice for a Respondent residing outside of California will relieve Respondent of the

responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

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

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

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

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

16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-089767 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 4-30-25

ADAM AYHAM RAJOULH, M.D.
Respondent

I have read and fully discussed with Respondent Adam Ayham Rajoulh, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 4-25-25

DENNIS R. THELEN, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 4/24/2025

Respectfully submitted,

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

Matthew Fleming
MATTHEW FLEMING
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2022-089767

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

In the Matter of the Accusation Against: **Adam Ayham Rajoulh, M.D.** **3320 Kaweah Ave.** **Clovis, CA 93619-3903** **Physician's and Surgeon's Certificate No. A 146131,** Respondent.	Case No. 800-2022-089767 **ACCUSATION**

PARTIES

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

2. On or about November 18, 2016, the Medical Board issued Physician's and Surgeon's Certificate Number A 146131 to Adam Ayham Rajoulh, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on June 30, 2026, unless 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:
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> (1) Have his or her license revoked upon order of the board.
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> (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.
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> (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.

STATUTORY PROVISIONS

5. Section 2234 of the Code states, in pertinent part:

> 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.
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> "..."

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

(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but 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. Section 2266 of the Code states: The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct.

COST RECOVERY

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

FACTUAL ALLEGATIONS

Patient Care

8. Respondent is a board-certified family medicine practitioner who worked as a hospitalist covering 24-hour shifts at a local hospital.

9. On or about January 21, 2023, Patient A,[1] a 74-year-old male with a history of peptic ulcers, presented to the hospital emergency room (ER) at or about 10:00 a.m. complaining of rectal bleeding, dizziness, and weakness. Patient A's heart rate was elevated at 116 beats per minute (bpm). Results of Patient A's complete blood count (CBC) came back as abnormal, and a

[1] The patient's name is omitted to protect his privacy.

liver and metabolic panel also came back abnormal. The attending ER physician consulted with a gastroenterologist, who recommended admitting Patient A to the hospital.

10. Patient A's heart rate was checked again at 1:50 p.m. and 1:52 p.m. prior to admission; his heart rate remained elevated at 112 and 118 bpm, respectively.

11. At or about 2:00 p.m., Respondent admitted Patient A to the hospital and became responsible for Patient A's care. Respondent ordered a variety of tests including another CBC, a metabolic panel, hemoglobin and hematocrit tests,[2] as well as various medications. Although Respondent admitted Patient A, Respondent did not make notes about Patient A's medical, surgical, familial, and social histories in Patient A's medical record.

12. At or about 2:15 p.m., Respondent noted that Patient A was experiencing acute blood loss anemia and admitted the patient to the medical floor on intravenous fluids (IV). A gastroenterology planning appointment was scheduled for the following day, with Patient A to be monitored in the interim for gross bleeding. Patient A's hemoglobin and hematocrit lab results were abnormal.

13. At or about 4:56 p.m., Respondent was notified that Patient A's heart rate was trending upward to "130 sinus tachycardia."[3]

14. At or about 7:00 p.m., the chart noted a large bloody stool with black and red streaks.

15. At or about 8:05 p.m., Respondent ordered additional hemoglobin and hematocrit tests. Abnormal test results were noted. Patient A continued to have bloody stools.

16. At or about 9:01 p.m., Respondent ordered an EKG/ECG for Patient A.

17. At or about 10:04 p.m., a nurse administered a new IV to Patient A, and a few minutes later gave Patient A acetaminophen.

18. At 10:22 p.m., Patient A's hemoglobin and hematocrit lab results were abnormal. The patient's heart rate was elevated at 130 bpm.

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[2] A hematocrit (HCT) blood test measures the percentage of red blood cells in a person's blood.

[3] Sinus tachycardia is a regular but faster than normal heart rhythm.

19. At 10:49 p.m., Respondent ordered 1 ml .9% sodium chloride bolus. At or about 10:52 p.m., a nurse documented she notified an "MD" of Patient A's "BP, HR, and Hgb." At that time, Patient A's hemoglobin was abnormal, his blood pressure was 96/62, and his heart rate was 136 bpm.

20. At or about 11:20 p.m. Patient A's condition deteriorated. Patient A's oxygen levels dropped to 75-77%, he was experiencing difficulty breathing, and elevated sinus tachycardia was noted on the monitor. The patient was tachycardic (faster than usual heartrate) and tachypneic (shallow rapid breath). Patient A denied having any chest pain. A nurse placed Patient A on a nonrebreather (a mask delivering oxygen), elevated the head of the bed, and called the charge nurse.

21. At or about 11:26 p.m., Patient A was transferred to a new room in the red zone. Patient A's heart rate was 142 bpm; respirations were 34, and his blood pressure was 46/23.

22. At or about 11:33 p.m., the ER doctor evaluated Patient A at the bedside and ordered an EKG/ECG and various tests including, but not limited to, chest x-rays, lactic acid levels, a liver panel, and a CBC. The ER doctor also ordered a blood transfusion. The ER doctor's notes reflect that Respondent was calling an ICU doctor at or about 11:36 p.m.

23. At or about 11:37 p.m., Respondent ordered an EPOC blood venous test.[4]

24. At or about 11:44 p.m., Patient A had a blood transfusion, for which Respondent is listed as the physician.

25. At or about 11:48 p.m., respiratory care was called to Patient A's bedside for an evaluation. Patient A's heart rate was 140 bpm; respirations were 38; and his blood pressure was 86/29.

26. The ICU physician notes reflect ICU was consulted at or about 11:50 p.m. A code blue was started at or about 11:55 p.m.

27. At or about 11:56 p.m., Patient A suffered cardiac arrest. CPR was in progress. Patient A was intubated without sedation. A gastroenterologist was called and activated the

[4] The EPOC blood venous test is a wireless solution to enable comprehensive blood testing at the patient's bedside in less than a minute.

endoscopy team. Patient A suffered more cardiac arrest, but there was minimal electrical activity. A massive transfusion protocol was initiated.

28. Shortly after midnight, on January 22, 2023, Patient A was intubated.

29. Additional blood labs were ordered, blood transfusions and resuscitations continued. Patient A suffered cardiac arrest two more times. Numerous resuscitation efforts were made, but Patient A had no pulse.

30. Patient A passed away at or about 2:21 a.m. on January 22, 2023.

Improper Social Media Post

31. On or about July 8, 2022, Respondent posted a video to social media of himself dressed in his medical scrubs in which Respondent suggests that he gives laxatives to "annoying" patients requesting pain medications.

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

32. Respondent Adam Ayham Rajoulh, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patient A. Those circumstances are detailed in paragraphs 8 to 30, above, and incorporated herein by reference as if fully set forth. Additional circumstances are as follows:

Patient Care

33. The standard of care in managing patients with upper GI bleeds is to provide resuscitation in the form of an IV fluid bolus if there is evidence of abnormal hemodynamics (the dynamics of blood flow). A blood transfusion is given if the patient is actively bleeding or hemodynamically unstable.

34. Respondent failed to administer a bolus of IV fluids to Patient A at appropriate times to ensure adequate resuscitation, despite worsening tachycardia, which constitutes a simple departure from the standard of care.

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35. The standard of care when writing a history and physical note is to include pertinent medications, as well as past medical, surgical, familial, and social histories, to aid in fine-tuning diagnosis and care management decisions during critical moments.

36. Respondent's history and physical notes for Patient A fail to include any pertinent information about Patient A's current medications, or his medical, surgical, family, or social history, which could have altered management decisions regarding Patient A's care. Respondent's failure to properly document his notes constitutes a simple departure from the standard of care.

Social Media

37. The standard of care for physicians interfacing with the public is to consistently display professional conduct.

38. The social media posted by Respondent wherein he suggests that he gives laxatives to "annoying" patients requesting pain medications, calls into question Respondent's honesty and trustworthiness as it relates to patient care. The social media post also demonstrates a disrespect and a lack of empathy and concern for patients, which constitutes a simple departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Inadequate or Inaccurate Recordkeeping)

39. Respondent Adam Ayham Rajoulh, M.D. is subject to disciplinary action pursuant to section 2266 of the Code, in that Respondent failed to adequately and accurately document his clinical encounters with Patient A. The circumstances giving rise to this cause for discipline are set forth in paragraphs 8 through 36 above, which are incorporated herein by reference as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

40. Respondent Adam Ayham Rajoulh, M.D. is subject to disciplinary action under section 2234, subdivision (a), of the Code, in that Respondent engaged in unprofessional conduct.

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Those circumstances are detailed in paragraphs 8 to 39, above, and incorporated herein by reference as if fully set forth.

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 146131, issued to Respondent Adam Ayham Rajoulh, M.D.;

2. Revoking, suspending or denying approval of Respondent Adam Ayham Rajoulh, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Adam Ayham Rajoulh, 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: OCT 14 2024

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