

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

In the Matter of the Accusation
Against:

Arvin Taneja, M.D.

Physician's and Surgeon's
Certificate No. A 69230

Respondent.

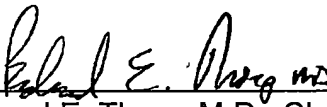
Case No.: 800-2021-084429
and 800-2025-116471

**ORDER CORRECTING NUNC PRO TUNC
CLERICAL ERROR IN "CASE NUMBER" IN CLAUSE 22: "FUTURE ADMISSION
CLAUSE" ON PAGE 19 OF THE STIPULATED SETTLEMENT**

On its own motion, the Medical Board of California (hereafter "Board") finds that there is a clerical error in the "Case Number" in clause 22: "Future Admission" on page nineteen (19) of the Stipulated Settlement in the above-entitled matter and that such clerical error should be corrected.

IT IS HEREBY ORDERED that the case number in clause 22: "Future Admission" on page nineteen (19) of the Stipulated Settlement in the above-entitled matter be and hereby is amended and corrected nunc pro tunc on the date of entry of the decision to read as "**800-2021-084429 and 800-2025-116471**".

August 25, 2025


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

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

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

Arvin Taneja, M.D.

**Physician's and Surgeon's
Certificate No. A 69230**

**Case No.: 800-2021-084429 and
800-2025-116471**

Respondent.

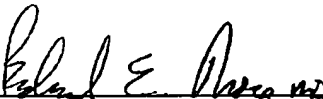
DECISION

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 August 22, 2025.

IT IS SO ORDERED: July 25, 2025.

MEDICAL BOARD OF CALIFORNIA



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

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7 *Attorneys for Complainant*

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 **ARVIN TANEJA, M.D.**
13 **333 South Arroyo Parkway, Suite 201**
14 **Pasadena, CA 91105-2577**

15 **Physician's and Surgeon's**
Certificate No. A 69230

16 Respondent.

Case Nos. 800-2021-084429 and 800-2025-116471

OAH No. 2024120599

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Respondent Arvin Taneja, M.D. (Respondent) is represented in this proceeding by
27 attorney John Martin, Esq., whose address is: 319 Harvard Avenue, Claremont, CA 91711.

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3. On or about July 9, 1999, the Board issued Physician's and Surgeon's Certificate No. A 69230 to 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. 800-2021-084429, and Accusation No. 800-2025-116471, and will expire on November 30, 2026, unless renewed.

JURISDICTION

4. On November 15, 2024, Accusation No. 800-2021-084429 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 or about November 15, 2024. On May 14, 2025, Accusation No. 800-2025-116471 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 or about May 14, 2025. Respondent timely filed his Notices of Defense contesting all charges in both Accusations.

5. Copies of Accusation No. 800-2021-084429, and Accusation No. 800-2025-116471 are attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2021-084429, and Accusation No. 800-2025-116471 . Respondent has also carefully read, fully discussed with his counsel, and fully 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.

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1 CULPABILITY

2 9. Respondent does not contest that, at an administrative hearing, Complainant could
3 establish a *prima facie* case with respect to the charges and allegations contained in Accusation
4 No. 800-2021-084429, and Accusation No. 800-2025-116471, copies of which are attached
5 hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate
6 No. A 69230 to disciplinary action.

7 10. Respondent agrees that if an accusation is ever filed against him before the Medical
8 Board of California, all of the charges and allegations contained in Accusation No. 800-2021-
9 084429, and Accusation No. 800-2025-116471 shall be deemed true, correct, and fully admitted
10 by Respondent for purposes of that proceeding or any other licensing proceeding involving
11 Respondent in the State of California.

12 11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 69230 is
13 subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth
14 in the Disciplinary Order below.

15 CONTINGENCY

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

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1 **ADDITIONAL PROVISIONS**

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

5 14. Respondent agrees that if he ever petitions for early termination or modification of
6 probation, or if an accusation and/or petition to revoke probation is filed against him before the
7 Board, all of the charges and allegations contained in Accusation No. 800-2021-084429, and
8 Accusation No. 800-2025-116471 shall be deemed true, correct and fully admitted by respondent
9 for purposes of any such proceeding or any other licensing proceeding involving Respondent in
10 the State of California.

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

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

17 **DISCIPLINARY ORDER**

18 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 69230 issued
19 to Respondent ARVIN TANEJA, M.D. is revoked. However, the revocation is stayed and
20 Respondent is placed on probation for five (5) years on the following terms and conditions:

21 1. **CONTROLLED SUBSTANCES - ABSTAIN FROM USE.** Respondent shall abstain
22 completely from the personal use or possession of controlled substances as defined in the
23 California Uniform Controlled Substances Act, dangerous drugs as defined by Business and
24 Professions Code section 4022, and any drugs requiring a prescription. This prohibition does not
25 apply to medications lawfully prescribed to Respondent by another practitioner for a bona fide
26 illness or condition.

27 Within 15 calendar days of receiving any lawfully prescribed medications, Respondent
28 shall notify the Board or its designee of the: issuing practitioner's name, address, and telephone

1 number; medication name, strength, and quantity; and issuing pharmacy name, address, and
2 telephone number.

3 2. ALCOHOL - ABSTAIN FROM USE. Respondent shall abstain completely from the
4 use of products or beverages containing alcohol.

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

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

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

23 4. CLINICAL DIAGNOSTIC EVALUATIONS AND REPORTS: Within thirty (30)
24 calendar days of the effective date of this Decision, and on whatever periodic basis thereafter as
25 may be required by the Board or its designee, Respondent shall undergo and complete a clinical
26 diagnostic evaluation, including any and all testing deemed necessary, by a Board-appointed
27 board certified physician and surgeon. The examiner shall consider any information provided by
28 the Board or its designee and any other information he or she deems relevant, and shall furnish a

1 written evaluation report to the Board or its designee.

2 The clinical diagnostic evaluation shall be conducted by a licensed physician and surgeon
3 who holds a valid, unrestricted license, has three (3) years' experience in providing evaluations of
4 physicians and surgeons with substance abuse disorders, and is approved by the Board or its
5 designee. The clinical diagnostic evaluation shall be conducted in accordance with acceptable
6 professional standards for conducting substance abuse clinical diagnostic evaluations. The
7 evaluator shall not have a current or former financial, personal, or business relationship with
8 Respondent within the last five (5) years. The evaluator shall provide an objective, unbiased, and
9 independent evaluation. The clinical diagnostic evaluation report shall set forth, in the
10 evaluator's opinion, whether Respondent has a substance abuse problem, whether Respondent is a
11 threat to himself or herself or others, and recommendations for substance abuse treatment,
12 practice restrictions, or other recommendations related to Respondent's rehabilitation and ability
13 to practice safely. If the evaluator determines during the evaluation process that Respondent is a
14 threat to himself or herself or others, the evaluator shall notify the Board within twenty-four (24)
15 hours of such a determination.

16 In formulating his or her opinion as to whether Respondent is safe to return to either part-
17 time or full-time practice and what restrictions or recommendations should be imposed, including
18 participation in an inpatient or outpatient treatment program, the evaluator shall consider the
19 following factors: Respondent's license type; Respondent's history; Respondent's documented
20 length of sobriety (i.e., length of time that has elapsed since Respondent's last substance use);
21 Respondent's scope and pattern of substance abuse; Respondent's treatment history, medical
22 history and current medical condition; the nature, duration and severity of Respondent's
23 substance abuse problem or problems; and whether Respondent is a threat to himself or herself or
24 the public.

25 For all clinical diagnostic evaluations, a final written report shall be provided to the Board
26 no later than ten (10) days from the date the evaluator is assigned the matter. If the evaluator
27 requests additional information or time to complete the evaluation and report, an extension may
28 be granted, but shall not exceed thirty (30) days from the date the evaluator was originally

1 assigned the matter.

2 The Board shall review the clinical diagnostic evaluation report within five (5) business
3 days of receipt to determine whether Respondent is safe to return to either part-time or full-time
4 practice and what restrictions or recommendations shall be imposed on Respondent based on the
5 recommendations made by the evaluator. Respondent shall not be returned to practice until he or
6 she has at least thirty (30) days of negative biological fluid tests or biological fluid tests indicating
7 that he or she has not used, consumed, ingested, or administered to himself or herself a prohibited
8 substance, as defined in section 1361.51, subdivision (e), of Title 16 of the California Code of
9 Regulations.

10 Clinical diagnostic evaluations conducted prior to the effective date of this Decision shall
11 not be accepted towards the fulfillment of this requirement. The cost of the clinical diagnostic
12 evaluation, including any and all testing deemed necessary by the examiner, the Board or its
13 designee, shall be borne by the licensee.

14 Respondent shall not engage in the practice of medicine until notified by the Board or its
15 designee that he or she is fit to practice medicine safely. The period of time that Respondent is
16 not practicing medicine shall not be counted toward completion of the term of probation.
17 Respondent shall undergo biological fluid testing as required in this Decision at least two (2)
18 times per week while awaiting the notification from the Board if he or she is fit to practice
19 medicine safely.

20 Respondent shall comply with all restrictions or conditions recommended by the examiner
21 conducting the clinical diagnostic evaluation within fifteen (15) calendar days after being notified
22 by the Board or its designee.

23 5. NOTICE OF EMPLOYER OR SUPERVISOR INFORMATION. Within seven (7)
24 days of the effective date of this Decision, Respondent shall provide to the Board the names,
25 physical addresses, mailing addresses, and telephone numbers of any and all employers and
26 supervisors. Respondent shall also provide specific, written consent for the Board, Respondent's
27 worksite monitor, and Respondent's employers and supervisors to communicate regarding
28 Respondent's work status, performance, and monitoring.

1 For purposes of this section, "supervisors" shall include the Chief of Staff and Health or
2 Well Being Committee Chair, or equivalent, if applicable, when the Respondent has medical staff
3 privileges.

4 6. BIOLOGICAL FLUID TESTING. Respondent shall immediately submit to
5 biological fluid testing, at Respondent's expense, upon request of the Board or its designee.
6 "Biological fluid testing" may include, but is not limited to, urine, blood, breathalyzer, hair
7 follicle testing, or similar drug screening approved by the Board or its designee. Respondent shall
8 make daily contact with the Board or its designee to determine whether biological fluid testing is
9 required. Respondent shall be tested on the date of the notification as directed by the Board or its
10 designee. The Board may order a Respondent to undergo a biological fluid test on any day, at
11 any time, including weekends and holidays. Except when testing on a specific date as ordered by
12 the Board or its designee, the scheduling of biological fluid testing shall be done on a random
13 basis. The cost of biological fluid testing shall be borne by the Respondent.

14 During the first year of probation, Respondent shall be subject to 52 to 104 random tests.
15 During the second year of probation and for the duration of the probationary term, up to five (5)
16 years, Respondent shall be subject to 36 to 104 random tests per year. Only if there has been no
17 positive biological fluid tests in the previous five (5) consecutive years of probation, may testing
18 be reduced to one (1) time per month. Nothing precludes the Board from increasing the number
19 of random tests to the first-year level of frequency for any reason.

20 Prior to practicing medicine, Respondent shall contract with a laboratory or service,
21 approved in advance by the Board or its designee, that will conduct random, unannounced,
22 observed, biological fluid testing and meets all of the following standards:

23 (a) Its specimen collectors are either certified by the Drug and Alcohol Testing Industry
24 Association or have completed the training required to serve as a collector for the United
25 States Department of Transportation.

26 (b) Its specimen collectors conform to the current United States Department of
27 Transportation Specimen Collection Guidelines.

28 (c) Its testing locations comply with the Urine Specimen Collection Guidelines published

1 by the United States Department of Transportation without regard to the type of test
2 administered.

3 (d) Its specimen collectors observe the collection of testing specimens.

4 (e) Its laboratories are certified and accredited by the United States Department of Health
5 and Human Services.

6 (f) Its testing locations shall submit a specimen to a laboratory within one (1) business day
7 of receipt and all specimens collected shall be handled pursuant to chain of custody
8 procedures. The laboratory shall process and analyze the specimens and provide legally
9 defensible test results to the Board within seven (7) business days of receipt of the
10 specimen. The Board will be notified of non-negative results within one (1) business day
11 and will be notified of negative test results within seven (7) business days.

12 (g) Its testing locations possess all the materials, equipment, and technical expertise
13 necessary in order to test Respondent on any day of the week.

14 (h) Its testing locations are able to scientifically test for urine, blood, and hair specimens
15 for the detection of alcohol and illegal and controlled substances.

16 (i) It maintains testing sites located throughout California.

17 (j) It maintains an automated 24-hour toll-free telephone system and/or a secure on-line
18 computer database that allows the Respondent to check in daily for testing.

19 (k) It maintains a secure, HIPAA-compliant website or computer system that allows staff
20 access to drug test results and compliance reporting information that is available 24 hours a
21 day.

22 (l) It employs or contracts with toxicologists that are licensed physicians and have
23 knowledge of substance abuse disorders and the appropriate medical training to interpret
24 and evaluate laboratory biological fluid test results, medical histories, and any other
25 information relevant to biomedical information.

26 (m) It will not consider a toxicology screen to be negative if a positive result is obtained
27 while practicing, even if the Respondent holds a valid prescription for the substance.

28 Prior to changing testing locations for any reason, including during vacation or other travel,

1 alternative testing locations must be approved by the Board and meet the requirements above.

2 The contract shall require that the laboratory directly notify the Board or its designee of
3 non-negative results within one (1) business day and negative test results within seven (7)
4 business days of the results becoming available. Respondent shall maintain this laboratory or
5 service contract during the period of probation.

6 A certified copy of any laboratory test result may be received in evidence in any
7 proceedings between the Board and Respondent.

8 If a biological fluid test result indicates Respondent has used, consumed, ingested, or
9 administered to himself or herself a prohibited substance, the Board shall order Respondent to
10 cease practice and instruct Respondent to leave any place of work where Respondent is practicing
11 medicine or providing medical services. The Board shall immediately notify all of Respondent's
12 employers, supervisors and work monitors, if any, that Respondent may not practice medicine or
13 provide medical services while the cease-practice order is in effect.

14 A biological fluid test will not be considered negative if a positive result is obtained while
15 practicing, even if the practitioner holds a valid prescription for the substance. If no prohibited
16 substance use exists, the Board shall lift the cease-practice order within one (1) business day.

17 After the issuance of a cease-practice order, the Board shall determine whether the positive
18 biological fluid test is in fact evidence of prohibited substance use by consulting with the
19 specimen collector and the laboratory, communicating with the licensee, his or her treating
20 physician(s), other health care provider, or group facilitator, as applicable.

21 For purposes of this condition, the terms "biological fluid testing" and "testing" mean the
22 acquisition and chemical analysis of a Respondent's urine, blood, breath, or hair.

23 For purposes of this condition, the term "prohibited substance" means an illegal drug, a
24 lawful drug not prescribed or ordered by an appropriately licensed health care provider for use by
25 Respondent and approved by the Board, alcohol, or any other substance the Respondent has been
26 instructed by the Board not to use, consume, ingest, or administer to himself or herself.

27 If the Board confirms that a positive biological fluid test is evidence of use of a prohibited
28 substance, Respondent has committed a major violation, as defined in section 1361.52(a), and the

1 Board shall impose any or all of the consequences set forth in section 1361.52(b), in addition to
2 any other terms or conditions the Board determines are necessary for public protection or to
3 enhance Respondent's rehabilitation.

4 7. SUBSTANCE ABUSE SUPPORT GROUP MEETINGS. Within thirty (30) days of
5 the effective date of this Decision, Respondent shall submit to the Board or its designee, for its
6 prior approval, the name of a substance abuse support group which he or she shall attend for the
7 duration of probation. Respondent shall attend substance abuse support group meetings at least
8 once per week, or as ordered by the Board or its designee. Respondent shall pay all substance
9 abuse support group meeting costs.

10 The facilitator of the substance abuse support group meeting shall have a minimum of three
11 (3) years experience in the treatment and rehabilitation of substance abuse, and shall be licensed
12 or certified by the state or nationally certified organizations. The facilitator shall not have a
13 current or former financial, personal, or business relationship with Respondent within the last five
14 (5) years. Respondent's previous participation in a substance abuse group support meeting led by
15 the same facilitator does not constitute a prohibited current or former financial, personal, or
16 business relationship.

17 The facilitator shall provide a signed document to the Board or its designee showing
18 Respondent's name, the group name, the date and location of the meeting, Respondent's
19 attendance, and Respondent's level of participation and progress. The facilitator shall report any
20 unexcused absence by Respondent from any substance abuse support group meeting to the Board,
21 or its designee, within twenty-four (24) hours of the unexcused absence.

22 8. WORKSITE MONITOR FOR SUBSTANCE-ABUSING LICENSEE. Within thirty
23 (30) calendar days of the effective date of this Decision, Respondent shall submit to the Board or
24 its designee for prior approval as a worksite monitor, the name and qualifications of one or more
25 licensed physician and surgeon, other licensed health care professional if no physician and
26 surgeon is available, or, as approved by the Board or its designee, a person in a position of
27 authority who is capable of monitoring the Respondent at work.

28 The worksite monitor shall not have a current or former financial, personal, or familial

1 relationship with Respondent, or any other relationship that could reasonably be expected to
2 compromise the ability of the monitor to render impartial and unbiased reports to the Board or its
3 designee. If it is impractical for anyone but Respondent's employer to serve as the worksite
4 monitor, this requirement may be waived by the Board or its designee, however, under no
5 circumstances shall Respondent's worksite monitor be an employee or supervisee of the licensee.

6 The worksite monitor shall have an active unrestricted license with no disciplinary action
7 within the last five (5) years, and shall sign an affirmation that he or she has reviewed the terms
8 and conditions of Respondent's disciplinary order and agrees to monitor Respondent as set forth
9 by the Board or its designee.

10 Respondent shall pay all worksite monitoring costs.

11 The worksite monitor shall have face-to-face contact with Respondent in the work
12 environment on as frequent a basis as determined by the Board or its designee, but not less than
13 once per week; interview other staff in the office regarding Respondent's behavior, if requested
14 by the Board or its designee; and review Respondent's work attendance.

15 The worksite monitor shall verbally report any suspected substance abuse to the Board and
16 Respondent's employer or supervisor within one (1) business day of occurrence. If the suspected
17 substance abuse does not occur during the Board's normal business hours, the verbal report shall
18 be made to the Board or its designee within one (1) hour of the next business day. A written
19 report that includes the date, time, and location of the suspected abuse; Respondent's actions; and
20 any other information deemed important by the worksite monitor shall be submitted to the Board
21 or its designee within 48 hours of the occurrence.

22 The worksite monitor shall complete and submit a written report monthly or as directed by
23 the Board or its designee which shall include the following: (1) Respondent's name and
24 Physician's and Surgeon's Certificate number; (2) the worksite monitor's name and signature; (3)
25 the worksite monitor's license number, if applicable; (4) the location or location(s) of the
26 worksite; (5) the dates Respondent had face-to-face contact with the worksite monitor; (6) the
27 names of worksite staff interviewed, if applicable; (7) a report of Respondent's work attendance;
28 (8) any change in Respondent's behavior and/or personal habits; and (9) any indicators that can

1 lead to suspected substance abuse by Respondent. Respondent shall complete any required
2 consent forms and execute agreements with the approved worksite monitor and the Board, or its
3 designee, authorizing the Board, or its designee, and worksite monitor to exchange information.

4 If the worksite monitor resigns or is no longer available, Respondent shall, within five (5)
5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior
6 approval, the name and qualifications of a replacement monitor who will be assuming that
7 responsibility within fifteen (15) calendar days. If Respondent fails to obtain approval of a
8 replacement monitor within sixty (60) calendar days of the resignation or unavailability of the
9 monitor, Respondent shall receive a notification from the Board or its designee to cease the
10 practice of medicine within three (3) calendar days after being so notified. Respondent shall
11 cease the practice of medicine until a replacement monitor is approved and assumes monitoring
12 responsibility.

13 9. VIOLATION OF PROBATION CONDITION FOR SUBSTANCE ABUSING
14 LICENSEES . Failure to fully comply with any term or condition of probation is a violation of
15 probation.

16 A: If Respondent commits a major violation of probation as defined by section
17 1361.52, subdivision (a), of Title 16 of the California Code of Regulations, the Board shall take
18 one or more of the following actions:

19 (1) Issue an immediate cease-practice order and order Respondent to undergo a clinical
20 diagnostic evaluation to be conducted in accordance with section 1361.5, subdivision (c)(1), of
21 Title 16 of the California Code of Regulations, at Respondent's expense. The cease-practice
22 order issued by the Board or its designee shall state that Respondent must test negative for at least
23 a month of continuous biological fluid testing before being allowed to resume practice. For
24 purposes of determining the length of time a Respondent must test negative while undergoing
25 continuous biological fluid testing following issuance of a cease-practice order, a month is
26 defined as thirty calendar (30) days. Respondent may not resume the practice of medicine until
27 notified in writing by the Board or its designee that he or she may do so.

28 (2) Increase the frequency of biological fluid testing.

1 (3) Refer Respondent for further disciplinary action, such as suspension, revocation, or
2 other action as determined by the Board or its designee.

3 B. If Respondent commits a minor violation of probation as defined by section
4 1361.52, subdivision (c), of Title 16 of the California Code of Regulations, the Board shall take
5 one or more of the following actions:

6 (1) Issue a cease-practice order;

7 (2) Order practice limitations;

8 (3) Order or increase supervision of Respondent;

9 (4) Order increased documentation;

10 (5) Issue a citation and fine, or a warning letter;

11 (6) Order Respondent to undergo a clinical diagnostic evaluation to be conducted in
12 accordance with section 1361.5, subdivision (c)(1), of Title 16 of the California Code of
13 Regulations, at Respondent's expense;

14 (7) Take any other action as determined by the Board or its designee.

15 C. Nothing in this Decision shall be considered a limitation on the Board's authority
16 to revoke Respondent's probation if he or she has violated any term or condition of probation. If
17 Respondent violates probation in any respect, the Board, after giving Respondent notice and the
18 opportunity to be heard, may revoke probation and carry out the disciplinary order that was
19 stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed
20 against Respondent during probation, the Board shall have continuing jurisdiction until the matter
21 is final, and the period of probation shall be extended until the matter is final.

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

1 calendar days.

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

3 11. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is
4 prohibited from supervising physician assistants.

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

8 13. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
9 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
10 limited to, accusation, legal reviews, and investigation, in the amount of \$30,772.13 (thirty
11 thousand seven hundred seventy-two dollars and thirteen cents). Costs shall be payable to the
12 Medical Board of California. Failure to pay such costs shall be considered a violation of
13 probation.

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

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

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

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

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1 15. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

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

4 Address Changes

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

10 Place of Practice

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

14 License Renewal

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

17 Travel or Residence Outside California

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

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

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

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1 17. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
2 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
3 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
4 defined as any period of time Respondent is not practicing medicine as defined in Business and
5 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
6 patient care, clinical activity or teaching, or other activity as approved by the Board. If
7 Respondent resides in California and is considered to be in non-practice, Respondent shall
8 comply with all terms and conditions of probation. All time spent in an intensive training
9 program which has been approved by the Board or its designee shall not be considered non-
10 practice and does not relieve Respondent from complying with all the terms and conditions of
11 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
12 on probation with the medical licensing authority of that state or jurisdiction shall not be
13 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
14 period of non-practice.

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

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

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

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

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

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

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

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

22. 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. 800-2021-084429 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, John Martin, 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 fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 5/27/2025

Arvin Taneja
ARVIN TANEJA, M.D.
Respondent

I have read and fully discussed with Respondent Arvin Taneja, 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: May 27, 2025


JOHN MARTIN, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: May 28, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

LA2024603973

Exhibit A

Accusation No. 800-2021-084429 and Accusation No. 800-2025-116471

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 DANG VU
Deputy Attorney General
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300 So. Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6277
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2021-084429

12 **Arvin Taneja, M.D.**
13 **333 South Arroyo Parkway, Suite 201**
Pasadena, CA 91105-2577

OAH No.

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A 69230,**

Respondent.

16
17 **PARTIES**

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

21 2. On or about July 9, 1999, the Board issued Physician's and Surgeon's Certificate
22 Number A 69230 to Arvin Taneja, M.D. (Respondent). The Physician's and Surgeon's Certificate
23 was in full force and effect at all times relevant to the charges brought herein and will expire on
24 November 30, 2024, unless renewed.

25 **JURISDICTION**

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

1 4. Section 2220 of the Code states:

2 Except as otherwise provided by law, the board may take action against all
3 persons guilty of violating this chapter. The board shall enforce and administer this
4 article as to physician and surgeon certificate holders, including those who hold
5 certificates that do not permit them to practice medicine, such as, but not limited to,
6 retired, inactive, or disabled status certificate holders, and the board shall have all the
7 powers granted in this chapter for these purposes including, but not limited to:

8 (a) Investigating complaints from the public, from other licensees, from health
9 care facilities, or from the board that a physician and surgeon may be guilty of
10 unprofessional conduct. The board shall investigate the circumstances underlying a
11 report received pursuant to Section 805 or 805.01 within 30 days to determine if an
12 interim suspension order or temporary restraining order should be issued. The board
13 shall otherwise provide timely disposition of the reports received pursuant to Section
14 805 and Section 805.01.

15 (b) Investigating the circumstances of practice of any physician and surgeon
16 where there have been any judgments, settlements, or arbitration awards requiring the
17 physician and surgeon or his or her professional liability insurer to pay an amount in
18 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
19 respect to any claim that injury or damage was proximately caused by the physician's
20 and surgeon's error, negligence, or omission.

21 (c) Investigating the nature and causes of injuries from cases which shall be
22 reported of a high number of judgments, settlements, or arbitration awards against a
23 physician and surgeon.

24 5. Section 2227 of the Code states:

25 (a) A licensee whose matter has been heard by an administrative law judge of
26 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
27 Code, or whose default has been entered, and who is found guilty, or who has entered
28 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.

STATUTORY PROVISIONS

6. 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) 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.

(d) Incompetence.

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

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

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

(h) Any action of the licensee, or another person acting on behalf of the 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.

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

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1 7. Section 2236 of the Code states:

2 (a) The conviction of any offense substantially related to the qualifications,
3 functions, or duties of a physician and surgeon constitutes unprofessional conduct
4 within the meaning of this chapter [Chapter 5, the Medical Practice Act]. The record
of conviction shall be conclusive evidence only of the fact that the conviction
occurred.

5 (b) The district attorney, city attorney, or other prosecuting agency shall notify
6 the Medical Board of the pendency of an action against a licensee charging a felony
or misdemeanor immediately upon obtaining information that the defendant is a
7 licensee. The notice shall identify the licensee and describe the crimes charged and
the facts alleged. The prosecuting agency shall also notify the clerk of the court in
8 which the action is pending that the defendant is a licensee, and the clerk shall record
prominently in the file that the defendant holds a license as a physician and surgeon.

9 (c) The clerk of the court in which a licensee is convicted of a crime shall,
10 within 48 hours after the conviction, transmit a certified copy of the record of
conviction to the board. The division may inquire into the circumstances surrounding
11 the commission of a crime in order to fix the degree of discipline or to determine if
the conviction is of an offense substantially related to the qualifications, functions, or
12 duties of a physician and surgeon.

13 (d) A plea or verdict of guilty or a conviction after a plea of nolo contendere is
14 deemed to be a conviction within the meaning of this section and Section 2236.1.
The record of conviction shall be conclusive evidence of the fact that the conviction
occurred.

15 8. Section 2236.1 of the Code states:

16 (a) A physician and surgeon's certificate shall be suspended automatically
17 during any time that the holder of the certificate is incarcerated after conviction of a
felony, regardless of whether the conviction has been appealed. The Medical Board
18 shall, immediately upon receipt of the certified copy of the record of conviction,
determine whether the certificate of the physician and surgeon has been automatically
19 suspended by virtue of his or her incarceration, and if so, the duration of that
suspension. The division shall notify the physician and surgeon of the license
20 suspension and of his or her right to elect to have the issue of penalty heard as
provided in this section.

21 (b) Upon receipt of the certified copy of the record of conviction, if after a
22 hearing it is determined therefrom that the felony of which the licensee was convicted
was substantially related to the qualifications, functions, or duties of a physician and
23 surgeon, the Medical Board shall suspend the license until the time for appeal has
elapsed, if no appeal has been taken, or until the judgment of conviction has been
24 affirmed on appeal or has otherwise become final, and until further order of the
division. The issue of substantial relationship shall be heard by and administrative
25 law judge from the Medical Quality Hearing Panel sitting alone or with a panel of the
division, in the discretion of the division.

26 (c) Notwithstanding subdivision (b), a conviction of any crime referred to in
27 Section 2237, or a conviction of Section 187, 261, 288, or former Section 262, of the
Penal Code, shall be conclusively presumed to be substantially related to the
28 qualifications, functions, or duties of a physician and surgeon and no hearing shall be
held on this issue. Upon its own motion or for good cause shown, the board may

1 decline to impose or may set aside the suspension when it appears to be in the interest
2 of justice to do so, with due regard to maintaining the integrity of and confidence in
3 the medical profession.

4 (d) (1) Discipline may be ordered in accordance with Section 2227, or the
5 Medical Board may order the denial of the license when the time for appeal has
6 elapsed, the judgment of conviction has been affirmed on appeal, or an order granting
7 probation is made suspending the imposition of sentence, irrespective of a subsequent
8 order under Section 1203.4 of the Penal Code allowing the person to withdraw the
9 plea of guilty and to enter a plea of not guilty, setting aside the verdict of guilty, or
10 dismissing the accusation, complaint, information, or indictment.

11 (2) The issue of penalty shall be heard by an administrative law judge from the
12 Medical Quality Hearing Panel sitting alone or with a panel of the board, in the
13 discretion of the board. The hearing shall not be had until the judgment of conviction
14 has become final or, irrespective of a subsequent order under Section 1203.4 of the
15 Penal Code, an order granting probation has been made suspending the imposition of
16 sentence; except that a licensee may, at the licensee's option, elect to have the issue
17 of penalty decided before those time periods have elapsed. Where the licensee so
18 elects, the issue of penalty shall be heard in the manner described in this section at the
19 hearing to determine whether the conviction was substantially related to the
20 qualifications, functions, or duties of a physician and surgeon. If the conviction of a
21 licensee who has made this election is overturned on appeal, any discipline ordered
22 pursuant to this section shall automatically cease. Nothing in this subdivision shall
23 prohibit the division from pursuing disciplinary action based on any cause other than
24 the overturned conviction.

25 (e) The record of the proceedings resulting in the conviction, including a
26 transcript of the testimony therein, may be received in evidence.

27 (f) The other provisions of this article setting forth a procedure for the
28 suspension or revocation of a physician and surgeon's certificate shall not apply to
proceedings conducted pursuant to this section.

9. Section 2239 of the Code states:

19 (a) The use or prescribing for or administering to himself or herself, of any
20 controlled substance; or the use of any of the dangerous drugs specified in Section
21 4022, or of alcoholic beverages, to the extent, or in such a manner as to be dangerous
22 or injurious to the licensee, or to any other person or to the public, or to the extent that
23 such use impairs the ability of the licensee to practice medicine safely or more than
one misdemeanor or any felony involving the use, consumption, or
self-administration of any of the substances referred to in this section, or any
combination thereof, constitutes unprofessional conduct. The record of the
conviction is conclusive evidence of such unprofessional conduct.

24 (b) A plea or verdict of guilty or a conviction following a plea of nolo
25 contendere is deemed to be a conviction within the meaning of this section. The
26 Medical Board may order discipline of the licensee in accordance with Section 2227
27 or the Medical Board may order the denial of the license when the time for appeal has
28 elapsed or the judgment of conviction has been affirmed on appeal or when an order
granting probation is made suspending imposition of sentence, irrespective of a
subsequent order under the provisions of Section 1203.4 of the Penal Code allowing
such person to withdraw his or her plea of guilty and to enter a plea of not guilty, or
setting aside the verdict of guilty, or dismissing the accusation, complaint,

information, or indictment.

10. Section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendere or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

1 (4) The licensee does not have a direct treatment relationship with the patient.

2 (d) On and after July 1, 2019, the board shall provide the following
3 information, with respect to licensees on probation and licensees practicing under
4 probationary licenses, in plain view on the licensee's profile page on the board's
5 online license information internet web site.

6 (1) For probation imposed pursuant to a stipulated settlement, the causes
7 alleged in the operative accusation along with a designation identifying those causes
8 by which the licensee has expressly admitted guilt and a statement that acceptance of
9 the settlement is not an admission of guilt.

10 (2) For probation imposed by an adjudicated decision of the board, the causes
11 for probation stated in the final probationary order.

12 (3) For a licensee granted a probationary license, the causes by which the
13 probationary license was imposed.

14 (4) The length of the probation and end date.

15 (5) All practice restrictions placed on the license by the board.

16 (e) Section 2314 shall not apply to this section.

17 11. Unprofessional conduct is conduct which breaches rules or ethical codes of a
18 profession or conduct which is unbecoming a member in good standing of a profession. (*Shea v.*
19 *Board of Medical Examiners* (1978) 81 Cal.App.3rd 564, 575.)

20 COST RECOVERY

21 12. 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.

27 FIRST CAUSE FOR DISCIPLINE

28 (Dangerous Use of Alcohol)

13. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined
by section 2239¹, of the Code, in that he used or prescribed, or administered to himself, drugs or

¹ There is a nexus between a physician's use of alcoholic beverages and his or her fitness
to practice medicine, established by the Legislature in section 2239, "in all cases where a licensed
(continued...)

1 alcoholic beverages to the extent, or in such a manner, as to be dangerous or injurious to him, to
2 another person, or to the public, as more particularly alleged hereinafter:

3 14. On or about December 16, 2021, at approximately 11:04 p.m., South Pasadena Police
4 Officers were dispatched to the scene of a hit and run collision at the 1600 block of Fremont
5 Avenue. A vehicle hit two parked vehicles on Fremont Avenue and the driver at fault did not
6 stop at the scene of the collision as required by the Vehicle Code. The facts and circumstances
7 surrounding the scene of the accident that evening are as follows:

8 A. Upon arrival at the 1600 block of Fremont Avenue, a police officer saw citizens
9 standing outside on the sidewalk on the west side of Fremont Avenue. The police officer saw the
10 parked vehicles and observed damage on the parked vehicles. The police officer asked if anyone
11 owned any of the parked vehicles, and the citizens told her no.

12 B. A citizen told a police officer that she witnessed the collision and saw the driver
13 of the vehicle (that she identified as a Mercedes). Another citizen told the police officer that the
14 vehicle that was struck was a gray station wagon and reported that the vehicle that struck the gray
15 station wagon had driven away.

16 C. Another police officer observed Respondent sitting inside a damaged silver-
17 gold Mercedes located on the 1900 block of Fremont Avenue. The police officer identified
18 Respondent by his driver's license. The police officer observed that Respondent's eyes were red
19 and his eye lids were droopy. The police officer could also smell an odor of an alcoholic
20 beverage emitting from Respondent's person and breath.

21 D. The police officer observed major damage to the front right side of
22 Respondent's Mercedes. The front right wheel of Respondent's Mercedes had been completely
23 damaged.

24 E. The police officer spoke with Respondent. Respondent admitted that he was
25 driving the Mercedes that night but denied drinking alcohol. The police officer asked Respondent
26 about the damage to the vehicle, and Respondent alleged that he had hit a curb.

27 physician used alcoholic beverages to the extent or in such a manner as to pose a danger to
28 himself or others." (*Watson v. Superior Court (Medical Board)* (2009) 176 Cal.App.4th 1407,
1411.)

1 F. The police officer observed Respondent as she was talking to him, and she
2 could see that Respondent's pupils were constricted and that his eyes were red. The police officer
3 also could smell a moderate odor of an alcoholic beverage emitting from both his person and
4 breath.

5 G. The police officer then had Respondent perform a series of field sobriety tests.
6 Respondent did not perform satisfactorily during these tests.

7 (i) During the Nystagmus Test, the police officer checked Respondent's eyes and
8 saw equal pupil size and equal tracking. The police officer did not see any resting nystagmus.
9 The police officer observed Respondent's eyes lacked a smooth pursuit, and distinct and
10 sustained nystagmus at maximum deviation, and nystagmus at an angle of onset prior to 45
11 degrees in both eyes. During the Nystagmus Test, Respondent kept turning his head after the
12 police officer told him to keep his head straight, and Respondent's body would sway front to back
13 during the test.

14 (ii) During the Walk and Turn Test, Respondent got into the starting position,
15 stepped off to the side, and got out of the starting position. Respondent struggled to keep his
16 balance as he attempted to get into the starting position. Respondent's hand kept going off to the
17 sides more than six inches out. Respondent had difficulty maintaining his balance and got out of
18 the starting position again. Respondent's arms would go out to the sides multiple times as he
19 tried to maintain his balance, and Respondent took a step off to the side during the test.
20 Respondent had to use his arms to maintain his balance. The police officer observed
21 Respondent's body sway as Respondent tried to maintain the starting position. During the steps,
22 Respondent failed to maintain his hands at his sides. Respondent would step off to the side
23 before taking a step forward. Respondent's toes and heels were not touching, and Respondent
24 almost lost his balance.

25 (iii) During the One Leg Stand Test, Respondent failed to maintain the position.
26 Respondent raised his left foot for the test and counted. Respondent placed his left foot down to
27 the side as he counted the following, "four one thousand, eight one thousand, nine one thousand,
28 twelve one thousand, sixteen one thousand, twenty-one thousand, twenty-three one thousand, and

1 twenty-seven one thousand.” Respondent held his arms out more than six inches during the test,
2 and Respondent failed to look at his raised foot during the test.

3 (iv) During the Rhomberg Balance Test, Respondent’s eyes were partially opened
4 and not closed as instructed. Respondent’s eyes fluttered and his body swayed during the test and
5 estimated 30 seconds as 25 seconds.

6 (v) During the Nose Touch Test, Respondent raised his left hand and held it out to
7 his side and failed to touch his nose. Respondent failed to keep his head tilted back and eyes
8 closed. The police officer had Respondent perform the test again. Respondent used his left
9 finger and touched his nose. Respondent used his right finger but failed to touch the tip of his
10 nose. Respondent used his left finger again and failed to touch his nose. Respondent used his
11 right finger again and touched underneath his nose. Respondent used his right finger again and
12 failed to touch the tip of his nose. During the test, Respondent’s eyelids fluttered.

13 H. Based on Respondent admitting to driving his Mercedes, witnesses stating that
14 they saw Respondent’s Mercedes colliding with two parked vehicles, police officers observing
15 damage to the Mercedes and the parked vehicles, Respondent being located in the driver seat of
16 the Mercedes as the sole occupant with the keys to the Mercedes in his jacket pocket, Respondent
17 displaying objective signs and symptoms of alcohol intoxication, and Respondent’s performance
18 during the field sobriety tests as consistent with alcohol impairment, Respondent was arrested for
19 violation of Vehicle Code section 23152(A)(driving under the influence of alcohol) and Vehicle
20 Code section 20002 (hit and run driving resulting in property damage).

21 I. Despite being advised by the police officer about implied consent pursuant to
22 Vehicle Code Section 23612 to participate in a chemical test to determine blood alcohol content
23 for his arrest under Vehicle Code section 23152(A) (driving under the influence of alcohol),
24 Respondent refused to comply.

25 15. On or about April 22, 2022, the Los Angeles County District Attorney filed a criminal
26 complaint against Respondent in the matter of *The People of the State of California v. Arvin*
27 *Taneja*, Superior Court Case No. ALH2AM00597-01. Count One of the Criminal Complaint
28 charged Respondent with driving under the influence of an alcoholic beverage, in violation of

1 Vehicle Code Section 23152(a), a misdemeanor, with an enhancement for refusing to participate
2 in a chemical test which adds additional punishment provided for in Vehicle Code section
3 23538(b)(2). Count Two of the Criminal Complaint charged Respondent with hit and run driving
4 resulting in property damage, a misdemeanor.

5 16. On or about December 14, 2023, Respondent was convicted upon his nolo contendere
6 plea to Count One (driving under the influence of an alcoholic beverage), and Respondent
7 admitted the additional allegation pursuant to Vehicle Code section 23538(b)(2), refusing to
8 participate in a chemical test. That same day, on or about December 14, 2023, the Superior Court
9 sentenced Respondent to probation for three years, with terms and conditions, including, among
10 other things, being required to: (1) pay a fine of \$390.00 plus penalty assessments, (2) enroll in
11 and complete the Hospital and Morgue program, and (3) enroll in and complete a 9-month driving
12 under the influence program.

13 17. Respondent was advised by the judge that being under the influence of alcohol or
14 drugs, or both, impairs the ability to safely operate a motor vehicle, and is extremely dangerous to
15 human life to drive while under the influence of alcohol or drugs or both. Respondent was further
16 advised that if, as a result of driving under the influence of alcohol or drugs, or both, someone is
17 killed, Respondent could be charged with murder.

18 **SECOND CAUSE FOR DISCIPLINE**

19 **(Conviction of a Substantially Related Crime)**

20 18. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
21 defined by section 2236, of the Code, in that he has been convicted of a crime substantially
22 related to the qualifications, functions, or duties of a physician and surgeon, as more particularly
23 alleged hereinafter:

24 19. The allegations of the First Cause for Discipline are incorporated herein by reference
25 as if fully set forth.

26 **THIRD CAUSE FOR DISCIPLINE**

27 **(Unprofessional Conduct)**

28 20. Respondent is further subject to disciplinary action under sections 2227 and 2234 of

1 the Code, in that he has engaged in unprofessional conduct, which breaches the rules or ethical
2 code of the medical profession, or conduct which is unbecoming to a member in good standing of
3 the medical profession, and which demonstrates an unfitness to practice medicine. The
4 circumstances are as follows:

5 21. The allegations of the First Cause for Discipline are incorporated herein by reference
6 as if fully set forth.

7 **PRAYER**

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

10 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 69230,
11 issued to Respondent Arvin Taneja, M.D.;

12 2. Revoking, suspending or denying approval of Respondent Arvin Taneja, M.D.'s
13 authority to supervise physician assistants and advanced practice nurses;

14 3. Ordering Respondent Arvin Taneja, M.D., to pay the Board the costs of the
15 investigation and enforcement of this case, and if placed on probation, the costs of probation
16 monitoring;

17 4. Ordering Respondent Arvin Taneja, M.D., if placed on probation, to provide patient
18 notification in accordance with Business and Professions Code section 2228.1; and

19 5. Taking such other and further action as deemed necessary and proper.

20
21 DATED: NOV 15 2024

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

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

13 In the Matter of the Accusation Against:

Case No. 800-2025-116471

14 **Arvin Taneja, M.D.**
333 South Arroyo Parkway, Suite 201
Pasadena, CA 91105-2577

A C C U S A T I O N

15 **Physician's and Surgeon's Certificate**
16 **No. A 69230,**

17 **Respondent.**

18
19
20 **PARTIES**

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

24 2. On or about July 9, 1999, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A 69230 to Arvin Taneja, M.D. (Respondent). The Physician's and Surgeon's
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will
27 expire on November 30, 2026, unless renewed.

28 **///**

JURISDICTION

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

4. Section 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) 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.

(d) Incompetence.

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

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

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

(h) Any action of the licensee, or another person acting on behalf of the 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.

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

COST RECOVERY

6. Section 125.3 of the Code states:

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

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

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

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

1 reduce or eliminate the cost award, or remand to the administrative law judge if the
2 proposed decision fails to make a finding on costs requested pursuant to subdivision
(a).

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

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

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

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

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

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

15 (j) This section does not apply to any board if a specific statutory provision in
16 that board's licensing act provides for recovery of costs in an administrative
disciplinary proceeding.

17 FIRST CAUSE FOR DISCIPLINE

18 (Dishonesty or Corruption)

19
20 7. Respondent has subjected his Physician's and Surgeon's Certificate No. A 69230 to
21 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (e), of
22 the Code, in that he has committed an act or acts of dishonesty or corruption, as more particularly
23 alleged hereinafter:

24 8. In 2022, Respondent renewed his Physician's and Surgeon's Certificate No. A 69230.

25 9. On or about April 22, 2022, the Los Angeles County District Attorney filed a criminal
26 complaint against Respondent in the matter of *The People of the State of California v. Arvin*
27 *Taneja*, Superior Court Case No. ALH2AM00597-01. Count One of the Criminal Complaint
28 charged Respondent with driving under the influence of an alcoholic beverage, in violation of

1 Vehicle Code Section 23152(a), a misdemeanor, with an enhancement for refusing to participate
2 in a chemical test which adds additional punishment provided for in Vehicle Code section
3 23538(b)(2). Count Two of the Criminal Complaint charged Respondent with hit and run driving
4 resulting in property damage, a misdemeanor.

5 10. On or about December 14, 2023, Respondent was convicted upon his nolo contendere
6 plea to Count One (driving under the influence of an alcoholic beverage), and Respondent
7 admitted the additional allegation pursuant to Vehicle Code section 23538(b)(2), refusing to
8 participate in a chemical test. That same day, on or about December 14, 2023, the Superior Court
9 sentenced Respondent to probation for three years, with terms and conditions, including, among
10 other things, being required to: (1) pay a fine of \$390.00 plus penalty assessments, (2) enroll in
11 and complete the Hospital and Morgue program, and (3) enroll in and complete a 9-month driving
12 under the influence program.

13 11. On or about November 10, 2024, Respondent applied, online, for a renewal of his
14 Physician's and Surgeon's Certificate No. A 69230.

15 12. One of the questions in the November 2024 online license renewal application asked
16 the following:

17 "Since you last renewed your license [2022], have you had any license
18 disciplined by a government agency or other disciplinary body, or have you
19 been convicted of any crime in any state, the U.S.A. and its territories,
20 military court or a foreign country?"

21 Respondent answered "No," even though this was false in that he had been convicted
22 of the driving under the influence crime on or about December 14, 2023, as described in
23 paragraph 10, above.

24 13. As part of the November 2024 online license renewal process, Respondent certified,
25 under penalty of perjury, that all statements, answers, and representations provided, including
26 supplementary [information] attached thereto, are true, complete, and accurate, when in fact,
27 Respondent's answer to the question described in paragraph 12, above, was false and/or
28 inaccurate.

///

1 PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 69230, issued
5 to Respondent Arvin Taneja, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Arvin Taneja, M.D.'s
7 authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Arvin Taneja, M.D., to pay the Board the costs of the
9 investigation and enforcement of this case, and if placed on probation, the costs of probation
10 monitoring; and

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

12
13 DATED: MAY 14 2025

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

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