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

In the Matter of the Accusation Against: Simmi P. Dhaliwal, M.D. Physician's and Surgeon's Certificate No. A 63694 Respondent.	Case No.: 800-2022-085347

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 January 9, 2026.

IT IS SO ORDERED: December 10, 2025.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Chair
Panel A

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

In the Matter of the Accusation Against: **SIMMI P. DHALIWAL, M.D.** **160 East Artesia Street #330** **Pomona, CA 91767** **Physician's and Surgeon's Certificate No. A 63694,** Respondent.	Case No. 800-2022-085347 OAH No. 2025020768 **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 Rebecca L. Smith, Deputy Attorney General.

2. Simmi P. Dhaliwal, M.D. (Respondent) is represented in this proceeding by attorney Dennis K. Ames and Pogey Henderson, whose address is 2677 North Main Street, Suite 901, Santa Ana, California 92705-6632.

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3. On or about October 17, 1997, the Board issued Physician's and Surgeon's Certificate No. A 63694 to Simmi P. Dhaliwal, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2022-085347, and will expire on August 31, 2027, unless renewed.

JURISDICTION

4. Accusation No. 800-2022-085347 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 January 21, 2025. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2022-085347 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. 800-2022-085347. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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. 800-2022-085347, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. 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. 800-2022-085347, a true and correct copy of which is attached hereto as Exhibit A, and that she has thereby subjected her Physician's and Surgeon's Certificate, No. A 63694 to disciplinary action.

11. Respondent agrees that her 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

12. 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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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.

13. 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.

14. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the Board, all of the charges and allegations contained in Accusation No. 800-2022-085347 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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15. 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.

16. 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 63694 issued to Respondent Simmi P. Dhaliwal, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years to run consecutively from the conclusion of Respondent's probation term in the Board's Decision in Case No. 800-2020-067356, for a total of six (6) years' probation, with the following terms and conditions:

1. EDUCATION COURSE. Within sixty (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 forty (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 regarding prenatal care 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 sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

2. MEDICAL RECORD KEEPING COURSE. Within sixty (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 fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

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

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

Within sixty (60) calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

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

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

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

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at

Respondent's expense during the term of probation.

4. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that location.

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

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

5. 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 fifteen (15) calendar days.

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

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

7. 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.

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $23,211.60 (Twenty-Three Thousand Two Hundred Eleven Dollars and Sixty Cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within thirty (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.

9. 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 ten (10) calendar days after the end of the preceding quarter.

10. 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.

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 thirty (30) calendar days prior to the dates of departure and return.

11. 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.

12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than thirty (30) calendar days and within fifteen (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 forty (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 eighteen (18) calendar months, Respondent shall successfully complete the Federation of State Medical Boards' 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.

13. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than one hundred twenty (120) calendar days prior to the completion of probation. This term does not include cost recovery, which is due within thirty (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.

14. 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.

15. 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.

16. 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.

17. 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. 800-2022-085347 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.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Dennis K. Ames and Pogey Henderson. 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: _____

SIMMI P. DHALIWAL, M.D.
Respondent

I have read and fully discussed with Respondent Simmi P. Dhaliwal, 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: _____

DENNIS K. AMES,
POGEY HENDERSON
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Dennis K. Ames and Pogey Henderson. 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: 7-11-25

SIMMI P. DHALIWAL, M.D.
Respondent

I have read and fully discussed with Respondent Simmi P. Dhaliwal, 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: 7/14/25

DENNIS K. AMES
POGEY HENDERSON
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

LA [illegible]

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorneys, Dennis K. Aaron and Peggy Henderson. 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: 7-11-25

SIMMI P. DHALIWAL, M.D.
Respondent

I have read and fully discussed with Respondent Simmi P. Dhaliwal, 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: 7/14/25

DENNIS K. AARON
PEGGY HENDERSON
Attorneys for Respondent

ENDORSEMENT

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

DATED: July 15, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

RACHEL A. SMITH
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2022-085347

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Attorney General of California
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Supervising Deputy Attorney General
REBECCA L. SMITH
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **SIMMI P. DHALIWAL, M.D.** **160 East Artesia Street, #330** **Pomona, CA 91767** **Physician's and Surgeon's Certificate No. A 63694,** Respondent.	Case No. 800-2022-085347 OAH No. **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 October 17, 1997, the Medical Board issued Physician's and Surgeon's Certificate Number A 63694 to Simmi P. Dhaliwal, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2025, 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 2004 of the Code states:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
>
> (f) Approving undergraduate and graduate medical education programs.
>
> (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).
>
> (h) Issuing licenses and certificates under the board's jurisdiction.
>
> (i) Administering the board's continuing medical education program.

5. Section 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:
>
> (a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.
>
> (b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the

physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

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

6. 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.

STATUTORY PROVISIONS

7. 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.

8. 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

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

(e) If an order for recovery of costs is made and timely payment is not made as 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.

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

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

(2) Notwithstanding paragraph (1), the board may, in its discretion, 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.

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

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

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent is subject to disciplinary action under Code section 2234, subdivision (b), in that she engaged in gross negligence in the prenatal care and treatment of Patient 1.[1] The circumstances are as follows:

11. On July 6, 2021, Patient 1, a then 27-year-old female patient, first presented to Respondent for prenatal care. Patient 1's last menstrual period was noted to be April 21, 2021, with an estimated due date of January 28, 2022. Respondent ordered prenatal laboratory studies

[1] For privacy purposes, the patient in this Accusation is referred to as Patient 1.

and an ultrasound for an estimated date of delivery (EDD). Patient 1's prenatal course was initially uncomplicated. She was seen regularly by Respondent, had normal laboratory studies, and normal fetal genetic disorder studies.

12. On August 12, 2021, Patient 1 underwent an ultrasound which showed a fetus measuring 9 weeks, 5 days gestation, consistent with an EDD of March 12, 2022. The following day, Patient 1 was seen by Respondent. Respondent noted the new EDD per ultrasound and referred Patient 1 for prenatal screening. Respondent noted that there were no uterine contractions and provided Patient 1 with preterm labor precautions.

13. On August 27, 2021, Patient 1 underwent a first trimester ultrasound and nuchal translucency assessment. The ultrasound evaluation showed a singleton pregnancy in variable presentation. The placenta was anterior. The crown rump length was 58.2 mm, which provided a composite gestational age of 12 weeks and 2 days. The amniotic fluid level was normal. Fetal cardiac activity was noted and there were no gross fetal anomalies noted. Nuchal translucency was 1.3 mm. No adnexal masses were seen; the cervix was long and closed; and the uterus was noted to be normal. Patient 1's EDD was noted to be March 9, 2022, plus or minus 7 days.

14. On November 2, 2021, Patient 1 underwent a second trimester obstetrical ultrasound demonstrating a fetus measuring 20 weeks, 6 days gestation, consistent with an EDD of March 16, 2022. A single fetus was noted to be in breech presentation. The placenta was in the posterior/right lateral location. There was no evidence of placenta previa or abruption. There was a normal amount of amniotic fluid, and the cervix was closed.

15. On December 10, 2021, Patient 1 was seen by Respondent in follow up. Patient 1 was noted to be at 26 weeks and 6 days gestation. Respondent documented the fundal height to be 25 centimeters. Respondent documented a normal glucose tolerance test, good fetal movement, no vaginal bleeding, and no uterine contractions. Patient 1 was noted to have complaints of sciatica and was referred for physical therapy.

16. On January 7, 2022, Patient 1 was seen by Respondent in follow up. Patient 1 was noted to be at 30 weeks and 6 days gestation. Respondent documented the fundal height to be 31 centimeters. Respondent also noted good fetal movement, no vaginal bleeding, and no uterine

contractions. It was noted that Patient 1 had "no issues, feels good." Patient 1 was instructed to return in 2 weeks.

17. Patient 1 states that at the time of the prenatal visit on January 7, 2022, she told Respondent that she had started experiencing pain on December 26, 2021, that Respondent advised Patient 1 that she probably had gallstones or possible inflamed intestines, and that Respondent recommended that she take Tylenol and Tums for the pain and to watch her diet. Patient 1 states that Respondent also recommended a warm bath to help with the pain. This is not documented in Patient 1's medical records from Respondent's office.

18. On January 18, 2022, Patient 1 was seen by Respondent in follow up. Respondent noted that Patient 1 was at 32 weeks and 3 days gestation. Respondent documented the fundal height to be 31 centimeters. Respondent also documented good fetal movement, no vaginal bleeding, no uterine contractions, and that Patient 1 had no issues.

19. Patient 1 states that at the time of the prenatal visit on January 18, 2022, she told Respondent that she was still experiencing pain. Patient 1 states that Respondent again advised her that she probably had gallstones or possible inflamed intestines and that Respondent recommended that she take Tylenol and a warm bath to alleviate the symptoms. Patient 1 states that Respondent also told her to go to labor and delivery if she experienced pain again. This is not documented in Patient 1's medical records from Respondent's office.

20. Patient 1 states that no fundal height measurements were performed during her prenatal visits. At the time of Respondent's interview with the Board on June 6, 2024, Respondent stated that she measured the fundal height at each of Patient 1's visits by using a tape measure and documented it in Patient 1's prenatal chart.

21. On January 22, 2022 at approximately 8:14 a.m., Patient 1 presented to the P.V.H.M.C. obstetrical triage unit, at 33 weeks' gestation, complaining of severe abdominal pain. Patient 1 stated that the abdominal pain had been bothering her for several weeks and she had yet to be evaluated. An abdominal ultrasound was unremarkable. An obstetrical ultrasound reflected a single live intrauterine gestation of 27 weeks and 2 days and was noted to be five weeks behind that expected by age appropriate interval growth. Patient 1's fetus was diagnosed with severe

fetal growth restriction (FGR), low amount of amniotic fluid (oligohydramnios), restricted blood flow through the umbilical cord, and decelerations in the fetal heart rate. Patient 1's admitting laboratory studies showed transaminitis (elevated liver enzymes), with normal blood pressure readings.

22. At approximately 12:30 p.m. that same day, Patient 1 underwent an emergency cesarean delivery by Dr. A.P. due to fetal heart rate decelerations. Patient 1 delivered a premature male infant, weighing 902 grams (1.99 pounds). The infant was in respiratory distress at delivery and required oxygen. He improved in the delivery room and was weaned to room air. He was transferred to the neonatal intensive care unit (NICU) on a high humidity nasal cannula. Chest x-ray findings were consistent with cardiomegaly. An echocardiogram revealed findings consistent with Tetralogy of Fallot, a rare condition caused by a combination of four heart defects present at birth. On February 7, 2022, the infant was transferred to L.L.U.M.C. for further cardiac care and surgery.

23. Postoperatively, Patient 1 was thought to have hemolysis elevated liver enzymes and low platelets syndrome (HELLP), a severe form of preeclampsia. Patient 1's blood pressure readings and laboratory studies improved and she was discharged in stable condition on January 26, 2022.

24. During routine office visits, the standard of care requires that the obstetrician evaluate the maternal patient's blood pressure, weight and lower extremity edema (swelling) as well as evaluate the fetal heart rate and check the maternal abdomen for fetal growth. The obstetrician also must follow up with the maternal patient as to how she is feeling and how the fetus is moving. If there are deviations from normal measurements or from routine answers to questions, further investigation, testing, ultrasounds, fetal monitoring and possible referrals to specialists must be pursued.

25. The standard of care requires that the obstetrician accurately assign an EDD in early prenatal care. The EDD is usually calculated by the first day of the woman's Last Menstrual Period (LMP) plus 40 weeks (280 days). If the LMP is unknown or just an approximate, a woman's cycles are irregular, or an early ultrasound's measurements of a fetus demonstrates that

the due date is more than 5-7 days before or after the estimate by the LMP, then the due date would be adjusted to be consistent with the earliest ultrasound dating. The EDD determines timing of appropriate testing and interpretation of those tests, determining the appropriateness of fetal growth, and designing interventions to reduce maternal and fetal morbidity.

26. Fetal Growth Restriction (FGR) is typically defined as a fetus with an estimated fetal weight or abdominal circumference that is less than the 5th percentile for that gestational age. Fundal height, measured in centimeters between 24 and 38 weeks, is used to screen for FGR. A discrepancy of more than 3 centimeters indicates that a fetus may be growth restricted. Ultrasonography is the best method for evaluating a possibly growth restricted fetus. An ultrasound is indicated when there is concern about possible growth restriction. Possible causes of FGR include fetal anomalies, or maternal issues, such as preeclampsia. Recognizing FGR early allows for timely interventions to improve outcomes for the fetal and maternal patients.

27. At least two, possibly three, routine prenatal visits occurred after fetal growth restriction had begun to develop in Patient 1's fetus. Respondent documented fundal height of 25 centimeters on December 10, 2021. While the two centimeter discrepancy is within the margin of error, the discrepancy should have prompted Respondent to refer Patient 1 for a fetal growth ultrasound or, at minimum, reassess and evaluate Patient 1 in one to two weeks. Respondent should not have waited four weeks to reassess. In addition, documenting the fundal height at 31 centimeters on January 7, 2022, and again on January 18, 2022, suggests no fetal growth in that timeframe and should have prompted further assessment of the fetal size. Respondent failed to recognize and assess FGR in Patient 1. This is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

28. Respondent is subject to disciplinary action under Code section 2266, in that she failed to maintain adequate and accurate records for Patient 1. The circumstances are as follows:

29. The allegations in the First Cause for Discipline above are incorporated herein by reference as if fully set forth.

DISCIPLINARY CONSIDERATIONS

30. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on December 16, 2016, in a prior disciplinary action entitled *In the Matter of the First Amended Accusation Against Simmi P. Dhaliwal, M.D.* before the Medical Board of California, in Case Number 18-2013-234709, Respondent's license was revoked for gross negligence, repeated negligent acts and failure to maintain adequate and accurate medical records with respect to the care and treatment of three patients. However, the revocation of Respondent's license was stayed and Respondent was placed on thirty-five (35) months of probation with the requirement to complete an education course, medical record keeping course, maintenance of a practice and billing monitor and other standard terms and conditions. That decision is now final and is incorporated by reference as if fully set forth herein.

31. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on September 28, 2022, in a prior disciplinary action entitled *In the Matter of the First Amended Accusation Against Simmi P. Dhaliwal, M.D.* before the Medical Board of California, in Case Number 800-2020-067356, Respondent's license was revoked for gross negligence, repeated negligent acts, incompetence and failure to maintain adequate and accurate medical records with respect to the care and treatment of a single patient. However, the revocation of Respondent's license was stayed and Respondent was placed on three (3) years of probation with the requirement to complete a clinical competence assessment program and other standard terms and conditions. That decision is now final and is incorporated by reference as if fully set forth herein.

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 63694, issued to Respondent Simmi P. Dhaliwal, M.D.;

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

3. Ordering Respondent Simmi P. Dhaliwal, 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: JAN 2 1 2025

Jenna Jones for
REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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