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

In the Matter of the First Amended Accusation Against: Ruslana Kadze, M.D. Physician's and Surgeon's Certificate No. A 73273 Respondent.	Case No. 800-2022-091854

DECISION

The attached Stipulated Surrender of License and 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 March 20, 2026.

IT IS SO ORDERED March 13, 2026.

MEDICAL BOARD OF CALIFORNIA

Reji Varghese, Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
PEGGIE BRADFORD TARWATER
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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 First Amended Accusation Against: **RUSLANA KADZE, M.D.** **18375 Ventura Blvd., Suite 623** **Tarzana, CA 91356-4218** **Physician's and Surgeon's Certificate No. A 73273,** Respondent.	Case No. 800-2022-091854 Consolidated Case Nos: 800-2023-095275 800-2024-111364 **STIPULATED SURRENDER OF LICENSE AND 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 Peggie Bradford Tarwater, Deputy Attorney General.

2. Ruslana Kadze, M.D. (Respondent) is represented in this proceeding, as to Board Case Numbers 800-2022-091854 and 800-2024-111364, by attorney Mark Guterman, whose address is 701 N. Brand Blvd., Suite 600, Glendale, CA 91203.

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3. Respondent is represented in this proceeding, as to Board Case Number 800-2023-095275, by Derek F. O'Reilly-Jones, whose address is 355 S. Grand Ave., Suite 1750, Los Angeles, CA 90071-1562.

4. On or about October 12, 2000, the Board issued Physician's and Surgeon's Certificate No. A 73273 to Respondent. That license was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2022-091854 and will expire on August 31, 2026, unless renewed.

JURISDICTION

5. First Amended Accusation No. 800-2022-091854 was filed before the Board and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on January 20, 2026. Respondent timely filed her Notice of Defense contesting the First Amended Accusation. A copy of First Amended Accusation No. 800-2022-091854 is attached as Exhibit A and incorporated by reference.

6. Respondent and Complainant hereby agree that this Stipulated Surrender of License and Order will be submitted to the Board for approval and adoption as the final resolution of Board Case No. 800-2022-091854.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2022-091854. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

8. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the First Amended 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.

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

CULPABILITY

10. Respondent understands that the charges and allegations in First Amended Accusation No. 800-2022-091854, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

11. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the First Amended Accusation and that those charges constitute cause for discipline. Respondent hereby gives up her right to contest that cause for discipline exists based on those charges.

RESERVATION

12. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

13. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a ... stipulation for surrender of a license."

14. Respondent understands that, by signing this stipulation, she enables the Executive Director of the Board to issue an order, on behalf of the Board, accepting the surrender of her Physician's and Surgeon's Certificate No. A 73273 without further notice to, or opportunity to be heard by, Respondent.

15. This Stipulated Surrender of License and Disciplinary Order shall be subject to the approval of the Executive Director on behalf of the Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his

consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that she may not withdraw her agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

16. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Executive Director on behalf of the Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

17. This Stipulated Surrender of License and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

18. The parties agree that copies of this Stipulated Surrender of License and Disciplinary

Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

19. In consideration of the foregoing admissions and stipulations, the parties agree the Executive Director of the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order on behalf of the Board:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 73273, issued to Respondent Ruslana Kadze, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board her pocket license and, if one was issued, her wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2022-091854 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $42,114.50 prior to issuance of a new or reinstated license.

6. 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 agency in the State of California, all of the charges and allegations contained in First Amended Accusation No. 800-2022-091854 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 licensure.

ACCEPTANCE

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

DATED: 3/11/2026

RUSLANA KADZE, M.D.
Respondent

I have read and fully discussed with Respondent Ruslana Kadze, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 3/11/26

MARK GUTERMAN
Attorney for Respondent
Medical Board Case Numbers: 800-2022-091854 and 800-2024-111364

I have read and fully discussed with Respondent Ruslana Kadze, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: 03/11/2026

Derek O'Reilly-Jones
DEREK F. O'REILLY-JONES
Attorney for Respondent
Medical Board Case Number 800-2023-095275

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ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: March 11, 2026

Respectfully submitted,

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

Peggie Bradford Tarwater
Digitally signed by Peggie Bradford Tarwater
Date: 2026.03.11 16:48:53 -07'00'

PEGGIE BRADFORD TARWATER
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2022-091854

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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
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STATE OF CALIFORNIA

In the Matter of the First Amended Accusation Against: **Ruslana Kadze, M.D.** **18375 Ventura Blvd., Suite 623** **Tarzana, CA 91356-4218** **Physician's and Surgeon's Certificate No. A 73273,** Respondent.	Case No. 800-2022-091854 OAH No. **FIRST AMENDED ACCUSATION**

PARTIES

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

2. On October 12, 2000, the Board issued Physician's and Surgeon's Certificate Number A 73273 to Ruslana Kadze, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 2026, unless renewed.

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JURISDICTION

3. This First Amended 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 2228 of the Code states:

> The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:
>
> (a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.
>
> (b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

STATUTORY PROVISIONS

6. Section 822 of the Code states:

If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

(a) Revoking the licentiate's certificate or license.

(b) Suspending the licentiate's right to practice.

(c) Placing the licentiate on probation.

(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

The licensing section shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated.

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 for at least seven years after the last date of service to a patient 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.

DEFINITIONS

10. An epidural is an injection near the spinal cord to relieve pain or deliver anesthesia. It is used during childbirth (labor and delivery phases) for pain relief.

11. Pitocin is a synthetic version of the hormone oxytocin, used to induce labor, control bleeding, or stimulate contractions.

12. An amniotomy, or artificial rupture of membranes, is the intentional rupture of the amniotic sac to stimulate labor or monitor the fetus.

13. Amnioinfusion is a procedure where sterile fluid is added to the uterus. It is most commonly performed during labor when a fetus shows signs of a slow or irregular heart rate due to low amniotic fluid resulting in umbilical cord compression.

14. An episiotomy is an incision made in the perinium, the tissue between the vagina and the anus, during childbirth, to widen the vaginal opening and facilitate delivery.

15. An Intrauterine Pressure Catheter (IUPC) is a device placed in the amniotic space

inside the uterus to measure the strength of uterine contractions during labor.

16. "Tachysystole" is defined as more than five uterine contractions in 10 minutes.

17. Hypoxia is the state of inadequate oxygen reaching a body's tissues and organs.

18. Acidemia is a state of abnormally high levels of acid in the bloodstream. Fetal acidemia is usually caused by hypoxia, which may be the result of inadequate blood flow through the placenta. The decreased blood flow may be caused by tachysystole, during which the uterus contracts too frequently to allow time for blood to flow through the placenta and to the fetus.

19. There is a three-tiered classification system for electronic monitoring of the fetal heart rate (FHR):

- Category I FHR tracing is the most normal and not associated with fetal acidemia;
- Category II FHR tracing is considered abnormal, requiring attention, evaluation, and implementation of corrective measures;
- Category III FHR tracing is the most abnormal and denotes a high risk of fetal acidemia.

20. Hysteroscopy is a procedure that allows for examination of the inside of the uterus by passing a thin, lighted tube (hysteroscope) through the cervix. An operative hysteroscopy can be used to remove polyps, fibroids, and adhesions.

21. MyoSure is a tissue removal device used in hysteroscopy to resect and remove polyps and abnormal tissue from the uterus.

22. NovaSure is an endometrial ablation device that removes the endometrium (the lining of the uterus). It is indicated for those who have completed their childbearing, as it is considered a permanent and non-reversable method of treatment for abnormal uterine bleeding.

23. Amniotic Fluid Embolism (AFE) is a rare and life-threatening complication that occurs when a pregnant woman gets amniotic fluid into her bloodstream just before, during or immediately after childbirth.

24. Postpartum hemorrhage (PPH) is severe bleeding after giving birth. Primary PPH occurs within the first 24 hours of delivery. The causes of PPH are referred to as the "four Ts:"

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- Uterine atony – This is a lack of uterine tone in which the uterine muscles do not contract sufficiently to clamp the placental blood vessels shut, leading to a steady loss of blood after delivery. This is the most common cause of PPH.
- Uterine Trauma – This refers to damage, such as a laceration, to the vagina, cervix, uterus, or perineum which causes bleeding.
- Retained placental tissue – This is when the placenta does not completely separate from the uterine wall, and pieces of the placenta are retained.
- Thrombin – This is a coagulation disorder, which can result in AFE.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

25. Respondent Ruslana Kadze, M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that she was grossly negligent in her care and treatment of Patient 1 and Infant and Patient 3.[1] The circumstances are as follows:

Patient 1 and Infant

26. Patient 1, who had a history of miscarriages, presented to Respondent for prenatal care on or around March 25, 2020. Her estimated due date was November 4, 2020. During the course of prenatal care, Patient 1 was treated for ulcerative colitis and anemia.

27. During her prenatal care, Patient 1 expressed a preference for a natural childbirth with no epidural and no Pitocin but was willing to change the plan. She had wanted to use a birthing center, but Respondent indicated that would not be advisable because of the risk of not being able to transfer care to a hospital in case of an emergency. Therefore, the delivery was planned to take place at Providence Cedars Sinai Tarzana Medical Center (Cedars Tarzana).

28. Patient 1 presented to Cedars Tarzana on October 18, 2020, with complaints of contractions. She was evaluated and determined to not be in labor. She was discharged with instructions to walk and to follow up with Respondent in three days.

29. Patient 1 returned to Cedars Tarzana on October 19, 2020, in early active labor. She

[1] Patients are referred to by number and as "Infant" to protect their identity and provide clarity.

was admitted at approximately 18:00 hours with FHR tracing at Category 1. The admitting physician contacted Respondent about the labor. The admitting physician noted Patient 1 was offered an epidural but refused and also that she had requested that Pitocin not be administered. Respondent assumed care for Patient 1.

30. On October 19, 2020, at 22:45 hours, Patient 1 signed a consent form for a vaginal delivery with possible episiotomy and possible operative delivery using vacuum and/or forceps if necessary.

31. Respondent placed an order for Pitocin on October 19, 2020, at around 23:00 hours.

32. On October 20, 2020, at approximately 09:30 hours, an epidural was requested. It was placed at approximately 10:00 hours.

33. Respondent noted that Patient 1 had a slow early labor. The note indicated that Patient 1 initially did not want an epidural or Pitocin but had received an epidural approximately two hours earlier. Patient 1 had progressed to 7 cm dilation without augmentation. An amniotomy was completed, and an IUPC was placed at 13:01 hours.

34. FHR tracing was at Category 1 from admission until about 14:30 hours on October 20, 2020.

35. At around 16:35 hours, Pitocin augmentation was started on Respondent's order. Patient 1 had progressed to 8.5 cm of dilation with adequate contractions.

36. Category II FHR tracing, along with Category I, are noted between 14:30 hours and 18:00 hours.

37. Tachysystole started at 18:30 hours and continued until delivery.

38. In an interview with the Board's investigator, Respondent indicated that the "baby didn't look . . . that great already" by 18:30 hours and 18:45 hours.

39. At 18:37 hours, Patient 1 is noted to be pushing with Respondent's instructions. Pitocin was increased to 4 milli-units per minute (mu/min) per Respondent.

40. Respondent was documented as having been "in department" during the entire length of time the patient was pushing, and the FHR tracing strips were reviewed by Respondent throughout.

41. At 19:00 hours, fetal tachycardia (abnormally high or fast heart rate) and decelerations of the heart rate were recorded.

42. Pitocin was decreased to 2 mu/min at 19:14 hours and to 1 mu/min at 20:39 hours. It was turned off at 21:03 hours.

43. Category III FHR tracing was recorded at about 20:38 hours and continued to delivery.

44. At 21:15 hours, an amnioinfusion was ordered. The nursing note indicates Respondent was discussing vacuum assisted delivery and the patient was refusing at this time.

45. Patient 1 consented to an episiotomy. The procedure was completed, the patient was instructed to push, and Infant was delivered at 21:45 hours. Infant was immediately taken to a warmer by the neonatal intensive care unit (NICU) team.

46. Apgar scores, used to determine the health of a newborn immediately after birth, indicated Infant was severely depressed.

47. A Delivery Note, dictated by Respondent on October 20, 2020, at 22:29 hours, indicated that the labor had been slow but progressed naturally and that the "baby looked good through this time." The note indicates that at around 18:45 hours, Respondent checked the patient, and she was "anterior lip." Respondent began pushing with the patient. Respondent noted some intermittent variable decelerations, but noted that they were not very severe, and the patient was given oxygen and a fluid bolus. Patient 1 pushed for approximately two and a half hours but was making progress. The note states that Patient 1 was offered the possible need for a vacuum, but Patient 1 was concerned about this, and so she continued to push. The baby's condition worsened, and Respondent cut an episiotomy. Respondent notes that Patient 1 pushed two more times, and Infant came out. The umbilical cord was tightly wrapped around Infant's neck (nuchal cord) and one of the arms. Infant looked depressed.

48. Both Patient 1 and her husband, who was in the room during the delivery, state that they consented to vacuum delivery.

49. Respondent did not advise Patient 1 that a vacuum extraction was medically necessary. Respondent did not advise the husband of Patient 1 that a vacuum extraction was

medically necessary. Respondent did not discuss the need for a cesarean section delivery.

50. On October 21, 2020, Infant was transferred to Children's Hospital of Los Angeles for care with perinatal hypoxia (inadequate supply of oxygen) and severe hypoxic ischemic encephalopathy (HIE, a brain injury that occurs when oxygen or blood flow to the brain is reduced or stopped). Infant then received hospice care at home. Infant died on December 1, 2020, with the causes of death listed as perinatal hypoxia, severe HIE, and nuchal cord.

51. The standard of care is to plan for immediate delivery of a fetus with a Category III FHR tracing, unless delivery is imminent. The standard of care is to do so within 30 minutes.

52. Given the presentation, it is reasonable to expect that Infant began to suffer from hypoxia denoted by the evolution of the FHR tracing to Category III by 20:38 hours. Category III FHR tracings developed, but were also persistent for over one hour, coupled with late decelerations and tachycardia, which are signs that the fetus is reaching an endpoint of imminent death.

53. The standard of care required that Respondent act on the ominous signs of fetal acidemia sooner and strongly advise the patient and her husband to proceed with prompt operative assisted delivery, either vacuum or cesarean section, to be accomplished with the 30-minute timeline.

54. Respondent was grossly negligent in failing to deliver Infant in a timely fashion either by cesarean section or vacuum extraction.

55. The standard of care is to augment labor in the active phase when labor, such as cervical dilation, is not progressing due to inadequate contractions.

56. Respondent was grossly negligent in that she initiated Pitocin to augment labor when Patient 1 had made appropriate progress in labor to 8.5 cm dilation with adequate contractions.

57. The standard of care is to discontinue Pitocin and, if necessary, administer an agent to immediately stop the uterine contractions while the residual effects of the Pitocin in the maternal bloodstream wear off, especially with a Category III FHR tracing.

58. Respondent was grossly negligent in that she unnecessarily increased Pitocin at 18:37 hours in the setting of tachysystole, rather than discontinuing it and considering stopping the

contractions due to obvious fetal intolerance to labor and signs of acidemia.

59. The standard of care is to clearly communicate to the patient the emergent nature of a diagnosis, the risks and benefits of the recommended treatment options, and the shared decision making between the patient or her designated representative.

60. Respondent was grossly negligent in that she failed to communicate to Patient 1 and her husband the gravity of the FHR tracing and that it signaled a high chance of irreversible harm and possible death of Infant if delivery was not expedited by vacuum or cesarean section.

Patient 3

61. On October 7, 2021, Patient 3 arrived at Cedars Tarzana by ambulance and in active labor at or around 21:52 hours. She was examined in the emergency department and transferred to the Labor and Delivery Unit at around 21:56 hours. At around 21:58 hours, Patient 3's private physician, K.T., M.D., was notified by telephone of the patient's arrival at the hospital.

62. In the Labor and Delivery Unit, Patient 3 was initially cared for by nursing staff and Respondent, who was the laborist on call. FHR tracing showed severe deep decelerations of the FHR. Respondent ordered terbutaline, a medication used to relax the uterus and decrease contractions in the presence of FHR abnormalities. Respondent planned to expedite delivery of the fetus via vacuum extraction. K.T., M.D. arrived in the Labor and Delivery Unit and was at Patient 3's bedside at around 22:11 hours. He took over the care of Patient 3.

63. The infant was delivered by K.T., M.D. by vacuum extraction with an episiotomy at around 22:13 hours. The placenta was delivered and reported to be intact by K.T., M.D. The placenta was sent to pathology for evaluation and assessment for placental abruption, the episiotomy was repaired, and Patient 3's blood loss was estimated at 250 ml, with post-partum hemorrhage defined as 500 ml or more for vaginal deliveries. No active bleeding was noted at this time.

64. Patient 3's nurse, L.M., recorded that at 23:29 hours, the patient's blood pressure was 48/32 and Patient 3 was saturating a peri-pad per hour. This was not reported to Patient 3's physician or Respondent. Other significantly abnormal vital signs, including abnormally high and low blood pressures and a high pulse, had also been taken but not reported.

65. On October 8, 2021, at 00:00 hours, Nurse L.M. called Charge Nurse E.F. to assess Patient 3's vaginal bleeding. A Foley catheter was placed, and Nurse L.M. was to continue to monitor the patient.

66. On October 8, 2021, at around 00:00, K.T., M.D. left the patient floor.

67. In a late entry note, filed on October 8, 2021, at 02:27 hours, Respondent documented that she had been asked to come to the room of Patient 3 between 00:30 and 00:35 hours to evaluate Patient 3's bleeding. Respondent documented that Patient 3 had PPH. Respondent emptied a small number of blood clots from the lower uterine segment, which is the part of the uterus right above the cervix. She did that by placing her fingers inside the vagina and into the uterus. Respondent documented that the "bleeding was very minimal now," referring to the time after she expressed clots. Respondent ordered medications used to firm up the uterus, including methergine and hemobate, as well as sublingual Cytotec to help control the bleeding. Respondent placed the following stat orders: two units of packed red blood cells, second IV line, blood tests (hemoglobin and hematocrit) and advised the nurse to continue massaging the uterus for 10 minutes until the medicines started working.

68. Respondent later explained that at the time of Patient 3's delivery, it was Respondent's common practice to "just give everything," including methergine, hemobate, and tranexamic acid to stabilizes clots. Respondent explained that PPH can dissipate and accumulate. Respondent said she had ordered a second IV line in case Patient 3 required IV medication or a blood transfusion. She instructed the nurses to continue to massage the uterus for at least ten more minutes in order to cause the uterus to contract while waiting for the medications to take effect. She said that if the uterus becomes firm again after massaging and uterotonic medications, but the patient continues bleeding, that would be an indicator that there might be a different cause for the bleeding. Respondent would have expected that she would have been notified of the blood test results within 15 to 20 minutes after placing the stat order.

69. Respondent did not perform any differential diagnosis, other than considering uterine atony, which she did not document. In performing a subjective assessment of Patient 3, Respondent explained she would consider whether the patient was pale, alert, awake, engaging in

normal conversation; however, she did not document Patient 3's appearance nor comment on it in explaining her care of Patient 3. Respondent did not objectively review the Patient 3's vital signs but rather relied on the nurse's representation that the vital signs were stable and that Patient 3 was fine. Respondent explained that Patient 3 really had minimal bleeding. She said, "it was the garden variety amount of bleeding that any woman has after having a baby." She did not know how much bleeding occurred prior to her entering Patient 3's room, no nurse told her how much bleeding had occurred before her arrival. Respondent did not ask the nurse to show her the peri-pads with blood to estimate the blood loss.

70. The oxygen saturation rates for Patient 3 between 00:41 and 00:48 hours were 90%, 70%, 78%, and 91%. Respondent was not advised of these readings.

71. Nurse T.M. documented that on October 8, 2021, at around 00:55 hours, K.T., M.D. called and was updated on the plan of care. Respondent did not directly speak with K.T., M.D. Respondent explained that she was next to Nurse L.M. while Nurse L.M. spoke with K.T., M.D. about Patient 3. According to Respondent, however, she could not hear K.T. M.D.'s end of the discussion. She stated that Nurse L.M. relayed what Respondent had done in the room, including removing clots and ordering uterotonics, a second IV line, blood tests, and PRBCs (blood). Respondent could not recall the nurse mentioning anything about abnormal vital signs. Respondent was not advised that K.T., M.D. would be taking any action. Nurse L.M.'s note does not include additional orders from K.T., M.D.

72. According to Respondent, it was no longer her responsibility to follow up with Patient 3 to determine whether the massage was effective, to find out the blood test results, to return to the room to follow up on the nature of the bleeding after the visit at 00:35 hours and whether it had increased at any point in time, believing that these actions were the responsibilities of K.T., M.D. Respondent took none of these actions, stating that it was K.T., M.D.'s responsibility to do so.

73. At around 02:10 hours, there was an absence of pulse, and Patient 3 was unresponsive. Chest compressions were begun, and a Code Blue was called.

74. At around 03:10 hours, Patient 3 was pronounced dead.

75. An autopsy of Patient 3 revealed that she died from an AFE.

76. The standard of care requires that a physician write a complete progress note when evaluating a patient, to include the categories of subjective, objective, assessment, and plan (SOAP) as part of the patient's documentation even if the entry of the note is late due to direct patient care.

77. Respondent was grossly negligent in the care and treatment of Patient 3 in that she failed to document and/or complete the following: subjective assessment and/or documentation of the patient's alertness, assessment of complaints such as dizziness or pain, and assessment of the presence or absence of acute distress; objective assessment of vital signs; and assessment of the basis of blood loss by mentioning uterine atony and the basis of her plan of care.

78. The standard of care requires that a laborist take responsibility for a patient under her watch unless communicated otherwise with the primary physician.

79. Respondent was grossly negligent in the care and treatment of Patient 3 in that although she initiated care for Patient 3 in assessing blood loss and placing orders for treatment, including ordering medication, ordering a second IV line, cross-matching blood products, ordering blood work, and ordering uterine massage, she relinquished her role as a laborist and failed to follow up on that care. She failed to reassess Patient 3, follow up on blood test results, and to directly communicate with K.T., M.D. to provide her own SBAR (situation, background, assessment, and recommendations).

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

80. Respondent Ruslana Kadze, M.D. is subject to disciplinary action under Code section 2234, subdivision (c), in that she committed repeated negligent acts in the care and treatment of Patient 1, Infant, Patient 2, and Patient 3. The circumstances are as follows:

Patient 1 and Infant

81. The allegations of the First Cause for Discipline are realleged and incorporated here as if fully set forth.

82. The standard of care is to begin pushing when the cervix is completely dilated and to

avoid pushing against an "anterior lip" of residual incompletely dilated cervix, which can cause maternal exhaustion, fetal distress, and trauma to the cervix.

83. Respondent was negligent in that she began pushing with Patient 1 against an anterior cervical lip.

84. The standard of care is to document the communications with the patient about the emergent nature of a diagnosis, the risks and benefits of the recommended treatment options, and the shared decision making between the patient or her designated representative.

85. Respondent was negligent in that she failed to document communications to Patient 1 and her husband about the gravity of the FHR tracing and that it signaled a high chance of irreversible harm and possible death of Infant if delivery was not expedited by vacuum or cesarean section.

Patient 2

86. Patient 2 was 44 years old when she initially sought care from Respondent on April 26, 2019, for abnormal uterine bleeding.

87. An ultrasound examination, conducted on July 10, 2019, revealed an 11 mm cervical polyp.

88. Respondent planned a hysteroscopy with a MyoSure device for removal of the polyp on December 20, 2020. Pre-operative orders reflect this procedure. Patient 2 was scheduled for the outpatient procedure at Providence Tarzana.

89. Patient 2 signed surgical consent forms for hysteroscopy with MyoSure resection of the polyp.

90. A NovaSure ablation procedure was not a planned procedure, and no consent was given to perform the procedure.

91. Respondent erroneously performed a NovaSure ablation, in addition to the planned hysteroscopy with MyoSure resection of the polyp, resulting in infertility.

92. Respondent was negligent in that she performed a procedure, the NovaSure ablation, for which she had no consent.

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Patient 3

93. The allegations of the First Cause for Discipline are realleged and incorporated here as if fully set forth.

94. The standard of care is to quantify the total blood loss after delivery or, at a minimum, estimate the blood loss in reaching a diagnosis of PPH, before managing the condition.

95. Respondent was grossly negligent in failing to document the basis of her PPH diagnoses by not quantifying and/or documenting the blood loss documented by K.T., M.D., at 250 ml with continued bleeding and/or by estimating blood loss through the use of the peri-pads.

96. The standard of care is to be aware of all potential causes of postpartum hemorrhage even if uncommon, such as AFE.

97. Respondent was negligent in that she failed to engage in and/or document a differential diagnosis process, including consideration of AFE.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

98. Respondent Ruslana Kadze, M.D. is subject to disciplinary action under Code section 2266, in that she failed to maintain adequate and accurate records in the care and treatment of Patient 1 and Infant and Patient 3. The circumstances are as follows:

99. The allegations of the First Cause for Discipline and paragraphs 84 through 85 and 94 through 97 of the Second Cause for Discipline are realleged and incorporated here as if fully set forth.

CAUSE FOR ACTION

(Medical Condition Affecting Competency)

100. Respondent Ruslana Kadze, M.D. is subject to disciplinary action under Code section 822, in that her ability to safely practice medicine is impaired due to a physical illness affecting competency. The circumstances are as follows:

101. On September 3, 2024, Respondent's treating physician noted that due to spinal stenosis in the cervical region, Respondent is limited in her ability to practice medicine as she is "unable to perform procedures."

102. In an interview with a Board investigator, Respondent explained that she had suffered an auto accident in August 2021, which resulted in cervical spine damage and numbness and a motor deficit in her left hand. Respondent states that, due to the numbness and motor deficits, she ceased delivering babies and then stopped practicing medicine because she did not want to hurt anyone.

103. Respondent has an active physician's and surgeon's certificate; however, she represents that she has not practiced medicine since May 2023.

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 73273, issued to Respondent Ruslana Kadze, M.D.;

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

3. Ordering Respondent Ruslana Kadze, 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 20 2026

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

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