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

In the Matter of the Accusation Against:	)	
Alvin Zachariah, M.D.	)	**Case No. 800-2015-015456**
Physician's and Surgeon's Certificate No. A 64060	)	
Respondent	)	

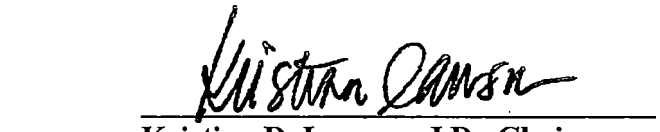
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on September 18, 2019.

IT IS SO ORDERED: August 19, 2019.

MEDICAL BOARD OF CALIFORNIA



Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
JANNSEN TAN
Deputy Attorney General
State Bar No. 237826
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7549
Facsimile: (916) 327-2247
Attorneys for Complainant

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

In the Matter of the Accusation Against: **ALVIN ZACHARIAH, M.D.** **PO BOX 280041** **SAN FRANCISCO , CA 94128** **Physician's and Surgeon's Certificate No. A 64060** Respondent.	Case No. 800-2015-015456 OAH No. 2018080132 **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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Jannsen Tan, Deputy Attorney General.

///

2. Respondent Alvin Zachariah, M.D. (Respondent) is represented in this proceeding by attorney John D. Harwell, Esq., whose address is: 225 27th Street, Manhattan Beach, CA 90266.

3. On or about December 5, 1997, the Board issued Physician's and Surgeon's Certificate No. A 64060 to Alvin Zachariah, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-015456, and will expire on November 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-015456 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 June 28, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-015456 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. 800-2015-015456. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

///

///

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2015-015456, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. For the purpose of resolving the 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 Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him, before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2015-015456 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

RESERVATION

13. 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

14. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails

to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

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 formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 64060 issued to Respondent Alvin Zachariah, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

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

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

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

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

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

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

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation

Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

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

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

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

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 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. The Respondent shall not resume practice until an appropriate practice setting is established.

If, during the course of the probation, the Respondent's practice setting changes and the Respondent is no longer practicing in a setting in compliance with this Decision, the 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 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. The 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 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, except in connection with the charitable organization, RotaCare Bay

Area.

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

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

9. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(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 30 calendar days prior to the dates of departure and return.

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

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

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

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

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

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

12. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

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

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

15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which

may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

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

DATED: 12 JUL 2019

ALVIN ZACHARIAH, M.D.
Respondent

I have read and fully discussed with Respondent Alvin Zachariah, 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: 7/12/19

JOHN D. HARWELL, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 7/12/2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

SA2018301715
13911082.docx

Exhibit A

Accusation No. 800-2015-015456

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
JANNSEN TAN
Deputy Attorney General
State Bar No. 237826
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7549
Facsimile: (916) 327-2247

Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 28 2018
BY K. Voong ANALYST

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

In the Matter of the Accusation Against: **ALVIN ZACHARIAH, M.D.** **PO Box 280041** **San Francisco, CA 94128** **Physician's and Surgeon's Certificate No. A 64060,** Respondent.	Case No. 800-2015-015456 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about December 5, 1997, the Medical Board issued Physician's and Surgeon's Certificate No. A 64060 to Alvin Zachariah, M.D. (Respondent). The Physician's and Surgeon's Certificate No. A 64060 was in full force and effect at all times relevant to the charges brought herein and will expire on November 30, 2019, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code states:

"(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

"(1) Have his or her license revoked upon order of the board.

"(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

"(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

"(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

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

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

///

///

///

///

5. Section 2234 of the Code states:

"The board shall take action against any licensee who is charged with unprofessional conduct.[1] 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 which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

---

[1] Unprofessional conduct has been defined as conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. Section 2266 of the Code states:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

7. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of the code, in that he committed gross negligence in his care and treatment of Patient A, B, C, and D,[2] as more particularly alleged hereinafter.

8. Respondent is a physician and surgeon board certified in Internal Medicine, who at all times alleged herein practiced medicine at California Correctional Health Care Services (CCHCS).

Patient A

9. Patient A was a 51-year-old male patient who was an inmate at a correctional facility. Patient A had a positive fecal occult blood test (FOBT) on or about August 14, 2013. Patient A was referred for follow up appointment and education.

10. On or about November 1, 2013, Patient A requested a medical appointment to address his chief complaint of difficulty walking caused by shortness of breath.

11. On or about November 12, 2013, Respondent saw Patient A for a clinic visit. Respondent documented that Patient A's hypertension and medication was at "goal." Respondent noted the positive FOBT and ordered a colonoscopy. Respondent failed to conduct a work up to account for a Hgb of 8.7 and query the patient as to the possible source of the blood loss. He also failed to perform a rectal exam to identify the source of anemia to account for a Hgb of 8.7, HCT of 30, MCV of 67.

///

[2] Patient names have been redacted to protect confidentiality.

12. On or about December 18, 2013, a colonoscopy was performed and the results revealed rectal polyps, and small internal hemorrhoids.

13. On or about December 20, 2013, Respondent saw Patient A for a clinic visit. Respondent documented: "Follow up colonoscopy was done on 12/18/2013 at Doctor's Medical Center in Manteca. Two polyps were found. I do not have the pathology on this. If there is any abnormality in the pathology, I will call him back and refer him back for further treatment as needed." Respondent failed to document pathology results from the polyp analysis from the colonoscopy. The results of the colonoscopy were not definitive to explain Patient A's level of anemia. Respondent failed to refer Patient A for an upper endoscopy procedure. Patient A had Iron Deficiency Anemia, which could not be adequately explained by the colonoscopy results. Respondent also failed to discontinue Naprosyn.

14. Respondent saw Patient A several times thereafter. During these subsequent clinic visits, Respondent failed to further investigate the cause of Patient A's anemia. He maintained Patient A on iron supplements, and repeated blood work to assess Patient A's response to the iron therapy.

15. Respondent committed gross negligence in his care and treatment of Patient A in that Respondent failed to conduct a more thorough workup and order an upper endoscopy study to account for the cause of Patient A's Iron Deficiency Anemia.

Patient B

16. Patient B was a 42-year-old male patient who was an inmate at a correctional facility. On or about October 6, 2014, Respondent saw Patient B for a clinic visit. Patient B had right-sided scrotal swelling for 3-4 months. Respondent documented his diagnosis as asymmetric swelling, non-tender on exam. Respondent documented his plan was to order labs, and ultrasound of the scrotum at a later date.

17. On or about October 10, 2014, Respondent saw Patient B for a rash after having started Bactrim for Epididymitis. On his examination, Respondent noted swelling and some tenderness. Respondent discontinued Bactrim and started Patient B on Clindamycin for Epididymitis. Respondent failed to take into account the possible causes of Patient B's

Epididymitis and rule out the likelihood of a sexually transmitted disease. He did not ask Patient B if he was performing insertive anal intercourse with other men. Respondent failed to consider that treatment for Epididymitis in the correctional setting would include other combinations of oral antibiotics, such as Rocephin and Doxycycline or Rocephin and a Fluoroquinolone. Respondent failed to order a complete workup at the time of the diagnosis to include urine for analysis and culture; and testing for Gonorrhea and Chlamydia.

18. On or about October 27, 2014, Respondent referred Patient B for an ultrasound. The ultrasound results revealed a hydrocele and Respondent subsequently referred Patient B to urology.

19. Respondent committed gross negligence in his care and treatment of Patient B which included, but was not limited to the following:

A. Respondent failed to perform an adequate workup to ascertain the causes of Patient B's Epididymitis.

B. Respondent inappropriately treated Patient B's Epididymitis with Clindamycin.

Patient C

20. Patient C was a 29-year-old male patient who was an inmate at a correctional facility. Patient C submitted a request on or about September 30, 2014, to be evaluated for pain in his mouth, possible hematemesis, and passing of blood per rectum.

21. On or about October 1, 2014, Patient C was seen by nursing staff who documented that Patient C complained of black tarry semi loose stools for 2–3 days; vomit of fresh blood 15 ml while his family was visiting him.

22. On or about October 7, 2014, Respondent saw Patient C. Respondent documented: "[Patient C] complains of multiple issues including back pain and nerve pain…". Respondent failed to document Patient C's complaint of hematemesis and passing blood per rectum. Respondent failed to document and/or perform an adequate patient history and review of systems. Respondent failed to query Patient C as to his GI bleeding and ask questions to ascertain Patient C's risk for sexually transmitted diseases and history of performing anal insertive intercourse. Respondent failed to perform and/or document an oral and rectal examination and failed to order

lab studies or order a GI referral. Respondent also continued Patient C on Salsalate and failed to treat Patient C with Rocephin, Doxycycline and Fluoroquinolone.

23. Respondent committed gross negligence in his care and treatment of Patient C in that he failed to address Patient C's complaint of onset hematemesis, and passing of blood per rectum.

Patient D

24. Patient D was a 53-year-old male patient who was an inmate at a correctional facility. Patient D has a history of Diabetes, Hypertension, Coronary Artery Disease (s/p stent placement), Hyperlipidemia, and Obesity.

25. On or about June 23, 2014, Respondent saw Patient D for a clinic visit. Respondent documented Patient D's Hemoglobin Alc as 7.1 and lowered his sliding scale regular insulin to 2 units before meals.

26. On or about September 14, 2014, Respondent saw Patient D for a clinic visit. Respondent documented Patient D's pulse at 110, and BP at 143/87.

27. On or about November 6, 2014, Respondent saw Patient D for a clinic visit. Respondent documented Patient D's pulse at 107, and BP at 111/70. Respondent documented Patient D's Hemoglobin Alc of 8.6. Respondent failed to document the possible reasons for the change and failed to make adjustments and implement an increase in sliding scale regular insulin in Patient D's diabetic medication.

28. On or about November 10, 2014, Respondent saw Patient D for a clinic visit. Respondent documented Patient D's pulse as 99, and BP at 103/73. Respondent failed to take into account Patient D's persistent tachycardia.

29. On or about February 28, 2015, Patient D's Hemoglobin Alc was 9.6. Respondent failed to document the possible reasons for the change and failed to make adjustments and implement an increase in sliding scale regular insulin in Patient D's diabetic medication.

30. Respondent committed gross negligence in his care and treatment of Patient D which included, but was not limited to the following:

A. Respondent failed to adequately treat Patient D's Diabetes Mellitus.

B. Respondent failed to adequately treat Patient D's persistent tachycardia.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

31. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in his care and treatment of Patients A, B, C, D, and E, jointly, severally and individually, as more particularly alleged in paragraphs 9 through 30, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

Patient E

32. Patient E was a 69-year-old male inmate at a correctional facility, with a history of Diabetes Mellitus and Chronic Kidney Disease.

33. On or about August 23, 2014, Respondent prescribed Metformin for Patient E to control his Diabetes.

34. On or about August 23, 2014, Patient E's eGFR was 35 and his hemoglobin Alc was 6.9. On or about August 27, 2014, Patient E's eGFR was 34 and his hemoglobin Alc was 7.1.

35. Respondent failed to reduce Patient E's daily dose of Metformin to 1000 mg., and failed to take into account Patient E's Chronic Kidney Disease, Patient E's significantly reduced eGFR and risk for lactic acidosis.

36. Respondent committed repeated negligent acts in his care and treatment of Patients A, B, C, D, and E, which included, but was not limited to the following:

A. Respondent failed to conduct a more thorough workup and order an upper endoscopy study to account for the cause of Patient A's Iron Deficiency Anemia.

B. Respondent failed to perform an adequate workup to ascertain the causes of Patient B's Epididymitis.

C. Respondent inappropriately treated Patient B's Epididymitis with Clindamycin.

D. Respondent failed to address Patient C's complaint of onset hematemesis, and passing of blood per rectum.

E. Respondent failed to adequately treat Patient D's Diabetes Mellitus.

F. Respondent failed to adequately treat Patient D's persistent tachycardia.

///

G. Respondent failed to reduce Patient E's daily dose of Metformin to 1000 mg., and failed to take into account Patient E's Chronic Kidney Disease, Patient E's significantly reduced eGFR and risk for lactic acidosis.

THIRD CAUSE FOR DISCIPLINE
(Insufficient Records, Dishonesty and General Unprofessional Conduct)

37. Respondent is further subject to disciplinary action under sections 2227, 2266 and 2234, as defined by section 2234 (e), of the Code, in that he failed to accurately document records, and/or has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged hereinafter: Paragraphs 8 to 36 are hereby incorporated by reference and realleged as if fully set forth herein.

38. On or about October 4, 2011, and October 13, 2013, Respondent filled out a re-credentialing application. In his application, Respondent failed to accurately disclose professional liability suits, actions and/or claims filed against him as required by his employment.

39. On or about May 6, 2014, Respondent failed to completely disclose all secondary employment when he signed a memo that omitted some of his secondary employment. Respondent also failed to accurately fill out his Form 700, disclosing sources of income as required by his employment.

40. On or about February 13, 2015, Respondent attended an informal hearing regarding his summary suspension of clinical privileges with the California Correctional Health Care Services. During the informal hearing process, Respondent admitted that he did not write patient encounter notes for patient visits Respondent claimed had occurred. Respondent failed to adequately document any patient visit had actually occurred.

///

///

///

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 No. A 64060, issued to Alvin Zachariah, M.D.;

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

3. Ordering Alvin Zachariah, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: June 28, 2018

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SA2015301636
33434045.docx