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

In the Matter of the Accusation Against:	
Satwant Singh Samrao, M.D.	**Case No. 800-2017-029444**
Physician's and Surgeon's Certificate No. A 48143,	
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 November 25, 2020.

IT IS SO ORDERED: October 30, 2020.

MEDICAL BOARD OF CALIFORNIA

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

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **SATWANT SINGH SAMRAO, M.D.** **500 E. Almond Ave., #6** **Madera, CA 93637** **Physician's and Surgeon's Certificate No. A 48143** Respondent.	Case No. 800-2017-029444 OAH No. 2019100396 **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. William Prasifka (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 Xavier Becerra, Attorney General of the State of California, by Michael C. Brummel, Deputy Attorney General.

2. Respondent Satwant Singh Samrao, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about April 9, 1990, the Board issued Physician's and Surgeon's Certificate No. A 48143 to Satwant Singh Samrao, 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. 800-2017-029444, and will expire on January 31, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-029444 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 September 23, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-029444 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. 800-2017-029444. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to be represented by counsel at his own expense; 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. 800-2017-029444, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges and allegations in Accusation No. 800-2017-029444, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 48143 to disciplinary action. Respondent hereby gives up his right to contest those charges.

11. ACKNOWLEDGMENT. Respondent acknowledges the Disciplinary Order below, requiring the disclosure of probation pursuant to Business and Professions Code section 2228.1, serves to protect the public interest.

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.

CONTINGENCY

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the

Board, all of the charges and allegations contained in Accusation No. 800-2017-029444 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.

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 48143 issued to Respondent Satwant Singh Samrao, 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. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices 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 prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

3. 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.

4. 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.

5. PROFESSIONAL BOUNDARIES PROGRAM. Within 60 calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee. Respondent, at the program's discretion, shall undergo and complete the program's assessment of Respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24 hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision(s), Accusation(s) and any other information that the Board or its designee deems relevant. The program shall evaluate Respondent at the end of the training and the program shall provide any data from the assessment and training as well as the results of

the evaluation to the Board or its designee.

Failure to complete the entire program not later than six (6) months after Respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with program recommendations. At the completion of the program, Respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

The program has the authority to determine whether or not Respondent successfully completed the program.

A professional boundaries 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.

If Respondent fails to complete the program within the designated time period, Respondent shall cease the practice of medicine within three (3) calendar days after being notified by the Board or its designee that Respondent failed to complete the program.

6. 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.

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

8. 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.

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 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 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 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..

13. 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.

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. 800-2017-029444 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

///

///

///

///

///

///

///

///

///

///

///

///

///

///

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. 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: 09/23/2020

SATWANT SINGH SAMRAO, M.D.
Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

ACCEPTANCE

I have carefully read the Stipulated Settlement and Disciplinary Order. 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: _____

SATWANT SINGH SAMRAO, M.D.
Respondent

ENDORSEMENT

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

DATED: September 23, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MICHAEL C. BRUMMEL
Deputy Attorney General
Attorneys for Complainant

Exhibit A

Accusation No. 800-2017-029444

XAVIER BECERRA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MICHAEL C. BRUMMEL
Deputy Attorney General
State Bar No. 236116
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2307
Facsimile: (559) 445-5106
E-mail: Michael.Brummel@doj.ca.gov

Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Sept. 23 20 19
BY _____ ANALYST

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

In the Matter of the Accusation Against: **Satwant Singh Samrao, M.D.** **500 E. Almond Ave., #6** **Madera, CA 93637** **Physician's and Surgeon's Certificate No. A 48143,** Respondent.	Case No. 800-2017-029444 **ACCUSATION**

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 April 9, 1990, the Medical Board issued Physician's and Surgeon's Certificate No. A 48143 to Satwant Singh Samrao, 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 January 31, 2020, unless renewed.

///

JURISDICTION

3. This Accusation is brought before the Board, under the authority of the following laws.

4. Business and Professions Code section 2227[1] 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

5. Section 2234 of the Code, states:

The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute

[1] All further statutory references are to the Business and Professions Code, unless otherwise indicated.

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.

(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."

7. Section 4021 of the Code states:

"'Controlled substance' means any substance listed in Chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

8. Section 4022 of the Code states, in pertinent part:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only,' or words of similar import.

"...

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

///

DEFINITIONS

9. Acetaminophen (Tylenol®) is a pain reliever and a fever reducer. It is used to treat many conditions including: headache, muscle aches, arthritis, backache, toothaches, colds, and fevers. Acetaminophen is not a controlled substance.

10. Acetaminophen and hydrocodone bitartrate (Vicodin®, Lortab®, and Norco®) is an opioid pain medication used for relief from moderate to moderately severe pain and has a high potential for abuse. It is a Schedule II controlled substance pursuant to Health and Safety Code, section 11055, subdivision (e). It is also a dangerous drug pursuant to section 4022.

11. Carisoprodol (Soma) is a centrally acting skeletal muscle relaxant. On January 11, 2012, Carisoprodol was classified a Schedule IV controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.14, subdivision (c). It is also a dangerous drug pursuant to section 4022.

12. CURES. Controlled Substance Utilization Review and Evaluation System 2.0 (CURES 2.0) is a database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory and oversight agencies and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

13. Controlled Substances Agreement, also known as a pain management contract or pain management agreement. A pain management agreement is recommended for patients on short-acting opioids at the time of the third visit; on long acting opioids; or expected to require more than three months of opioids. A pain management agreement outlines the responsibilities of the physician and patient during the time that controlled substances are prescribed. (See Medical Board of California: Guidelines for Prescribing Controlled Substances for Pain, November 2014.)

14. Gabapentin (Neurontin®) is an anticonvulsant medication used to treat partial seizures, neuropathic pain, hot flashes, and restless leg syndrome. It is recommended as one of a number of first-line medications for the treatment of neuropathic pain caused by diabetic neuropathy, postherpetic neuralgia, and central neuropathic pain. Gabapentin is a dangerous drug, pursuant to section 4022.

15. Hydrocodone is an opioid medication used to treat moderate to severe pain. In combination with acetaminophen, it is sold under the brand names Hysingla ER® and Zohydro®, among others. Prior to October 6, 2014, hydrocodone with acetaminophen was a Schedule III controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.13, subdivision (e). On October 6, 2014, hydrocodone combination products were reclassified as Schedule II controlled substances pursuant to Code of Federal Regulations, Title 21, section 1308.12, where it currently remains. Hydrocodone combined with acetaminophen is a dangerous drug pursuant to section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055, subdivision (b).

16. "MME" is an abbreviation for the Morphine Milligram Equivalents used to evaluate the levels of opioids prescribed to a patient. The Centers for Disease Control and Prevention (CDC) recommends avoiding or carefully justifying any dosage greater than 90 MME per day.

17. Morphine Sulphate is an opiate medication used to treat pain. MS Contin is a preparation of morphine sulphate in an extended-release tablet. It is a Schedule II controlled substance pursuant to Code of Federal Regulations, Title 21, section 1308.12, and Health and Safety Code, section 11055, subdivision (b). It is also a dangerous drug pursuant to Business and Professions Code section 4022.

18. Namzaric® is a combination of donepezil and memantine used to improve the function of nerve cells in the brain. It is used to treat people with severe dementia of the Alzheimer's type. Namzaric® is a dangerous drug pursuant to Business and Professions Code section 4022.

19. Oxycodone (Oxaydo®, OxyCONTIN®, Oxyfast®, Roxicodone®, Xtampza ER®, or in combination with acetaminophen, Endocet®, Percocet®, Roxicet®) is a white odorless crystalline power derived from an opium alkaloid. It is a pure agonist opioid whose principal therapeutic action is analgesia. Other therapeutic effects of oxycodone include anxiolysis, euphoria and feelings of relaxation. Oxycodone has a high potential for abuse. Oxycodone is a Schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of the Health and Safety Code, and a Schedule II controlled substance as defined by Section 1308.12

(b)(1) of Title 21 of the code of Federal Regulations and a dangerous drug as defined in section 4022. Respiratory depression is the chief hazard from all opioid agonist preparations. Oxycodone should be used with caution and started in a reduced dosage (1/3 to ½ of the usual dosage) in patients who are concurrently receiving other central nervous system depressants including sedatives or hypnotics, general anesthetics, phenothiazines, other tranquilizers and alcohol.

20. Venlafaxine (Effexor XR®, Effexor®) is an antidepressant belonging to a group of drugs called selective serotonin uptake inhibitors. It affects chemicals in the brain that may be unbalanced in people with depression. It is used to treat major depressive disorder, anxiety, and panic disorder. Venlafaxine is a dangerous drug pursuant to Business and Professions Code section 4022.

FACTUAL ALLEGATIONS

Circumstances related to Patient A[2]

21. On or about July 10, 2010[3], Patient A initially presented to Respondent for treatment at 67 years of age. Respondent diagnosed Patient A with chronic pain syndrome; a history of smoking 1 pack per day for 30 years, ending in 1985; mild chronic obstructive pulmonary disease (COPD), left nephrectomy; morbid obesity; and had undergone gastric bypass surgery in approximately 1985. Respondent's plan for Patient A was to avoid smoking, alcohol, drugs, and continue her medications. Respondent noted that her morphine sulfate was not refillable, and required an original prescription.

22. On or about October 25, 2010, Patient A presented to Respondent requesting a refill or her morphine, Soma, and Norco. Respondent prescribed her morphine sulfate ER 60 mg #180, Soma 350 mg #90, Norco 7.5/325, and Lortab for breakthrough pain. Respondent documented in the medical record that he discussed controlled substances with Patient A.

///

[2] Patient names have been redacted to protect privacy. The names will be provided to Respondent in discovery.

[3] All facts pertaining to Patient A that occurred in 2010 are included for informational purposes only, and are not the basis of any alleged departures from the standard of care set forth in this Accusation.

23. On or about November 10, 2010, Respondent received a notification from Patient A's pharmacy. The letter stated that Patient A had received 7 or more controlled substances, or a large daily dose of a controlled substance, and was receiving controlled substances from two or more providers, and/or from three or more pharmacies. The second page of the notification identified three different physicians, and three different pharmacies that were all currently providing controlled substances to Patient A. Patient A had received 270 carisoprodol pills, 270 hydrocodone/acetaminophen tablets, and 180 tablets of morphine sulfate ER in the prior two-month period.

24. On or about November 24, 2010, the first visit following the notification from Patient A's pharmacy, Respondent continued to prescribe controlled substances to Patient A. Respondent documented a discussion of the risks of abusing controlled substances with Patient A, but did not document any discussion of the plan to address the issues raised in the notification from her pharmacy. Respondent did not refer Patient A to a pain management specialist, and continued to prescribe morphine, Soma and Vicodin. Patient A continued to return to Respondent for visits related to refills from 2011 through 2015.

25. During the period of on or about January 1, 2015, through on or about December 31, 2015, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Strength	Qty	Prescriber
2015-01-26	TRAMADOL HCL	TAB	50 MG	60	RESPONDENT
2015-02-12	ZOLPIDEM TARTRATE	TAB	5 MG	30	RESPONDENT
2015-02-23	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	90	RESPONDENT
2015-03-15	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-04-16	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-05-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-06-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-07-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2015-08-27	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	RESPONDENT
2015-09-25	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	90	RESPONDENT
2015-10-27	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	RESPONDENT

Date Filled	Drug Name	Form	Strength	Qty	Prescriber
2015-11-26	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	90	RESPONDENT
2015-12-24	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT

26. On or about May 18, 2015, Patient A returned to Respondent at 71 years of age for a wellness examination. Patient A was currently taking Norco four times daily. Respondent documented a physical examination, but did not document any information related to her orientation or signs of dementia. Patient A continued to return to Respondent monthly for visits related to refills of her controlled substance medications.

27. On or about February 10, 2016, Patient A returned to Respondent at 72 years of age requesting more pain medication. Respondent increased her prescription of Norco to five times daily.

28. On or about May 25, 2016, Patient A returned to Respondent for treatment. Respondent did not document a physical examination related to orientation or signs of dementia. Respondent only wrote, "CNS: No focal or neural deficits."

29. On or about September 19, 2016, Patient A presented to Respondent at 72 years of age complaining that she was unable to enjoy her life, and her ability to engage in general activities was self-rated at a 2 out of a possible 10. Patient A asked for anti-depression medications to treat her pain tolerance. Respondent prescribed Venlafaxine, and Norco 5 times daily. Respondent provided Patient A a letter from the Surgeon General, and a copy of a CDC informational document relating to the use of opioids for chronic pain.

30. On or about October 7, 2016, Patient A returned to Respondent claiming that her pain medication was stolen the day after she received her prescription. Patient A said she needed a refill because, "I feel like dying." Respondent documented warning Patient A about the early refill of medications that are lost, stolen or displaced, then authorized a refill of her Norco for October 19, 2016.

31. During the period of on or about January 1, 2016, through on or about December 31, 2016, Patient A filled the following prescriptions for controlled substances:

///

Date Filled	Drug Name	Form	Strength	Qty	Prescriber
2016-01-22	ACETAMINOPHEN-HYDROCODONE BITARTRATE	TAB	325 MG-10 MG	120	RESPONDENT
2016-02-22	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT
2016-04-26	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT
2016-05-25	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT
2016-06-24	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT
2016-07-22	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-08-18	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	120	RESPONDENT
2016-09-19	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT
2016-10-17	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT
2016-11-16	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT
2016-12-07	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-10 MG	150	RESPONDENT

32. On or about January 6, 2017, Patient A presented to Respondent requesting refills, complaining that she had been vomiting, and couldn't remember if she was supposed to take her blood pressure medications. Respondent wrote that Patient A "requested not to abuse the substances," then prescribed her gabapentin, and substituted Norco 10/325, four times daily for her previous prescription of oxycodone.

33. On or about February 23, 2017, Patient A presented in Madera Community Hospital with an altered mental status. Patient A's daughter told hospital staff that Patient A is "addicted to Vicodin and finishes one prescription in 2 weeks. She has been attempting to regulate her Vicodin consumption but patient attempts to buy Vicodin from friends. Daughter states she was walking around the house naked this morning and urinated on the toilet with the seat down. Daughter notes she had similar confusion and behavior several years ago..." Following an examination in the emergency room, Patient A was cautioned about the continued use of opiates, and discharged with a recommendation that she get treatment and/or therapy for narcotic abuse.

34. On or about February 24, 2017, the day after her discharge from Madera Community Hospital, Patient A presented to Respondent in his office for a follow up appointment. Patient A requested a refill on Neurontin. Respondent documented Patient A's recent hospital visit related

to her opioid use and altered mental status, but failed to document any review of her orientation or signs of dementia. Respondent documented counseling Patient A regarding the use of controlled substances, then prescribed her Neurontin 600 mg, three times daily, with two refills. Respondent recommend a follow up in two weeks.

35. On or about March 22, 2017, approximately one month later, Patient A returned to Respondent. Patient A's daughter attended the appointment with her, and asked for a referral to a kidney specialist. Respondent's documentation states that Patient A had stopped taking her narcotics, and was only taking gabapentin. Respondent's assessment for Patient A stated, "Pale skin and pale conjunctiva-severe anemia." Respondent's plan for Patient A was to obtain routine labs related to her anemia, and return the following day. The plan and management also stated, "Continue amlodipine, Lisinopril, metoprolol succinate ER, venlafaxine and no narcotics." Respondent noted that he expected her hemoglobin to be lower than 5, and suspected that she was developing a malignancy, or anemia due to mild absorption post gastric bypass.

36. On or about March 28, 2017, Patient A presented to Respondent for follow up on her prior laboratory tests. Patient A's lab results were as follows: hemoglobin 6.7; hematocrit 21.3; mean corpuscular volume 111; serum iron 31; abnormal mean corpuscular hemoglobin concentration and abnormal red cell distribution width; and 10% transferring saturation. Respondent diagnosed Patient A with iron deficiency and microcytic hypochromic anemia. Respondent directed Patient A to go to the hospital to receive IV Procrit, but she refused. Respondent provided ferrous sulfate 325 3-4 times daily. Respondent wrote, "she is developing dementia, we will apply for Namzaric combination or Aricept and Namenda." After stating that the plan was "no narcotics" and in spite of Patient A's recent hospital admission related to opioid abuse, on March 22, 2017, Respondent resumed prescribing oxycodone 5/325, #120, in place of the previous monthly prescription of Norco. Respondent continued to prescribe Patient A oxycodone on a monthly basis until the final prescription on November 16, 2017.

37. On or about April 11, 2017, Patient A presented for a follow up appointment with a complaint of headaches. Respondent ordered blood work for Patient A, and asked her to return in one week for a follow up appointment.

38. On or about April 28, 2017, Patient A presented for a blood test and requested a refill on her oxycodone. Respondent's records report that Patient A's daughter was present, and was administering pain medications to Patient A. Patient A's lab results revealed a hemoglobin of 9.6, and Respondent concluded that she had hypochromic microcytic iron deficiency that was responding well to oral ferrous sulfate. Patient A's daughter signed a pain management agreement on behalf of Patient A, absent any documentation explaining why Patient A did not personally sign the pain management agreement. Respondent prescribed Patient A oxycodone 5/325 mg, one pill every eight hours, with a note indicating that he would decrease the prescription in the future.

39. On or about May 31, 2017, Patient A returned to Respondent for treatment. Respondent's assessment states that Patient A had obesity metabolic syndrome with gastric bypass, postsurgical malabsorption and hypovitaminosis, iron deficiency anemia, left nephrectomy due to severe nephrolithiasis, and multiple other medical problems. Respondent prescribed oxycodone, noting that he was decreasing the frequency to one pill every 8 hours as needed; however, this was the same prescription provided on April 28, 2017. Respondent did not document a differential diagnosis related to Patient A's anemia, and did not refer her to a gastroenterologist for further workup.

40. On or about June 22, 2017, Patient A returned to Respondent and requested that he increase her dose of pain medication. Respondent did increase her pain medication by prescribing her oxycodone 7.5/325, #90, every eight hours.

41. In or around July, 2017, Patient A flew to Minnesota alone, was identified by police with an altered mental state, and was admitted to the hospital. Patient A was diagnosed with an altered mental status due to narcotic overdose, and was hospitalized for a week before her family accompanied her back to her California home on July 21, 2017.

42. On or about July 26, 2017, Patient A returned to Respondent at 73 years of age requesting more pain medication after her recent narcotic overdose in Minnesota. Respondent noted prolapsed disc, paraspinal stenosis, 10 mm anterior spondylolisthesis and stenosis at L4-L5, neural foramina, hypertension, and emphysema. Respondent prescribed Percocet 7.5/325 mg, 1

every 8 hours, #90. Respondent recommended that Patient A return in one week for a wellness examination, and one month for refills of her oxycodone.

43. During the period of on or about January 1, 2017, through on or about July 26, 2017, Patient A filled the following prescriptions for controlled substances:

Date Filled	Drug Name	Form	Strength	Qty	Prescriber
2017-01-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	RESPONDENT
2017-02-06	HYDROCODONE BITARTRATE-ACETAMINOPHEN	TAB	325 MG-5 MG	120	RESPONDENT
2017-03-28	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	120	RESPONDENT
2017-04-28	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	120	RESPONDENT
2017-05-31	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-5 MG	90	RESPONDENT
2017-06-22	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	120	RESPONDENT
2017-07-26	OXYCODONE HCL-ACETAMINOPHEN	TAB	325 MG-7.5 MG	90	RESPONDENT

Circumstances related to Patient B

44. In or about sometime in 2010, Patient B first presented to Respondent. Patient B's history included type 2 diabetes, bronchial asthma, obesity, post cholecystectomy, and hysterectomy.

45. On or about February 24, 2015, Patient B presented to Respondent at 44 years of age, complaining of weakness and pain in her right knee. Patient B reported that she could barely stand before her right knee would "give out." Respondent noted that Patient B was walking with a limp, and documented a full physical examination that included a breast, vaginal and rectal examination. Respondent stated that the right knee was swollen, tender, and that the ligaments were intact with no obvious lesion. Respondent's assessment was "multiple medical problems as on the problem list." Respondent's plan for Patient B was to not smoke, lose weight, reduce her caloric intake, take her medications and follow up in three months. Respondent did not document a diagnosis or plan related to Patient B's chief complaint, right knee pain. Patient B reported that Respondent was angry when he entered the examination room. Patient B stated that Respondent, using profanity, said that he was very upset with his wife, because she would not have sex with him the way that he wanted her to, and he didn't know why she married him if she wasn't going to have sex with him the way he wanted. On or about August 30, 2018, Respondent was

interviewed about the care and treatment of Patient B by investigators working on behalf of the Board. When asked if he talked to Patient B about his personal sex life, Respondent admitted that he told Patient B "[t]hat I don't have good relations with my wife," but denied using profanity. Respondent stated that he remembered making the statement at the end of the examination, after the vaginal, breast, and rectal examination.

46. On or about March 2, 2015, Patient B returned to Respondent, but the chief complaint was not documented in the medical records. Respondent documented that Patient B was morbidly obese under the history of presenting illness, required a wellness examination, and complained of knee pain. Respondent documented a complete history and physical examination, but no pelvic or rectal examination. Respondent's assessment stated, "multiple medical problems as on the problem list," but did not include any description of Patient B's right knee. The plan and management section of the medical record included recommendations that Patient B stop smoking, lose weight, take her medications as prescribed, complete lab work, and return in 1-2 weeks to review labs. The records do not contain any assessment or plan related to Patient B's complaint of right knee pain.

47. On or about April 23, 2015, Patient B returned to Respondent, still complaining of right knee pain. Respondent noted that he had requested an MRI, but the insurance had not approved the request. Respondent noted that Patient B could bend her right knee, had no obvious trauma or locking, but felt unstable and had to hold it on both sides. Patient B reported that she was trying to lose weight and needed refills of her medications. Respondent documented an examination of Patient B's knee in the medical record that revealed a 15-degree flexion, normal skin, no warmth, tenderness over the joint line medially, normal abduction test, normal drawer's test, questionable Lachman Test, and positive McMurray Test. Respondent's assessment included, "pain in the right knee" and multiple other medical problems. Respondent recommended that Patient B lose weight, complete another x-ray, and he would resubmit a request for an MRI of her knee.

///

///

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

48. Respondent has subjected his Physician's and Surgeon's Certificate No. A 48143 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), in that he engaged in repeated acts of negligence in his care and treatment of Patient A, and Patient B. The circumstances are set forth in paragraphs 23 through 48, above, which are incorporated here by reference as if fully set forth.

Departures Pertaining to Patient A

49. Respondent continued to prescribe excessive amounts of opioids to Patient A, despite numerous indications of diversion and/or abuse of controlled substances. Following Patient A's admission to the emergency room in February and July 2017 with an altered mental status while taking controlled substances, Respondent failed to investigate or address the hospital admissions or altered mental status. Respondent failed to take any steps to prevent Patient A from engaging in excessive use of controlled substances after her hospital admissions. Respondent failed to refer Patient A to a specialist in addiction medicine or pain management, despite her continued excessive use of controlled substances abuse. Respondent obtained a pain management agreement for Patient A, but it was signed by Patient A's daughter, not Patient A. Respondent failed to document any explanation for Patient A not executing the pain management agreement. Despite receiving warnings from Patient A's pharmacy that she was receiving excessive amounts of controlled substances from multiple providers, Respondent did not take any action to prevent the continued excessive prescribing to Patient A. Respondent did not document any discussion with Patient A regarding her violation of the pain management agreement. Respondent did not utilize urine drug screens to monitor Patient A while prescribing controlled substances. Respondent did not monitor Patient A's CURES reports while prescribing controlled substances, to ensure that she was not violating the pain management agreement by obtaining controlled substances from other sources. Respondent failed to take appropriate action related to the prescribing of controlled substances to Patient A after receiving a letter from her family member alerting Respondent to her excessive use of controlled substances. Respondent documented that

Patient A had a diagnosis of dementia, and was receiving medication for that condition. Despite Respondent's awareness that Patient A suffered from dementia and had a high risk for overdose, he failed to take any corrective actions to prevent Patient A from abusing or misusing controlled substances. Respondent prescribed controlled substances to Patient A in an unsafe manner. These acts and omissions, individually and collectively, constitute negligence.

50. Respondent failed to perform an adequate workup for Patient A's anemia, despite her presentation on March 28, 2017 with a low transferrin saturation and hemoglobin of 6.7. Respondent diagnosed Patient A with iron deficiency anemia and prescribed iron, but failed to refer Patient A to a gastroenterologist for additional workup. By failing to perform an adequate workup for anemia, Respondent committed an act of negligence.

51. Respondent did not adequately document Patient B's chief complaint of right knee pain, despite repeated visits specifically related to her right knee pain. Respondent did not document a right knee examination, include diagnostic imaging impressions, or address Patient B's plan of treatment for right knee pain in the February 24, or March 2, 2015 visits. Each failure by Respondent to adequately document Patient B's complaint of right knee pain constitutes negligence.

52. Respondent admitted discussing and/or complaining about his personal sexual life with his wife to Patient B during the visit on February 24, 2015. Respondent's statements were inappropriate in the context of the physician patient relationship, and made Patient B feel uncomfortable. By discussing his personal sexual life with a patient, Respondent committed an act of negligence.

SECOND CAUSE FOR DISCIPLINE

(Recordkeeping)

53. Respondent has further subjected his Physician's and Surgeon's Certificate No. A 48143 to disciplinary action under sections 2227 and 2234, as defined by section 2266 in that he failed to maintain adequate and accurate medical records in his care and treatment of Patient A, and Patient B. The circumstances are set forth in paragraphs 23 through 48, above, which are incorporated here by reference as if fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 48143, issued to Satwant Singh Samrao, M.D.;

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

3. Ordering Satwant Singh Samrao, 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: September 23, 2019

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

FR2019950012
33803022.docx