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

In the Matter of the Accusation Against: Bala Annadurai, M.D. Physician's & Surgeon's Certificate No. A 56197 Respondent.	Case No. 800-2016-021031

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 February 12, 2021.

IT IS SO ORDERED January 14, 2021.

MEDICAL BOARD OF CALIFORNIA

Ronald H. Lewis, M.D., Chair
Panel A

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **BALA ANNADURAI, M.D.** 2130 Rutherford Lane Fremont, CA 94539-6061 Physician's and Surgeon's Certificate No. A 56197 Respondent.	Case No. 800-2016-021031 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

the matter by Xavier Becerra, Attorney General of the State of California, by David Carr and Hamsa Murthy, Deputy Attorneys General.

2. Respondent Bala Annadurai, M.D. is represented in this proceeding by attorney Cyrus A. Tabari, whose address is 1033 Willow St., San Jose, CA 95125. On or about June 19, 1996, the Board issued Physician's and Surgeon's Certificate No. A 56197 to Bala Annadurai, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the allegations brought in Accusation No. 800-2016-021031, and will expire on February 28, 2022, unless renewed.

JURISDICTION

3. Accusation No. 800-2016-021031 was filed before the Board, and it is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on May 3, 2018. Respondent timely filed her Notice of Defense contesting the Accusation.

4. A copy of Accusation No. 800-2016-021031 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2016-021031. Respondent has also carefully read, fully discussed with her counsel the Stipulated Settlement and Disciplinary Order. She understands the effects of the Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-021031, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

9. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case for the charges in the Accusation. Respondent hereby gives up her right to contest those charges.

10. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline, and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

11. The stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the Board's staff may communicate directly with the Board regarding the stipulation and settlement without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt the 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 the matter.

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

13. 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

I. PUBLIC REPRIMAND. IT IS HEREBY ORDERED that Respondent Bala Annadurai, M.D., as holder of Physician's and Surgeon's Certificate No. A56197, shall be and hereby is

publicly reprimanded pursuant to Business and Professions Code section 2227. This public reprimand is issued as a result of the following conduct by Respondent as set forth in Accusation No. 800-2016-02131:

> Respondent failed to identify, document, and discuss with a patient abnormal urinalysis results, a departure from the standard of care. Respondent also failed to document properly other matters involving that patient's care.

Respondent further agrees to the following conditions as requirements for the issuance of this reprimand:

II. EDUCATION COURSES. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in 40 hours of education courses focusing on practice management and 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 course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

Courses 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 courses, or not later than 30 calendar days after the effective date of the Decision, whichever is later.

III. 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 agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2016-021031 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 a license.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Cyrus A. Tabari. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into the 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: 10/01/2020

BALA ANNADURAI, M.D.
Respondent

I have read and fully discussed with Respondent Bala Annadurai, 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: 10/1/2020

CYRUS A. TABARI
Attorney for Respondent

ENDORSEMENT

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

DATED: Oct. 5, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

DAVID CARR
Deputy Attorney General
Attorneys for Complainant

SF2018200219

Exhibit A

Accusation No. 800-2016-021031

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO May 3 2018
BY R. Voong ANALYST

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

In the Matter of the Accusation Against:	Case No. 800-2016-021031
Bala Annadurai, M.D. **2147 Mowry Ave Suite D4** **Fremont, CA 94538** **Physician's and Surgeon's Certificate No. A 56197,** Respondent.	**A C C U S A T I O N**

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 June 19, 1996, the Medical Board issued Physician's and Surgeon's Certificate Number A 56197 to Bala Annadurai, 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 February 29, 2020, 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 unless otherwise indicated.

4. Section 2234 of the Code, states in pertinent part:

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

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

"(b) Gross negligence.

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

"(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

"(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

"..."

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

5. 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."

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."

CAUSE FOR DISCIPLINE

(Gross Negligence and/or Repeated Negligent Acts and/or Incompetence and Inadequate and Inaccurate Medical Recordkeeping)

7. Respondent Bala Annadurai, M.D. is subject to disciplinary action for unprofessional conduct under Code section 2234, including subsections (b) and/or (c), and/or (d) and section 2266 in that Respondent was grossly negligent, and/or repeatedly negligent and/or incompetent in

her care and treatment of patient R.V., and failed to maintain adequate and accurate medical records.[1] The circumstances are as follows:

8. On January 25, 2008, Patient R.V. first saw Respondent for evaluation of a rash and fever. Respondent ordered lab work, including a CBC (Complete Blood Count), TSH (Thyroid Stimulating Hormone), CMP (Comprehensive Metabolic Panel), BMP (Basic Metabolic Panel), a lipid profile, and a urinalysis. At the time of this initial visit, Patient R.V. was twenty-eight years old.

9. On or about February 16, 2008, Patient R.V.'s lab results were reported by a laboratory and made available to Respondent. Patient R.V.'s urinalysis showed the presence of blood and protein, and his bloodwork showed a creatinine value of 1.16.[2]

10. On or about February 23, 2008, Patient R.V. returned to see Respondent for a complete physical examination. Respondent did not document anything in the medical records about the abnormal presence of blood and protein in the patient's urine as evidenced by the February 16, 2008 lab results. Respondent also did not document anything in the medical records about whether she had a discussion with the patient about his abnormal test results. The "Visit Assessment" section of the medical records listed "Routine Medical Exam" and the "Visit Plan" section was blank.

11. On or about March 14, 2009, Patient R.V. saw Respondent for an annual physical exam. Respondent ordered the same lab work she ordered in 2008. For unknown reasons, the lab work was not completed.

12. On or about April 3, 2010, Patient R.V. saw Respondent for an annual physical exam. At this visit, the patient also complained of heartburn and related gastrointestinal complaints. Respondent ordered the same lab work that she had previously ordered in 2008 and 2009.

13. On or about April 18, 2010, Patient R.V.'s lab results were finalized by a laboratory and made available to Respondent. Again, Patient R.V.'s urinalysis showed the presence of

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[1]The patient is identified herein by initials to preserve confidentiality. Respondent knows the identity of Patient R.V.

[2] The presence of blood and protein in a patient's urine is an abnormal finding. A blood serum creatinine level of 1.36 or higher can signify an impaired kidney function or disease.

blood and protein in his urine, and his bloodwork showed a creatinine level of 1.22. Respondent did not document anything in the medical record regarding Patient R.V.'s abnormal urinalysis results.

14. On or about May 14, 2011, Patient R.V. saw Respondent for an annual physical exam and Respondent ordered the same laboratory tests that she had previously ordered in 2008, 2009, and 2010.

15. On or about, May 25, 2011, Patient R.V.'s lab results were completed and made available to Respondent. Patient R.V.'s urinalysis showed not only the presence of blood and protein in his urine but an increase in the levels as compared to his 2008 and 2010 results. The lab results did not report a creatinine level, although Respondent had ordered that test. Respondent did not document anything in Patient R.V.'s medical records regarding the abnormal urinalysis results or whether she discussed the results with the patient. There is no indication in the medical records that Respondent noticed that the lab results did not document a creatinine level.

16. On or about July 21, 2011, Patient R.V. saw Respondent for a complaint of eye redness. Respondent ordered lab tests but in the plan section of the medical records, Respondent documented that she ordered lab tests that were completely unrelated to the patient's eye complaints.

17. On or about July 26, 2012, Respondent ordered lab work for Patient R.V. On or about, July 30, 2012, the lab work was completed and the results were made available to Respondent. Patient R.V.'s urinalysis showed the presence of blood and protein in his urine and his bloodwork showed that his creatinine level had increased to 2.02, which is considered to be an abnormal and elevated level.

18. On or about August 4, 2012, Patient R.V. saw Respondent for an annual physical exam. Respondent diagnosed Patient R.V. as having an "abnormal kidney function study." However, Respondent did not document a basis for her diagnosis nor did she document anything in the medical records about Patient R.V.'s abnormal July 2012 urinalysis results or prior

abnormal urinalysis results. Nevertheless, Respondent referred Patient R.V. to a nephrologist and additional renal studies were obtained by the nephrologist.

19. On or about September 19, 2012, Patient R.V. saw Respondent for a complaint of a cold and dry cough. Respondent ordered that Patient R.V. begin a breathing treatment via a nebulizer and that he take antibiotics for his cold and dry cough. Respondent did not document a rationale for either the breathing treatment or antibiotics.

20. In 2012, Patient R.V. was subsequently diagnosed with advanced IgA Nephropathy by a nephrologist.[3] Patient R.V.'s renal function has deteriorated to the point where he requires dialysis and will necessitate a kidney transplant in the next few years.

21. Respondent's overall conduct, acts, and/or omissions, with regard to Patient R.V., constitutes unprofessional conduct through gross negligence and/or repeated acts of negligence and/or incompetence, and inadequate and inaccurate medical recordkeeping. More specifically, Respondent is guilty of unprofessional conduct as follows:

a. Respondent failed to conduct a full workup of Patient R.V.'s history of abnormal urinalysis test results by ordering more detailed laboratory testing and imaging, conducting more focused history and physical exams, closely monitoring the patient, obtaining and evaluating creatinine levels in 2011, and by referring the patient to a specialist.

b. Respondent failed to timely diagnose and treat Patient R.V.'s urinary abnormalities that persisted and worsened over the course of several years.

c. Respondent failed to consider, evaluate, and appreciate and/or document anything in the medical records about the fact that in 2008, 2010, and 2011, Patient R.V. had abnormal urinalysis results, including her thought process, diagnoses, plan of care, and whether she discussed the abnormal and concerning lab results with Patient R.V.

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[3] IgA Nephropathy is a kidney disease that occurs when an antibody called immunoglobulin A (IgA) builds up in the kidneys and causes inflammation that damages kidney tissues. The buildup of IgA can cause the kidneys to leak blood and protein into the urine. When the disease is in the inflammation stage, it can be treated with medication. However, a delay in diagnosis and treatment of IgA can lead to further loss of kidney functioning, including end-stage kidney disease. When a person's kidneys fail, he or she may need blood-filtering treatment called dialysis and/or a kidney transplant.

d. Respondent did not adequately formulate and/or document a plan of care regarding the eye complaints that Patient R.V. reported in 2011 and Respondent also failed to appreciate the wrong lab tests that she ordered in response to the patient's eye complaint.

e. Respondent failed to formulate and/or document the rationale for recommending that Patient R.V. begin breathing treatments and take antibiotics for the cold and cough that Patient R.V. reported in 2012.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 56197, issued to Bala Annadurai, M.D.;

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

3. Ordering Bala Annadurai, 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: May 3, 2018

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