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

In the Matter of the Accusation Against Kuldip Singh Gill, M.D. Physician's and Surgeons License No. A 61538 Respondent.	Case No. 800-2016-023396

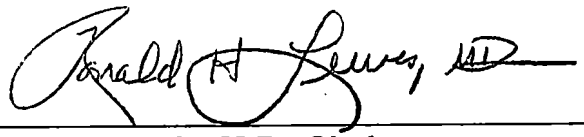
DECISION

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

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

In the Matter of the Accusation Against: **KULDIP SINGH GILL, M.D.** **280 Sierra College Dr.,Ste. 205** **Grass Valley, CA 95945** **Physician's and Surgeon's Certificate No. A 61538** Respondent.	Case No. 800-2016-023396 OAH No. 2019090543 **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 Jannsen Tan, Deputy Attorney General.

2. Respondent Kuldip Singh Gill, M.D. (Respondent) is represented in this proceeding by attorney Ian A. Scharg, whose address is: 400 University Avenue Sacramento, CA 95825-6502.

3. On or about January 29, 1997, the Board issued Physician's and Surgeon's Certificate No. A 61538 to Kuldip Singh Gill, 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. 800-2016-023396, and will expire on April 30, 2022, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-023396 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 May 1, 2019. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-023396 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. 800-2016-023396. 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 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.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-023396, 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 in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2016-023396, 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 61538 to disciplinary action.

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. 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. 800-2016-023396 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.

16. 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.

17. 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 61538 issued to Respondent Kuldip Singh Gill, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection

and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

2. 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.

3. 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.

4. 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.

5. 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.]

6. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or

personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

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

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

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the

name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

7. 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.

8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses at all times, except physician assistants and advanced practice nurses employed by Respondent at his practice located at 280 Sierra College Drive, Suite 205, Grass Valley, CA 95945-5763, and employed at Crystal Ridge Care Center, Wolf Creek Care Center, Spring Hill Manor, and Golden Empire.

9. 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.

10. 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.

11. 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.

12. 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.

13. 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..

14. 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.

15. 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.

16. 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.

17. 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.

18. 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. 800-2016-023396 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 above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Ian A. Scharg. 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: 11/3/20

KULDIP SINGH GILL, M.D.
Respondent

I have read and fully discussed with Respondent Kuldip Singh Gill, 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: 11/4/2020

IAN A. SCHARG
Attorney for Respondent

ENDORSEMENT

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

DATED: 11/4/2020

Respectfully submitted,

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

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-023396

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

In the Matter of the Accusation Against: **KULDIP SINGH GILL, M.D.** **280 Sierra College Dr., Ste. 205** **Grass Valley, CA 95945** **Physician's and Surgeon's Certificate No. A 61538,** Respondent.	Case No. 800-2016-023396 **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 January 29, 1997, the Medical Board issued Physician's and Surgeon's Certificate No. A 61538 to Kuldip Singh Gill, 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 April 30, 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 (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. 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.

"(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 2242 of the Code provides:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct."

"..."

8. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"(b) Any person who engages in repeated acts of clearly excessive prescribing or administering of drugs or treatment is guilty of a misdemeanor and shall be punished by a fine of not less than one hundred dollars ($100) nor more than six hundred dollars ($600), or by imprisonment for a term of not less than 60 days nor more than 180 days, or by both that fine and imprisonment.

"(c) A practitioner who has a medical basis for prescribing, furnishing, dispensing, or administering dangerous drugs or prescription controlled substances shall not be subject to disciplinary action or prosecution under this section.

"(d) No physician and surgeon shall be subject to disciplinary action pursuant to this section for treating intractable pain in compliance with Section 2241.5."

DRUGS AT ISSUE

9. Hydrocodone[1], brand name Vicodin and Norco, among others, is a semi-synthetic opioid derived from codeine. It is commonly used in combination with Acetaminophen. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

[1] On October 6, 2014, Hydrocodone combination products were reclassified as Schedule II controlled substances. Federal Register Volume 79, Number 163. Code of Federal Regulations Title 21 section 1308.12.

10. Lorazepam, brand name Ativan, is a benzodiazepine drug used to treat anxiety disorders. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

11. Diazepam, brand name Valium, is a benzodiazepine drug used to treat a wide range of conditions, including anxiety, panic attacks, insomnia, seizures (including status epilepticus), muscle spasms (such as in tetanus cases), restless legs syndrome, alcohol withdrawal, benzodiazepine withdrawal, opiate withdrawal syndrome and Ménière's disease. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

12. Methadone, brand name Symoron, among others, is a synthetic opioid. It is used medically as an analgesic and a maintenance anti-addictive and reductive preparation for use by patients with opioid dependence. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

13. Fentanyl, brand name Duragesic, is a potent, synthetic opioid analgesic with a rapid onset and short duration of action used for pain. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

14. Alprazolam, brand name Xanax, is a short-acting anxiolytic of the benzodiazepine class of psychoactive drugs used for treatment of panic disorder, and anxiety disorders. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

15. Clonazepam, brand name Klonopin, is an anti-anxiety medication in the benzodiazepine family. It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

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16. Morphine, sold under different trade names including MS Contin, is an opioid analgesic drug. It is the main psychoactive chemical in opium. Like other opioids, such as oxycodone, hydromorphone, and heroin, morphine acts directly on the central nervous system (CNS) to relieve pain. It is a Schedule II controlled substance pursuant to Health and Safety Code 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

17. Hydromorphone hydrochloride is the generic name for the drug Dilaudid. Hydromorphone hydrochloride ("hcl") is a potent opioid agonist that has a high potential for abuse and risk of producing respiratory depression. Hydromorphone hcl is a short-acting medication used to treat severe pain. Hydromorphone hcl is a Schedule II controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.12. Hydromorphone hcl is a dangerous drug pursuant to California Business and Professions Code section 4022 and is a Schedule II controlled substance pursuant to California Health and Safety Code section 11055(b).

18. Tramadol is the generic name for the drug Ultram. Tramadol is an opioid pain medication used to treat moderate to moderately severe pain. Effective August 18, 2014, Tramadol was placed into Schedule IV of the Controlled Substances Act pursuant to Code of Federal Regulations Title 21 section 1308.14(b). It is a dangerous drug pursuant to Business and Professions Code section 4022.

19. Carisoprodol is the generic name for Soma. Carisoprodol 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(c). It is a dangerous drug pursuant to Business and Professions Code section 4022.

20. Temazepam is the generic name for Restoril. Temazepam is an intermediate-acting benzodiazepine used to treat insomnia. Temazepam is a Schedule IV controlled substance pursuant to Code of Federal Regulations Title 21 section 1308.14(c). It is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022.

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21. Gabapentin, brand name Neurontin, is a medication used as an anticonvulsant and analgesic used to treat epilepsy. It is a dangerous drug pursuant to Business and Professions Code section 4022.

FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

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

23. Respondent is a physician and surgeon, board certified in internal medicine. Respondent has an office practice in Grass Valley, CA. Respondent is the supervising physician for NP Murtaugh, NP Mayer, and NP Windz.

Patient A

24. Patient A was a 73-year-old female who had an extensive past medical history of advanced COPD, chronic hypoxemic respiratory failure, pulmonary embolism, multiple compression fractures to her thoracic spine; spinal stenosis; issues with her lower lumbar discs (radiculopathy; disc prolapse; disc tear); gastric bypass for morbid obesity; multiple orthopedic surgeries; buttocks surgery; dehiscence of wound; depression; anxiety; recurrent pneumonia; lower GI bleed; movement disorder; renal stone and GERD. Patient A was seeing a pain specialist prior to seeing Respondent in 2010. Her medication list prior to seeing Respondent included methadone, and gabapentin. Prior to seeing Respondent, the pain specialist documented that he had concerns about dependence on benzodiazepines, and a plan to taper Patient A's medications.

25. During the period of 2012 to 2016, Respondent and NP Windz intermittently prescribed and refilled methadone, clonazepam, temazepam, hydrdomorphone, amitriptyline, and hydrocodone to Patient A without adequate documentation, complete medical history and physical examination, evaluation of prior history of substance abuse, documentation of diagnosis

[2] Patient and provider names have been redacted to protect patient confidentiality. Full patient names will be provided upon receipt of a Request for Discovery.

or medical indication for opioids, assessment, plan, and monitoring. Respondent prescribed Clonazepam and Oxycodone together with NP Windz sometimes on the same day or within a few days of each other.

26. On or about May 30, 2012, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A had been in a motor vehicle accident. NP Windz prescribed methadone, clonazepam, gabapentin and temazepam. The note was electronically signed on September 12, 2017.

27. On or about June 18, 2012, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A fell yesterday and broke her left arm. She also documented that Patient A was "out of meds." NP Windz prescribed methadone, clonazepam, temazepam and hydrocodone. The note was electronically signed on September 12, 2017.

28. On or about July 10, 2012, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A fell in the middle of the night. "Dizziness is a big issue." "Out of pain meds. Taking too much." NP Windz prescribed methadone, clonazepam, temazepam and hydrocodone. The note was electronically signed on September 12, 2017.

29. On or about September 24, 2012, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A was "falling at least three times daily. Fell in shower yesterday and almost fell through shower door. Can't remember anything." She also documented that Patient A lost her prescription for one month. NP Windz continued methadone, clonazepam, temazepam and hydrocodone. The note was electronically signed on September 12, 2017.

30. On or about January 11, 2013, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A "had a serious fall which she has no memory. Concern is that is (sic) medication related Dr. Gill stopped her Cymbalta and has gotten her to agree to work hard on coming off narcotic pain medication." Patient A also "ran out of Cymbalta, and started taking clonazepam daily." NP Windz continued methadone, clonazepam, temazepam and hydrocodone. The note was electronically signed on September 12, 2017.

31. On or about June 4, 2013 NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A had trouble sleeping despite high dose amitriptyline, temazepam and

gabapentin. NP Windz continued amitriptyline, gabapentin, clonazepam, temazepam and hydrocodone. The note was electronically signed on September 12, 2017.

32. On or about December 22, 2014, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A needed to take three trazodone in order to sleep. NP Windz continued trazodone, clonazepam, and hydrocodone. The note was electronically signed on September 12, 2017.

33. On or about March 23, 2015, NP Windz saw Patient A for a follow up visit. NP Windz continued trazodone, clonazepam, hydromorphone. The note was electronically signed on September 12, 2017.

34. On or about January 8, 2016, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A had "run out of pain meds" and that Patient A "did not know why she ran out." NP Windz continued trazodone, clonazepam, gabapentin, and oxycodone. The note was electronically signed on September 12, 2017.

35. On or about August 19, 2016, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A was "just out of the hospital." Patient A was "hospitalized with intentional OD." NP Windz documented that Patient A stated that "she has never gotten meds from anyone but our office (sic) and has never filled anywhere but KMART..." NP Windz continued trazodone, clonazepam, gabapentin, and oxycodone. The note was electronically signed on September 12, 2017.

36. On or about September 26, 2016, NP Windz saw Patient A for a follow up visit. NP Windz documented that Patient A's speech was slurred, balance off, can barely walk, and hard to awaken. NP Windz continued trazodone, clonazepam, gabapentin, and oxycodone. The note was electronically signed on September 12, 2017.

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

A. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate documentation.

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B. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate monitoring.

C. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without informed consent.

D. During the period of May 2012 to October 2016, Respondent in several of his notes, failed to adequately document Patient A's past medical history, medication list, allergies, vital signs, assessment, and plan. Respondent prescribed benzodiazepines together with opioids.

E. Respondent prescribed large doses of opioids despite not closely monitoring Patient A, without closely supervising his nurses.

Patient B

38. Patient B was a 70-year-old male who has an extensive past medical history of severe COPD, steroid and O2 dependent, pulmonary hypertension, morbid obesity, chronic leg edema, chronic backache, congestive heart failure, fatty liver, GERD, asthma, anxiety, depression and insomnia. Patient B has multiple ER visits and hospital admissions related to his COPD and asthma. Patient B was a patient at Wolf Creek Care Center, a skilled nursing home.

39. On or about January 13, 2012, Respondent documented increasing Patient B's prescription for MS Contin from 30mg to 60 mg.

40. On or about January 22, 2012, Respondent saw Patient B for an office visit. Respondent documented the chief complaint as shortness of breath. He documented that Patient B had advanced COPD, chronic backache. He documented that Patient B was there for rehab. Respondent documented that he planned to increase Morhpine SR from 30 mg Q6 to 60 mg Q8.

41. On or about January 30, 2012, Patient B, who then was 66 years old, saw Dr. G. for an office visit. In his January 30, 2012 note, Dr. G. documented that Patient B was well known to the pain clinic. He documented that Patient B was originally seen in the hospital on December 6, 2012, for a back fracture at T6. He documented that Patient B also has sepsis and pneumonia at the time. Dr. G. documented that he saw Patient B on December 19, 2012. During the December 19, 2012 visit, Patient B's comorbidities included severe COPD, O2 dependent, pulmonary hypertension, morbid obesity, chronic leg edema, chronic backache, congestive heart failure,

gastroesophageal reflux disease, asthma, and sepsis. Dr. G. documented that Patient B at the time was taking Vicodin and Dilaudid. Dr. G. documented that Patient B stated that the pain was not all that bad. Dr. G. documented that he told Patient B not to increase his pain medication, and that if Patient B needed to increase his pain medication he needed kyphoplasty. Dr. G. documented that Patient B was taking MS Contin 60 mg, three times a day, Norco 5 mg, two tablets, as needed every four hours, and Dilaudid 8 mg every four hours, as needed. Dr. G. documented that the dose was out of proportion to what he needed for pain control and that Patient B was not even benefitted by the opiates. Dr. G. documented that Patient B was taking opioids more for an anxiolytic effect and that he would recommend developing a program to limit the amount of opiate medication the patient receives.

42. On or about May 12, 2012, Patient B's medication list was documented as Morphine SR 100mg Q8, Fentanyl 50 mcg Q72, and Dilaudid 8mg Q4prn.

43. On or about June 3, 2015, Respondent saw Patient B for an office visit. Patient B's chief complaint was chest pain. Respondent documented that at the time, Patient B was a 69-year-old male who arrived at Wolf Creek on December 29, 2011, and has been there for ongoing debility as well as chronic shortness of breath related to COPD with multiple exacerbations. Respondent documented that on May 27, 2015, Patient B complained of shortness of breath and chest pain. Patient B was brought to Sierra Nevada Hospital for further evaluation, and was found to have COPD exacerbation.

44. On or about June 16, 2015, Respondent saw Patient B for a follow up visit. Respondent documented that he was asked to see Patient B by the nurse caring for Patient B. The nurse had concerns that Patient B was overly sedated in the last several days. Respondent documented that he agreed that Patient B does appear to be overall sedated, a little hard to arouse, a little confused, and a little worse than what he typically sees for him.

45. On or about September 29, 2015, Respondent saw Patient B for a follow up visit. Respondent documented that the nursing staff was concerned that Patient B was too sedated and seemed to sleep throughout the day, uninvolved and slipping with activities of daily living.

Respondent agreed that Patient B was too sedated. Respondent documented that he was going to decrease MS Contin to 30 mg every 12 hours.

46. During the period of July 2015 to June 22, 2016, Respondent intermittently prescribed morphine sulfate and lorazepam to Patient B without adequate documentation, monitoring, and informed consent.

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

A. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate documentation.

B. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate monitoring.

C. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without informed consent.

D. During the period of May 2012 to October 2016, Respondent in several of his notes, failed to adequately document Patient B's past medical history, medication list, allergies, vital signs, assessment and plan.

Patient C

48. Patient C was a 60-year-old female with a history of obesity, status post bariatic surgery, diabetes type 2, hypertension, low back pain, depressive disorder, panic disorder, shoulder pain, hyperlipidemia, and osteoporosis. NP Windz managed Patient C's care since 2008. Respondent employed and supervised NP Windz at all times relevant to the charges brought herein.

49. During the period of 2012 to 2016, Respondent and NP Windz intermittently prescribed and refilled Norco, Xanax, temazepam, alprazolam, hydrocodone and Soma to Patient C without adequate documentation, complete medical history and physical examination, evaluation of prior history of substance abuse, documentation of diagnosis or medical indication for opioids, assessment, plan, and monitoring.

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50. On or about March 7, 2014, NP Windz saw Patient C for a follow up visit. NP Windz documented Patient C's current medications were *inter alia*, Norco, Xanax, Tramadol, temazepam, and alprazolam. NP Windz documented her assessment as Diabetes Mellitus Type II, Hypertension, and Low Back Pain. NP Windz continued Patient C's opioid medication. NP Windz failed to document any plan or monitoring to justify the opioids prescribed. NP Windz electronically signed the March 7, 2014 note on April 16, 2018.

51. Patient C's prescription drug insurer, Optum Rx performed a narcotic drug utilization review of the opioids Respondent prescribed to Patient C for the period of July 1, 2013 to September 30, 2013, and found that Respondent had prescribed a dangerous level of acetaminophen at more than 4 grams per day. Optum RX communicated the results of their review to Respondent. The review revealed that Patient C filled her prescriptions at two different pharmacies.

52. Optum RX performed another retrospective drug utilization review of opioids Respondent prescribed to Patient C for the period of October 1, 2013 to December 31, 2013. Optum RX again warned Respondent that Patient C's acetaminophen level was more than 4 grams a day.

53. On or about January 29, 2015, Raley's Pharmacy sent a refill request to NP Windz. Patient C was requesting an early refill of Alprazolam. Patient C last filled the prescription on January 6, 2015.

54. On or about June 26, 2015, Raley's Pharmacy faxed an inquiry to NP Windz asking for justification for high dose and frequency prescription for alprazolam and Norco.

55. On or about December 28, 2015, Blue Shield of California faxed a denial for coverage of the drug alprazolam.

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

A. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate documentation.

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B. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate monitoring.

C. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without informed consent.

Patient D

57. Patient D was a 46-year-old female with an extensive past medical history of paraplegia secondary to a motor vehicle accident in 1987, neurogenic bladder requiring chronic indwelling catheter, recurrent UTIs, anxiety, depression, hypothyroidism, chronic full thickness ischial/sacral wounds, Hepatitis C, osteomyelitis, T11-L1 fusion residing at Crystal Ridge Care Facility.

58. During the period of 2013 to 2016, Respondent and NP Murtaugh intermittently prescribed and refilled methadone, Ativan, Dilaudid, and Valium to Patient D without adequate documentation, complete medical history and physical examination, evaluation of prior history of substance abuse, documentation of diagnosis or medical indication for opioids, assessment, plan, and monitoring. Respondent also prescribed methadone together with benzodiazepines. Respondent prescribed benzodiazepines for chronic management of anxiety and spasm.

59. On or about May 4, 2013, NP Murtaugh saw Patient D for an office visit. Patient D complained of "some increased pain in her right hip, which is where her decubitus ulcer is as well as green drainage with an odor." NP Murtaugh documented her assessment as paraplegia, right ischial tuberosity decubitus ulcer, motor vehicle accident in 1987, and history of Hepatitis C. NP Murtaugh continued all current medication.

60. On or about January 15, 2014, Humana Insurance sent a letter to Respondent indicating that Patient D tried to fill a prescription for diazepam on January 7, 2014. Humana told Respondent that the prescription is subject to a quantity limit and requires prior authorization.

61. On or about January 23, 2014, Humana Insurance sent a letter to Respondent indicating that Patient D tried to fill a prescription for diazepam on January 18, 2014, and methadone on January 17, 2014. Humana told Respondent that the prescription is subject to a quantity limit and requires prior authorization.

62. Humana Insurance sent several other letters to Respondent indicating quantity limits requiring prior authorization on February 6,14,19, 2014; March 5, 19, 26, 2014; April 2, 2014; and March 18, 2015.

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

A. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate documentation, including the goals of treatment.

B. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate monitoring and informed consent.

C. During the period of May 2012 to October 2016, Respondent prescribed large doses of methadone for chronic pain, and prescribed methadone with benzodiazepines.

Patient E

64. Patient E was a 51-year-old male with a history of obesity, acute and chronic respiratory failure, Hepatitis C, Chronic Kidney Disease 3, rheumatoid arthritis, hypertension, insulin dependent diabetes mellitus, chronic pain, anxiety, insomnia, hyperlipidemia, gout, history of scrotal hydrocele status post drainage.

65. During the period of 2013 to 2016, Respondent, NP Murtaugh, NP Mayer, and NP Windz intermittently prescribed and refilled Fentanyl, methadone, alprazolam, restoril, clonazepam, tramadol, Vicodin, and Norco.

66. Respondent and his nurses saw Patient E several times on 12/23/2013, 11/06/2013, 10/29/2013, 10/15/2013, 10/01/2013, 9/11/2013, 8/29/2013, 8/20/2013, 8/13/2013, 8/09/2013, 8/02/2013, 7/31/2013, 7/23/2013, 7/16/2013, 7/12/2013, 7/08/2013, 6/28/2013, 6/17/2013. Respondent and his nurses documented notes for these visits, but only electronically signed the notes on June 22, 2018.

67. Respondent and his nurses saw Patient E several times on 12/22/2014, 11/24/2014, 10/28/2014, 9/30/2014, 9/02/2014, 8/4/2014, 7/07/2014, 6/09/2014, 5/12/2014, 4/14/2014, 3/17/2014, 2/19/2014, 2/02/2014, 1/21/2014, 1/08/2014. Respondent and his nurses documented notes for these visits, but only electronically signed the notes on June 22, 2018.

68. Respondent and his nurses saw Patient E several times on 1/22/2016, 12/22/2015, 12/10/2015, 12/01/2015, 8/14/2015, 5/14/2015, 4/15/2015, 3/17/2015, 2/17/2015, and 1/19/2015. Respondent and his nurses documented notes for these visits, but only electronically signed the notes on June 22, 2018.

69. Humana insurance issued a patient report to Respondent, ranging from May 13, 2014 to May 29, 2015. The report found that Respondent had been prescribing acetaminophen at a high dose, and that Patient E as at high risk for liver injury.

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

A. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate documentation, including the goals of treatment. Respondent also signed notes years after the note was written.

B. During the period of May 2012 to October 2016, Respondent prescribed multiple controlled medication without adequate monitoring and informed consent.

C. During the period of May 2012 to October 2016, Respondent prescribed large doses of Fentanyl, methadone, tramadol, Vicodin, Norco without history of prior pain treatments, assessment of pain, documentation of the presence of a recognized medical indication, pain scale, alleviating or exacerbating factors related to pain, non-pharmalogical modalities for pain.

SECOND CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

71. Respondent is further 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, as more particularly alleged hereinafter: Paragraphs 22 through 70, above, are hereby incorporated by reference and realleged as if fully set forth herein.

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THIRD CAUSE FOR DISCIPLINE
(Prescribing Dangerous Drugs without Appropriate Examination or Medical Indication)

72. Respondent is further subject to disciplinary action under sections 2227 and 2334, as defined by section 2242, of the Code, in that he prescribed controlled substances and dangerous drugs to Patients A, B, C, D, and E without an appropriate medical examination or medical indication, as more particularly alleged hereinafter: Paragraphs 22 through 70, above, are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE
(Excessive Prescribing)

73. Respondent is further subject to disciplinary action under sections 2227, 2234 and 725, in that he has excessively prescribed controlled substances and dangerous drugs to Patients A, B, C, D, and E as more particularly alleged hereinafter: Paragraphs 22 through 70, above, are hereby incorporated by reference and realleged as if fully set forth herein.

FIFTH CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Medical Records)

74. Respondent is further subject to discipline under sections 2227 and 2334, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate medical records in the care and treatment of Patients A, B, C, D, and E as more particularly alleged hereinafter: Paragraphs 22 through 70, above, are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. A 61538, issued to Kuldip Singh Gill, M.D.;

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

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3. Ordering Kuldip Singh Gill, 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 9, 2019

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

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