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

In the Matter of the First Amended Accusation Against: **Navin Saran, M.D.** **Physician's & Surgeon's Certificate No A 37985** **Respondent**	**Case No. 800-2018-044642**

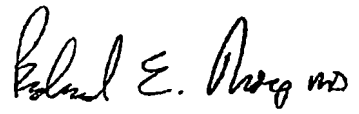
DECISION

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 11, 2022.

IT IS SO ORDERED January 12, 2022.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

ROB BONTA
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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **NAVIN SARAN, M.D.** **1661 W. Broadway, #14** **Anaheim, CA 92802** **Physician's and Surgeon's Certificate No. A 37985,** Respondent.	Case No. 800-2018-044642 OAH No. 2021020340 **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 Rob Bonta, Attorney General of the State of California, by Rosemary F. Luzon, Deputy Attorney General.

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2. Respondent Navin Saran, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, Esq., whose address is: DOYLE SCHAFER McMAHON, LLP, 5440 Trabuco Road, Irvine, CA 92620.

3. On or about February 1, 1982, the Board issued Physician's and Surgeon's Certificate No. A 37985 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in First Amended Accusation No. 800-2018-044642, and will expire on October 31, 2023, unless renewed.

JURISDICTION

4. On or about October 22, 2021, First Amended Accusation No. 800-2018-044642 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent on or about October 22, 2021, at his address of record. Respondent timely filed his Notice of Defense contesting the First Amended Accusation.

5. A true and correct copy of First Amended Accusation No. 800-2018-044642 is attached as Exhibit A and incorporated herein by reference as if fully set forth herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2018-044642. 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 First Amended 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, having been fully advised of same by his attorney, Raymond J. McMahon, Esq.

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8. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations in First Amended Accusation No. 800-2018-044642, and Respondent hereby gives up his rights to contest those charges. Respondent further agrees that he has thereby subjected his Physician's and Surgeon's Certificate No. A 37985 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against him before the Board, all of the charges and allegations contained in First Amended Accusation No. 800-2018-044642 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.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. A 37985 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

12. 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.

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

14. 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.

15. 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 Respondent Navin Saran, M.D., Physician's and Surgeon's Certificate No. A 37985, shall be and is hereby Publicly Reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a), subsection (4). This Public Reprimand is issued in connection with the allegations relating to Respondent's care and treatment of Patient A and Patient B, which are set forth in First Amended Accusation No. 800-2018-044642, as follows:

1. PUBLIC REPRIMAND.

Between on or about January 14, 2014, and May 8, 2020, you failed in your documentation and record keeping relating to your care and treatment of Patient A, and between on or about February 7, 2013, and May 16, 2019, you failed in your documentation and record keeping relating to your care and treatment of Patient B, in violation of California Business and Professions Code sections 2234 and 2266, as more fully described in First Amended Accusation No. 800-2018-044642, a true and copy of which is attached hereto as Exhibit A and incorporated by reference as if fully set forth herein.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, 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. 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. Specific areas include: medical record keeping, clinical documentation, and patient chart and progress note legibility. 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. 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.

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. FAILURE TO COMPLY. Any failure by Respondent to comply with the terms and conditions of the Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

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5. 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 First Amended Accusation No. 800-2018-044642 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, Raymond J. McMahon, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 37985. 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: 10/27/21

NAVIN SARAN, M.D.
Respondent

I have read and fully discussed with Respondent Navin Saran, 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: October 28, 2021

RAYMOND J. MCMAHON, ESQ.
Attorney for Respondent

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ENDORSEMENT

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

DATED: 10/28/21

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

ROSEMARY F. LUZON
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2018-044642

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **NAVIN SARAN, M.D.** **1661 W. Broadway, #14** **Anaheim, CA 92802** **Physician's and Surgeon's Certificate No. A 37985,** Respondent.	Case No. 800-2018-044642 **FIRST AMENDED ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about February 1, 1982, the Board issued Physician's and Surgeon's Certificate No. A 37985 to Navin Saran, 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 October 31, 2021, unless renewed.

JURISDICTION

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

4. Section 2220 of the Code states:

> Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. . .

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.
>
> . . .

6. 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:
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> . . .
>
> (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.

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(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.

. . .

7. 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.

8. Unprofessional conduct under section 2234 of the Code is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

FIRST CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 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 Patient A and Patient B, as more particularly alleged hereinafter:[1]

Patient A

10. Between on or about January 14, 2014, and May 8, 2020, Respondent treated Patient A for his primary care needs while Patient A resided at two assisted living facilities.[2] Patient A's medical problems included type 2 diabetes, recurrent urinary tract infection, peptic ulcer disease, anxiety, major depression, psychosis, scalp laceration repair, urinary incontinence, gait abnormality, and stroke, in addition to multiple other medical issues.

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[1] References to "Patient A" and "Patient B" herein are used to protect patient privacy.

[2] Any medical care or treatment rendered by Respondent to Patient A and Patient B more than seven years prior to the filing of the Accusation is described for informational purposes only and not pleaded as a basis for disciplinary action.

11. During this timeframe, Respondent saw Patient A on a near-monthly basis. For each of these visits, Respondent's handwritten progress notes were illegible.

12. On or about March 4, 2014, Respondent saw Patient A after he fell at the assisted living facility and sustained a laceration to his scalp that required hospitalization and repair. Respondent's medical chart for Patient A did not include any information or details relating to the repair of the scalp laceration, including any hospitalization records.

13. On or about April 7, 2017, Respondent saw Patient A. According to Respondent, Patient A was "very stable" at this time and "not sick." However, on or about April 10, 2017, Patient A filled a prescription for Phenergan-Codeine syrup.[3] According to Respondent, he prescribed this medication to Patient A for a cough. On or about May 4, 2017, Respondent saw Patient A again. Respondent did not document Patient A's cough or the prescription for Phenergan-Codeine syrup in his progress notes.

14. On or about November 27, 2017, Patient A filled a prescription for alprazolam[4] 0.5 mg, which Respondent prescribed. According to Respondent, Patient A had been on alprazolam 0.25 mg for a long time, but he increased the dosage to 0.5 mg due to Patient A's increased anxiety. On or about December 7, 2017, Respondent saw Patient A. Respondent did not document Patient A's increased anxiety or the change to the alprazolam dosage in his progress notes.

15. On or about December 25, 2017, Patient A suffered a fall at the assisted living facility. On or about January 4, 2018, Respondent saw Patient A. Respondent did not document Respondent's fall in his progress notes, including Patient A's status post-fall or any assessment of potential causes such as the higher alprazolam dosage.

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[3] Phenergan-Codeine syrup (promethazine HCL-codeine phosphate) is a Schedule V controlled substance pursuant to Health and Safety Code section 11058, subdivision (c), and a dangerous drug pursuant to Business and Professions Code section 4022.

[4] Alprazolam (Xanax) 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.

16. On or about August 2, 2018, Respondent saw Patient A. According to Respondent, he did a history and physical exam of Patient A, however, the progress note for this visit did not include any notes or markings by Respondent, except for a single illegible notation regarding a plan of care change.

17. On or about June 6, 2019, Respondent saw Patient A. On or about June 14, 2019, Patient A filled a prescription for Phenergan-Codeine syrup, which Respondent prescribed to Patient A for a cough. According to Respondent, he prescribed this medication after Patient A tried Robitussin DM first, but Patient A told him it was not working. On or about July 5, 2019, Respondent saw Patient A. Respondent did not document Patient A's cough or the prescription for Phenergan-Codeine syrup in his progress notes.

18. On or about January 2, 2020, Respondent saw Patient A. According to Respondent, he conducted a physical exam of Patient A and administered a vaccine, however, the progress note for this visit did not include any notes or markings by Respondent regarding the exam.

19. On or about February 6, 2020, Respondent saw Patient A for complaints of urinary incontinence. Respondent recommended and ordered a consultation with urology. According to Respondent, Patient A did not go to the consultation. Respondent did not document Patient A's reason for refusing the urology consultation in his progress notes.

20. On or about March 5, 2020, Respondent saw Patient A. According to Respondent, he filled all of Patient A's medications during this visit, however, the corresponding progress note did not include any notes or markings by Respondent, except for Patient A's temperature and a single illegible notation regarding a plan of care change.

21. Between on or about January 14, 2014, and May 8, 2020, several of Respondent's progress notes were lacking in that they omitted Patient A's problems list, did not address main problems for Patient A such as his status and progress relating to his diabetes, and did not address significant medical issues and treatments that took place in between visits. In addition, Respondent's medical chart for Patient A included a consultation report for an entirely different patient.

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22. Respondent committed repeated negligent acts in his care and treatment of Patient A, which included, but were not limited to, the following:

A. Respondent's progress notes for Patient A were illegible.

B. Respondent failed to maintain adequate and accurate medical records for Patient A in that several of Respondent's progress notes omitted Patient A's problems list, did not address main problems for Patient A such as his status and progress relating to his diabetes, did not address significant medical issues and treatments that took place in between visits, and included a consultation report for a different patient.

Patient B

23. Between on or about February 7, 2013, and May 16, 2019, Respondent treated Patient B for her primary care needs while Patient B resided at an assisted living facility. Patient B's medical problems included multiple sclerosis, hypertension, GERD, major depression, seizure disorder, and history of bilateral rib fracture, in addition to multiple other medical issues.

24. During this timeframe, Respondent's handwritten progress notes for his visits with Patient B were illegible and not kept in chronological order.

25. Between on or about July 24, 2017, and February 23, 2018, Respondent regularly prescribed alprazolam and temazepam[5] to Patient B. On or about December 12, 2017, and January 29, 2018, respectively, Patient B filled a prescription for hydrocodone bitartrate-acetaminophen,[6] which Respondent prescribed to Patient B. On or about February 26, 2018, Patient B filled a prescription for hydrocodone bitartrate-acetaminophen, which a pain specialist prescribed to Patient B.

26. In or about March 2018, Patient B fractured a rib on her left side following another fall. On or about March 15, 2018, and April 26, 2018, Respondent saw Patient B. Respondent did not document Patient B's fall or rib fracture in his progress notes. Respondent also did not

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[5] Temazepam (Restoril) 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.

[6] Hydrocodone bitartrate-acetaminophen is a Schedule II controlled substance pursuant to Health and Safety Code section 11055, subdivision (b), and a dangerous drug pursuant to Business and Professions Code section 4022.

document Patient B's concurrent use of opioids and benzodiazepines, including any concerns relating to such usage.

27. In or about July 2018, Patient B developed left knee pain after tripping over a chair, which caused her to twist her knee and collapse on the ground. On or about July 19, 2018, Respondent saw Patient B. Respondent did not document Patient B's fall or left knee pain in his progress notes.

28. On or about July 26, 2018, Patient B underwent a meniscus repair of the left knee. On or about August 16, 2018, Respondent saw Patient B. Respondent did not document Patient B's meniscus repair or her status post-repair in his progress notes.

29. On or about December 13, 2018, Respondent saw Patient B. Respondent noted that Patient B had left arm pain and that x-rays showed a wrist fracture. According to Respondent, he considered Patient B to be a fall risk, however, he did not document this concern in his progress notes.

30. In or about February 2019, Patient B developed right knee pain after falling on her right knee when she attempted to pick up her shoes off the ground. On or about February 21, 2019, an MRI of Patient B's right knee showed a meniscus tear. On or about February 21, 2019, Respondent saw Patient B. Respondent did not document Patient B's fall or any problems with her extremities in his progress notes, including her right knee pain or injury.

31. Between on or about February 7, 2013, and May 16, 2019, several of Respondent's progress notes were lacking in that they omitted Patient B's problems list and did not address significant medical issues and events that took place in between visits.

32. Respondent committed repeated negligent acts in his care and treatment of Patient B, which included, but were not limited to, the following:

A. Respondent's progress notes for Patient B were illegible.

B. Respondent failed to maintain adequate and accurate medical records for Patient B in that several of Respondent's progress notes omitted Patient B's problems list and did not address significant medical issues and events that took place in between visits.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

33. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records regarding his care and treatment of Patient A and Patient B, as more particularly alleged in paragraphs 10 through 32, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

34. Respondent has subjected his Physician's and Surgeon's Certificate No. A 37985 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 10 through 33, above, which are hereby incorporated by reference and re-alleged as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

35. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that, on or about October 8, 2020, in a prior disciplinary action before the Medical Board of California, titled *In the Matter of the Accusation Against Navin Saran, M.D.*, in Case No. 800-2017-038066, Respondent's license was publicly reprimanded for gross negligence, failure to maintain adequate and accurate records, and general unprofessional conduct in connection with his care and treatment of a patient. That decision is now final and is incorporated by reference 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 37985, issued to Respondent Navin Saran, M.D.;

2. Revoking, suspending or denying approval of Respondent Navin Saran, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses;

3. Ordering Respondent Navin Saran, 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: OCT 22 2021

WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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