

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

In the Matter of the Accusation
Against:

Anuj Vaid, M.D.

Physician's and Surgeon's
Certificate No. A 113786

Respondent.

Case No.: 800-2020-067949

DECISION

The attached Stipulated Settlement and Disciplinary Action 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 December 30, 2022.

IT IS SO ORDERED: November 30, 2022.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS
Deputy Attorney General
4 State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
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Attorneys for Complainant
7

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:
13 **ANUJ VAID, M.D.**
14 **720 Sweetwater Drive**
Danville, CA 94506
15 **Physician's and Surgeon's Certificate No. A**
113786
16
17 Respondent.

Case No. 800-2020-067949
OAH No. 2022050124
STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

18
19 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
20 entitled proceedings that the following matters are true:

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Carolyne Evans, Deputy
25 Attorney General.

26 2. Respondent Anuj Vaid, M.D. (Respondent) is represented in this proceeding by
27 attorney, Edward J. Caden, whose address is: Law Office of Edward J. Caden, 9245 Laguna
28 Springs Drive, Suite 200, Elk Grove, CA 95758.

1 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
2 or its designee, be accepted towards the fulfillment of this condition if the program would have
3 been approved by the Board or its designee had the program been taken after the effective date of
4 this Decision.

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

8 3. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this
9 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
10 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
11 licenses are valid and in good standing, and who are preferably American Board of Medical
12 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
13 relationship with Respondent, or other relationship that could reasonably be expected to
14 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
15 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
16 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

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

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

28 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective

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

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

11 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
12 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
13 name and qualifications of a replacement monitor who will be assuming that responsibility within
14 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
15 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
16 notification from the Board or its designee to cease the practice of medicine within three (3)
17 calendar days after being so notified. Respondent shall cease the practice of medicine until a
18 replacement monitor is approved and assumes monitoring responsibility.

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

24 4. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the
25 solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice
26 where: 1) Respondent merely shares office space with another physician but is not affiliated for
27 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that
28 location.

1 If Respondent fails to establish a practice with another physician or secure employment in
2 an appropriate practice setting within 60 calendar days of the effective date of this Decision,
3 Respondent shall receive a notification from the Board or its designee to cease the practice of
4 medicine within three (3) calendar days after being so notified. The Respondent shall not resume
5 practice until an appropriate practice setting is established.

6 If, during the course of the probation, the Respondent's practice setting changes and the
7 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
8 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
9 If Respondent fails to establish a practice with another physician or secure employment in an
10 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
11 shall receive a notification from the Board or its designee to cease the practice of medicine within
12 three (3) calendar days after being so notified. The Respondent shall not resume practice until an
13 appropriate practice setting is established.

14 5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
15 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
16 Chief Executive Officer at every hospital where privileges or membership are extended to
17 Respondent, at any other facility where Respondent engages in the practice of medicine,
18 including all physician and locum tenens registries or other similar agencies, and to the Chief
19 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
20 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
21 calendar days.

22 This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

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

26 7. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules
27 governing the practice of medicine in California and remain in full compliance with any court
28 ordered criminal probation, payments, and other orders.

1 8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
2 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
3 limited to, expert review, amended accusations, legal reviews, joint investigations, and subpoena
4 enforcement, as applicable, in the amount of \$10,561.25 (ten thousand five hundred and sixty-one
5 dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure
6 to pay such costs shall be considered a violation of probation.

7 Any and all requests for a payment plan shall be submitted in writing by respondent to the
8 Board.

9 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
10 to repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

16 10. GENERAL PROBATION REQUIREMENTS.

17 Compliance with Probation Unit

18 Respondent shall comply with the Board's probation unit.

19 Address Changes

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

25 Place of Practice

26 Respondent shall not engage in the practice of medicine in Respondent's or patient's place
27 of residence, unless the patient resides in a skilled nursing facility or other similar licensed
28 facility.

1 License Renewal

2 Respondent shall maintain a current and renewed California physician's and surgeon's
3 license.

4 Travel or Residence Outside California

5 Respondent shall immediately inform the Board or its designee, in writing, of travel to any
6 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty
7 (30) calendar days.

8 In the event Respondent should leave the State of California to reside or to practice
9 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
10 departure and return.

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

14 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
15 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
16 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
17 defined as any period of time Respondent is not practicing medicine as defined in Business and
18 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
19 patient care, clinical activity or teaching, or other activity as approved by the Board. If
20 Respondent resides in California and is considered to be in non-practice, Respondent shall
21 comply with all terms and conditions of probation. All time spent in an intensive training
22 program which has been approved by the Board or its designee shall not be considered non-
23 practice and does not relieve Respondent from complying with all the terms and conditions of
24 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
25 on probation with the medical licensing authority of that state or jurisdiction shall not be
26 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
27 period of non-practice.

28 In the event Respondent's period of non-practice while on probation exceeds 18 calendar

1 months, Respondent shall successfully complete the Federation of State Medical Board's Special
2 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
3 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
4 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

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

23 15. LICENSE SURRENDER. Following the effective date of this Decision, if
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
25 the terms and conditions of probation, Respondent may request to surrender his license. The
26 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
27 determining whether or not to grant the request, or to take any other action deemed appropriate
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
4 application shall be treated as a petition for reinstatement of a revoked certificate.

5 16. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
6 with probation monitoring each and every year of probation, as designated by the Board, which
7 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
8 California and delivered to the Board or its designee no later than January 31 of each calendar
9 year.

10 17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
11 a new license or certification, or petition for reinstatement of a license, by any other health care
12 licensing action agency in the State of California, all of the charges and allegations contained in
13 Accusation No. 800-2020-067949 shall be deemed to be true, correct, and admitted by
14 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
15 restrict license.

16 ACCEPTANCE

17 I have carefully read the Stipulated Settlement and Disciplinary Order. I understand the
18 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this
19 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
20 to be bound by the Decision and Order of the Medical Board of California.

21
22 DATED:

7/28/2022

AVoid
ANUJ VAID, M.D.
Respondent

1 I have read and fully discussed with Respondent Anuj Vaid, M.D. the terms and conditions
2 and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve
3 its form and content.

4 DATED: July 26, 2022


EDWARD J. CADEN
Attorney for Respondent

6
7 **ENDORSEMENT**

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

10 DATED: July 29, 2022

11 Respectfully submitted,

12 ROB BONTA
Attorney General of California
13 MARY CAIN-SIMON
Supervising Deputy Attorney General

14 

15 CAROLYNE EVANS
Deputy Attorney General
16 Attorneys for Complainant

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Exhibit A

Accusation No. 800-2020-067949

1 ROB BONTA
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2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 CAROLYNE EVANS
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Attorneys for Complainant

8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:
13 **ANUJ VAID M.D.**
14 **720 Sweetwater Drive**
15 **Danville, CA 94506**
16 **Physician's and Surgeon's Certificate**
17 **No. A 113786,**
Respondent.

Case No. 800-2020-067949
ACCUSATION

18
19
20 **PARTIES**

- 21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
23 (Board).
24 2. On August 25, 2010, the Board issued Physician's and Surgeon's Certificate Number
25 A 113786 to Anuj Vaid, M.D. (Respondent). The Physician's and Surgeon's Certificate was in
26 full force and effect at all times relevant to the charges brought herein and will expire on
27 November 30, 2023, unless renewed.

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1 **JURISDICTION**

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

5 4. Section 2227 of the Code provides that a licensee who is found guilty under the
6 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed
7 one year, placed on probation and required to pay the costs of probation monitoring, or such other
8 action taken in relation to discipline as the Board deems proper

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

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

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

15 "(b) Gross negligence.

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

19 6. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
20 adequate and accurate records relating to the provision of services to their patients constitutes
21 unprofessional conduct."

22 **COST RECOVERY**

23 7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the
24 administrative law judge to direct a licensee found to have committed a violation or violations of
25 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
26 enforcement of the case, with failure of the licensee to comply subjecting the license to not being
27 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be
28 included in a stipulated settlement.

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RESPONDENT'S PRACTICE

8. Respondent is a previously board-certified internal medicine physician who was employed from 2010 through 2019 by the California Department of State Hospitals (DSH) at Salinas Valley State Prison inpatient psychiatric ward. On July 17, 2019, Respondent provided primary care services to inmates in the outpatient setting at the California Department of Corrections and Rehabilitation (CDCR).

FACTUAL ALLEGATIONS

9. Patient A¹ is a 48-year-old male with a history of gender dysphoria and Hepatitis C infection. On November 19, 2019² and December 6, 2019, Patient A presented to the CDCR clinic for chronic care follow-up appointments. The patient was initially assessed by a nurse at each visit. Respondent evaluated Patient A but did not document his encounters with the patient. Respondent failed to document any information, such as a progress note, assessment, or treatment plan for patient A.

10. Patient B is a 62-year-old male with a history of cirrhosis, intravenous drug use complicated by withdrawal, dehydration, and essential hypertension. On November 27, 2019, Patient B presented to the CDCR clinic for a chronic care appointment. The patient was initially assessed by a nurse. Respondent evaluated Patient B but did not document his encounter with the patient. Respondent failed to document any information, such as a progress note, assessment, or treatment plan for patient B.

11. Patient C is a 27-year-old male with a history of active Hepatitis C infection and prior cervical spine fracture. On December 5, 2019, Patient C presented to the CDCR clinic for a routine follow-up. The patient was initially assessed by a nurse. Respondent evaluated Patient C but did not document his encounter with the patient. Respondent failed to document any information, such as a progress note, assessment, or treatment plan for Patient C.

12. Patient D is a 33-year-old male with a history of insulin dependent diabetes complicated by hypoglycemic episodes and essential hypertension. On December 5, 2019,

¹ Patients are referred to by letters to protect privacy.
² All dates are approximate, and as reflected in the medical records.

1 Patient D presented to the CDCR clinic for a routine follow-up. The patient was initially assessed
2 by a nurse. Respondent evaluated Patient D but did not document his encounter with the patient.
3 Respondent failed to document any information, such as a progress note, assessment, or treatment
4 plan for Patient D.

5 13. Patient E is a 55-year-old male with schizophrenia, insulin dependent diabetes,
6 hypertension, hyperlipidemia, Hepatitis C infection, and prior alcohol abuse. On December 20,
7 2019, Patient E presented to the CDCR clinic for a diabetes follow-up. A nurse conducted the
8 initial assessment of Patient E. Respondent evaluated Patient E but did not document his
9 encounter with the patient. Respondent failed to document any information, such as a progress
10 note, assessment, or treatment plan for Patient E.

11 14. Patient F is a 66-year-old male with COPD (Chronic Obstructive Pulmonary
12 Disease), depression, hypertension, BPH (Benign Prostatic Hyperplasia)³, spinal stenosis
13 complicated by chronic back pain, and GERD (Gastroesophageal Reflux Disease). On December
14 20, 2019, Patient F presented to the CDCR clinic as a complex chronic-care patient who needed to
15 obtain new durable medical equipment. The patient was initially assessed by a nurse.
16 Respondent evaluated Patient F but did not document his encounter with the patient. Respondent
17 failed to document any information, such as a progress note, assessment, or treatment plan for
18 Patient F.

19 15. Patient G is a 33-year-old male with chronic kidney disease, hyperlipidemia, morbid
20 obesity, and major depression. On December 20, 2019, Patient G presented to the CDCR clinic
21 for a routine follow-up. The patient was initially assessed by a nurse. Respondent evaluated
22 Patient G but did not document his encounter with the patient. Respondent failed to document
23 any information, such as a progress note, assessment, or treatment plan for patient G.

24 16. Patient H is a 61-year-old male with chronic kidney disease, GERD, essential
25 hypertension, hyperlipidemia, and dysthymia (chronic depression). On December 20, 2019,
26 Patient H presented to the CDCR clinic for a routine follow-up. The patient was initially assessed
27 by a nurse. Respondent evaluated Patient H but did not document his encounter with the patient.

28 ³ BPH is a non-cancerous enlargement of the prostate gland.

1 Respondent failed to document any information, such as a progress note, assessment, or treatment
2 plan for Patient H.

3 17. Patient I is a 33-year-old male with a history of ulcerative colitis complicated by
4 anemia of chronic disease, essential hypertension, and asthma. On December 23, 2019, Patient I
5 presented to the CDCR clinic as a new intake medium-risk patient with chronic
6 conditions/complex care. The patient was initially assessed by a nurse. Respondent evaluated
7 Patient I but did not document his encounter with the patient. Respondent failed to document any
8 information, such as a progress note, assessment, or treatment plan for Patient I.

9 18. Patient J is a 53-year-old male with a history of substance abuse complicated by
10 withdrawals, essential hypertension, and dehydration. On December 24, 2019, Patient J presented
11 to the CDCR clinic for a chronic care follow-up appointment. The patient was initially assessed
12 by a nurse. Respondent evaluated Patient J but did not document his encounter with the patient.
13 Respondent failed to document any information, such as a progress note, assessment, or treatment
14 plan for Patient J.

15 19. Patient K is an 80-year-old male with a history of coronary artery disease with sick
16 sinus syndrome and pacemaker, atrial fibrillation, GERD, essential hypertension, COPD, pressure
17 ulcers, and chronic kidney disease. On November 20, 2019, Patient K presented to the CDCR
18 clinic for a follow-up care appointment and was evaluated by Respondent. On December 23,
19 2019, Respondent documented a delayed progress note for Patient K's November 20, 2019 visit.

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Unprofessional Conduct, Gross Negligence and Failure to Maintain Adequate and**
3 **Accurate Medical Records –Sections 2234, 2234 (b), and 2266) with Respect to**
4 **Patients A, B, C, D, E, F, G, H, I, and J)**

5 20. Respondent is subject to disciplinary action, jointly and severally, for unprofessional
6 conduct, gross negligence, and inadequate recordkeeping under Business and Professions Code
7 sections 2234, 2234 (b), and 2266 for his failure to maintain any medical records regarding his
8 assessment and treatment of patients A, B, C, D, E, F, G, H, I, and J. Respondent's failure to
9 create and maintain any medical records for these patients relating to his examination, diagnosis
10 and treatment of these patients, constitutes gross negligence, an extreme departure from the
11 standard of care, with regard to each patient.

12 21. Paragraphs 9 through 18 are incorporated herein by reference, as if fully set forth.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Unprofessional Conduct, Repeated Negligent Acts, and Failure to Maintain Adequate and**
15 **Accurate Medical Records – Sections 2234, 2234 (c), and 2266 with Respect to Patient K)**

16 22. Respondent is subject to disciplinary action for unprofessional conduct under
17 Business and Professions Code sections 2234, 2234 (c), and 2266 for his failure to maintain
18 timely medical records regarding his assessment and treatment of Patient K on November 20,
19 2019. Respondent's failure to promptly document a progress note and treatment plan constitutes
20 negligence, a simple departure from the standard of care,

21 23. Paragraph 19 is incorporated herein by reference, as if fully set forth.

22 **PRAYER**

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

25 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 113786,
26 issued to Respondent Anuj Vaid, M.D.;

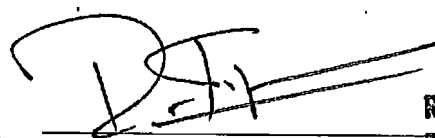
27 2. Revoking, suspending or denying approval of Respondent Anuj Vaid, M.D.'s
28 authority to supervise physician assistants and advanced practice nurses;

1 3. Ordering Respondent Anuj Vaid, M.D., to pay the Board the costs of the
2 investigation and enforcement of this case, and if placed on probation, the costs of
3 probation monitoring; and

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

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DATED: DEC 29 2021


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

Reji Varghese
Deputy Director

SF2021401834