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

In the Matter of the First Amended Accusation Against: Feliciano Antonio Serrano II, M.D. Physician's and Surgeon's Certificate No. A 88849 Respondent.	Case No.: 800-2018-049600

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 January 13, 2023.

IT IS SO ORDERED: December 15, 2022.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
RYAN J. MCEWAN
Deputy Attorney General
State Bar No. 285595
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7548
Facsimile: (916) 327-2247
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: **FELICIANO ANTONIO SERRANO II, M.D.** **7305 Pacific Blvd., Floor 2** **Huntington Park, CA 90255** **Physician's and Surgeon's Certificate No. A 88849** Respondent.	Case No. 800-2018-049600 OAH No. 2022010282 **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 Ryan J. McEwan, Deputy Attorney General.

///

2. Respondent Feliciano Antonio Serrano II, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is: 5440 Trabuco Road Irvine, CA 92620, and Peter R. Osinoff and Derek F. O'Reilly-Jones, whose address is: 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071.

3. On or about September 10, 2004, the Board issued Physician's and Surgeon's Certificate No. A 88849 to Feliciano Antonio Serrano II, 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. 800-2018-049600, and will expire on March 31, 2024, unless renewed. On or about March 15, 2019, in a prior disciplinary action entitled *In the Matter of the First Amended Accusation Against: Feliciano Antonio Serrano II, M.D.*, before the Medical Board of California, in Case No. 800-2014-007881, Respondent's license was revoked with the revocation stayed and his license was placed on probation for three years with terms and conditions.

JURISDICTION

4. Accusation No. 800-2018-049600 was filed before the Board. The Accusation and all other statutorily required documents were properly served on Respondent on October 20, 2021. Respondent timely filed his Notice of Defense contesting the Accusation. The First Amended Accusation No. 800-2018-049600 was filed on March 30, 2022, and is currently pending against Respondent.

5. A copy of First Amended Accusation No. 800-2018-049600 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 First Amended Accusation No. 800-2018-049600. 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in First Amended Accusation No. 800-2018-049600, 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 for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

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.

///

13. 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 First Amended Accusation No. 800-2018-049600 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.

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 Physician's and Surgeon's Certificate No. A 88849 issued to Respondent FELICIANO ANTONIO SERRANO II, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months on the following terms and conditions. This Order supersedes the probationary order in Case No. 800-2014-007881.

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

///

2. 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.

3. MONITORING - PRACTICE. 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(s), 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. At least one practice monitor proposed by Respondent shall be qualified to determine whether Respondent is complying with the practice restrictions in Paragraph 4 below. 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. The quarterly written report to the Board shall further indicate whether Respondent is complying with the practice restrictions in Paragraph 4 below. 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.

4. PRACTICE RESTRICTION. During probation, Respondent will not schedule the performance of routine fistulagrams. All fistulagrams will be clinically indicated, which includes, but is not limited to, objective indications established by ultrasound in each case. Respondent will include ultrasound images in the patient's medical records whenever a fistulagram is deemed clinically indicated. In addition, during probation, Respondent will not place bare metal stents within a patient's fistula for dialysis access. After the effective date of this Decision, all patients being treated by Respondent shall be notified that Respondent will not perform routine fistulagrams without objective indications, including an ultrasound, and will not place bare metal stents within a fistula. Any new patients must be provided this notification at the time of their initial appointment.

Respondent shall maintain a log of all patients to whom the required oral and/or written notification was made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's medical record number, if available; 3) the full name of the person making the notification; 4) the date the notification was made; and 5) a description of the notification given. Respondent shall keep this log in a separate file or ledger, in chronological order, shall make the log available for immediate inspection and copying on the premises at all times during business hours by the Board or its designee, and shall retain the log for the entire term of probation.

5. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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.

6. 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.

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $13,366.25 (thirteen thousand three hundred sixty-six dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs.

8. 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.

///

///

9. 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.

10. 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.

11. 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..

12. 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. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. 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.

14. 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.

15. 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.

16. 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. 800-2018-049600 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 attorneys, Raymond J. McMahon, Esq. and Peter R. Osinoff, Esq. 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: 10/13/2022

FELICIANO ANTONIO SERRANO II, M.D.
Respondent

I have read and fully discussed with Respondent Feliciano Antonio Serrano II, 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 17, 2022

RAYMOND J. McMAHON, ESQ.
Attorney for Respondent

I have read and fully discussed with Respondent Feliciano Antonio Serrano II, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 10/17/2022

PETER R. OSINOFF, ESQ.
Attorney for Respondent

///

ENDORSEMENT

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

DATED: 10/17/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

RYAN J. MCEWAN
Deputy Attorney General
Attorneys for Complainant

LA2020602105
36625775.docx

Exhibit A

First Amended Accusation No. 800-2018-049600

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
RYAN J. MCEWAN
Deputy Attorney General
State Bar No. 285595
1300 I Street, Suite 125
P.O. Box 944255
Sacramento, CA 94244-2550
Telephone: (916) 210-7548
Facsimile: (916) 327-2247
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: **FELICIANO ANTONIO SERRANO II, M.D.** **7305 Pacific Blvd., Floor 2** **Huntington Park, CA 90255-5736** **Physician's and Surgeon's Certificate No. A 88849,** Respondent.	Case No. 800-2018-049600 **FIRST AMENDED ACCUSATION**

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 September 10, 2004, the Board issued Physician's and Surgeon's Certificate No. A 88849 to Feliciano Antonio Serrano II, 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 March 31, 2024, 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 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

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 that is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

"(g) The 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."

COST RECOVERY

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

FACTUAL ALLEGATIONS

8. Respondent is a nephrologist and vascular physician who practices in Huntington Park, California. On or about August 25, 2017, Patient A,[1] then a 72-year-old male, consulted Respondent for a second opinion. Patient A had a history of diabetes mellitus, hypertension, advanced chronic kidney disease, and had developed end stage renal disease (ESRD). He had been on hemodialysis at DaVita Doctors Dialysis Montebello ("DaVita") three times per week since October 2016, where he had a primary nephrology team overseen by Dr. P.C. Patient A sought a second opinion from Respondent due to his dissatisfaction with hemodialysis.

///

[1] The patient's name is omitted to protect privacy. Respondent is aware of the identity of Patient A.

9. During the August 25, 2017 initial consultation, Respondent documented that Patient A had "missed dialysis sessions in the past by his own choice and he actually 'felt better off dialysis.'" He further noted that Respondent would consider stopping dialysis altogether. Respondent documented a plan to perform a renal ultrasound and regular labs on the following Friday "before regular dialysis session (the patient stated he would skip Wednesday dialysis session as he has in the past)." He also documented counseling Patient A on the "usage of probiotics (Rinonol v. Renadyl) to help remove uremic toxins and as an option to either delay or refrain from dialysis initiation."[2]

10. On the same day as the consultation, Respondent performed a right arm fistulagram[3] and angioplasty[4] of the right subclavian vein for 60% subclavian vein stenosis.[5] The indication was infiltration, "poor pulse pressure and has not had venogram evaluation since fistula creation." Respondent documented a plan to repeat the procedure in two months.

11. Following the initial consultation, Patient A continued to see Respondent for regular follow-up visits and lab work while continuing to receive treatment and hemodialysis at DaVita. On or about February 21, 2018, Respondent noted that Patient A had been "dialyzing twice weekly now." Respondent documented a plan for Patient A to continue hemodialysis twice per week and to return to Respondent's clinic in four weeks.

12. On or about May 4, 2018, Patient A reported to Respondent that he was recently "put in 'an insane asylum' with a psychiatrist for some reason." At the next visit, on June 8, 2018, Respondent documented the history of present illness as follows: "[Patient A] adamant about stopping hemodialysis + told he had to do one more blood test to confirm GFR[6]." Respondent documented a plan to "draw labs here" in a couple days and for Patient A to return for a follow-

---

[2] Rinonol is the probiotic supplement Respondent recommended to Patient A. Respondent told Board investigators that Patient A tried probiotics briefly.

[3] A fistula is a passage from the kidney that allows kidney dialysis. A fistulagram (also referred to as a venogram) is an imaging procedure to look at the blood flow and check for blood clots or other blockages in the fistula.

[4] An angioplasty is a procedure used to widen a narrowed or obstructed blood vessel.

[5] Stenosis in this context refers to the narrowing of a blood vessel, which slows and reduces blood flow.

[6] Glomerular filtration rate (GFR) is a calculation that determines how well the blood is filtered by the kidneys.

up in one week. Respondent did not document Patient A's decision-making capacity during the June 8, 2018 visit. Nor did he document anything related to Patient A's understanding of the potential consequences of stopping hemodialysis.

13. The DaVita medical records show that, on May 1, 2018, Patient A reported suicidal ideations to the dialysis social worker. As a result, he was transported to the Beverly Hospital emergency department. Subsequent DaVita medical records note that Patient A was discharged from the hospital after observation and evaluation by a psychologist and that he resumed dialysis along with following up with his psychiatrist (or psychologist).

14. On or about Friday, August 10, 2018, Patient A informed Respondent that he hadn't been to hemodialysis since the prior Saturday. Respondent documented the lung examination as "CTAB" and labs were drawn that same day to evaluate renal parameters. The plan included "continue hemodialysis."

15. On or about October 3, 2018, Respondent documented that Patient A told him that he "refuses to continue with renal replacement therapy." Respondent documented a plan stating, "Lasix 80mg PO BID; May stop HD x 2 weeks; lower fluid intake; lower K diet; RTC – 2 weeks with new labs" with an additional note of "Rinonol." Attached to the visit summary is a physician order note stating, "Pt may hold dialysis for 2 weeks. Pt will return to the office in 2 weeks for blood draw. Lab values will be reviewed." Patient A's last dialysis treatment at DaVita occurred on October 2, 2018. The DaVita records show a discharge date of October 3, 2018. During an interview with Board investigators on February 27, 2020, Respondent stated that he assumed responsibility for Patient A when he stopped dialysis treatment at DaVita.

16. On or about October 26, 2018, Respondent documented a chief complaint that Patient A "feels weak" and an HPI stating, "Has NOT been to HD in 2 weeks. c/o diarrhea for last 2 weeks. No N/V. Feels well – diarrhea resolved now." Respondent documented a plan stating, "Pt probably volume depleted & had AKI/CKDV likely GFR 10% or more. May stay off HD as he has no uremic sx. RTC – 2 weeks with same labs." There is no documentation whether Patient A had given the 10/3/2018 physician order note (mentioned above) to his prior nephrologist or the

DaVita staff. Nor is there any documentation that Respondent had communicated (or attempted to communicate) with Patient A's prior nephrologist or the DaVita staff.

17. Patient A continued to see Respondent for treatment every 1-3 weeks. Although Respondent documented that Patient A did not want to return to dialysis on two occasions, he did not document a discussion to clarify if Patient A would still make the same decision if his kidney function were to progress from stage 5 chronic kidney disease (CKD) to ESRD and if he understood that ESRD is considered a terminal condition without dialysis. It is also not clear from the documentation whether Patient A demonstrated to Respondent that he understood the potential risks associated with his decision and if he was offered other resources such as a referral to palliative care or if he was informed to ask his prior nephrologist or primary care provider about a palliative care referral.

18. During his time off hemodialysis, Patient A reported to Respondent episodes of diarrhea and upper respiratory tract infection that appeared to have led to episodes of acute kidney injury that had contributed to progression of advanced CKD.

19. On or about February 5, 2019, following a complaint from DaVita staff regarding Respondent's care of Patient A, the Board sent a request to Respondent seeking certified medical records for Patient A.

20. On or about February 11, 2019, Patient A visited Respondent and reported generalized weakness and decreased appetite. Respondent noted crackles upon a respiratory examination. These symptoms indicated progression to ESRD. Respondent performed a fistulagram due to right upper extremity pain at the fistula site and recommended the patient go to the emergency department to start hemodialysis. Respondent documented, "I had a long discussion with [Patient A] today and instructed him to return to hemodialysis despite his reluctance to do so. In preparation for this we evaluated his painful dialysis access which had not been used in 4 months. We also talked to the emergency room physician when he arrived at the hospital to facilitate this. He will be rescheduled for a repeat venogram in 2 to 3 months."

21. On or about February 12, 2019, Patient A presented to Adventist White Memorial Hospital's emergency department. Patient A was discharged on February 15, 2021, after receiving

in-patient dialysis treatments and being accepted as a dialysis patient by DaVita Drs. Dialysis of East LA.

22. In addition to the visits and treatment described above, Respondent performed unnecessary fistulagrams and placed stents on a regular basis. For example, following the initial fistulagram on August 25, 2017, Respondent performed a fistulagram and stent placement on or about December 22, 2017, for "70% body of fistula stenosis." Respondent documented the indication as prolonged bleeding and right arm pain. Following the angioplasty, Respondent documented a "more than 20% residual" as prompting placement of a stent in the cephalic vein and resulting in "less than 20% residual." Respondent documented a plan to repeat the procedure in two months due to "the difficulty of this case and severity of the recurring lesions."

23. On or about April 25, 2018, Respondent performed a right arm fistulagram with angioplasty and stenting of right cephalic vein and right cephalic arch for 70% stenosis. Respondent documented a plan to repeat the procedure in two months due to "the difficulty of this case and severity of the recurring lesions."

24. On or about September 19, 2018, Respondent performed a right arm fistulagram with angioplasty and stent placement for in-stent stenosis of a previously placed stent. The indication for the procedure was a complaint of right arm pain and difficulty with cannulation[7] during dialysis. Respondent documented a plan to repeat the procedure in 2-3 months.

25. As noted above, Respondent performed another right arm fistulagram and angioplasty on or about February 11, 2019. The indications were for complaint of right arm pain as well as evaluation of the fistula in preparation for re-initiation of dialysis. Respondent performed the angioplasty of a 70% stenosis with plans to repeat the procedure in 2-3 months.

26. During Respondent's treatment of Patient A, he did not document any use of ultrasound when Patient A had arm pain or infiltration to assist with diagnosis. Nor did Respondent document the use of ultrasound to follow up on the "difficult and recurring lesions"

[7] Cannulation is the act of establishing a "canal" between an arterialized vein (the fistula or graft) and the system of blood lines that allow blood to be circulated between the patient and the dialysis machine.

noted during fistulagrams. Nor did Respondent document consideration for vascular surgical consultation at any point.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

27. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed gross negligence during the care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 26 above, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

28. Respondent committed grossly negligent acts, including but not limited to:

A. Scheduling and performing routine preemptive fistulagrams without clinical indication; and

B. Using bare metal stent placement within fistulas and for in-stent stenosis.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

29. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts during the care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 28 above, which are hereby incorporated by reference and realleged as if fully set forth herein. Additional circumstances are as follows:

30. Respondent committed the following additional negligent acts, including but not limited to:

A. Failing to communicate (or document attempts to communicate) with Patient A's primary nephrologist (or nephrology group) and relay his second opinion recommendations.

B. Failing to determine Patient A's decision-making capacity, document Patient A's decision-making capacity, or have (or document) a meaningful discussion with Patient A regarding the risks and benefits of stopping hemodialysis, including providing the patient information about other treatment options and palliative care; and

C. Failing to use duplex ultrasounds to assist in his diagnosis of Patient A's arm

pain or fistula restenosis.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

31. Respondent's license is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate medical records relating to the care and treatment of Patient A, as more particularly alleged in paragraphs 8 through 30, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

32. Respondent's license is subject to disciplinary action under section 2234 of the Code in that he engaged in unprofessional conduct when he violated section 2234, subdivisions (b) through (c), and Section 2266 of the Code. In addition, Respondent engaged in 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 demonstrate an unfitness to practice medicine.

DISCIPLINARY CONSIDERATIONS

33. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges that on March 15, 2019, in a prior disciplinary action titled *In the Matter of the First Amended Accusation Against Feliciano Antonio Serrano II, M.D.* before the Medical Board of California, in Case No. 800-2014-007881, Respondent's license was revoked; however, the revocation was stayed and Respondent's license was placed on probation for a period of three (3) years with certain terms and conditions. The underlying First Amended Accusation alleged that Respondent committed gross negligence and repeated negligent acts, demonstrated incompetence, and failed to maintain adequate and accurate medical records during the care and treatment of two patients. That Decision is now final and is incorporated by reference as if fully set forth herein.

34. In addition, on July 23, 2020, in Case No. 800-2018-044107, the Medical Board of California issued a Public Letter of Reprimand to Respondent, stating: "An investigation by the

Medical Board of California revealed you failed to adequately or accurately document your patient communications and consultative recommendations, thereby potentially delaying or reducing dialysis treatments to three patients. These actions constitute a violation of Business and Professions Code [section] 2226." As part of the discipline, Respondent was required to complete a medical record keeping course.

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 88849, issued to Respondent Feliciano Antonio Serrano II, M.D.;

2. Revoking, suspending or denying approval of Respondent Feliciano Antonio Serrano II, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Feliciano Antonio Serrano II, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: MAR 30 2022

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

LA2020602105
36036861.docx