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

In the Matter of the First Amended Accusation Against: Sid Kohan, M.D. Physician's and Surgeon's Certificate No. G 79439 Respondent.	Case No.: 800-2019-052567

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 20, 2023.

IT IS SO ORDERED: December 22, 2022.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

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

In the Matter of the First Amended Accusation Against: **SID KOHAN, M.D.** **aka Saeid Kohan-Darvish** **821 North Bundy Drive** **Los Angeles, CA 90049** **Physician's and Surgeon's Certificate No. G 79439** Respondent.	Case No. 800-2019-052567 OAH No. 2021080913 **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 Megan R. O'Carroll, Deputy Attorney General.

2. Respondent Sid Kohan, M.D. (Respondent) is represented in this proceeding by attorney Nicholas Jurkowitz, Esq., whose address is: 1990 South Bundy Drive, Suite 777 Los Angeles, CA 90025.

3. On or about July 13, 1994, the Board issued Physician's and Surgeon's Certificate No. G 79439 to Sid Kohan, 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 First Amended Accusation No. 800-2019-052567, and will expire on August 31, 2023, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2019-052567 was filed before the Board, and is currently pending against Respondent. The original Accusation and all other statutorily required documents were properly served on Respondent on April 22, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of First Amended Accusation No. 800-2019-052567 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. 800-2019-052567. 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. 800-2019-052567, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in First Amended Accusation No. 800-2019-052567, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. G 79439 to disciplinary action.

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

CONTINGENCY

13. 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.

14. 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. 800-2019-052567 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.

15. 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.

16. 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. G 79439 issued to Respondent SID KOHAN, M.D. is revoked. However, the revocations are stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

Within 60 days after Respondent has successfully completed the clinical competence assessment program, Respondent shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include 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, or until the Board or its designee determines that further participation is no longer necessary.

2. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours

per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

3. 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.

4. 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. 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 First Amended Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), First Amended Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and First Amended 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. 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.

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

7. 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.

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. 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.

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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. 800-2019-052567 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, Nicholas Jurkowitz, 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: 10/6/2022

SID KOHAN, M.D.
Respondent

I have read and fully discussed with Respondent Sid Kohan, 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: 10/12/22

NICHOLAS JURKOWITZ, 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: 12/8/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

Megan R. O'Carroll

MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

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

In the Matter of the First Amended Accusation Against: **SID KOHAN, M.D.** **aka Saeid Kohan-Darvish** **821 North Bundy Drive** **Los Angeles, CA 90049** **Physician's and Surgeon's Certificate No. G 79439,** **Respondent.**	Case No. 800-2019-052567 **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 July 13, 1994, the Board issued Physician's and Surgeon's Certificate Number G 79439 to Sid Kohan, 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 August 31, 2023, unless renewed.

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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 2004 of the Code states:

The board shall have the responsibility for the following:

(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

(b) The administration and hearing of disciplinary actions.

(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.

(e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

(4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

(5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

6. Section 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.

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.

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FACTUAL SUMMARY

8. At all times relevant to the charges brought herein, Respondent was a practicing internist with privileges and membership at Providence Holy Cross Medical Center (PHCMC), a hospital in the Mission Hills district of Los Angeles, California.

Patient C.G.

9. Patient C.G. (C.G.),[1] a 29-year-old woman, presented to the PHCMC emergency room on September 29, 2017, with hypertension due to medical noncompliance. Respondent attended to C.G. and noted that she had chest pain and that an echocardiogram had been performed which showed adequate left ventricular function. Respondent also noted that all available labs, electrocardiograms, and images were personally viewed and reviewed. Respondent also made note of C.G.'s chronic kidney disease and stated C.G. would be placed in observation status.

10. On December 26, 2018, C.G. returned to the emergency room with complaint of chest pain. The admission diagnoses included chest pain and acute and chronic renal insufficiency.

11. Respondent attended to C.G. on the day of admission for an internal medicine consultation. Respondent noted C.G. to have pleuritic chest pain and also noted that he personally reviewed all available labs, electrocardiograms, and images. Respondent discharged C.G. with pleuritic chest pain and stage IV chronic kidney disease.

12. Respondent did not include an acknowledgement of the abnormal electrocardiogram.

13. Respondent did not order a second, follow-up troponin test.

14. Respondent did not document whether there was a need for cardiology involvement.

15. Respondent did not document the worsening kidney function.

16. Respondent did not document and/or recommend a follow-up plan to address the worsening kidney function.

17. Respondent did not order a repeat inpatient or outpatient creatinine test to assure stability.

[1] For the purpose of privacy, patients and witnesses in this First Amended Accusation are referred to by initials only. Respondent is aware of the identities of referenced individuals.

18. C.G. returned to the emergency room on December 28, 2018, in cardiac arrest. Attempts at resuscitation were unsuccessful and C.G. was pronounced dead on December 28, 2018, at 4:27 a.m.

Management of Chest Pain

19. The standard of medical practice in California is to rule out heart issues such as heart disease and heart attack when a patient presents with chest pain as a symptom.

20. It is the standard of care to check electrocardiograms, chest x-rays, and blood tests including troponin (a marker of heart muscle damage). The troponin test is usually done at least twice over a period of six hours to assure no heart damage has occurred. The electrocardiogram should be compared to prior studies to determine if there are changes that may indicate heart attack or heart strain. It is the standard of care to document whether or not a significantly changed or abnormal electrocardiogram warrants a cardiology consultation.

21. Respondent was grossly negligent in his care and treatment of C.G. when he failed to document a plan for the abnormal electrocardiogram.

22. Respondent was grossly negligent in his care and treatment of C.G. when he failed to follow-up with a second troponin test to definitively rule out a heart attack.

Management of Acute on Chronic Renal Failure

23. The standard of medical practice in California is to assess the stability of kidney function when function may be affected by other medical problems. Patients with chronic kidney disease are more likely to have suffered from deteriorating kidney function when affected by other medical problems such as dehydration, heart issues, and lung issues. A blood test is usually repeated once (or trended) to assure stability or improvement.

24. The standard of medical practice in California is to start dialysis planning if severely worsened kidney function is present.

25. Respondent was grossly negligent in the care and treatment of C.G. when he failed to document the worsened kidney functioning.

26. Respondent was grossly negligent in the care and treatment of C.G. when he failed to document a follow-up plan to address the worsened kidney functioning.

27. Respondent was grossly negligent in the care and treatment of C.G. when he failed to order a repeat inpatient or outpatient creatinine test to assure stability.

Patient J.S.

28. Patient J.S. (J.S.), a 54-year-old man with metastatic colon cancer and obstructive jaundice, was admitted to PHCMC by Respondent on or about December 11, 2028, for a percutaneous trans-hepatic cholangiogram. The day after admission, J.S. was brought to the interventional radiology department for the procedure; however, the procedure was not performed because the appropriate laboratory studies were not on file. Respondent was contacted and the appropriate laboratory tests were ordered and conducted at an outside hospital. J.S. underwent the procedure the following day and was discharged three (3) days after admission. Prior to discharge, Respondent noted that J.S. was jaundiced and had pink conjunctiva.

Medical Recordkeeping and Documentation

29. The standard of medical practice in California is to have accurate medical documentation.

30. Respondent was negligent in his care and treatment of J.S. when he noted that J.S. was jaundiced but inaccurately stated his conjunctiva as pink.

Patient I.M.

31. Patient I.M. (I.M.), a 30-year-old man, presented to the PHCMC emergency room on or about December 12, 2018, with complaints of shortness of breath and a leg wound. I.M. was diagnosed with an asthma exacerbation and infection of his right leg wound.

32. I.M. was treated with steroids, oxygen, and breathing treatments. He clinically improved.

33. Respondent treated I.M. later in the morning on the date of admission. Respondent noted that I.M.'s head and neck exam was normal. Respondent did not note that I.M. was blind in the left eye.

34. At the time of discharge, I.M. had elevated blood sugars (hyperglycemia) to greater than 350. Respondent believed the blood sugars would decrease as the steroid medication tapered off. Respondent did not document blood sugar stability or improvement. Respondent also did

not recommend and/or document an appropriate follow-up plan for the management of hyperglycemia.

Medical Recordkeeping and Documentation

35. The standard of medical practice in California is to have accurate medical documentation. History and Physical notes, daily progress notes, and discharge summaries should be filed within 24 (twenty-four) hours. It is also customary to include pertinent lab/medicines/patient data in the notes.

36. Respondent was negligent in his care and treatment of I.M. when he failed to properly document that I.M. was blind in the left eye.

Management of Hyperglycemia

37. The standard of medical practice in California is to formulate a follow-up plan to assure improved sugars as an outpatient when patients are discharged with elevated blood sugars. When patients are treated with steroid medications, they develop hyperglycemia. These patients may need medication adjustments or initiation of medications to temporarily control blood sugar.

38. Respondent was negligent in his care and treatment of I.M. when he failed to document blood sugar stability or improvement and failed to document and/or recommend an appropriate follow-up plan to assure improved sugars.

Patient P.N.

39. Patient P.N. (P.N.), a 72-year-old man, presented to the PHCMC on or about December 11, 2018, for the elective repair of a hiatal hernia. P.N. underwent the procedure on the day of admission without complications. Respondent found P.N. to be stable for discharge and filed a discharge summary.

40. After the filing of the discharge summary, P.N. complained of chest pain while sitting on a chair after walking. An electrocardiogram was obtained by a rapid response team and found to be normal. Respondent was made aware of these events.

41. Respondent claims to have reassessed P.N.'s complaint of chest pain; however, there is no documentation of this reassessment and no change was made to the discharge summary.

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Medical Recordkeeping and Documentation

42. The standard of medical practice in California is to have accurate medical documentation. History and Physical notes, daily progress notes, and discharge summaries should be filed within 24 (twenty-four) hours. It is also customary to document a change in clinical status (especially when the patient has been discharged and has a new complaint).

43. Respondent was negligent in his care and treatment of P.N. when he failed to properly document the reassessment of chest pain and/or amend the discharge summary.

Patient J.G.

44. Patient J.G. (J.G.), a 93-year-old man, presented to the PHCMC emergency room on or about January 2, 2019, referred by his primary care doctor to rule out the possibility of a stroke.

45. J.G. was noted to have left, lower facial drop and some increase in confusion and slurring of speech by the emergency room physician. The neurologist on call, Dr. A., admitted the patient and ordered magnetic resonance imaging (MRI).

46. On the following day, Respondent attended to J.G. and opted to discharge him, attributing J.G.'s neurologic symptoms to the use of Ativan.

47. On the day of discharge, Dr. A. called to find out the status of J.G.'s MRI. A nurse informed Dr. A. that Respondent discontinued the order and discharged J.G. Dr. A. inquired why J.G. was discharged without neurological consultation. Respondent had been made aware of Dr. A.'s concern and instructed the nurse to discharge J.G. without completing the MRI.

48. Respondent did not consult with the neurologist.

Communication and Use of Consultant Physicians

49. The standard of medical practice in California is to involve medical or surgical consultants when patient issues are too complex for the treating physician or issues are out of the scope of the practice of the treating physician. It is the standard of care for the attending hospitalist and the medical or surgical consultants to coordinate and discuss care for their hospitalized patients. If the hospitalist calls a consultant, it is the standard of practice for the physicians to have a two-way discussion about the recommendations and follow-up plan.

50. Respondent was negligent in his care and treatment of J.G. when he failed to consult the neurological consultant to coordinate and discuss care for J.G.

Patient M.D.

51. Patient M.D. (M.D.), a 77-year-old woman, presented to the PHCMC emergency room on or about December 1, 2018, with chest pain, headache, and transient blurred vision. Regarding M.D.'s chest pain, the emergency room physician documented that the chest pain was very suggestive of cardiac in etiology and that M.D. had a moderate risk for coronary disease. It was also noted that M.D. had acute changes in a current electrocardiogram from a prior one. In addition to the electrocardiogram, a computed tomography (CT) scan was read by a radiologist as a potential subdural hygroma (spinal fluid collection).

52. Respondent attended to the patient and made note of the recent passing of M.D.'s husband. Respondent also noted that the patient had occasional headaches and anxiety and that she denied any chest pain. In his plan and assessment notes, Respondent noted that all diagnostic studies, including all available labs, electrocardiograms, and images were personally viewed and reviewed by Respondent. Respondent noted that M.D.'s eye examination was normal. Respondent did not note that M.D. had a chronically dilated right eye.

Medical Records Keeping and Documentation

53. The standard of medical practice in California is to have accurate medical documentation. History and Physical notes, daily progress notes, and discharge summaries should be filed within 24 (twenty-four) hours. It is also customary to include pertinent lab/medicines/patient data in the notes.

54. Respondent was negligent in his care and treatment of M.D. when he failed to document that M.D. had a chronically dilated right eye as part of the neurologic exam.

Hospital Follow-up

55. The standard of medical practice in California is to assess each hospitalized patient for specific medical problems and to provide a follow-up plan for issues found at the time of discharge.

56. Respondent was negligent in his care and treatment of M.D. when he failed to recommend any further follow-up for the abnormalities seen on the CT scan on the head and/or failed to recommend any follow-up for the abnormal electrocardiogram.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

57. By reason of the facts set forth in paragraphs 8 through 27, inclusive, Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he engaged in gross negligence in the care and treatment of C.G.

58. Respondent's acts and/or omissions as set forth in paragraphs 8 through 27, inclusive, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to section 2234, subdivision (b), of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

59. By reason of the facts set forth in paragraphs 8 through 58, inclusive, Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he engaged in repeated acts of negligence in the care and treatment of J.S., I.M., P.N., J.G., M.D., and C.G.

60. Respondent's acts and/or omissions as set forth in paragraphs 8 through 58, inclusive, whether proven individually, jointly, or in any combination thereof, constitute repeated acts of negligence pursuant to section 2234, subdivision (c), of the Code. Therefore, cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

61. By reason of the facts set forth in paragraphs 8 through 60, inclusive, Respondent is subject to disciplinary action under section 2266 of the Code in that he failed to maintain adequate and accurate records in the care and treatment of J.S., I.M., P.N., J.G., M.D., and C.G.

62. Respondent's acts and/or omissions as set forth in paragraphs 8 through 60, inclusive, whether proven individually, jointly, or in any combination thereof, constitute failure to maintain adequate and accurate records pursuant to section 2266, of the Code.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

63. By reason of the facts set forth in paragraphs 8 through 62, inclusive, Respondent is subject to disciplinary action under section 2234 of the Code in that he has engaged in unprofessional conduct when he violated section 2234, subdivisions (b) and (c), and section 2266 of the Code by engaging in gross negligence, engaging in repeated acts of negligence, and failing to maintain adequate and accurate records.

64. Respondent's acts and/or omissions as set forth in paragraphs 8 through 62, inclusive, whether proven individually, jointly, or in any combination thereof, constitute unprofessional conduct. Therefore, cause for discipline exists.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 79439, issued to Respondent Sid Kohan, M.D.;

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

3. Ordering Respondent Sid Kohan, 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: DEC 29 2021

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

Reji Varghese
Deputy Director

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