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

In the Matter of the First Amended Accusation Against: **Vivek Mangesh Savur, M.D.** **Physician's and Surgeon's Certificate No. A 33689** **Respondent.**	**Case No. 800-2019-056226**

DECISION

The attached Stipulated Surrender of License and 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 December 30, 2022.

IT IS SO ORDERED December 23, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
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State Bar No. 179733
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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: VIVEK MANGESH SAVUR, M.D. 3314 Bordeaux Drive El Dorado Hills, CA 95762 Physician's and Surgeon's Certificate No. A 33689, Respondent.	Case No. 800-2019-056226 OAH No. 2022050138 **STIPULATED SURRENDER OF LICENSE AND 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 Rebecca L. Smith, Deputy Attorney General.

2. Vivek Mangesh Savur, M.D. (Respondent) is represented in this proceeding by attorney Raymond J. McMahon, whose address is 5440 Trabuco Road, Irvine, California 92620.

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3. On or about April 7, 1979, the Board issued Physician's and Surgeon's Certificate No. A 33689 to Respondent. That license expired on October 31, 2020, and has not been renewed.

JURISDICTION

4. First Amended Accusation No. 800-2019-056226 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 6, 2022. Respondent timely filed his Notice of Defense contesting the First Amended Accusation. A copy of the First Amended Accusation No. 800-2019-056226 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in First Amended Accusation No. 800-2019-056226. Respondent also has carefully read, fully discussed with counsel, and understands the effects of this Stipulated Surrender of License and Order.

6. 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.

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

CULPABILITY

8. Respondent understands that the charges and allegations in First Amended Accusation No. 800-2019-056226, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the First Amended Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could

establish a factual basis for the charges in the First Amended Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. This stipulation shall be subject to approval by the Board. Respondent understands and agrees that counsel for Complainant and the staff of the Board may communicate directly with the Board regarding this stipulation and surrender, 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 Surrender 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.

12. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

13. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Order:

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 33689, issued to Respondent Vivek Mangesh Savur, M.D., is surrendered and accepted by the Board, effective December 30, 2022.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline

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against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in First Amended Accusation No. 800-2019-056226 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of ten thousand two hundred one dollars and fifty cents ($10,201.50) prior to issuance of a new or reinstated license.

6. 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 agency in the State of California, all of the charges and allegations contained in First Amended Accusation, No. 800-2019-056226 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 licensure.

ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____ _____

VIVEK MANGESH SAVUR, M.D.
Respondent

against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

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5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of ten thousand two hundred one dollars and fifty cents ($10,201.50) prior to issuance of a new or reinstated license.

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ACCEPTANCE

I have carefully read the above Stipulated Surrender of License and Order and have fully discussed it with my attorney Raymond J. McMahon. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: October 27th 2022

VIVEK MANGESH SAVUR, M.D.
Respondent

I have read and fully discussed with Respondent Vivek Mangesh Savur, M.D. the terms and conditions and other matters contained in this Stipulated Surrender of License and Order. I approve its form and content.

DATED: October 27, 2022

RAYMOND J. MCMAHON
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: 10/27/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

First Amended Accusation No. 800-2019-056226

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Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **VIVEK MANGESH SAVUR, M.D.** **7320 Woodlake Avenue, Suite 250** **West Hills, CA 91307-1495** **Physician's and Surgeon's Certificate No. A 33689,** Respondent.	Case No. 800-2019-056226 **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 April 7, 1979, the Board issued Physician's and Surgeon's Certificate Number A 33689 to Vivek Mangesh Savur, M.D. (Respondent). The Physician's and Surgeon's Certificate expired on October 31, 2020, and has not been 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 118 of the Code states:

> (a) The withdrawal of an application for a license after it has been filed with a board in the department shall not, unless the board has consented in writing to such withdrawal, deprive the board of its authority to institute or continue a proceeding against the applicant for the denial of the license upon any ground provided by law or to enter an order denying the license upon any such ground.
>
> (b) The suspension, expiration, or forfeiture by operation of law of a license issued by a board in the department, or its suspension, forfeiture, or cancellation by order of the board or by order of a court of law, or its surrender without the written consent of the board, shall not, during any period in which it may be renewed, restored, reissued, or reinstated, deprive the board of its authority to institute or continue a disciplinary proceeding against the licensee upon any ground provided by law or to enter an order suspending or revoking the license or otherwise taking disciplinary action against the licensee on any such ground.
>
> (c) As used in this section, "board" includes an individual who is authorized by any provision of this code to issue, suspend, or revoke a license, and "license" includes "certificate," "registration," and "permit."

5. 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.

6. Section 2220 of the Code states:

Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold certificates that do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate holders, and the board shall have all the powers granted in this chapter for these purposes including, but not limited to:

(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a report received pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining order should be issued. The board shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the physician and surgeon or his or her professional liability insurer to pay an amount in damages in excess of a cumulative total of thirty thousand dollars ($30,000) with respect to any claim that injury or damage was proximately caused by the physician's and surgeon's error, negligence, or omission.

(c) Investigating the nature and causes of injuries from cases which shall be reported of a high number of judgments, settlements, or arbitration awards against a physician and surgeon.

7. 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.

8. Section 2228.1 of the Code states.

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board and the Podiatric Medical Board of California shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information internet web site, to a patient or the patient's guardian or health care surrogate before the patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

(A) The commission of any act of sexual abuse, misconduct, or relations with a patient or client as defined in Section 726 or 729.

(B) Drug or alcohol abuse directly resulting in harm to patients or the extent that such use impairs the ability of the licensee to practice safely.

(C) Criminal conviction directly involving harm to patient health.

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the patient, or the patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the patient during the visit is not known to the patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information internet web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

STATUTES

9. Section 726 of the Code states:

(a) The commission of any act of sexual abuse, misconduct, or relations with a patient, client, or customer constitutes unprofessional conduct and grounds for disciplinary action for any person licensed under this or under any initiative act referred to in this division.

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship.

10. Section 729 of the Code states:

(a) Any physician and surgeon, psychotherapist, alcohol and drug abuse counselor or any person holding himself or herself out to be a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor, who engages in an act of sexual intercourse, sodomy, oral copulation, or sexual contact with a patient or client, or with a former patient or client when the relationship was terminated primarily for the purpose of engaging in those acts, unless the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor has referred the patient or client to an independent and objective physician and surgeon, psychotherapist, or alcohol and drug abuse counselor recommended by a third-party physician and surgeon, psychotherapist, or alcohol and drug abuse counselor for treatment, is guilty of sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(b) Sexual exploitation by a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor is a public offense:

(1) An act in violation of subdivision (a) shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(2) Multiple acts in violation of subdivision (a) with a single victim, when the offender has no prior conviction for sexual exploitation, shall be punishable by imprisonment in a county jail for a period of not more than six months, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(3) An act or acts in violation of subdivision (a) with two or more victims shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(4) Two or more acts in violation of subdivision (a) with a single victim, when the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000); or the act or acts shall be punishable by imprisonment in a county jail for a period of not more than one year, or a fine not exceeding one thousand dollars ($1,000), or by both that imprisonment and fine.

(5) An act or acts in violation of subdivision (a) with two or more victims, and the offender has at least one prior conviction for sexual exploitation, shall be punishable by imprisonment pursuant to subdivision (h) of Section 1170 of the Penal Code for a period of 16 months, two years, or three years, and a fine not exceeding ten thousand dollars ($10,000).

For purposes of subdivision (a), in no instance shall consent of the patient or client be a defense. However, physicians and surgeons shall not be guilty of sexual exploitation for touching any intimate part of a patient or client unless the touching is outside the scope of medical examination and treatment, or the touching is done for sexual gratification.

(c) For purposes of this section:

(1) "Psychotherapist" has the same meaning as defined in Section 728.

(2) "Alcohol and drug abuse counselor" means an individual who holds himself or herself out to be an alcohol or drug abuse professional or paraprofessional.

(3) "Sexual contact" means sexual intercourse or the touching of an intimate part of a patient for the purpose of sexual arousal, gratification, or abuse.

(4) "Intimate part" and "touching" have the same meanings as defined in Section 243.4 of the Penal Code.

(d) In the investigation and prosecution of a violation of this section, no person shall seek to obtain disclosure of any confidential files of other patients, clients, or former patients or clients of the physician and surgeon, psychotherapist, or alcohol and drug abuse counselor.

(e) This section does not apply to sexual contact between a physician and surgeon and his or her spouse or person in an equivalent domestic relationship when that physician and surgeon provides medical treatment, other than psychotherapeutic treatment, to his or her spouse or person in an equivalent domestic relationship.

(f) If a physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in a professional partnership or similar group has sexual contact with a patient in violation of this section, another physician and surgeon, psychotherapist, or alcohol and drug abuse counselor in the partnership or group shall not be subject to action under this section solely because of the occurrence of that sexual contact.

11. 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.

COST RECOVERY

12. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may 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.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FACTUAL SUMMARY

13. On May 30, 2019, the Board received a complaint from a detective with the Los Angeles Police Department stating that three female victims disclosed incidents of sexual assault by Respondent. Two of the three patients identified by the LAPD detective were willing to participate in the investigation.[1] On December 6, 2019, the Board received an additional complaint from a patient alleging that Respondent attempted to touch her inappropriately on numerous occasions.

Patient 1:[2]

14. Patient 1[3] worked as an office clerk at Respondent's neurology medical office from approximately 1989 through 1995. She had a friendly relationship with Respondent and considered him to be a friend.

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[1] One of the patients complained to the Board in 2017 that Respondent engaged in sexual misconduct during years of examinations.

[2] For privacy purposes, the patients in this Accusation are referred to as Patients 1, 2, and 3, with their identities disclosed to Respondent in discovery.

[3] Patient 1's factual allegations against Respondent are barred by the relevant statute of limitations. The facts and circumstances alleged against Respondent by Patient 1 are set forth herein to demonstrate Respondent's pattern and practice, and sexual proclivities with his patients.

15. Patient 1 began seeing Respondent for medical care in approximately 1999 through January 6, 2014 for an elbow injury, headaches, neck pain, and depression. They continued to have a friendly relationship and Patient 1 considered him a friend.

16. At Patient 1's medical appointments with Respondent, he would tell her that he loved her. Respondent's wife was his office manager. Respondent would tell Patient 1 that his wife was not having sex with him and would tell Patient 1 that she should have sex with him. He would also ask her to go to Las Vegas with him. Patient 1 thought that Respondent was being overly friendly and flirting. She ignored the comments, did not have sex with him, and did not go to Las Vegas with him.

17. During an examination in 2013, Respondent noticed that Patient 1 did not shave her vagina and told her that he hated when women shaved their vaginas. Patient 1 did not respond to his comment.

18. In approximately 2013, Respondent's friendliness with Patient 1 became more physical. He began kissing her cheeks and massaging her shoulders and back, down to her buttocks, when she would see him for medical appointments.

19. In December 2013, Patient 1 injured herself after tripping and falling to the ground. She was treated in the emergency room.

20. Patient 1 saw Respondent approximately 10 days later, on January 6, 2014, because she was having neck pain, back pain, and headaches. Patient 1 was taken to an examination room by Respondent's medical assistant, told to change into a gown and that Respondent would be in to see her. She changed into the gown and removed her undergarments, including her underwear. She was sitting on the examination table when Respondent entered the examination room. Respondent told Patient 1 to stand so he could check her back. Patient 1, upset about her injuries, started crying. Respondent stood in front of Patient 1 with his hands on her neck massaging the area. He asked if it hurt, then moved his hands to Patient 1's back still asking her if it hurt. He untied the gown and moved his hands to her breasts. He kissed her lips and then started kissing her breasts while moving one of his hands around her thigh and groin. He then inserted one of his fingers into Patient 1's vagina, digitally penetrating her. With his

other hand, Respondent grabbed Patient 1's hand and placed her hand on his pants. He undid his belt and zipper and pulled his penis out. Patient 1 told Respondent to stop. Patient 1 left Respondent's office and did not return. She was afraid and did not want to get Respondent in trouble.

Patient 2:

21. Respondent was Patient 2's physician from approximately 2014 to 2016. He treated her for migraine headaches.

22. Patient 2 described Respondent as personable and friendly during her medical appointments. Respondent would often ask about her personal life and marriage. Respondent would also share personal information about himself. He told Patient 2 that he had prostate cancer and had to wear pads because he had leakage. He also told Patient 2 that he was considering a penile implant because he was unable to get an erection.

23. During an appointment in 2016, Patient 2 told Respondent about marital problems that she was experiencing. While Patient 2 spoke with Respondent, he appeared to be touching himself underneath his lab coat. Patient 2 thought that she misinterpreted his actions since he had prostate cancer and could not get an erection.

24. At the end of another appointment, in approximately October 2016, Respondent pulled Patient 2 to him and kissed her as she was leaving. She panicked, pulled away, and walked out of the examination room to the front counter to get her bill. She was shocked that Respondent kissed her but did not say anything about it to his medical assistant/receptionist.

25. The following morning, Respondent called Patient 2 on her cell phone and apologized for kissing her. Patient 2 said that it was fine and quickly hung up.

26. Given Respondent's apology and her need for migraine treatment, Patient 2 kept her next appointment with Respondent, scheduled for November 2016. During her appointment, Respondent told her that she was a beautiful woman and that she should have a good man. At the end of the appointment, when she was getting ready to exit the examination room, Respondent told her that he wanted to do one more thorough exam. He told her to lie on her back on the examination table. After Patient 2 laid down, Respondent lifted her dress and began to perform

oral sex on her. She told him to stop, got up and left his office. When Patient 2 got home, she was too scared to tell her husband or son what had happen. That was her last medical appointment with Respondent.

Patient 3:

27. In 2009, Patient 3 was experiencing headaches and her primary care physician, J.S., M.D., referred her to Respondent.

28. In approximately June of 2009, Patient 3 was first seen by Respondent at his office. She was examined by Respondent and he prescribed Depakote to treat her headaches. She continued to have her headaches treated by Respondent and underwent trials of different medications for the headaches.

29. In approximately August 2016, Patient 3 saw Respondent at his office to treat her headaches and to find out the result of a recently completed MRI. Respondent asked her about her headaches and blood pressure as well as how things were going in her life. Patient 3 told Respondent that she was worried about her husband's health. Respondent told Patient 3 that she was like a 50-year-old little girl. Patient 3 did not know what he meant by the comment and did not ask for clarification. She ignored the comment but it made her uncomfortable.

30. Patient 3's next medical appointment with Respondent was in September 2016. She was sitting on the examination table in the examination room with Respondent standing in front of her performing an eye examination. While checking Patient 3's eyes, Respondent put his right hand on her left leg. Respondent then told Patient 3 that she needed to be loved and she needed someone to love her. Patient 3 ignored the comments, as she felt that she had a good patient-physician relationship with Respondent and trusted him.

31. When Patient 3 next saw Respondent in approximately October 2016 for a medical appointment, he again told Patient 3 that she needed someone who could love and caress her. Patient 3 told Respondent that he could say that to his wife, but not to say it to her again. After Patient 3 left the appointment, Respondent called her and asked if she was uncomfortable with what he had said. She told him that he needed to drop the issue and not say that kind of stuff to her again.

32. When Patient 3 saw Respondent for a medical appointment in early 2017, she asked if he was all right, as he did not have immediate appointments available when she called to make an appointment. Respondent told Patient 3 that he had prostate cancer. She said that she was sorry and asked if he would be all right. He then told Patient 3 that he was having leaking problems and was in pain. She told him that she is not his doctor and he is sharing too much information.

33. Also in early 2017, Patient 3's husband had a triple bypass surgery on his heart. She was very stressed and having horrible headaches. She made a medical appointment with Respondent to address her horrible headaches. At her appointment, Respondent told Patient 3 that she was a 50-year-old little girl who needed to be loved, caressed, and held. Patient 3 told Respondent that he needed to stop making those comments. Patient 3 asked him to focus on her health. Respondent then apologized to Patient 3 for his inappropriate comments.

34. At another appointment in 2017, Respondent asked about Patient 3's husband. She told Respondent that her husband was having tremors in his hands. Respondent told Patient 3 to make an appointment to have her husband see him. A couple of days later, Respondent showed up at Patient 3's house without an invitation and said he was there to check on her husband. Respondent had his stethoscope with him and examined Patient 3's husband. He then prescribed medication for Patient 3's husband.

35. In March of 2017, Respondent called Patient 3 and asked how her husband was doing. He said that he was in the neighborhood and wanted to check on her husband. Respondent then showed up at Patient 3's house and examined her husband. By May of 2017, Patient 3's husband had recovered from this heart surgery and returned to work.

36. In approximately May of 2017, Patient 3 saw Respondent at his office for a medical appointment. In the examination room, Respondent again told Patient 3 that she was like a 50-year-old girl and that she needed to be loved and caressed. Respondent then put his hands on Patient 3's shoulders to give her a hug. He told her that everything was going to be all right. He then said that he would treat Patient 3 at home and that her husband did not have to be there.

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37. Thereafter, Respondent called Patient 3 while her husband was at work. She told Respondent that her husband was at home resting because she was afraid that Respondent would show up at her house if she said that her husband was not home.

38. In approximately August of 2017, Patient 3 was experiencing neck pain and made an appointment to see Respondent. She wore loose fitting shorts to the appointment. While in the examination room, sitting on the examination table, Respondent put his hands on Patient 3's legs. He moved his left hand up her right thigh underneath her shorts. His hand reached up to where her pubic hair started. Patient 3 shifted backwards and Respondent looked at her. Patient 3 then told him that he needed to get a life. Respondent asked Patient 3 if she was uncomfortable. She responded that she was uncomfortable and he apologized. He then told Patient 3 that she needed to be loved. Patient 3 asked Respondent if those were the only words in his vocabulary and he apologized. Patient 3 then left Respondent's office.

39. At another medical appointment in 2017, on a date that Patient 3 cannot recall, Respondent tried to kiss her while she sat on the examination table in the examination room. She backed away. She could feel Respondent's penis on her leg through his pants. His penis did not feel erect. Patient 3 gave Respondent a dirty look and left the office.

40. In approximately November or December 2017, Patient 3 made a medical appointment to see Respondent about her headaches and neck pain. Patient 3 brought her friend, P.E., to the appointment. Ms. E. accompanied Patient 3 to the examination room and sat in a chair in the room while Patient 3 sat on the examination table. When Respondent entered the room, Ms. E. was talking on her cell phone. Respondent examined Patient 3's eyes, ears and throat. She told him about her headaches and neck pain. Respondent then put both of his hands on Patient 3's legs and told her that she needed to be loved, caressed, and held so that someone could show her that they love her. When she felt his hands on her legs, Patient 3 closed her eyes and moved back on the table. Ms. E. hung up her cellphone, pushed Respondent's hand away, and asked what all of that was about. Respondent appeared startled by Ms. E.'s question. Patient 3 then said, "Let's go." to Ms. E. and they left Respondent's office. That was Patient 3's last visit with Respondent.

STANDARD OF CARE

41. The standard of care requires that the physician maintain a professional demeanor during the taking of a medical history and examination. Comments designed to influence or entice a patient to have sexual relations with the physician are completely out of bounds. Likewise, the standard of care in performing a physical examination requires that the physician conduct the examination in a professional manner and to never touch a patient in a sexual manner.

FIRST CAUSE FOR DISCIPLINE

(Sexual Exploitation of Patient 2, and 3)

42. Respondent is subject to disciplinary action under section 729 of the Code, in that he engaged in the sexual exploitation of Patients 2 and 3. Complainant refers to and, by this reference incorporates herein, paragraphs 21 through 41, above, as though fully set forth herein. The circumstances are as follows:

43. Respondent's actions, as described by Patient 2 and 3, constitute sexual exploitation and are considered unprofessional conduct.

SECOND CAUSE FOR DISCIPLINE

(Sexual Misconduct with Patients 2 and 3)

44. Respondent is subject to disciplinary action under section 726 of the Code, in that he engaged in sexual misconduct of Patients 2 and 3. Complainant refers to and, by this reference incorporates herein, paragraphs 21 through 43, above, as though fully set forth herein. The circumstances are as follows:

45. The allegations set forth in the First Cause for Discipline are incorporated herein as if fully set forth.

THIRD CAUSE FOR DISCIPLINE

(Gross Negligence - Patients 2 and 3)

46. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient 2 and 3. Complainant refers to and, by this reference incorporates herein, paragraphs 21 through 45, above, as though fully set forth herein. The circumstances are as follows:

47. The allegations set forth in the First and Second Causes for Discipline are incorporated herein as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Repeated Negligent Acts - Patients 2 and 3)

48. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that he committed repeated acts of negligence in his care and treatment of Patient 2 and 3. Complainant refers to and, by this reference incorporates herein, paragraphs 21 through 47, above, as though fully set forth herein. The circumstances are as follows:

49. The allegations set forth in the First, Second and Third Causes for Discipline are incorporated herein as if fully set forth.

50. Each of the alleged acts of gross negligence set forth above in the Third Cause for Discipline is also a negligent act.

FIFTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

51. Respondent is subject to disciplinary action under sections 726, 729, and 2234, of the Code, in that he has engaged in unprofessional conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. Complainant refers to and, by this reference incorporates herein, paragraphs 21 through 50, above, as though fully set forth herein. The circumstances are as follows:

52. The allegations set forth in the First, Second, Third, and Fourth Causes for Discipline are incorporated herein as if fully set forth.

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 A 33689, issued to Respondent Vivek Mangesh Savur, M.D.;

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

3. Ordering Respondent Vivek Mangesh Savur, 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. If disciplined, ordering Respondent Vivek Mangesh Savur, M.D., to disclose his discipline to patients as required by section 2228.1 of the Code; and

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

DATED: AUG 17 2022

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

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