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

In the Matter of the Amended Accusation Against: Vasuki Daram, M.D. Physician's and Surgeon's Certificate No. A 93866 Respondent.	Case No. 800-2019-057398

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 March 2, 2023.

IT IS SO ORDERED January 31, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General
JANNSEN TAN
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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 Amended Accusation Against: **VASUKI DARAM, M.D.** **P.O. BOX 188671** **Sacramento, CA 95818** **Physician's and Surgeon's Certificate No. A 93866** Respondent.	Case No. 800-2019-057398 OAH No. 2021120219 **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 Jannsen Tan, Deputy Attorney General.

2. Respondent Vasuki Daram, M.D. (Respondent) is represented in this proceeding by attorney Lindsay M. Johnson, Esq., whose address is: 4100 Newport Place, Suite 670 Newport Beach, CA 92660.

3. On or about January 25, 2006, the Board issued Physician's and Surgeon's Certificate No. A 93866 to Vasuki Daram, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-057398, and will expire on June 30, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-057398 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 October 12, 2021. An Amended Accusation was subsequently filed. Respondent timely filed her Notice of Defense contesting the Accusation and Amended Accusation.

5. A copy of the Amended Accusation No. 800-2019-057398 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 Amended Accusation No. 800-2019-057398. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Amended Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her 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 Amended Accusation No. 800-2019-057398, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case or factual basis with respect to the charges and allegations in Amended Accusation No. 800-2019-057398, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected her Physician's and Surgeon's Certificate, No. A 93866 to disciplinary action, and hereby gives up her right to contest those charges.

11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

12. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

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 her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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 an accusation is filed against her before the Board, all of the charges and allegations contained in the Amended Accusation No. 800-2019-057398 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.

ADDITIONAL PROVISIONS

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

16. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

17. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by Applicant, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 93866 issued to Respondent Vasuki Daram, M.D. shall be and is hereby publicly reprimanded pursuant to California Business and Professions Code, section 2227, subdivision (a) (4.) This public reprimand, which is issued in connection with Respondent's care and treatment of Patients A, B, and C, as set forth in Amended Accusation No. 800-2017-036806, is as follows:

"You failed to appropriately keep adequate documentation of your patient encounters with Patients A, B, and C."

A. EDUCATION COURSE

Within 60 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for its prior approval, educational program(s) or course(s) which shall not be less than 40 hours, in addition to the 25 hours required for license renewal. 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. Within 12 months of the effective date of this Decision, Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

Failure to successfully complete and provide proof of attendance to the Board or its designee of the educational program(s) or course(s) within 12 months of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary action.

B. <u>MEDICAL RECORD KEEPING COURSE</u>

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 and the coursework requirements as set forth in Condition B of this stipulated settlement.

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. Failure to provide proof of successful completion to the Board or its designee within twelve (12) months of the effective date of this Decision, unless the Board or its designee agrees in writing to an extension of that time, shall constitute general unprofessional conduct and may serve as the grounds for further disciplinary action.

C. **COST RECOVERY**

Respondent shall pay the cost of investigation and enforcement in the amount of $1980.00

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lindsay M. Johnson, 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: 7/11/22

VASUKI DARAM, M.D.
Respondent

I have read and fully discussed with Respondent Vasuki Daram, 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: 7/12/22

FOR
LINDSAY M. JOHNSON, 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: 7/13/2022

Respectfully submitted,

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

Jannsen Tan

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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

In the Matter of the Amended Accusation Against: **VASUKI DARAM, M.D.** **PO Box 188671** **Sacramento, CA 95818** **Physician's and Surgeon's Certificate No. A 93866,** Respondent.	Case No. 800-2019-057398 **AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this 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 January 25, 2006, the Board issued Physician's and Surgeon's Certificate Number A 93866 to Vasuki Daram, 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 June 30, 2023, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code 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.

STATUTORY PROVISIONS

5. Section 2234 of the Code[1], 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.

[1] Business and Professions Code Section 2234 was amended in January 1, 2020. All allegations in this Amended Accusation occurred prior to January 1, 2020. The prior version of Section 2234 was effective January 1, 2014 to December 31, 2019.

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

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

(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5

(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

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

COST RECOVERY

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

FIRST CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

8. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts during the care and treatment of Patients A, B, and C[2]. The circumstances are as follows:

9. Respondent is a physician and surgeon, board certified in family medicine who at all times relevant to the charges brought herein practiced medicine under The Permanente Medical Group, 6600 Bruceville Rd., Sacramento, CA 95823.

Patient A

10. At the time she saw Respondent, Patient A was a 73-year-old female, with a history of COPD, Hodgkins Lymphoma, and hypertension. Respondent initially saw Patient A sometime prior to January 2018 once her previous provider retired.

11. Approximately a month later, Patient A called Respondent's clinic with complaints of cough for the past 5 weeks, which had been worsening, and wanted it treated. Respondent allegedly asked Patient A to come in for an appointment, but according to Respondent, Patient A refused, and instead asked for medication for the cough. Respondent ordered a chest x-ray. Respondent failed to document Patient A's refusal of treatment, evaluation, diagnosis, or plan of care.

12. On or about January 29, 2018, Respondent documented a telephone encounter where Respondent instructed her nurse to call Patient A to let Patient A know that the chest x-ray showed possible pneumonia. Respondent ordered an antibiotic for Patient A, and instructed Patient A to obtain another x-ray one week after she completed the antibiotic. Respondent also documented that Patient A has COPD and has a small amount of fluid in the left lung. The nurse documented that the information was relayed to Patient A on the same day and that Patient A had no other questions.

13. On or about January 31, 2018, the nurse documented that Patient A called the clinic regarding night sweats. Patient A stated she believed she was having a reaction to the antibiotic,

[2] Patient names are redacted to protect privacy.

but realized that it might be the pneumonia. Patient A denied any chest pain, palpitation, abdominal pain, dizziness, urinary issues or any other concern. Patient A stated that she would complete the antibiotic course. Patient A requested that Respondent be advised of the call, and asked if Respondent had comments regarding her complaints. The nurse forwarded the message to Respondent. The nurse documented that "Member requests consultation instead of appointment or advice."

14. On or about February 1, 2018, Patient A called and continued to complain that she could not sleep and was still continuing to have night sweats.

15. On or about February 9, 2018, Respondent saw Patient A for an office visit. Respondent documented that Patient A stated that since "she has been taking the antibiotics has been having sweats and sleeping problem. But it has gotten a little better. She is still coughing, coughing up clear phlegm, chest congestion but much better. She denies any fevers or chills, denies any sore throat, denies any ear pain sinus congestion or chest pain." Respondent documented Patient A had no history of coronary artery disease or CHF and denied any dyspnea on exertion or orthopnea. Respondent also gave IV fluids to Patient A. During her interview with the Board, Respondent stated that Patient A was reticent of going to the emergency room and insisted on IV fluids only. Respondent admitted during her interview that she failed to document Patient A's refusal to go to the emergency room. After trying the IV fluids, Patient A did not feel any better. Respondent had to leave the clinic temporarily, and the covering physician sent Patient A to the emergency room for worsening cough, shortness of breath, dyspnea or exertion and tachycardia. Patient A was found to be in congestive heart failure with low oxygen saturation, low sodium and elevated white blood cell count.

16. Respondent's care and treatment of Patient A departed from the standard of care in that she failed to document her conversation with Patient A when she called regarding her symptoms, and failed to document Patient A's evaluation, diagnosis and plan of care.

Patient B

17. At the time she saw Respondent, Patient B was a 63-year-old female with history of diabetes mellitus 2, cervical spine fracture, hypertension, osteoarthritis, epilepsy and anemia.

Patient B also had a history of allogenic bone marrow transplant (AML) and was under the care of an oncologist.

18. On or about April 8, 2018, Patient B presented to the emergency room (ER) with shortness of breath and altered mental status. Patient B had been brought by EMS from a skilled nursing facility. Respondent was on-call and admitted Patient B. Patient B was found to have a large pleural effusion with mediastinal shift. During her interview with the Board, Respondent claimed that she spoke with Patient B's daughter, and Patient B's oncologist.

19. During her interview with the Board, Respondent claimed that she spoke with Patient B's oncologist in great detail because Patient B had AML and was in remission. Respondent stated that Patient B's oncologist told her that Patient B's pleural effusion was chronic, and to hold off on treatment until the fluid was taken from Patient B for evaluation. Respondent admitted that she failed to document any conversations with Patient B's oncologist. Respondent stated that she was concerned that the pleural effusion may have been infectious in nature.

20. At the ER, the ER physician tapped the pleural effusion and sent the fluid for studies, and Patient B was admitted to the medical surgical floor. Patient B subsequently developed respiratory distress and started to decompensate, so she was transferred to the ICU.

21. Respondent's care and treatment of Patient B departed from the standard of care in that she failed to document her conversation and consult with Patient B's oncologist.

Patient C

22. At the time he saw Respondent, Patient C was a 57-year-old male with history of type 2 diabetes and shoulder pain.

23. On or about February 20, 2018, Respondent saw Patient C for an office visit. Patient C presented with multiple complaints. He complained of left shoulder pain, falling asleep while driving, and dizziness when he stands up very fast. Respondent ordered an x-ray of the left shoulder and sleep labs.

24. Respondent also ordered lab tests, which showed that Patient C was anemic and iron deficient. The second set of labs came back the same.

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25. Respondent asked Patient C to come in to review his labs and start iron tablets. In her interview with the Board, Respondent stated that she also wanted Patient C to come in for an appointment to discuss endoscopy and colonoscopy procedures. Respondent stated that she also tried multiple times to get Patient C to come in for an appointment, but Patient C allegedly did not want to. Respondent admitted that she failed to document her efforts to have Patient C come in for an appointment, and Patient C's refusal to come in for an appointment. Respondent also failed to refer Patient C to a gastroenterologist.

26. Patient C was eventually seen by another provider after Patient C developed constipation. A colonoscopy and esophagogastroduodenoscopy (EGD) was ordered and a malignancy was found.

27. Respondent's care and treatment of Patient C departed from the standard of care in that she failed to document her concerns and recommendations, including Patient C's refusal to come in for an appointment. Respondent also failed to refer Patient C to a gastroenterologist rather than just prescribing iron tablets.

SECOND CAUSE FOR DISCIPLINE
(Failure to Maintain Adequate and Accurate Records)

28. Respondent's license is subject to disciplinary action under section 2266 of the Code, in that she failed to maintain adequate and accurate medical records relating to her care and treatment of Patients A, B, and C. The circumstances are set forth in paragraphs 10 through 27, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 93866, issued to Respondent Vasuki Daram, M.D.;

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

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

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

DATED: JUL 26 2022

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

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