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6 *Attorneys for Complainant*

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2019-054703

13 **JITENDRA CHUNIBHAI PATEL, M.D.**
14 PO Box 760
Brookings OR 97415

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate No. A
16 40675

17 Respondent.

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

21 **PARTIES**

22 1. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical
23 Board of California (Board). This action was brought and maintained solely in the official
24 capacity of the Board's executive director, who is represented in this matter by Xavier Becerra,
25 Attorney General of the State of California, by Jane Zack Simon, Supervising Deputy Attorney
26 General.

2. Respondent Jitendra Chuniabhai Patel, M.D. (Respondent) is represented in this proceeding by David A. Depolo, Donnelly Nelson Depolo Murray & Efremsky, 201 North Civic Drive, Suite 239, Walnut Creek, CA 94596.

3. On February 27, 1984, the Board issued Physician's and Surgeon's Certificate No. A 40675 to Jitendra Chunibhai Patel, M.D. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2019-054703, and will expire on December 31, 2021, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-054703 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent, who timely filed a Notice of Defense. A copy of Accusation No. 800-2019-054703 is attached as Exhibit A.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2019-054703. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary 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 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.

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1 **CULPABILITY**

2 8. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2019-054703, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate.

5 9. For the purpose of resolving the Accusation without the expense and uncertainty of
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
7 basis for the charges in the Accusation, and Respondent hereby gives up his right to contest those
8 charges.

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

12 **CONTINGENCY**

13 11. This stipulation shall be subject to approval by the Medical Board of California.
14 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
15 Board of California may communicate directly with the Board regarding this stipulation and
16 settlement, without notice to or participation by Respondent or his counsel. By signing the
17 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek
18 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
19 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
20 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal
21 action between the parties, and the Board shall not be disqualified from further action by having
22 considered this matter.

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

26 ///

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 Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 40675 issued to Respondent Jitendra Chunibhai Patel, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) years on the following terms and conditions.

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

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices 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 prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A prescribing practices 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

1 or its designee, be accepted towards the fulfillment of this condition if the course would have
2 been approved by the Board or its designee had the course been taken after the effective date of
3 this Decision.

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

7 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective
8 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in
9 advance by the Board or its designee. Respondent shall provide the approved course provider
10 with any information and documents that the approved course provider may deem pertinent.
11 Respondent shall participate in and successfully complete the classroom component of the course
12 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
13 complete any other component of the course within one (1) year of enrollment. The medical
14 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
15 Medical Education (CME) requirements for renewal of licensure.

16 A medical record keeping course taken after the acts that gave rise to the charges in the
17 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board
18 or its designee, be accepted towards the fulfillment of this condition if the course would have
19 been approved by the Board or its designee had the course been taken after the effective date of
20 this Decision.

21 Respondent shall submit a certification of successful completion to the Board or its
22 designee not later than 15 calendar days after successfully completing the course, or not later than
23 15 calendar days after the effective date of the Decision, whichever is later.

24 4. PHYSICIAN-PATIENT COMMUNICATION COURSE. Within 60 calendar days
25 from the effective date of this Decision, Respondent shall enroll in a course in physician patient
26 communication,, approved in advance by the Board or its designee. The physician-patient
27 communication course shall be at Respondent's expense and shall be in addition to the
28 Continuing Medical Education (CME) requirements for renewal of licensure.

1 A physician-patient communication course taken after the acts that gave rise to the charges
2 in the Accusation, but prior to the effective date of the Decision may, in the sole discretion of the
3 Board or its designee, be accepted towards the fulfillment of this condition if the course would
4 have been approved by the Board or its designee had the course been taken after the effective date
5 of this Decision.

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the course, or not later than
8 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

1 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
2 date of this Decision, Respondent shall receive a notification from the Board or its designee to
3 cease the practice of medicine within three (3) calendar days after being so notified. Respondent
4 shall cease the practice of medicine until a monitor is approved to provide monitoring
5 responsibility.

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

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

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

25 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
26 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
27 Chief Executive Officer at every hospital where privileges or membership are extended to
28 Respondent, at any other facility where Respondent engages in the practice of medicine,

1 including all physician and locum tenens registries or other similar agencies, and to the Chief
2 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
3 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
4 calendar days.

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

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

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

12 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly
13 declarations under penalty of perjury on forms provided by the Board, stating whether there has
14 been compliance with all the conditions of probation. Respondent shall submit quarterly
15 declarations not later than 10 calendar days after the end of the preceding quarter.

16 10. GENERAL PROBATION REQUIREMENTS.

17 Compliance with Probation Unit

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

19 Address Changes

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

25 Place of Practice

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

1 License Renewal

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

4 Travel or Residence Outside California

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

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

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

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

28 ///

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

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

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

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

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

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

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


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

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

11 ACCEPTANCE

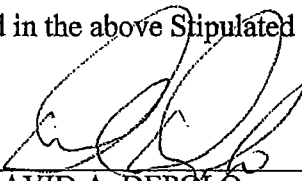
12 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
13 discussed it with my attorney, David A. Depolo. I understand the stipulation and the effect it will
14 have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
15 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
16 Decision and Order of the Medical Board of California.

17
18 DATED: 2/5/2020


19 JITENDRA CHUNIBHAI PATEL, M.D.
Respondent

20 I have read and fully discussed with Respondent Jitendra Chunibhai Patel, M.D. the terms
21 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
22 Order. I approve its form and content.

23 DATED: 2/5/2020


24 DAVID A. DEPOLO
Attorney for Respondent

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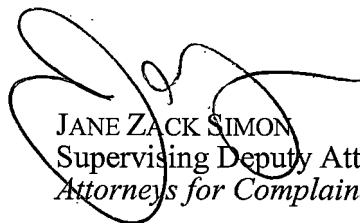
ENDORSEMENT

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

DATED: 2/5/2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California



JANE ZACK SIMON
Supervising Deputy Attorney General
Attorneys for Complainant

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XAVIER BECERRA
Attorney General of California
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E-mail: Caitlin.Ross@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against:

Case No. 800-2019-054703

Jitendra Chunibhai Patel, M.D.
PO Box 760
Brookings, OR 97415

A C C U S A T I O N

Physician's and Surgeon's Certificate
No. A 40675,

Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board), and brings this Accusation solely in her official capacity.

2. On February 27, 1984, the Board issued Physician's and Surgeon's Certificate Number A 40675 to Jitendra Chunibhai Patel, 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 December 31, 2019, unless renewed.

1 **JURISDICTION**

2 3. This Accusation is brought before the Board under the authority of the following
3 sections of the California Business and Professions Code (Code) and other relevant statutory
4 enactments:

5 4. Section 2220 of the Code states, in part:

6 “Except as otherwise provided by law, the board may take action against all persons guilty
7 of violating [Chapter 5, the Medical Practice Act]. The board shall enforce and administer this
8 article as to physician and surgeon certificate holders, including those who hold certificates that
9 do not permit them to practice medicine, such as, but not limited to, retired, inactive, or disabled
10 status certificate holders, and the board shall have all the powers granted in this chapter for these
11 purposes”

12 5. Section 2227 of the Code provides, in part, that the Board may revoke, suspend for a
13 period not to exceed one year, or place on probation, the license of any licensee who has been
14 found guilty under the Medical Practice Act, and may recover the costs of probation monitoring.

15 6. Section 2305 of the Code states:

16 “The revocation, suspension, or other discipline, restriction, or limitation imposed by
17 another state upon a license or certificate to practice medicine issued by that state, or the
18 revocation, suspension, or restriction of the authority to practice medicine by any agency of the
19 federal government, that would have been grounds for discipline in California of a licensee under
20 this chapter [Chapter 5, the Medical Practice Act] shall constitute grounds for disciplinary action
21 for unprofessional conduct against the licensee in this state.”

22 **CAUSE FOR DISCIPLINE**

23 **(Discipline, Restriction, or Limitation Imposed by another State)**

24 7. On April 11, 2019, the Oregon Medical Board (Oregon Board) entered into a
25 Corrective Action Agreement with (CAA) Respondent. A copy of the CAA issued by the Oregon
26 Medical Board is attached to this Accusation as Exhibit A.

27 8. The CAA was a settlement of the Complaint & Notice of Proposed Disciplinary
28 Action issued by the Oregon Board on April 20, 2018, alleging that Respondent prescribed

1 psychotropic medications to elderly patients in a manner that breached the standard of care and
2 subjected patients to the risk of harm. A copy of the Complaint & Notice of Proposed
3 Disciplinary Action is attached as Exhibit B. According to the CAA, Respondent is restricted and
4 limited in that he is required to:

- 5 • contract with the Center for Personalized Education for Physicians (CPEP) within
6 30 days of the effective date of the CAA for the development of an education
7 plan;
- 8 • successfully complete the CPEP education plan, including any post-education
9 evaluation and any recommendations, within 18 months from the date the
10 educational plan is approved;
- 11 • provide the Oregon Board with written proof from CPEP upon successful
12 completion of the approved education plan, including successful completion of
13 any post-education evaluation and any recommendations; and
- 14 • obey all federal and Oregon State laws and regulations pertaining to the practice
15 of medicine.

16 9. According to the CAA, and Respondent agreed, any violation of the terms of the
17 CAA will be cause for discipline.

18 10. Respondent's conduct and the action of the Oregon Board as set forth in paragraphs
19 8-9, above, and within the actual Oregon Board document attached as Exhibit A, constitute
20 unprofessional conduct and cause for discipline pursuant to section 2305.

21 PRAYER

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

24 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 40675,
25 issued to Jitendra Chunibhai Patel, M.D.;

26 2. Revoking, suspending or denying approval of Jitendra Chunibhai Patel, M.D.'s
27 authority to supervise physician assistants and advanced practice nurses;
28

1 3. Ordering Jitendra Chunibhai Patel, M.D., if placed on probation, to pay the Board the
2 costs of probation monitoring; and

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

4
5 DATED: August 2, 2019


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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EXHIBIT A



Oregon

Kate Brown, Governor

Medical Board

1500 SW 1st Avenue, Suite 620

Portland, OR 97201-5847

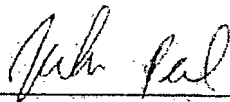
(971) 673-2700

FAX (971) 673-2670

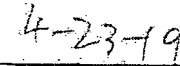
www.oregon.gov/omb

Certification of True Copy

I certify that the enclosed documents are true and correct copies of the originals on file with the Oregon Medical Board.

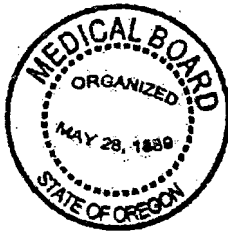


Signature



Date

Joshua Paul
Public Information Specialist





Oregon

Kate Brown, Governor

Medical Board

1500 SW 1st Avenue, Ste 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

www.oregon.gov/OMB

April 23, 2019

Medical Board of California
2005 Evergreen St. Ste. 1200
Sacramento, CA 95815

Fax:

REPORT NAME: **LICENSE VERIFICATION**
REPORT SUBJECT: **Jitendra Chunibhai Patel, MD**
LICENSE #: **MD15202**

The Oregon Medical Board is responding to your inquiry regarding verification of licensure for the above-referenced Licensee. Enclosed is a License Verification Report for this Licensee.

There are public Board orders on file for this Licensee. Copies of the following Board Orders are also enclosed:

- ☒ Corrective Action Agreement; Dated 04/11/2019
- ☒ Complaint and Notice; Dated 04/20/2018

If you have any questions regarding this License Verification Report, please contact the Board at (971) 673-2700, or toll free in Oregon at (877) 254-6263.

Sincerely,

Josh Paul
Public Information Specialist

Enclosures

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BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of

JITENDRA CHUNIBHAI PATEL, MD
LICENSE NO. MD15202

CORRECTIVE ACTION AGREEMENT

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the State of Oregon. Jitendra Chunibhai Patel, MD (Licensee) is a licensed physician in the State of Oregon.

2.

Licensee is a board-certified internist practicing medicine in Brookings, Oregon. On April 20, 2018, the Board issued a Complaint and Notice of Proposed Disciplinary Action in which the Board proposed taking disciplinary action by imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of license, a \$10,000 civil penalty per violation, and assessment of costs, against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and (c); and ORS 677.190(13).

3.

Licensee and the Board now desire to settle this matter by entry of this Agreement. Licensee understands that he has the right to a contested case hearing under the Administrative Procedures Act (chapter 183), Oregon Revised Statutes. Licensee fully and finally waives the right to a contested case hearing and any appeal therefrom by the signing of and entry of this Agreement in the Board's records. The Board agrees to close the current investigation and does

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1 not make a finding in regard to any violation of the Medical Practice Act. This Agreement is a
2 public document; however, it is not a disciplinary action. This document is reportable to the
3 National Practitioner Data Bank and the Federation of State Medical Boards.

4 4.

5 In order to address the concerns of the Board and for purposes of resolving this
6 investigation, Licensee and the Board agree that the Board will close this investigation
7 contingent upon Licensee agreeing to the following conditions:

8 4.1 Within 30 days of the effective date of this Order, Licensee agrees to contract
9 with CPEP for the development of an education plan. The cost of the completion of any CPEP
10 recommendations and the development of an education plan will be borne by the Licensee.
11 Licensee agrees to sign all necessary releases to allow full communication and exchange of
12 documents and reports between the Board and CPEP. Licensee agrees to ensure CPEP submits
13 the education plan and reports directly to the Board.

14 4.2 Upon approval of the educational plan by the Board's Medical Director, Licensee
15 agrees to successfully complete the CPEP education plan, including any post-education
16 evaluation and any recommendations, within 18 months from the date the educational plan is
17 approved. Any educational mentor required for the completion of the education plan must be
18 pre-approved by CPEP and the Board's Medical Director. All costs associated with the
19 approved education plan will be borne by Licensee. Any educational mentor must be pre-
20 approved by CPEP and the Board's Medical Director. Licensee agrees to sign all necessary
21 releases to allow full communication and exchange of documents and reports between the Board
22 and CPEP. Licensee agrees to keep the Board apprised of his compliance with the CPEP
23 education plan throughout its duration.

24 4.3 Licensee agrees to provide the Board with written proof from CPEP upon
25 successful completion of the approved education plan, including successful completion of any
26 post-education evaluation and any recommendations, as defined above.

27 / / /

1 4.4 Licensee agrees that this Agreement becomes effective the date it is signed by the
2 Board Chair.

3 4.5 Licensee agrees to obey all federal and Oregon State laws and regulations
4 pertaining to the practice of medicine.

5 4.6 Licensee agrees that any violation of the terms of this Agreement constitutes
6 grounds to take disciplinary action under ORS 677.190(17).

7
8 IT IS SO STIPULATED THIS 8th day of April, 2019.

9
10 [REDACTED]
11 JITENDRA CHUNIBHAI PATEL, MD

12 IT IS SO ORDERED THIS 14th day of April, 2019.

13
14 OREGON MEDICAL BOARD
15 State of Oregon

16 [REDACTED]
17 K. DEAN GUBLER, DO
18 BOARD CHAIR

EXHIBIT B



Oregon

Kate Brown, Governor

Medical Board

1500 SW 1st Avenue, Ste 620
Portland, OR 97201-5847
(971) 673-2700
FAX (971) 673-2670
www.oregon.gov/OMB

April 23, 2019

Medical Board of California
2005 Evergreen St. Ste. 1200
Sacramento, CA 95815

Fax

REPORT NAME: **LICENSE VERIFICATION**
REPORT SUBJECT: **Jitendra Chunibhai Patel, MD**
LICENSE #: **MD15202**

The Oregon Medical Board is responding to your inquiry regarding verification of licensure for the above-referenced Licensee. Enclosed is a License Verification Report for this Licensee.

There are public Board orders on file for this Licensee. Copies of the following Board Orders are also enclosed:

- ☒ Corrective Action Agreement; Dated 04/11/2019
- ☒ Complaint and Notice; Dated 04/20/2018

If you have any questions regarding this License Verification Report, please contact the Board at (971) 673-2700, or toll free in Oregon at (877) 254-6263.

Sincerely,

Josh Paul
Public Information Specialist

Enclosures



Oregon

Kate Brown, Governor

Medical Board

1500 SW 1st Avenue, Suite 620

Portland, OR 97201-5847

(971) 673-2700

FAX (971) 673-2670

www.oregon.gov/omb

Certification of True Copy

I certify that the enclosed documents are true and correct copies of the originals on file with the Oregon Medical Board.

Signature

Date

Joshua Paul
Public Information Specialist



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BEFORE THE
OREGON MEDICAL BOARD
STATE OF OREGON

In the Matter of

JITENDRA CHUNIBHAI PATEL, MD
LICENSE NO. MD15202

}
}
}
}
COMPLAINT & NOTICE OF PROPOSED
DISCIPLINARY ACTION

1.

The Oregon Medical Board (Board) is the state agency responsible for licensing, regulating and disciplining certain health care providers, including physicians, in the State of Oregon. Jitendra Chunibhai Patel, MD (Licensee) is a licensed physician in the State of Oregon.

2.

The Board proposes to take disciplinary action by imposing up to the maximum range of potential sanctions identified in ORS 677.205(2), to include the revocation of license, a \$10,000 civil penalty per violation, and assessment of costs, against Licensee for violations of the Medical Practice Act, to wit: ORS 677.190(1)(a) unprofessional or dishonorable conduct, as defined in ORS 677.188(4)(a) and (c); and ORS 677.190(13) gross or repeated acts of negligence.

3.

Licensee is a board-certified internist practicing medicine in Brookings, Oregon. The acts and conduct alleged to violate the Oregon Medical Practice Act are:

3.1 Licensee formerly provided care to elderly patients at the Ocean Park Memory Care, a residential care facility in Brookings that Licensee owned and operated until he sold it in September of 2015. The Board conducted a review of Licensee's management and treatment of Patients A – E, which revealed a pattern of practice in which Licensee treated his patients with psychotropic medications in a manner that breached the standard of care and subjected patients to the risk of harm, which violated ORS 677.188(4)(a) and (c); and ORS 677.190(13). Specific patient care concerns include excessive dosing of psychotropic medications for geriatric patients;

1 failing to inform (and document) his patients of the risks associated with the prescribed
2 medications; failure to follow-up with patients to determine if the medications were efficacious
3 or were contributing to adverse events such as over-sedation and falls; failure to examine and
4 follow patients upon their return from the hospital or emergency room; and failure to timely
5 respond to nursing concerns for patients. Specific patient care concerns are identified in the
6 paragraphs below.

7 3.2 Patient A, a 77-year-old male, with Lewy Body Dementia (LBD) and Parkinson's
8 disease, was under Licensee's care. Licensee prescribed for this patient donepezil (Aricept) 10
9 mg; Memantine (namenda), 28 mg; quetiapine (Seroquel) 25 – 100 mg daily; and warfarin
10 (Coumadin) to prevent deep vein thrombosis (DVT), and lorazepam (Ativan, Schedule IV) 0.5
11 mg every four hours for agitation as needed. In April 2015, Licensee added haloperidol (Haldol)
12 5 mg, every 4 hours as needed for agitation. In June 2016, Patient A had several non-injury falls.
13 Licensee examined Patient A and noted "increased rigidity in all extremities." Licensee
14 diagnosed LBD and initiated treatment in July 2016 with carbidopa-levodopa (Sinemet XP) for
15 increased rigidity. Patient A experienced severe hallucinations that affected his daily routine and
16 well-being, which could have been exacerbated with Sinemet. Licensee's dosage and
17 combinations of medications were excessive and Licensee failed to monitor Patient A for
18 Parkinsonian symptoms and other side effects, and failed to consider that LBD and Parkinson's
19 disease are contra-indications for treatment with haloperidol. Licensee's conduct violated ORS
20 677.190(1)(a), as defined in ORS 677.188(4)(a) and (c); and ORS 677.190(13).

21 3.3 Patient B, a 92-year-old female had a history of dementia, depression,
22 hallucinations and paranoia. In 2014, Licensee maintained Patient B on paroxetine (Paxil), 40
23 mg daily and quetiapine (Seroquel), 100 mg nightly for dementia, in addition to medications to
24 treat osteoporosis, high blood pressure, edema, and bowel medications. Ibuprofen 400 mg for
25 pain was started in January 2015, and low dose levothyroxine in November of 2015. Patient B
26 was hospitalized on February 29, 2016 for a GI bleed, thought to be secondary to
27 NSAID/ibuprofen. Patient B's QTc interval on admission was 534 (prolonged). Subsequent to

1 her discharge, Patient B experienced weakness, suffered several falls and significant weight loss.
2 Licensee decreased the dosage of Paxil and added alprazolam (Xanax, Schedule IV) .25 mg
3 every 6 hours as needed for anxiety. Licensee's choice of medications, to include his decision to
4 initiate treatment with Seroquel at a high dose (100 mg nightly) instead of 12.5 mg with a slow
5 upward titration was not medically indicated and exposed Patient B to the risk of harm. This
6 dosage could have contributed to her prolonged QTc, instability, and reports of hallucinations
7 and paranoia. In addition, Licensee's choice of ibuprofen 400 mg was a likely cause of her GI
8 bleed, which may have been exacerbated by an SSRI anti-depressant such as Paxil. Licensee's
9 conduct violated ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and (c); and ORS
10 677.190(13).

11 3.4 Patient C, a 90-year-old male, had a history of dementia, anxiety, diabetes
12 mellitus, seizure disorder and hypertension. He was admitted to the Ocean Park care facility in
13 early 2016, and came under Licensee's care in April 2016. In July – August of 2016, the nursing
14 home staff sent multiple faxes to Licensee asking him to hold further treatment with glipizide
15 (Glucotrol) due to low blood sugars and blood sugar logs with frequent episodes of
16 hypoglycemia. Although Licensee did reduce the dosage of hydrocodone, he did not decrease
17 the glipizide dosage until September 2016. Licensee's conduct violated ORS 677.190(1)(a), as
18 defined in ORS 677.188(4)(a) and (c); and ORS 677.190(13).

19 3.5 Patient D, a 62-year-old female, was admitted in March 2015 with symptoms of
20 early onset dementia and mood disorder. Licensee maintained Patient D on a medication
21 regimen that included Aricept 10 mg nightly, Namenda 5 mg daily, citalopram (Celexa) 40 mg
22 daily, trazodone 50 mg nightly, risperidone (Risperdal) 1 mg, and lorazepam 0.5 mg as needed
23 for emotional lability. Patient D was also taking blood pressure medication and acetaminophen
24 as needed for pain. In June 2015, a local pharmacy recommended decreasing the dose of Celexa.
25 Licensee declined, noting that Patient D was still quite depressed. In July 2015, Venlafaxine
26 (Effexor XR) 37.5 mg was added for ongoing depression, and lorazepam 0.5 mg, and Namenda
27 10 mg, were increased to twice daily. Over the course of the next several months, there are notes

1 of ongoing agitation, crying and hitting at staff. Licensee added quetiapine (Seroquel) 25 mg at
2 noon. In May 2016, Patient D suffered a fall resulting in a large hematoma of her left thigh. In
3 September 2016, Patient D suffered another fall resulting in a laceration to the scalp and trip to
4 the emergency room. Licensee responded to Patient D's ongoing anxiety and agitation by
5 adding or increasing the dosage of psychotropic medications and a benzodiazepine, without
6 considering the possible connection between her medications and her health condition and
7 behavior. Licensee's conduct violated ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and
8 (c); and ORS 677.190(13).

9 3.6 Patient E, a 77-year-old female, was admitted to the facility in 2012, with a
10 diagnosis of psychosis, particularly paranoia, alcohol abuse, and chronic pain. It is unclear why
11 she was placed into this memory care facility, because the basis for a diagnosis of dementia is
12 not documented in the chart. Patient E was placed on a medication regimen that included
13 aripiprazole 10 mg daily, paroxetine 30 mg daily, acetaminophen 500 mg, 3 times daily, and
14 medication for blood pressure and bowels. Licensee later added quetiapine 200 mg nightly for
15 agitation, lubiprostone for irritable bowel syndrome, meloxicam for arthritis pain in 2013,
16 tramadol 50 mg, twice daily in August 2014, and fentanyl patch (Schedule II) 25 mcg/hr in
17 January 2015 for chronic pain. Licensee examined Patient F in March 2015 and noted she had
18 pain and was on multiple pain medications, but noted no pain on examination. Licensee's chart
19 notes do not support a diagnosis of psychosis or chronic pain. Licensee did not document trials
20 of dementia medications or the rationale to support the initial dosage of quetiapine of 200 mg,
21 which is an excessive dosage that has risks of significant side effects. Licensee's conduct
22 violated ORS 677.190(1)(a), as defined in ORS 677.188(4)(a) and (c); and ORS 677.190(13).

23 3.7 Licensee agreed to undergo an assessment at The Center for Personalized
24 Education for Physicians (CPEP). The assessment was conducted on October 30 – 31, 2017.
25 The assessment concluded that Licensee "...demonstrated an adequate fund of knowledge with
26 scattered gaps in outpatient internal medicine topics, including focused topics on geriatrics. His
27 most significant weaknesses were related to pharmacology and care of patients 75 years of age

1 and older. His clinical judgment and reasoning ranged from acceptable to inadequate. Concerns
2 about iatrogenesis with prescribed medications and treatment planning in actual patient charts
3 were identified. His documentation in actual patient charts was inadequate...." Licensee's noted
4 deficiencies in his manner of practice and chart documentation did or might constitute a danger
5 to the health or safety of a patient, in violation of ORS 677.190(1)(a), as defined by ORS
6 677.188(4)(a).

7 4.

8 Licensee is entitled to a hearing as provided by the Administrative Procedures Act
9 (chapter 183), Oregon Revised Statutes. Licensee may be represented by counsel at the hearing.
10 If Licensee desires a hearing, the Board must receive Licensee's written request for hearing
11 within twenty-one (21) days of the mailing of this Notice to Licensee. Upon receipt of a request
12 for a hearing, the Board will notify Licensee of the time and place of the hearing.

13 5.

14 If Licensee requests a hearing, Licensee will be given information on the procedures,
15 right of representation, and other rights of parties relating to the conduct of the hearing as
16 required under ORS 183.413(2) before commencement of the hearing.

17 6.

18 **NOTICE TO ACTIVE DUTY SERVICEMEMBERS:** Active duty servicemembers
19 have a right to stay these proceedings under the federal Servicemembers Civil Relief Act. For
20 more information contact the Oregon State Bar at 800-452-8260, the Oregon Military
21 Department at 800-452-7500 or the nearest United States Armed Forces Legal Assistance Office
22 through <http://legalassistance.law.af.mil>.

23 7.

24 Failure by Licensee to request a hearing or failure to appear at any hearing scheduled by
25 the Board will constitute waiver of the right to a contested case hearing and will result in a
26 default order by the Board, including the revocation of his medical license and assessment of
27 such penalty and costs as the Board deems appropriate under ORS 677.205. If a default order is

1 issued, the record of proceeding to date, including Licensee's file with the Board and any
2 information on the subject of the contested case automatically becomes a part of the contested
3 case record for the purpose of proving a prima facie case per ORS 183.417(4).
4

5 DATED this 20th day of August, 2018.
6

7 OREGON MEDICAL BOARD
8 State of Oregon
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10 
11 KATHLEEN HALEY, JD
12 EXECUTIVE DIRECTOR
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