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

In the Matter of the Accusation Against:	)	
Jitendra Chunibhai Patel, M.D.	)	**Case No. 800-2019-054703**
Physician's and Surgeon's Certificate No. A40675	)	
Respondent	)	

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 April 17, 2020.

IT IS SO ORDERED: March 19, 2020.

MEDICAL BOARD OF CALIFORNIA

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
State Bar No. 116564
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
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E-mail: Janezack.simon@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: **JITENDRA CHUNIBHAI PATEL, M.D.** PO Box 760 Brookings OR 97415 Physician's and Surgeon's Certificate No. A 40675 Respondent.	Case No. 800-2019-054703 **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. Christine J. Lally (Complainant) is the Interim Executive Director of the Medical Board of California (Board). This action was brought and maintained solely in the official capacity of the Board's executive director, who is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Jane Zack Simon, Supervising Deputy Attorney General.

2. Respondent Jitendra Chunibhai 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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CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-054703, 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 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 Accusation, and Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

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

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

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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

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

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

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

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

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

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

A physician-patient communication 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.

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

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

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

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

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

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

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

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

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

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

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

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

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

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

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

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

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

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, David A. Depolo. 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: 2/5/2020

JITENDRA CHUNIBHAI PATEL, M.D.
Respondent

I have read and fully discussed with Respondent Jitendra Chunibhai Patel, 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: 2/5/2020

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
JANE ZACK SIMON
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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO August 2 2019
BY: [illegible] ANALYST

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

In the Matter of the Accusation Against: **Jitendra Chunibhai Patel, M.D.** **PO Box 760** **Brookings, OR 97415** **Physician's and Surgeon's Certificate No. A 40675,** Respondent.	Case No. 800-2019-054703 **ACCUSATION**

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.

JURISDICTION

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

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

"Except as otherwise provided by law, the board may take action against all persons guilty of violating [Chapter 5, the Medical Practice Act]. 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 . . . ."

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

6. Section 2305 of the Code states:

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

CAUSE FOR DISCIPLINE

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

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

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

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

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

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

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

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 40675, issued to Jitendra Chunibhai Patel, M.D.;

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

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

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

DATED: 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

4-23-19
Date

Joshua Paul
Public Information Specialist

MEDICAL BOARD
ORGANIZED
MAY 28, 1889
STATE OF OREGON

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

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

4.

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

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

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

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

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

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

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

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

[redacted]

JITENDRA CHUNIBHAI PATEL, MD

IT IS SO ORDERED THIS 11th day of April, 2019.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

K. DEAN GUBLER, DO
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**

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- Complaint and Notice; Dated 04/20/2018

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Sincerely,

Josh Paul
Public Information Specialist

Enclosures

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Kate Brown, Governor

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Certification of True Copy

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Josh Paul
Signature

4-23-19
Date

Joshua Paul
Public Information Specialist

MEDICAL BOARD
ORGANIZED
MAY 28, 1889
STATE OF OREGON

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;

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

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

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

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

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

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

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

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

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

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

4.

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

5.

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

6.

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

7.

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

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

DATED this 20th day of August, 2018.

OREGON MEDICAL BOARD
State of Oregon

[redacted]

KATHLEEN HALEY, JD
EXECUTIVE DIRECTOR