

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

**In the Matter of the Accusation)
Against:)
)
)
JASWANT S. KHOKHAR, M.D.)
)
Physician's and Surgeon's)
Certificate No. A50719)
)
Respondent)
_____)**

Case No. 800-2015-016178

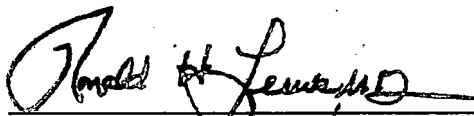
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on March 23, 2018.

IT IS SO ORDERED: February 22, 2018.

MEDICAL BOARD OF CALIFORNIA



**Ronald Lewis, M.D., Chair
Panel A**

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MEGAN R. O'CARROLL
Deputy Attorney General
4 State Bar No. 215479
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2015-016178

14 **JASWANT S. KHOKHAR, M.D.**
15 **1408 Dunaire Dr.**
Bakersfield, CA 93312-4658

OAH No. 2017050549

16 **Physician's and Surgeon's Certificate No.**
17 **No. A50719**

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18 Respondent.

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

22 PARTIES

23 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
24 of California (Board). She brought this action solely in her official capacity and is represented in
25 this matter by Xavier Becerra, Attorney General of the State of California, by Megan R.
26 O'Carroll, Deputy Attorney General.

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1 2. Respondent Jaswant S. Khokhar, M.D. (Respondent) is represented in this proceeding
2 by attorney Stewart Hsieh, whose address is: 700 S. Flower Street, Suite 2050 Los Angeles, CA
3 90017.

4 3. On or about June 4, 2003, the Board issued Physician's and Surgeon's Certificate No.
5 A 50719 to Jaswant S. Khokhar, M.D. (Respondent). The Physician's and Surgeon's Certificate
6 No. A 50719 was in full force and effect at all times relevant to the charges brought in Accusation
7 No. 800-2015-016178, and will expire on April 30, 2017, unless renewed.

8 JURISDICTION

9 4. Accusation No. 800-2015-016178 was filed before the Board, and is currently
10 pending against Respondent. The Accusation and all other statutorily required documents were
11 properly served on Respondent on April 26, 2017. Respondent timely filed his Notice of Defense
12 contesting the Accusation.

13 5. A copy of Accusation No. 800-2015-016178 is attached as exhibit A and incorporated
14 herein by reference.

15 ADVISEMENT AND WAIVERS

16 6. Respondent has carefully read, fully discussed with counsel, and understands the
17 charges and allegations in Accusation No. 800-2015-016178. Respondent has also carefully read,
18 fully discussed with counsel, and understands the effects of this Stipulated Settlement and
19 Disciplinary Order.

20 7. Respondent is fully aware of his legal rights in this matter, including the right to a
21 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine
22 the witnesses against him; the right to present evidence and to testify on his own behalf; the right
23 to the issuance of subpoenas to compel the attendance of witnesses and the production of
24 documents; the right to reconsideration and court review of an adverse decision; and all other
25 rights accorded by the California Administrative Procedure Act and other applicable laws.

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

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2015-016178, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's Certificate No. A 50719.

5 10. 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 that Respondent hereby gives up his right to contest
8 those charges.

9 11. Respondent further agrees that if he ever petitions for early termination or
10 modification of probation, or if an accusation and/or petition for revocation of probation is filed
11 against him before the Medical Board of California, all of the charges and allegations contained
12 in the Accusation No. 800-2015-016178, shall be deemed true, correct and fully admitted by
13 Respondent for purposes of any such proceeding, or other licensing proceeding involving
14 Respondent in the State of California.

15 12. Respondent agrees that his Physician's and Surgeon's Certificate No. A 50719 is
16 subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in
17 the Disciplinary Order below.

18 CONTINGENCY

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

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. No. A50719
9 issued to Respondent Jaswant S. Khokhar, M.D. is revoked. However, the revocation is stayed
10 and Respondent is placed on probation for three (3) years on the following terms and conditions.

11 1. STANDARD STAY ORDER. However, revocation stayed and Respondent is placed
12 on probation for three (3) years upon the following terms and conditions.

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

23 3. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective
24 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
25 advance by the Board or its designee. Respondent shall provide the approved course provider
26 with any information and documents that the approved course provider may deem pertinent.
27 Respondent shall participate in and successfully complete the classroom component of the course
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

1 complete any other component of the course within one (1) year of enrollment. The prescribing
2 practices course shall be at Respondent's expense and shall be in addition to the Continuing
3 Medical Education (CME) requirements for renewal of licensure.

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

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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1 Respondent shall submit a certification of successful completion to the Board or its
2 designee not later than 15 calendar days after successfully completing the course, or not later than
3 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

7 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
8 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
9 name and qualifications of a replacement monitor who will be assuming that responsibility within
10 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
11 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
12 notification from the Board or its designee to cease the practice of medicine within three (3)
13 calendar days after being so notified. Respondent shall cease the practice of medicine until a
14 replacement monitor is approved and assumes monitoring responsibility.

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

20 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
21 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
22 Chief Executive Officer at every hospital where privileges or membership are extended to
23 Respondent, at any other facility where Respondent engages in the practice of medicine,
24 including all physician and locum tenens registries or other similar agencies, and to the Chief
25 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
26 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
27 calendar days.

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

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

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

8 9. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
9 under penalty of perjury on forms provided by the Board, stating whether there has been
10 compliance with all the conditions of probation.

11 Respondent shall submit quarterly declarations not later than 10 calendar days after the end
12 of the preceding quarter.

13 10. GENERAL PROBATION REQUIREMENTS.

14 Compliance with Probation Unit

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

16 Address Changes

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

22 Place of Practice

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

26 License Renewal

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

1 Travel or Residence Outside California

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

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

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

11 12. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
12 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
13 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
14 defined as any period of time Respondent is not practicing medicine as defined in Business and
15 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
16 patient care, clinical activity or teaching, or other activity as approved by the Board. If
17 Respondent resides in California and is considered to be in non-practice, Respondent shall
18 comply with all terms and conditions of probation. All time spent in an intensive training
19 program which has been approved by the Board or its designee shall not be considered non-
20 practice and does not relieve Respondent from complying with all the terms and conditions of
21 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
22 on probation with the medical licensing authority of that state or jurisdiction shall not be
23 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
24 period of non-practice.

25 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
26 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
27 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program
28 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model

1 Disciplinary Orders and Disciplinary Guidelines” prior to resuming the practice of medicine.

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

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

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

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

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

20 15. LICENSE SURRENDER. Following the effective date of this Decision, if
21 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
22 the terms and conditions of probation, Respondent may request to surrender his or her license.
23 The Board reserves the right to evaluate Respondent’s request and to exercise its discretion in
24 determining whether or not to grant the request, or to take any other action deemed appropriate
25 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent
26 shall within 15 calendar days deliver Respondent’s wallet and wall certificate to the Board or its
27 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
28 to the terms and conditions of probation. If Respondent re-applies for a medical license, the

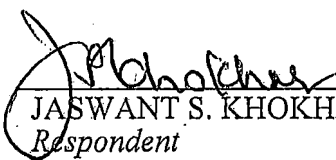
1 application shall be treated as a petition for reinstatement of a revoked certificate.

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

7 ACCEPTANCE

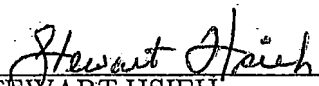
8 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
9 discussed it with my attorney, Stewart Hsieh. I understand the stipulation and the effect it will
10 have on my Physician's and Surgeon's Certificate No. A 50719. I enter into this Stipulated
11 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
12 bound by the Decision and Order of the Medical Board of California.

13
14 DATED: 11/11/17


15 JASWANT S. KHOKHAR, M.D.
16 Respondent

17 I have read and fully discussed with Respondent Jaswant S. Khokhar, M.D. the terms and
18 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
19 I approve its form and content.

20 DATED: 11/20/17


21 STEWART HSIEH
22 Attorney for Respondent
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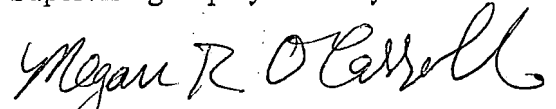
ENDORSEMENT

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

Dated: *January 16, 2018*

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



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

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Exhibit A

Accusation No. 800-2015-016178

1 XAVIER BECERRA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General
3 MEGAN R. O'CARROLL
Deputy Attorney General
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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO April 26, 2017
BY: *[Signature]* ANALYST

8 *Attorneys for Complainant*

10 **BEFORE THE**
11 **MEDICAL BOARD OF CALIFORNIA**
12 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

13 In the Matter of the Accusation Against:

Case No. 800-2015-016178

14 **Jaswant S. Khokhar, M.D.**
15 **1408 Dunaire Dr.**
Bakersfield, CA 93312-4658

ACCUSATION

16 **Physician's and Surgeon's Certificate No.**
17 **No. A50719,**

Respondent.

19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (complainant) brings this Accusation solely in her official
22 capacity as the Executive Director of the Medical Board of California, Department of Consumer
23 Affairs (Board).

24 2. On or about June 4, 2003, the Medical Board issued Physician's and Surgeon's
25 Certificate No. A50719 to Jaswant S. Khokhar, M.D. (respondent). The Physician's and
26 Surgeon's Certificate No. A50719 was in full force and effect at all times relevant to the charges
27 brought herein and will expire on April 30, 2019, unless renewed.

28 ///

JURISDICTION

1
2 3. This Accusation is brought before the Board, under the authority of the following
3 laws. All section references are to the Business and Professions Code (Code) unless otherwise
4 indicated.

5 4. Section 2227 of the Code states, in pertinent part:

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

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

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

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

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

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

21 “...”

22 5. Section 2234 of the Code, states:

23 “The board shall take action against any licensee who is charged with
24 unprofessional conduct. In addition to other provisions of this article, unprofessional
25 conduct includes, but is not limited to, the following:

26 “...

27 “(b) Gross negligence.

28 ///

1 “(c) Repeated negligent acts. To be repeated, there must be two or more
2 negligent acts or omissions. An initial negligent act or omission followed by a
3 separate and distinct departure from the applicable standard of care shall constitute
4 repeated negligent acts.

5 “(1) An initial negligent diagnosis followed by an act or omission medically
6 appropriate for that negligent diagnosis of the patient shall constitute a single
7 negligent act.

8 “(2) When the standard of care requires a change in the diagnosis, act, or
9 omission that constitutes the negligent act described in paragraph (1), including, but
10 not limited to, a reevaluation of the diagnosis or a change in treatment, and the
11 licensee’s conduct departs from the applicable standard of care, each departure
12 constitutes a separate and distinct breach of the standard of care.

13 “...”

14 6. Section 2242, subdivision (a), of the Code states, in pertinent part:

15 “(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section
16 4022 without an appropriate prior examination and a medical indication, constitutes
17 unprofessional conduct.

18 “...”

19 7. Section 2266 of the Code states:

20 “The failure of a physician and surgeon to maintain adequate and accurate
21 records relating to the provision of services to their patients constitutes unprofessional
22 conduct.”

23 **FIRST CAUSE FOR DISCIPLINE**

24 **(Gross Negligence)**

25 8. Respondent has subjected his Physician’s and Surgeon’s Certificate No. A50719 to
26 disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (b), of
27 the Code, in that he committed gross negligence in his care and treatment of patient S.C., as more
28 particularly alleged hereinafter:

1 9. On or about January 11, 2010, patient S.C., a then thirty-five (35) year old divorced
2 female, presented to respondent for the first time for psychiatric treatment, and specifically
3 wanted to know if she had Attention Deficit Disorder (ADD). During that initial visit, patient
4 S.C. disclosed she had a poor history in school due to decreased concentration and attention, a
5 poor job history as an adult, and a current difficulty focusing and concentrating on her occupation
6 as a registered nurse. Patient S.C. described herself, among other things, as impulsive, rude, and
7 angry. No further discussion was documented in the chart regarding the patient's symptoms and
8 how they were impacting her functioning, or in what setting. No physical exam was conducted at
9 this visit, and no tests were conducted. At the conclusion of the visit, respondent diagnosed
10 patient S.C. with Attention Deficit Hyperactivity Disorder (ADHD) and Major Depressive
11 Disorder (MDD). Respondent continued patient S.C. on Cymbalta¹ 60 mg daily for depression,
12 which she had allegedly been taking for several years, and added new prescriptions for Concerta²
13 36 mg to treat her ADHD, and Risperdal³ 1 mg to help her sleep and to control her anger.
14 Respondent's notes for this visit do not document any discussion with patient S.C. regarding the
15 specific side-effects of the prescribed medications.

16 10. On or about January 25, 2010, patient S.C. was seen by respondent. During that visit,
17 patient S.C. informed respondent that she had not taken the Risperdal, but that she was sleeping
18 well. At this visit, patient S.C. denied experiencing any side effects from the medications. The
19 notes for this visit indicate the patient's affect was appropriate, and she was able to sit still. At
20 the conclusion of this visit, respondent's notes indicate a diagnosis of ADHD, and a referral to
21 cognitive behavioral therapy (CBT). Respondent discontinued Risperdal, continued Cymbalta,
22 and increased Concerta to 54 mg.

23 _____
24 ¹ Cymbalta (duloxetine) is a selective serotonin and norepinephrine reuptake inhibitor
25 antidepressant, and is a dangerous drug pursuant to Business and Professions Code section 4022. It is used
to treat depression, anxiety, diabetic peripheral neuropathy, fibromyalgia, and chronic muscle or bone pain.

26 ² Concerta (methylphenidate) is a central nervous system stimulant, and is a dangerous drug
pursuant to Business and Professions Code section 4022. It is used to treat ADHD and narcolepsy.

27 ³ Risperdal (risperidone) is an antipsychotic medicine. It works by changing the effects of
28 chemicals in the brain, and is a dangerous drug pursuant to Business and Professions Code section 4022.

1 11. On or about February 2, 2010, patient S.C. was seen by respondent. During that visit,
2 patient S.C. informed respondent that she had been experiencing heart palpitations, but claimed to
3 have a history of hypoglycemia. Patient S.C.'s vital signs were not taken at this visit, no tests
4 were conducted or referrals made, and there is no further documentation regarding her history or
5 nature of the hypoglycemia. Patient S.C. also informed respondent that she had been taking two
6 Concerta 54 mg capsules in the morning, instead of one, for a total of 108 mg. At the conclusion
7 of this visit, respondent increased Concerta to 72 mg.

8 12. On or about March 12, 2010, patient S.C. was seen by respondent. At this visit,
9 patient S.C. complained that she had run out of her one month supply of Concerta in twenty (20)
10 days. At the conclusion of this visit, respondent discontinued the Concerta and prescribed
11 Strattera⁴ 40 mg, for one week, with an increase to 60 mg the following week.

12 13. On or about April 23, 2010, patient S.C. was seen by respondent. At this visit, the
13 patient indicated she was having trouble sleeping, but denied experiencing any side effects from
14 medication. At the conclusion of this visit, respondent's notes indicate that he diagnosed patient
15 S.C. with ADHD, and maintained her on the same medications, but added Ambien⁵ 12 mg.

16 14. On or about May 20, 2010, patient S.C. was seen by respondent. At this visit, the
17 patient indicated she was feeling good, but complained of tachycardia. At the conclusion of this
18 visit, respondent's notes indicate he diagnosed patient S.C. with MDD, discontinued Cymbalta,
19 continued Strattera 60 mg, decreased Ambien to 10 mg, and added Lexapro⁶ 10 mg.

20 15. On or about June 17, 2010, patient S.C. was seen by respondent. At this visit, the
21 patient indicated she was feeling good, denied experiencing tachycardia or any other side effects
22

23 ⁴ Strattera (atomoxetine) affects chemicals in the brain and nerves that contribute to hyperactivity
24 and impulse control, and is a dangerous drug pursuant to Business and Professions Code section 4022. One
of the known side effects of this medication is insomnia.

25 ⁵ Ambien (zolpidem) is a schedule IV controlled substance pursuant to Health and Safety Code
26 section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section
4022. It is a sedative used for the short-term treatment of insomnia.

27 ⁶ Lexapro (escitalopram) is an antidepressant belonging to a group of drugs called selective
28 serotonin reuptake inhibitors, and is a dangerous drug pursuant to Business and Professions Code section
4022.

1 from medication, but requested to be put back on Cymbalta. At the conclusion of this visit,
2 respondent's notes indicate he diagnosed patient S.C. with MDD, discontinued Lexapro, added
3 Cymbalta 60 mg, increased Strattera to 80 mg, and continued Ambien 10 mg.

4 16. On or about July 15, 2010, patient S.C. was seen by respondent. At this visit, the
5 patient indicated she was experiencing constipation and irregular menses, but denied any side
6 effects from medication. Respondent did not believe the constipation or irregular menses were
7 related to the medications, and referred the patient to discuss those symptoms with her primary
8 care physician. The notes for this visit are silent regarding that discussion and referral. At the
9 conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with MDD, and
10 decreased Strattera to 60 mg, but continued Cymbalta 60 mg, and Ambien 10 mg.

11 17. On or about August 12, 2010, patient S.C. was seen by respondent. At this visit, the
12 patient indicated she was feeling good, and denied experiencing any side effects from medication.
13 At the conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD,
14 continued Cymbalta 60 mg and Ambien 10 mg, and increased Strattera to 80 mg.

15 18. On or about September 16, 2010, patient S.C. was seen by respondent. At this visit,
16 the patient complained of "side effects from Strattera," but no specific details are mentioned in
17 the patient chart. The patient denied any trouble sleeping. At the conclusion of this visit,
18 respondent's notes indicate he diagnosed patient S.C. with ADHD, and discontinued Strattera and
19 Ambien, but continued Cymbalta 60 mg, and added Adderall⁷ 20 mg.

20 19. On or about December 6, 2010, patient S.C. was seen by respondent. At this visit, the
21 patient complained of depression and decreased concentration and attention. No physical exam
22 was conducted at this visit, and no tests were conducted. At the conclusion of this visit,
23 respondent's notes indicate he diagnosed patient S.C. with ADHD and MDD, increased
24 Cymbalta to 90 mg, discontinued Adderall, added Vyvanse⁸ 50 mg, and provided her with

25 ⁷ Adderall is a brand name for dextroamphetamine and amphetamine, a Schedule II controlled
26 substance pursuant to Health and Safety Code section 11055, subdivision (d), and a dangerous drug
pursuant to Business and Professions Code section 4022. It is used to treat ADHD and narcolepsy.

27 ⁸ Vyvanse (lisdexamfetamine) is a Schedule II controlled substance pursuant to Health and Safety
28 Code section 11055, subdivision (d), and a dangerous drug pursuant to Business and Professions Code

(continued...)

1 Intuniv⁹ samples for thirty (30) days.

2 20. On or about December 22, 2010, patient S.C. was seen by respondent. At this visit,
3 the patient complained that "Vyvanse makes me restless and decrease in focusing," but indicated
4 she was feeling good, and denied any side effects from medications. At the conclusion of this
5 visit, respondent's notes indicate he diagnosed patient S.C. with ADHD, discontinued Vyvanse,
6 decreased Cymbalta to 60 mg, and added Adderall 30 mg.

7 21. On or about January 24, 2011, patient S.C. was seen by respondent. At this visit, the
8 patient indicated she was feeling good, and denied any side effects from medications. At the
9 conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD,
10 ordered an electrocardiogram (EKG), continued the patient on Cymbalta 60 mg, and decreased
11 Adderall to 20 mg.

12 22. On or about May 20, 2011, patient S.C. was seen by respondent. At this visit, the
13 patient indicated she was feeling good, denied any side effects from medications, but informed
14 respondent that she was feeling anxious because she was suing her former employer. Respondent
15 did not discuss the lawsuit with the patient. At the conclusion of this visit, respondent's notes
16 indicate he diagnosed patient S.C. with ADHD, continued the patient on Cymbalta 60 mg and
17 Adderall 20 mg, and added Klonopin¹⁰ 0.5 mg twice per day.

18 23. On or about July 20, 2011, patient S.C. was seen by respondent. At this visit, the
19 patient indicated she was feeling good, and denied any side effects from medications. At the
20 conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADHD,
21 continued the patient on Cymbalta 60 mg, but increased Adderall to 30 mg, and increased the
22 Klonopin 0.5 mg to three times per day.

23 _____
24 (...continued)
section 4022. It is a is a stimulant used to treat ADHD.

25 ⁹ Intuniv (guanfacine) is a sympatholytic drug used in the treatment of ADHD anxiety, and
26 hypertension, and is a dangerous drug pursuant to Business and Professions Code section 4022.

27 ¹⁰ Klonopin (clonazepam), is a Schedule IV controlled substance pursuant to Health and Safety
28 Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code
section 4022. It is an anti-anxiety medication in the benzodiazepine family.

1 24. On or about October 21, 2011, patient S.C. was seen by respondent. At this visit, the
2 patient complained that the medication took one hour before it took effect, but she was otherwise
3 feeling good. At the conclusion of this visit, respondent's notes indicate he diagnosed patient
4 S.C. with ADHD, continued the patient on Cymbalta 60 mg and Klonopin 0.5 mg three times per
5 day, discontinued Adderall, and added Vyvanse 70 mg.

6 25. On or about January 10, 2012, patient S.C. was seen by respondent. At this visit, the
7 patient complained the Vyvanse wears off. At the conclusion of this visit, respondent's notes
8 indicate he diagnosed patient S.C. with ADHD, continued the patient on Cymbalta 60 mg and
9 Klonopin 0.5 mg three times per day, discontinued the Vyvanse, and added Adderall 20 mg twice
10 per day.

11 26. On or about July 9, 2012, patient S.C. was seen by respondent. At this visit, the
12 patient indicated she was feeling good, and denied any side effects from medications. At the
13 conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with MDD,
14 continued the patient on Cymbalta 60 mg and Adderall 20 mg twice per day, but discontinued
15 Klonopin.

16 27. On or about January 15, 2013, patient S.C. was seen by respondent. At this visit, the
17 patient indicated she was feeling good. At the conclusion of this visit, respondent's notes indicate
18 he diagnosed patient S.C. with ADHD and MDD, continued the patient on Cymbalta 60 mg,
19 discontinued Adderall, and added Vyvanse 50 mg.

20 28. On or about February 7, 2013, patient S.C. was seen by respondent. At this visit, the
21 patient indicated she was feeling good, and denied any side effects from medications. At the
22 conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADD,
23 continued the patient on Cymbalta 60 mg, and increased Vyvanse to 70 mg.

24 29. On or about April 17, 2013, patient S.C. was seen by respondent. At this visit, the
25 patient indicated she was feeling good, and denied any side effects from medications. At the
26 conclusion of this visit, respondent's notes indicate he diagnosed patient S.C. with ADD,
27 continued the patient on Cymbalta 60 mg, and decreased Vyvanse to 50 mg.

28 ///

1 30. One week later, on or about April 24, 2013, patient S.C. was seen by respondent for
2 the last time. At this visit, the patient indicated she had lost her prescriptions, and was feeling
3 anxious and agitated. At the conclusion of this visit, respondent's notes indicate he diagnosed
4 patient S.C. with ADD and MDD, discontinued Cymbalta and Vyvanse, and added Adderall 20
5 mg and Celexa¹¹ 40 mg.

6 31. From approximately January 11, 2010, through approximately April 24, 2013, patient
7 S.C. was seen by respondent approximately thirty-eight (38) times, for an average of fifteen (15)
8 minutes per visit. During that time period, patient S.C. missed approximately twelve (12)
9 appointments. The notes are silent as to the reason for the missed appointments, and whether
10 respondent ever discussed the missed appointments with the patient at any time.

11 32. From approximately January 11, 2010, through approximately April 24, 2013, no
12 physical exam of patient S.C. was conducted at any visit, including but not limited to weight or
13 vital signs, and no tests were ever conducted.

14 33. From approximately January 11, 2010, through approximately April 24, 2013,
15 respondent's notes are nearly identical, contain almost no detail regarding patient S.C.'s life and
16 how the treatment was affecting her, contain no stated reason for the varied diagnoses of ADHD,
17 ADD, and MDD, and contain no reference to informed consent or the reasoning for medication
18 changes. Although the notes indicate that respondent referred patient S.C. to CBT once, and for
19 an EKG once, no follow-up was ever documented regarding either referral.

20 34. Respondent committed gross negligence in his care and treatment of patient S.C.,
21 which included but was not limited to, the following:

- 22 (a) Failing to properly monitor the medical aspects of prescribing stimulants;
23 (b) Prescribing Intuniv without checking cardiovascular status history and vital
24 signs, discussing titration, side effects, and rationale for making two changes to the
25 medications at the same time; and

26 ///

27 ¹¹ Celexa (citalopram) is an antidepressant drug of the selective serotonin reuptake inhibitor (SSRI)
28 class, and is a dangerous drug pursuant to Business and Professions Code section 4022.

1 (c) Engaging in an abrupt and poorly reasoned pattern of prescribing and managing
2 treatment.

3 **SECOND CAUSE FOR DISCIPLINE**

4 **(Repeated Negligent Acts)**

5 35. Respondent has further subjected his Physician's and Surgeon's Certificate No.
6 A50719 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
7 subdivision (c), of the Code, in that he committed repeated negligent acts in his care and
8 treatment of patient S.C., as more particularly alleged hereinafter:

9 (a) Paragraphs 8 through 34, above, are hereby incorporated by reference and
10 realleged as if fully set forth herein;

11 (b) Diagnosing patient S.C. with ADD and ADHD over a three year period, without
12 ever obtaining a thorough history, both past and present; and

13 (c) Failing to properly document history, observations in monitoring treatment,
14 impressions, treatment decision-making, and informed consent.

15 **THIRD CAUSE FOR DISCIPLINE**

16 **(Inadequate and Inaccurate Records)**

17 36. Respondent has further subjected his Physician's and Surgeon's Certificate No.
18 A50719 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
19 Code, in that he failed to maintain adequate and accurate records regarding his care and treatment
20 of patient S.C., as more particularly alleged in paragraphs 8 through 34, above, which are hereby
21 incorporated by reference and realleged as if fully set forth herein.

22 **FOURTH CAUSE FOR DISCIPLINE**

23 **(Furnishing Dangerous Drugs without Appropriate
24 Prior Examination or Medical Indication)**

25 37. Respondent has further subjected his Physician's and Surgeon's Certificate No.
26 A50719 to disciplinary action under sections 2227 and 2242, as defined by section 2242,
27 subdivision (a), of the Code, in that he furnished dangerous drugs without an appropriate prior
28 examination or medical indication during his care and treatment of patient S.C., as more

1 particularly alleged in paragraphs 8 through 34, above, which are hereby incorporated by
2 reference and realleged as if fully set forth herein.

3 **DISCIPLINARY CONSIDERATIONS**

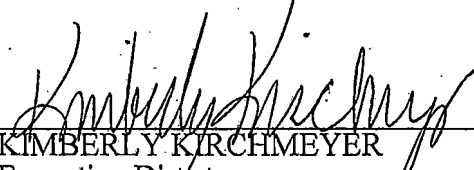
4 38. To determine the degree of discipline, if any, to be imposed on respondent,
5 complainant alleges that on or about June 22, 2012, in a prior disciplinary action before the
6 Board, Medical Board of California Case No. 08-2009-200940, respondent was issued a Public
7 Letter of Reprimand for Repeated Negligent Acts, in violation of section 2234, subdivision (c), of
8 the Code, and for Failure to Maintain Adequate and Accurate Medical Records, in violation of
9 section 2266, of the Code. That Decision is now final and is incorporated by reference as if fully
10 set forth herein.

11 **PRAAYER**

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

- 14 1. Revoking or suspending Physician's and Surgeon's Certificate No. A50719, issued to
15 respondent Jaswant S. Khokhar, M.D.;
- 16 2. Revoking, suspending or denying approval of respondent Jaswant S. Khokhar, M.D.'s
17 authority to supervise physician assistants and advance practice nurses;
- 18 3. Ordering respondent Jaswant S. Khokhar, M.D., if placed on probation, to pay the
19 Board the costs of probation monitoring; and
- 20 4. Taking such other and further action as deemed necessary and proper.

21
22 DATED: April 26, 2017


23 KIMBERLY KIRCHMEYER
24 Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 *Complainant*

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