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. A 50719 Respondent.	Case No.: 800-2020-072960

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 October 18, 2024.

IT IS SO ORDERED: September 19, 2024.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

Michelle A. Bholat, M.D., Interim Chair
Panel A

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MARIANNE A. PANSA
Deputy Attorney General
State Bar No. 270928
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2329
Facsimile: (559) 445-5106
Attorneys for Complainant

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.** **300 Juniper Ridge Blvd., Apt 106** **Coalinga, CA 93210** **Physician's and Surgeon's Certificate No. A 50719** Respondent.	Case No. 800-2020-072960 OAH No. 2024020471 **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. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Marianne A. Pansa, Deputy Attorney General.

2. Respondent Jaswant S. Khokhar, M.D. (Respondent) is represented in this proceeding by attorney Cheryl Ruggiero, Esq., whose address is: PO Box 1107, Bolinas, CA 94924-1107.

3. On or about June 4, 2003, the Board issued Physician's and Surgeon's Certificate No. A 50719 to Jaswant S. Khokhar, 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. 800-2020-072960, and will expire on April 30, 2025, unless renewed.

JURISDICTION

4. Accusation No. 800-2020-072960 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on November 17, 2023. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2020-072960 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2020-072960. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. 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.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2020-072960, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation No. 800-2020-072960, a true and correct copy of which is attached hereto as Exhibit A, that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 50719 to disciplinary action based on those charges, and that Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

12. 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.

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

14. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2020-072960 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

15. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 50719 issued to Respondent JASWANT S. KHOKHAR, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

1. 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.

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2. 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.

3. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The

program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, 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. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

4. MONITORING - PRACTICE. 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(s), 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, billing appropriately or both. 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.

5. 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.

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

7. 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.

8. 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.

9. 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, subdivision (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.

10. 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.

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11. 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.

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 Boards'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..

12. 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. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. Upon successful completion of probation, Respondent's certificate shall be fully restored.

13. 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.

14. 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 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.

15. 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.

16. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not

limited to, expert review, amended accusations, legal reviews, and investigations, in the amount of $51,290.75 (fifty-one thousand two hundred ninety dollars and seventy-five cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2020-072960 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 7/9/24

JASWANT S. KHOKHAR, M.D.
Respondent

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I have read and fully discussed with Respondent Jaswant S. Khokhar, 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: July 10, 2024

CHERYL RUGGIERO, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: July 10, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

MARIANNE A. PANSA
Deputy Attorney General
Attorneys for Complainant

Exhibit Accusation 800-2020-072960

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
MARIANNE A. PANSA
Deputy Attorney General
State Bar No. 270928
California Department of Justice
2550 Mariposa Mall, Room 5090
Fresno, CA 93721
Telephone: (559) 705-2329
Facsimile: (559) 445-5106
Email: marianne.pansa@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: **Jaswant S. Khokhar, M.D.** **11000 Brimhall Rd., Ste. E. Box 90** **Bakersfield, CA 93312-3016** **Physician's and Surgeon's Certificate No. A 50719,** Respondent.	Case No. 800-2020-072960 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about June 4, 2003, the Medical Board issued Physician's and Surgeon's Certificate Number A 50719 to Jaswant S. Khokhar, 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 April 30, 2025, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

5. Section 2234 of the Code, states, in pertinent part:

> The board shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:
>
> (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.
>
> (b) Gross negligence.
>
> (c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.

"..."

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

COST RECOVERY

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

FACTUAL ALLEGATIONS

Patient A[1]

8. On or about November 23, 2020, the Board received a complaint concerning Respondent's care and treatment of Patient A, a 36-year-old male diagnosed with schizoaffective disorder.

9. On or about April 2018 through May of 2018, Respondent made three home visits to Patient A's home. Respondent was friends with Patient A's family and Patient A was living with the family at the time of the encounters. Patient A was experiencing mental distress and Patient A's family requested Respondent come to their house to evaluate Patient A.

10. Respondent first went to the home on or about April 2018, in response to complaints by Patient A's mother that Patient A was burning the carpet in their home. During this visit, Respondent noted that Patient A was experiencing hallucinations. Respondent did not document this home visit. The second visit occurred when Patient A's mother complained that Patient A was taking showers for several hours at a time. Respondent did not document this home visit.

[1] The patient's name is redacted to protect the patient's privacy. Respondent is aware of the identity of the patient referred to herein.

During the third visit, which occurred on or about the end of May 2018 or early June 2018 (approximately one week before a June 6, 2018 clinic visit), Respondent provided Patient A with some sample medications.[2] Respondent did not document this home visit.

11. During one of the home visits, Respondent recommended that Patient A be evaluated on an emergency basis. Patient A's family did not want to take Patient A for emergency evaluation at that time.

12. Respondent did not document any of his clinical observations, medications provided, or his treatment recommendations regarding Patient A for any of the home visits.

13. On or about June 6, 2018, Respondent evaluated Patient A at his office and documented his evaluation. His notes included a history of symptoms, a mental status examination and assessment, and recommendations. Respondent noted that Patient A had present mental illness; a history of feelings of depression, hopelessness, helplessness, and worthlessness; a history of "voices" (interpreted as auditory hallucinations); and "visions or paranoia" for many years. It was noted that Patient A was on 1.5 mg of Vraylar (cariprazine)[3] nightly for an unspecified duration. A diagnosis of schizoaffective disorder was entered. Documented medication treatments in the medical record at the end of the encounter included Vraylar 1.5 mg at night and Wellbutrin XL[4] 300 mg in the morning. No other records were included. During an interview, Respondent reported that he provided Patient A with an additional 30-day supply of sample medications at the office visit on or about June 6, 2018, but these were not documented.

14. Respondent's notes for the June 6, 2018 encounter with Patient A did not document his prior home observations, or that he provided sample medications to Patient A on any occasion.

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[2] It is unclear what medications Respondent gave to Patient A during this visit.

[3] Vraylar ® (cariprazine) is an antipsychotic medication and is used to treat certain mental/mood disorders such as bipolar disorder, bipolar depression, and schizophrenia.

[4] Wellbutrin XL ® (bupropion) is an antidepressant medication that is used to treat depressive disorder and seasonal affective disorder.

15. The June 6, 2018 note indicated that the "patient has a good prognosis as long as treatment and recommendations are adhered to."

16. Approximately one month later, Respondent re-visited Patient A outside of the clinic after Patient A failed to attend the scheduled follow-up visit at Respondent's office.[5] During this visit, Patient A refused a referral to an alternative psychiatrist and refused to follow Respondent's medication recommendations. Respondent failed to document this follow-up visit or conversations with Patient A's family regarding Patient A's refusal to accept treatment.

17. Respondent made no further attempts to treat Patient A for his hallucinations and other behavioral symptoms, he failed to take additional steps to refer Patient A to an alternative care provider, and did not discuss alternative treatment options with Patient A's family, such as involuntary hospitalization, prior to terminating Patient A's treatment.

Patient B

18. On or about August 15, 2022, the Board received a complaint from Patient B regarding Respondent's care and treatment of Patient B's schizophrenia and paranoid disorder.

19. Patient B was a 61-year-old male living in an adult residential facility when he first saw Respondent for medical care.

20. On or about August 12, 2016, Respondent first evaluated Patient B for psychiatric health concerns. Patient B's weight was 291 pounds. Dr. Khokhar documented that Patient B was taking 5 mg of Haldol[6] twice daily, 25 mg of Zyprexa[7] at night, 750 mg of Depakote ER[8] at

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[5] It is unclear if this visit took place at Patient A's home or at church.

[6] Haldol is a medication used to treat certain mental/mood disorders, such as schizophrenia and schizoaffective disorder.

[7] Zyprexa ® (olanzapine), is an antipsychotic prescription medicine used to treat schizophrenia, bipolar disorder, and episodes of depression. Concomitant use of Zyprexa with other drugs that cause sleepiness or slowed breathing, such as opioids, sleeping pills, muscle relaxers, or medicine for anxiety or seizures, can cause dangerous or life-threatening side effects.

[8] Depakote ® (divalproex sodium), is used to treat various types of seizure disorders and can be used together with other seizure medications. It is not recommended for use by persons with liver disease, a urea cycle disorder, low platelet counts, or certain genetic disorders.

night, 15 mg of Remeron[9] at night, and 1 mg of Cogentin[10] at night. Patient B had a history of hospitalization for psychiatric health issues one year prior, as well as aggressive behavior described as "lunging." Patient B had no active psychotic symptoms. Respondent diagnosed Patient B with bipolar disorder and stimulant dependence, although Patient B was not assessed as actively using stimulants.

21. On or about October 7, 2016, Patient B had a follow-up appointment with Respondent. There were no complaints documented. It was noted that Patient B was mumbling with word-finding difficulty; however, the mental status examination indicated normal speech and normal mental health status. Zyprexa and Remeron were discontinued, and Patient B was prescribed Abilify,[11] Depakote, Lexapro,[12] Cogentin, and Ativan.[13] The Depakote was increased to 1500 mg daily.

22. On or about November 2, 2016, Patient B presented to Respondent for follow-up with no complaints. A normal mental status examination was documented. Treatment with Abilify, Depakote, and Lexapro was continued.

23. Between on or about November 2, 2016, and May 10, 2018, there are no documented office visits by Respondent with Patient B; however, Respondent authorized prescriptions in 2017

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[9] Remeron ® (mirtazapine), is an antidepressant that is thought to positively affect communication between nerve cells in the central nervous system and/or restore chemical balance in the brain. Using Remeron with other drugs that induce drowsiness can worsen this effect.

[10] Cogentin ® (benztropine), is used to treat symptoms of Parkinson's disease, such as stiffness or tremors. It is also used to treat Parkinson-like symptoms caused by using certain medicines.

[11] Abilify ® (aripiprazole), is an antipsychotic medication used to treat the symptoms of psychotic conditions such as schizophrenia. It can be used alone or with a mood stabilizer to treat bipolar I disorder (manic depression). Taking Abilify with other drugs that induce drowsiness or slowed breathing can cause dangerous side effects or death.

[12] Lexapro ® (escitalopram), is a selective serotonin reuptake inhibitor (SSRI) used to treat certain types of depression and anxiety.

[13] Ativan® (lorazepam), a benzodiazepine, is a centrally acting hypnotic-sedative that is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057, subdivision (d), and a dangerous drug pursuant to Business and Professions Code section 4022. When properly prescribed and indicated, it is used for the management of anxiety disorders or for short-term relief of anxiety or anxiety associated with depressive symptoms.

for lorazepam, Depakote, Abilify, and Lexapro to Patient B. These medications were filled approximately 11 times during this period.

24. On or about May 11, 2018, Patient B returned to Respondent for an evaluation, apparently noncompliant with medications. He was described as having an angry mood, poor insight and judgement. He was treated with Depakote, Abilify, Lexapro, and Ativan. An EKG was noted.

25. On or about June 8, 2018, Respondent noted no complaints or side effects and decreased Patient B's Depakote. The Abilify and Lexapro were continued. Ativan was discontinued. An EKG is mentioned.

26. On or about July 6, 2018, Patient B again had no complaints and a normal mental status examination and was described as "at baseline." Respondent continued Depakote, Abilify, and Lexapro.

27. On or about August 31, 2018, Patient B returned to Respondent for follow-up, complaining of gaining too much weight. Depakote was discontinued and replaced with 300 mg of lithium[14] in the morning and 600 mg in the evening. Abilify was discontinued. Patient B was started on 3 mg Rexulti.[15] Lexapro was continued.

28. On or about October 3, 2018, Patient B returned to Respondent for a routine follow-up with no complaints noted. Lithium was continued. Rexulti, Cogentin and Lexapro were continued.

29. On or about November 28, 2018, Patient B returned to Respondent for a routine follow-up with concerns about tremors. Patient B's mental status examination was described as normal. Benztropine (Cogentin) was increased. Rexulti was discontinued. Patient B was started.

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[14] Lithium is a mood stabilizer that affects the flow of sodium through nerve and muscle cells in the body. It is used to treat or control the manic episodes of bipolar disorder, including symptoms such as hyperactivity, rushed speech, poor judgment, reduced need for sleep, aggression and anger. Lithium is a medicine with a narrow range of safety, and toxicity can occur if only slightly more than the recommended dose is taken. Lithium toxicity can cause death.

[15] Rexulti ® (brexpiprazole), is an atypical antipsychotic medication used to treat major depressive disorder, schizophrenia, and agitation associated with dementia due to Alzheimer's disease.

on 300 mg Seroquel[16] at night. Lithium and Lexapro was continued. Propranolol[17] was also initiated.

30. On or about December 26, 2018, Patient B returned to Respondent for a routine follow-up and discussion of voices. Medications were continued. No laboratory results, including lithium levels, were discussed.

31. On or about March 1, 2019, Patient B returned to Respondent for a routine follow-up. Labs were described as last done on or about January 9, 2019, but the results were not discussed in the record. Patient B was described as being at baseline and medications were continued.

32. On or about March 29, 2019, Patient B returned to Respondent for a routine follow-up, complaining of pain in the knees and hip. Labs were described as done on or about January 22, 2019, but the results are not in the records or analyzed in the progress note. Patient B was noted to have tremors. Medications were continued.

33. On or about May 24, 2019, Patient B returned to Respondent for a routine follow-up. Labs done on January 22, 2019, were documented with a lithium level of 1.3 (mmol/L), which is at the upper limits of normal. No other complaints were noted. Medications were continued.

34. On or about May 28, 2019, a lab report shows a complete blood count for Patient B, which is normal, and a lithium level of 1.0 mmol/L.

35. On or about July 19, 2019, Patient B had another routine visit with Respondent with no complaints. Labs were noted, and Patient B was "advised to repeat labs."

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[16] Seroquel ® (quetiapine), is an atypical antipsychotic medication used to treat schizophrenia in adults and children over 13 years old. It is used alone or with divalproex or lithium to treat episodes of mania or depression in patients with bipolar disorder. It can also be used with other medications to prevent episodes of depression in patients with bipolar disorder. Seroquel can cause a serious heart problem, the risk of which is higher when used with certain other medicines for infections, asthma, heart problems, high blood pressure, depression, mental illness, cancer, malaria, or HIV.

[17] Propranolol is a beta-blocker, which affects the heart and circulation. It is used to treat tremors, angina (chest pain), hypertension, heart rhythm disorders, and other heart or circulatory conditions.

36. On or about September 20, 2019, Patient B returned to Respondent for a routine follow-up. No new lab results or complaints were noted. Propranolol was decreased to 10 mg twice daily and other medications were continued.

37. On or about December 13, 2019, Patient B returned to Respondent for a routine follow-up. Patient B was described as being at baseline. CURES was noted as "discussed." Patient B was continued on propranolol, Cogentin, Lexapro, and Seroquel.

38. On or about January 31, 2020, Patient B visited Respondent for the final time. Patient B was using a walker and his weight had increased to 314 pounds. He was described as being at baseline. Medications were continued.

39. No records of treatment of Patient B by Respondent in March 2020 are provided, despite prescription records showing Respondent prescribed lithium to Patient B on or about March 2, 2020.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

40. Respondent Jaswant S. Khokhar, M.D. is subject to disciplinary action under section 2227 of the Code pursuant to section 2234, subdivision (b), in that Respondent committed act(s) and/or omission(s) amounting to gross negligence in his care and treatment of Patient A and Patient B. The circumstances giving rise to this cause for discipline are set forth in paragraphs 8 through 39 above, which are incorporated herein by reference as if fully set forth herein. Additional circumstances are as follows:

Patient A

41. Failure to Document Clinical Encounters: The standard of care for a physician providing medical services is to complete and maintain an adequate medical record. In the outpatient setting, medical records should be created at each clinical encounter. Whenever a physician evaluates a patient's symptoms, formulates a clinical impression, and makes recommendations to a patient or caregiver based on medical knowledge and expertise, a clinical encounter has occurred and documentation should be created. Such documentation should provide an account of subjective complaints or medical events, the physician's findings and

observations, a discussion of the medical interpretation of the clinical data and symptoms, and a clear indication of the treatment plan formulated by the physician as a result of the encounter.

42. Respondent failed to document four out of the five clinical encounters he had with Patient A outlined above, constituting one extreme departure from the standard of care for Respondent's failure to document all of these clinical encounters.

43. Inadequate Attention to the Physician-Patient Relationship. The standard of care dictates that a physician-patient relationship is established when a patient is evaluated by a physician, particularly for conditions within that physician's area of specialty or expertise, and the physician makes a medical recommendation for treatment as a result of that evaluation. Until the physician-patient relationship is formally terminated, the physician retains responsibility for overseeing the treatment plan, reevaluating the patient at appropriate intervals, and making appropriate medical recommendations based on the progression of the condition under treatment. It is also the standard of care to document any clinical encounters with the patient.

44. If a patient is not adhering to the recommended treatment, the physician should attempt to encourage adherence, or refer the patient to another physician or alternative level of care. In the case of patients with psychiatric disorders, if a patient is not adhering to treatment, or refuses additional care by the psychiatrist, the psychiatrist should consider whether the patient requires a higher level of care, including involuntary treatment, due to dangerousness to self, others, or grave disability. Efforts should be made to communicate the risk of non-adherence to psychiatric treatment to the patient or caregivers, as appropriate. This is especially true with patients with severe psychotic disorders, including symptoms of disorganized behavior, paranoia, or poor insight into their illness and the need for treatment. These severely ill patients may be difficult to engage in treatment, are at risk of becoming lost to follow-up, and are at a high risk for decompensation, which can lead to behaviors presenting a danger to themselves or others, as a result of their psychiatric disorder.

45. While patients with full medical decision making capacity may reasonably decline medical treatments following a discussion of the risks and benefits of treatment, in the case of

psychiatric patients, it is appropriate for the physician to assess whether the patient has full medical decision making capacity to make that decision.

46. There is no indication that Respondent assessed or formulated a medical opinion about Patient A's decision making capacity when Patient A refused to take his medication, refused to return for a follow-up visit, and refused a referral for additional treatment.

47. Respondent also failed to document any discussion with Patient A's family members, with whom he had a pre-existing social relationship, about the risks of Patient A continuing without treatment, or a discussion of alternative treatments including an emergency room evaluation for inpatient involuntary hospitalization. Instead, Respondent simply withdrew from the case without formally terminating the physician-patient relationship, or providing medical recommendations for continued care to Patient A, or his family members.

48. Respondent's failure to formally terminate the physician-patient relationship with Patient A, who was unstable and in need of urgent stabilization and continued treatment, is an extreme departure from the standard of care.

Patient B

49. Continuity of Care and Inadequate Patient Supervision: When a patient is under a psychiatrist's care for a chronic psychiatric condition, the psychiatrist should see the patient at reasonable intervals to ensure that the treatment plan remains effective and that the patient's psychiatric needs are being met. For a diagnosis of bipolar disorder, regular monitoring is essential because of the risk of development of major depressive episodes or manic episodes, both associated with significant morbidity. A monitoring frequency of at least twice yearly is essential when prescribing psychiatric medications such as atypical antipsychotics and mood stabilizers, which may also have serious side effects and require laboratory monitoring for safe use. Further, controlled substances such as lorazepam require regular clinical reassessment for safe prescribing.

50. From December 1, 2016 through May 11, 2018, there were no documented office visits. Although in the interview Respondent indicated that during this interval Patient B was managed by another physician, this is not referenced in any of the progress notes. Despite not seeing Patient B, Respondent issued or authorized prescriptions in 2017 for lorazepam, Depakote,

Abilify, and Lexapro. Depakote, Abilify, and Lexapro were prescribed with 11 refills and filled during 2017 and March 2018, while Patient B was not being seen by Respondent. Lorazepam was also reauthorized several times during this interval while Patient B was not being seen.

51. Prescribing lorazepam, Depakote, Abilify, and Lexapro without seeing Patient B and conducting a clinical assessment for over one year is an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

52. Respondent Jaswant S. Khokhar, M.D. is subject to disciplinary action under section 2227 of the Code pursuant to section 2234, subdivision (c), in that Respondent committed repeated negligent acts in his care and treatment of Patient A and Patient B. The circumstances giving rise to this cause for discipline are set forth in paragraphs 8 through 51 above, which are incorporated herein by reference as if fully set forth herein. Additional circumstances are as follows:

Patient A

53. Completeness of Psychiatric Assessment on June 6, 2018 Regarding Dangerousness and Appropriate Level of Care: In 2018, the standard of care for the assessment and treatment of psychotic symptoms included: gathering sufficient information about the presenting problem to formulate a reasonable diagnosis, even if preliminary; evaluation and ruling out the presence of other psychotic disorders contributing to psychotic symptoms; and providing appropriate treatment at the appropriate level of care. As psychotic disorders present a high risk for behaviors dangerous to the patient or others, it is necessary to complete an assessment of risk for violence or suicidal behavior, and consider treating the patient at the least restrictive, safe level of care.

54. Respondent's June 6, 2018 note lacks evidence that Respondent performed an adequate risk assessment at the June 6, 2018 office visit. Patient A had been engaging in behaviors that indicated potential dangerousness to himself and others, such as burning carpets at home. The record does not indicate that these facts were documented or considered. Although Respondent indicated in an interview that he recommended emergency evaluation and psychiatric

hospitalization, this is not reflected in the documentation. Respondent's failure to adequately assess Patient A's risk of dangerousness to himself or others, given Patient A's severe psychotic symptoms, is a simple departure from the standard of care.

55. Omission of Relevant Prior History in the June 6, 2018 Progress Note: The standard of care requires that documentation should include relevant and accurate medical facts known to the physician. Omission of relevant information to conceal acts or omissions on the part of the physician is inappropriate, as later medical decisions may be made based on incomplete or incorrect information.

56. There is no indication in the June 6, 2018 office visit note that Respondent had previously provided Patient A with sample medications and had instructed Patient A to take the medications. This note is inaccurate because Patient A was assessed as though he had not taken these medications, and the note did not include a discussion of Respondent's assessment of Patient A's adherence to or response to those medications. The omission of these facts in the June 6, 2018 progress note was due to inadequate attention to completeness of documentation and constitutes a simple departure from the standard of care.

Patient B

57. Failure to Properly Monitor Lithium Levels: When a physician treats a patient with lithium, the standard of care is to obtain baseline laboratory monitoring of kidney functioning, including creatinine and blood urea nitrogen, thyroid function studies, and calcium level. After starting lithium, when an estimated therapeutic dose is reached, the serum concentration of lithium should be checked after about one week to ensure that the serum concentration is within the therapeutic range, as lithium can become toxic at concentrations only slightly above the therapeutic range. During ongoing treatment, lithium levels and kidney functioning should be monitored at least every six months, and thyroid functioning monitored at least yearly. These tests are necessary because long-term lithium treatment can impair the functioning of the kidneys and the thyroid.

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58. Respondent's failure to order baseline kidney and thyroid function tests for Patient B prior to prescribing him lithium on or about August 31, 2018, constitutes a simple departure from the standard of care.

59. Respondent's failure to order a lithium level within a reasonable period after establishing a lithium dose of 900 mg per day, constitutes a simple departure from the standard of care.

60. A simple departure from the standard of care occurred at all office visits after August 31, 2018, when Respondent failed to order or consider kidney and thyroid function tests.

61. Respondent's failure to acknowledge Patient B's elevated lithium levels in his medical decision-making on or about May 24, 2019, constitutes a simple departure from the standard of care.

62. Failure to Properly Monitor Depakote Levels: The standard of care requires that when treating a patient for bipolar disorder with Depakote, the physician ensure that the Depakote blood level is within the therapeutic range. In addition, patients taking Depakote should have laboratory monitoring including liver function tests and complete blood counts at least once a year as Depakote can cause liver damage and thrombocytopenia.[18]

63. Respondent's failure to order or review the results of liver function tests or complete blood counts for Patient B, while prescribing Depakote from December 2016 through July 2018, constitutes simple departures from the standard of care.

64. Medical Recordkeeping and Documentation: The standard of care requires that a complete medical record be maintained for outpatient treatment. The complete medical record should include, at a minimum, a record of subjective complaints as rendered by the patient or other informants, a record of the medications being prescribed to the patient, a record of the physician's objective observations in the form of physical examination or mental status examination findings, a record of the diagnostic impression and medical-decision making process required for the physician to formulate a medical opinion about the treatment, and a record of the

[18] Thrombocytopenia is a condition where abnormally low levels of platelets are present in the blood, and can cause nosebleeds, bleeding gums, blood in the urine, and bruising.

treatment plan as developed by the physician and communicated to the patient or caregiver. In instances where controlled substances are prescribed after October 2, 2018, the standard of care requires that the physician check the CURES database and incorporate the information from the database into the medical decision making process.

65. Simple departures from the standard of care occurred when Respondent issued prescriptions for lorazepam on or about May 9, 2017, October 16, 2017, and December 11, 2017, without documenting an examination of the patient and the clinical facts supporting the decision to prescribe lorazepam.

THIRD CAUSE FOR DISCIPLINE

(Inadequate or Inaccurate Recordkeeping)

66. Respondent Jaswant S. Khokhar, M.D. is subject to disciplinary action under section 2227 of the Code pursuant to section 2266, in that Respondent failed to adequately and accurately document his clinical encounters with Patient A and Patient B. The circumstances giving rise to this cause for discipline are set forth in paragraphs 8 through 65 above, which are incorporated herein by reference as if fully set forth herein.

DISCIPLINARY CONSIDERATIONS

67. To determine the degree of discipline, if any, to be imposed on Respondent Jaswant S. Khokhar, M.D., Complainant alleges that:

a. On or about June 22, 2012, in a prior disciplinary action titled *In the Matter of the Reprimand Against Jaswant S. Khokhar, M.D.* before the Medical Board of California, in Medical Board Case Number 08-2009-200940, Respondent's license was publicly reprimanded for Repeated Negligent Acts, in violation of section 2234, subdivision (c), of the Code, and for Failure to Maintain Adequate and Accurate Medical Records, in violation of section 2266, of the Code. That decision is now final and is incorporated by reference as if fully set forth herein.

b. On or about March 23, 2018, in a prior disciplinary action titled *In the Matter of the Accusation Against Jaswant S. Khokhar, M.D.* before the Medical Board of California, in Medical Board Case Number 800-2015-016178, Respondent's license was revoked, with said revocation stayed, and a three year probationary period imposed for: Gross Negligence, in

violation of section 2234, subdivision (b) of the Code; Repeated Negligent Acts, in violation of section 2234, subdivision (c), of the Code; and Failure to Maintain Adequate and Accurate Medical Records, in violation of section 2266, of the Code. Respondent's probation included completion of education classes, a prescribing practices course, a medical record keeping course, practice monitoring, and complying with the standard terms and conditions of probation. Probation was completed effective July 20, 2022, and Respondent's license was restored to its prior status, free of probation requirements. That decision is now final and is incorporated by reference as if fully set forth herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 50719, issued to Respondent Jaswant S. Khokhar, M.D.;

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

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

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

DATED: NOV 17 2023

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant