

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

**In the Matter of the Petition to Revoke )  
Probation Against: )**

**SUPRABHA N. JAIN, M.D. )**

**Case No. 8002015012729**

**Physician's and Surgeon's )  
Certificate No. A67699 )**

**Respondent )**

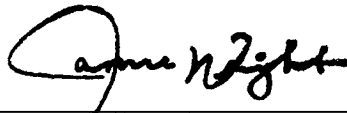
**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on September 17, 2015.**

**IT IS SO ORDERED: August 18, 2015.**

**MEDICAL BOARD OF CALIFORNIA**



**Jamie Wright, J.D., Chair  
Panel A**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 VIVIEN H. HARA  
Deputy Attorney General  
4 State Bar No. 84589  
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E-mail: vivien.hara@doj.ca.gov  
7 Attorneys for Complainant

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

12 In the Matter of the Petition to Revoke  
Probation Against:

13 **SUPRABHA N. JAIN, M.D.**

14 Respondent.

Case No. 800-2015-012729

15 **STIPULATED SETTLEMENT AND**  
16 **DISCIPLINARY ORDER**

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

19 PARTIES

20 1. Kimberly Kirchmeyer ("Complainant") is the Executive Director of the Medical  
21 Board of California. She brought this action solely in her official capacity and is represented in  
22 this matter by Kamala D. Harris, Attorney General of the State of California, by Vivien H. Hara,  
23 Deputy Attorney General.

24 2. Respondent Suprabha N. Jain, M.D. ("Respondent") is represented in this proceeding  
25 by attorney Robert W. Hodges, whose address is:

26 Robert W. Hodges, Esq.  
McNamara, Ney, Beatty, Slattery, Borges & Ambacher, LLP  
27 1211 Newell Avenue  
28 Walnut Creek, CA 94596

3. On or about March 5, 1999, the Medical Board of California issued Physician and  
Surgeon's Certificate No. A 67699 to Suprabha N. Jain, M.D. (Respondent). This certificate will

1 expire on March 31, 2017, unless renewed. Respondent's Certificate was revoked with the  
2 revocation stayed, and Respondent was placed on 35 months' probation effective April 7, 2014  
3 pursuant to a Decision and Order of the Board in Case No. 12-2009-197864.

4 JURISDICTION

5 4. Petition to Revoke Probation No. 800-2015-012729 was filed before the Medical  
6 Board of California (Board), Department of Consumer Affairs, and is currently pending against  
7 Respondent. A Cease Practice Order was issued to Respondent by the Board on April 3, 2015,  
8 based upon her failure to timely fulfill Condition 1 of her probation, and this order remains in  
9 effect pending the final decision on this Petition to Revoke Probation. The Petition to Revoke  
10 Probation and all other statutorily required documents were properly served on Respondent on  
11 April 10, 2015. Respondent timely filed her Notice of Defense contesting the Petition to Revoke  
12 Probation.

13 5. A copy of Petition to Revoke Probation No. 800-2015-012729 is attached as Exhibit  
14 A and is incorporated herein by reference. The Board's Decision in Case No. 12-2009-197864  
15 and the Board's Cease Practice Order are included in Exhibit A.

16 ADVISEMENT AND WAIVERS

17 6. Respondent has carefully read, fully discussed with counsel, and understands the  
18 charges and allegations in Petition to Revoke Probation No. 800-2015-012729. Respondent has  
19 also carefully read, fully discussed with counsel, and understands the effects of this Stipulated  
20 Settlement and Disciplinary Order.

21 7. Respondent is fully aware of her legal rights in this matter, including the right to a  
22 hearing on the charges and allegations in the Petition to Revoke Probation; the right to be  
23 represented by counsel at her own expense; the right to confront and cross-examine the witnesses  
24 against her; the right to present evidence and to testify on her own behalf; the right to the issuance  
25 of subpoenas to compel the attendance of witnesses and the production of documents; the right to  
26 reconsideration and court review of an adverse decision; and all other rights accorded by the  
27 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 does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations set forth in the Petition to Revoke Probation and that she has thereby subjected her Physician and Surgeon's Certificate to revocation.

10. Respondent accepts that her probation is subject to revocation, and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

## CONTINGENCY

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

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

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

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1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that probationary order issued against Respondent in Case No.  
3 12-2009-197864 is revoked, and the underlying order is reinstated. Physician and Surgeon's  
4 Certificate No. A 67699 issued to Respondent Suprabha N. Jain, M.D. (Respondent) is therefore  
5 revoked. However, the revocation is stayed and Respondent's probation is hereby extended to  
6 April 7, 2018 with the addition of the time during which Respondent's present cease practice  
7 order, which does not apply to the reduction of Respondent's probationary time period, was in  
8 effect, under the following terms and conditions:

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

18 Respondent has fulfilled this term of probation for the first year of probation.

19 2. MEDICAL RECORD KEEPING COURSE. Respondent shall enroll in a course in  
20 medical record keeping equivalent to the Medical Record Keeping Course offered by the  
21 Physician Assessment and Clinical Education Program, University of California, San Diego  
22 School of Medicine (Program), approved in advance by the Board or its designee. Respondent  
23 shall provide the program with any information and documents that the Program may deem  
24 pertinent. Respondent shall participate in and successfully complete the classroom component of  
25 the course not later than six (6) months after Respondent's initial enrollment. Respondent shall  
26 successfully complete any other component of the course within one (1) year of enrollment. The  
27 medical record keeping course shall be at Respondent's expense and shall be in addition to the  
28 Continuing Medical Education (CME) requirements for renewal of licensure.

1 Respondent has heretofore submitted a certification of successful completion of an  
2 approved Medical Record Keeping Course to the Board or its designee, and the Board has  
3 accepted this course in fulfillment of this condition of probation.

4 3. CLINICAL TRAINING PROGRAM. Respondent shall enroll in a clinical training or  
5 educational program equivalent to the Physician Assessment and Clinical Education Program  
6 (PACE) offered at the University of California - San Diego School of Medicine ("Program").  
7 Respondent shall successfully complete the Program not later than six (6) months after  
8 Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension  
9 of that time.

10 The Program shall consist of a Comprehensive Assessment program comprised of a two-  
11 day assessment of Respondent's physical and mental health; basic clinical and communication  
12 skills common to all clinicians; and medical knowledge, skill and judgment pertaining to  
13 Respondent's area of practice in which Respondent was alleged to be deficient, and at minimum,  
14 a 40 hour program of clinical education in the area of practice in which Respondent was alleged  
15 to be deficient and which takes into account data obtained from the assessment, Decision(s),  
16 Accusation(s), and any other information that the Board or its designee deems relevant.  
17 Respondent shall pay all expenses associated with the clinical training program.

18 Based on Respondent's performance and test results in the assessment and clinical  
19 education, the Program will advise the Board or its designee of its recommendation(s) for the  
20 scope and length of any additional educational or clinical training, treatment for any  
21 medical condition, treatment for any psychological condition, or anything else  
22 affecting Respondent's practice of medicine. Respondent shall comply with Program  
23 recommendations.

24 At the completion of any additional educational or clinical training, Respondent shall  
25 submit to and pass an examination. Determination as to whether Respondent successfully  
26 completed the examination or successfully completed the program is solely within the program's  
27 jurisdiction.

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1 Respondent has enrolled in and paid the costs of Phase I of the PACE Program, but she has  
2 not completed Phase I because she has not fulfilled the recommendations of the program to  
3 undergo a psychiatric evaluation (including neuropsychological evaluation) and a diagnostic  
4 physical examination, nor has she enrolled in and paid the costs of Phase II of the PACE  
5 Program, as required. Respondent shall immediately work with her probation officer to arrange  
6 for, pay the costs of, and complete the evaluations and examination ordered by the Board and  
7 recommended by PACE, and upon completion of those examinations, she shall enroll in, pay the  
8 costs of, and successfully complete Phase II of the PACE Program within six (6) months of the  
9 evaluations and examination and the reports issued thereon.

10 Failure to complete the examinations ordered under PACE I and the PACE II Program not  
11 later than six (6) months after Respondent's enrollment shall constitute a violation of probation  
12 unless the Board or its designee agrees in writing to a later time for completion. Based on  
13 Respondent's performance in and evaluations from the assessment, education, and training, the  
14 Program shall advise the Board or its designee of its recommendation(s) for additional education,  
15 training, psychotherapy, and other measures necessary to ensure that Respondent can practice  
16 medicine safely. Respondent shall comply with Program recommendations. At the completion of  
17 the Program, Respondent shall submit to a final evaluation. The Program shall provide the results  
18 of the evaluation to the Board or its designee.

19 If Respondent fails to complete the Program within the designated time period, Respondent  
20 shall cease the practice of medicine within 72 hours after being notified by the Board or its  
21 designee that Respondent failed to complete the Program.

22 4. PRACTICE MONITOR. Respondent shall continue to have her practice monitored  
23 by her present approved practice monitor, James Felt, M.D. Respondent shall pay all monitoring  
24 costs.

25 Respondent shall make all records available for immediate inspection and copying on the  
26 premises by the monitor at all times during business hours and shall retain the records for the  
27 entire term of probation.

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

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

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

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

26 6. SUPERVISION OF PHYSICIAN ASSISTANTS. During probation, Respondent is  
27 prohibited from supervising physician assistants.  
28



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

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

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

9 9. GENERAL PROBATION REQUIREMENTS.

10 Compliance with Probation Unit

11 Respondent shall comply with the Board's probation unit and all terms and conditions of  
12 this Decision.

13 Address Changes

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

19 Place of Practice

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

22 License Renewal

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

25 Travel or Residence Outside California

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

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

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

7 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
8 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
9 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
10 defined as any period of time Respondent is not practicing medicine in California as defined in  
11 Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month  
12 in direct patient care, clinical activity or teaching, or other activity as approved by the Board. All  
13 time spent in an intensive training program which has been approved by the Board or its designee  
14 shall not be considered non-practice. Practicing medicine in another state of the United States or  
15 Federal jurisdiction while on probation with the medical licensing authority of that state or  
16 jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall  
17 not be considered as a period of non-practice.

18 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
19 months, Respondent shall successfully complete a clinical training program that meets the criteria  
20 of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and  
21 Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

24 Periods of non-practice will relieve Respondent of the responsibility to comply  
25 with the probationary terms and conditions with the exception of this condition and the  
26 following terms and conditions of probation: Obey All Laws; and General Probation  
27 Requirements.

28 ///

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

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

12           14.   LICENSE SURRENDER. Following the effective date of this Decision, if  
13 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
14 the terms and conditions of probation, Respondent may request to surrender his or her license.  
15 The Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
16 determining whether or not to grant the request, or to take any other action deemed appropriate  
17 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
18 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
19 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
20 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
21 application shall be treated as a petition for reinstatement of a revoked certificate.

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

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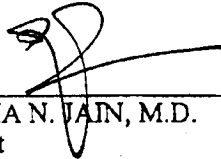
1 16. CEASE PRACTICE ORDER. The Cease Practice Order issued to Respondent on  
2 April 3, 2015 shall terminate upon the effective date of this Decision and Respondent may resume  
3 the practice of medicine upon the terms and conditions herein set forth.

4 ACCEPTANCE

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

10  
11 DATED:

July 15<sup>th</sup> 2015



SUPRABHA N. JAIN, M.D.  
Respondent

14 have read and fully discussed with Respondent Suprabha N. Jain, M.D. the terms and  
15 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
16 I approve its form and content.

17 DATED:

7/13/2015

  
ROBERT W. HODGES  
Attorney for Respondent

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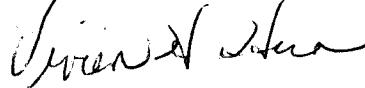
ENDORSEMENT

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

DATED: 7/15/2015

Respectfully submitted,

KAMALA D. HARRIS  
Attorney General of California  
JANE ZACK SIMON  
Supervising Deputy Attorney General



VIVIEN H. HARA  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Petition to Revoke Probation No. 800-2015-012729**

1 KAMALA D. HARRIS  
Attorney General of California  
2 JANE ZACK SIMON  
Supervising Deputy Attorney General  
3 VIVIEN H. HARA  
Deputy Attorney General  
4 State Bar No. 84589  
455 Golden Gate Avenue, Suite 11000  
5 San Francisco, CA 94102-7004  
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6 Facsimile: (415) 703-5480  
E-mail: vivien.hara@doj.ca.gov  
7 *Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO April 10 20 15  
BY [Signature] ANALYST

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

11 In the Matter of the Petition to Revoke  
12 Probation Against,

Case No. 800-2015-012729

13 **SUPRABHA N. JAIN, M.D.**  
14 **325 N. Wiget Lane, Suite 130**  
15 **Walnut Creek, CA 94598**

PETITION TO REVOKE PROBATION

16 **Physician and Surgeon's Certificate**  
17 **No. A 67699**

Respondent.

18 Complainant alleges:

19 **PARTIES**

20 1. Kimberly Kirchmeyer (Complainant) brings this Petition to Revoke Probation solely  
21 in her official capacity as the Executive Director of the Medical Board of California, Department  
22 of Consumer Affairs.

23 2. On or about March 5, 1999, the Medical Board of California (Board) issued Physician  
24 and Surgeon's Certificate Number A 67699 to Suprabha N. Jain, M.D. (Respondent). This  
25 certificate will expire on March 31, 2017, unless renewed.

26 3. In a Board disciplinary action entitled "In the Matter of the Accusation Against  
27 Suprabha Jain, M.D.," Case No. 12-2009-197864 effective April 7, 2014, Respondent's Physician  
28 and Surgeon's Certificate was revoked; however, the revocation was stayed and Respondent's

1 Physician and Surgeon's Certificate was placed on probation for a period of 35 months with  
2 certain terms and conditions. A copy of that Decision is attached as Exhibit A and is incorporated  
3 by reference.

4 4. On April 3, 2015, pursuant to the provisions of Respondent's Probationary Order, the  
5 Board issued to Respondent a Cease Practice Order effective April 6, 2015. A copy of that Order  
6 is attached as Exhibit B and is incorporated by reference.

#### 7 JURISDICTION

8 5. This Petition to Revoke Probation is brought before the Medical Board of California  
9 (Board), Department of Consumer Affairs, under the authority of the following laws. All section  
10 references are to the Business and Professions Code unless otherwise indicated.

11 6. Section 2227 of the Code states:

12 "(a) A licensee whose matter has been heard by an administrative law  
13 judge of the Medical Quality Hearing Panel as designated in Section 11371 of the  
14 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:

15 "(1) Have his or her license revoked upon order of the board.

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

18 "(3) Be placed on probation and be required to pay the costs of probation  
19 monitoring upon order of the board.

20 "(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.

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

23 "(b) Any matter heard pursuant to subdivision (a), except for warning  
24 letters, medical review or advisory conferences, professional competency  
25 examinations, continuing education activities, and cost reimbursement associated  
26 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.

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1           7.    Section 2051 of the Code states:

2                   "The physician=s and surgeon=s certificate authorizes the holder to use  
3                   drugs or devices in or upon human beings and to sever or penetrate the tissue of  
4                   human beings and to use any and all other methods in the treatment of diseases,  
5                   injuries, deformities, and other physical and mental conditions."

6           8.    Section 2052 of the Code states:

7                   "(a) Notwithstanding Section 146, any person who practices or attempts  
8                   to practice, or who advertises or holds himself or herself out as practicing, any system  
9                   or mode of treating the sick or afflicted in this state, or who diagnoses, treats, operates  
10                  for, or prescribes for any ailment, blemish, deformity, disease, disfigurement,  
11                  disorder, injury, or other physical or mental condition of any person, without having  
12                  at the time of so doing a valid, unrevoked, or unsuspended certificate as provided in  
13                  this chapter [Chapter 5, the Medical Practice Act], or without being authorized to  
14                  perform the act pursuant to a certificate obtained in accordance with some other  
15                  provision of law, is guilty of a public offense, punishable by a fine not exceeding ten  
16                  thousand dollars (\$10,000), by imprisonment in the state prison, by imprisonment in a  
17                  county jail not exceeding one year, or by both the fine and either imprisonment.

18                  "(b) Any person who conspires with or aids or abets another to commit  
19                  any act described in subdivision (a) is guilty of a public offense, subject to the  
20                  punishment described in that subdivision.

21                  "(c) The remedy provided in this section shall not preclude any other  
22                  remedy provided by law."

23           9.    Paragraph 13 of Respondent's Probationary Order states: "Failure to fully comply with  
24           any term or condition of probation is a violation of probation. If respondent violates probation in  
25           any respect, the Board, after giving respondent notice and the opportunity to be heard, may revoke  
26           probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to  
27           Revoke Probation, or an Interim Suspension Order is filed against respondent during probation,  
28           the Board shall have continuing jurisdiction until the matter is final, and the period of probation  
29           shall be extended until the matter is final.'

30           10.   Paragraph 11 of Respondent's Probationary Order indicates that for a respondent to be  
31           relieved of certain probationary terms due to a period of non-practice not exceeding two (2) years,  
32           he or she must notify the Board or its designee in writing within 15 calendar days of any periods  
33           of non-practice lasting more than 30 calendar days and within 15 calendar days of the  
34           respondent's return to practice. Non-practice is defined as any period that a respondent is not

1 practicing medicine as defined in sections 2051 and 2052 of the Code for at least 40 hours in a  
2 calendar month. Periods of non-practice do not apply to the reduction of the probationary term.

3 11. Paragraph 14 of Respondent's Probationary Order states:

4 "Following the effective date of this Decision, if respondent ceases  
5 practicing due to retirement or health reasons or is otherwise unable to satisfy the  
6 terms and conditions of probation, respondent may request to surrender his or her  
7 license. The Board reserves the right to evaluate respondent's request and to exercise  
8 its discretion in determining whether or not to grant the request, or to take any other  
9 action deemed appropriate and reasonable under the circumstances. Upon formal  
10 acceptance of the surrender, respondent shall within 15 calendar days deliver  
11 respondent's wallet and wall certificate to the Board or its designee and respondent  
12 shall no longer practice medicine. Respondent will no longer be subject to the terms  
13 and conditions of probation. If respondent re-applies for a medical license, the  
14 application shall be treated as a petition for reinstatement of a revoked certificate."

#### 10 **CAUSE TO REVOKE PROBATION**

11 (Failure to Successfully Complete Clinical Training Program)

12 12. At all times after the effective date of the Board's Decision against Respondent,  
13 Condition 1 of Respondent's probation stated:

14 "Within 60 days of the effective date of this Decision, respondent shall  
15 enroll in a clinical training or educational program equivalent to the Physician  
16 Assessment and Clinical Education Program (PACE) offered at the University of  
17 California - San Diego School of Medicine ("Program"). Respondent shall  
18 successfully complete the Program not later than six (6) months after respondent's  
19 initial enrollment unless the Board or its designee agrees in writing to an extension of  
20 that time.

18 "The Program shall consist of a Comprehensive Assessment program  
19 comprised of a two-day assessment of respondent's physical and mental health; basic  
20 clinical and communication skills common to all clinicians; and medical knowledge,  
21 skill and judgment pertaining to respondent's area of practice in which respondent is  
22 alleged to be deficient, and at minimum, a 40 hour program of clinical education in  
23 the area of practice in which respondent was alleged to be deficient and which takes  
24 into account data obtained from the assessment, Decision(s), Accusation(s), and any  
25 other information that the Board or its designee deems relevant. Respondent shall pay  
26 all expenses associated with the clinical training program.

23 "Based on respondent's performance and test results in the assessment and  
24 clinical education, the Program will advise the Board or its designee of its  
25 recommendation(s) for the scope and length of any additional educational or clinical  
26 training, treatment for any medical condition, treatment for any psychological  
27 condition, or anything else affecting respondent's practice of medicine. Respondent  
28 shall comply with Program recommendations.

26 "At the completion of any additional educational or clinical training,  
27 respondent shall submit to and pass an examination. Determination as to whether  
28 respondent successfully completed the examination or successfully completed the  
program is solely within the program's jurisdiction.

1 “If respondent fails to enroll, participate in, or successfully complete the  
2 clinical training program within the designated time period, respondent shall receive a  
3 notification from the Board or its designee to cease the practice of medicine within  
4 three (3) calendar days after being so notified. The respondent shall not resume the  
5 practice of medicine until enrollment or participation in the outstanding portions of  
6 the clinical training program have been completed. If the respondent did not  
7 successfully complete the clinical training program, the respondent shall not resume  
8 the practice of medicine until a final decision has been rendered on the accusation  
9 and/or a petition to revoke probation. The cessation of practice shall not apply to the  
10 reduction of the probationary time period.”

11 13. Respondent’s probation is subject to revocation because she is in violation of  
12 Condition 1 of her Probationary Order. The circumstances are as follows:

13 14. On March 20, 2014, Respondent met with her probation officer, Arlene C. Caballero  
14 (Inspector Caballero). She was provided with a copy of the Accusation and Decision in her case  
15 and she signed an Acknowledgment of Decision. All terms and conditions of probation were  
16 reviewed with Respondent. At an interview with Respondent on May 15, 2014, Inspector  
17 Caballero informed Respondent that she must enroll in the University of California – San Diego  
18 School of Medicine (UCSD) Physician Assessment and Clinical Education Program (PACE) by  
19 May 17, 2014. On May 27, 2014, Inspector Caballero received confirmation that Respondent had  
20 paid for enrollment in Phase I of the PACE Program and that she was scheduled to begin Phase I  
21 on September 25, 2014. On June 4, 2014, Inspector Caballero received confirmation from PACE  
22 that Respondent was enrolled in the Program.

23 15. On December 11, 2014, Inspector Caballero received the UCSD PACE Phase I report.  
24 The Summary and Recommendations of PACE were:

25 “Based on Dr. Jain’s performance on the Microcog™, we recommend  
26 that she undergo a more in-depth neuropsychological evaluation. Dr. Jain also failed  
27 to complete two of the written exams in the time allotted and did not have enough  
28 time to complete the third written exam, or the exit interview. She was also over one  
hour late to her scheduled oral clinical exam with Dr. [name withheld] and had  
troubling [sic] recalling the PRIMUM cases during the TSR interview. This behavior  
coupled with her tearful reaction during her oral clinical exam is very concerning.  
While there could be many causes for her unusual behavior, we feel it is necessary to  
rule out the presence of a physical or mental illness (including a substance abuse  
disorder), that could be impairing her ability to practice optimally. Therefore, we  
recommend that Dr. Jain undergo psychiatric evaluation, diagnostic physical  
examination, and random urine toxicology screening.

“Based on Dr. Jain’s performance during Phase I of the PACE Program  
physician assessment she does not appear to pose an imminent threat to patient safety;  
however, [sic] we generally do not regard the two-day Phase I assessment sufficient to  
make judgments about competence. To ensure completeness of evaluation, Dr. Jain

1 should return for Phase II in order to complete the assessment process and obtain an  
2 official final grade. The faculty and staff of the UCSD PACE Program regard the  
3 Phase I and Phase II components of the assessment as complementary and necessary  
4 for complete, informed judgments regarding competence and safety for practice. It is  
5 possible that even after the Phase I and Phase II components (generally seven days  
6 total), we may recommend further evaluation.”

7 16. Based upon the PACE recommendations, Inspector Caballero contacted a Board-  
8 approved neuropsychologist, psychiatrist, and internist to confirm the availability of each for such  
9 examinations. Inspector Caballero then sent a letter to Respondent on January 8, 2015 indicating  
10 that based on her performance, she was required to undergo and complete a physical examination  
11 and a psychiatric evaluation prior to completing a neuropsychological evaluation. Inspector  
12 Caballero sent letters to the chosen examiners on the same day, confirming their availability in  
13 writing.

14 17. On January 22, 2015, Inspector Caballero met with Respondent at her office and  
15 discussed the status of her probation and compliance with the PACE recommendations for  
16 psychiatric and neuropsychological examinations, physical examination and biological fluid test.  
17 Respondent protested that she might not go forward with the PACE recommendations because  
18 she may not be financially able to do so. Inspector Caballero informed Respondent that this is not  
19 a viable excuse not to fulfill the terms of her probation. Inspector Caballero further indicated to  
20 Respondent that if she was unable to comply with the terms and conditions of her probation, she  
21 had the option to surrender her license based on term 14 of the probation order, and she provided  
22 Respondent with a Request for Voluntary Surrender of License While on Probation form.

23 18. On January 27, 2015, Inspector Caballero sent Respondent a follow-up letter  
24 reminding her that she must comply with the PACE recommendations and contact the experts  
25 retained by February 8, 2015 to schedule her evaluations. On January 28, 2015, Respondent  
26 telephoned Inspector Caballero and indicated that she was going to surrender her medical license  
27 and would have the Request for Voluntary Surrender of License While on Probation form signed  
28 and that Inspector Caballero could pick up the executed form the following day. Inspector  
Caballero picked up the executed form at Respondent's office on January 28, 2015 and forwarded  
it to Medical Board Probation Headquarters to assess the request and if approved, prepare the  
official surrender documents.

1           19. On February 12, 2015, Inspector Caballero called Respondent to inform her that the  
2 official surrender documents were now available for her to sign. Respondent stated that she  
3 needed time to think it over and would contact Inspector Caballero the following day. She did not  
4 do so. On February 18, 2015, Inspector Caballero made an unannounced visit to Respondent to  
5 provide her personally with the official documents for surrender of her license while on probation.  
6 Inspector Caballero explained the documents, their effect, and how to execute them, and  
7 Respondent requested that the PACE requirements be set off a year so that she could better afford  
8 to pay for them, and Inspector Caballero again indicated that financial constraints cannot be taken  
9 as an excuse for failing to fulfill probation requirements. Inspector Caballero received an e-mail  
10 from Respondent that same day that she would sign the surrender documents.

11           20. On February 20, 2015, Inspector Caballero contacted Respondent, and Respondent  
12 informed her that on advice of counsel, she was not going to sign the surrender documents and  
13 that she was not practicing medicine and is "letting go" all of her patients. Inspector Caballero  
14 stated that Respondent must provide a statement in writing that she was no longer practicing  
15 medicine, but Respondent refused, indicating that on advice of counsel, she was not signing or  
16 writing anything.

17           21. On February 20, 2015, Inspector Caballero examined Respondent's last quarterly  
18 report form (Quarter IV 2014) to determine her practice status, and that form indicated that  
19 Respondent was in full time practice. Inspector Caballero made calls to Respondent's business at  
20 Mt. Diablo Wellness Center and ascertained that Respondent remained present during working  
21 hours. Since there was no evidence that Respondent was not working and no written statement,  
22 Inspector Caballero did not pend Respondent's probation pursuant to Condition 11 of  
23 Respondent's Probationary Order. Inspector Caballero also received a letter from Respondent on  
24 this date withdrawing her request for surrender of license.

25           22. On March 4, 2015, Inspector Caballero sent Respondent a letter by mail and by e-mail  
26 again regarding scheduling of the evaluations required by the UCSD PACE Program prior to  
27 completing Phase II of the Program. This letter also indicated that the Board would pay for the  
28

1 evaluations initially with the proviso that Respondent reimburse the Board in six (6) monthly  
2 installments immediately following completion of the evaluations.

3 23. On March 5, 2015, Inspector Caballero received a letter from Respondent appended  
4 to an e-mail. In that letter, Respondent indicated that she is unable financially to complete the  
5 required examinations or Phase II of PACE. She requested that the Board remove her probation  
6 status so that she would be able to regain her health insurance provider status and that the Board  
7 give her a letter to take to all the health insurance carriers which had previously removed her from  
8 their provider panels requesting that she be reinstated on their panels.

9 24. Respondent has not contacted any of the designated evaluators to schedule her  
10 evaluations, nor has she made efforts to work with Inspector Caballero concerning her PACE  
11 requirements. Respondent is in willful violation of Condition 1 of her Probationary Order, and  
12 therefore, Respondent's probation is subject to revocation.

13 PRAYER

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

16 1. Revoking the probation that was granted by the Medical Board of California in Case  
17 No. 12-2009-197864 and imposing the disciplinary order that was stayed thereby revoking  
18 Physician and Surgeon's Certificate No. A 67699 issued to Suprabha N. Jain, M.D.;

19 2. Revoking or suspending Physician and Surgeon's Certificate No. A 67699, issued to  
20 Suprabha N. Jain, M.D.;

21 3. Revoking, suspending or denying approval of Suprabha N. Jain, M.D.'s authority to  
22 supervise physician assistants pursuant to section 3527 of the Code;

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1           4.     Ordering Suprabha N. Jain, M.D. to pay the Medical Board of California, if placed on  
2 further probation, the costs of probation monitoring; and

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

4  
5 DATED:     April 10, 2015

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

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23 Petition to Revoke Probation  
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**Exhibit A**

**Decision and Order**

**Medical Board of California Case No. 12-2009-197864**



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

In the Matter of the Accusation Against: )

SUPRABHA JAIN, M.D. )

Physician's and Surgeon's )

Certificate No. A-67699 )

Respondent. )

Case No. 12-2009-197864

DENIAL BY OPERATION OF LAW  
PETITION FOR RECONSIDERATION

No action having been taken on the petition for reconsideration, filed by Robert W. Hodges, Esq., on behalf of respondent Suprabha Jain, M.D., and the time for action having expired at 5 p.m. on April 7, 2014, the petition is deemed denied by operation of law.

MEDICAL BOARD OF CALIFORNIA

I do hereby certify that this document is a true  
and correct copy of the original on file in this  
office.

Signature

Title

Date

*Christina Kanya*  
*Secretary*  
*3/26/2015*

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


In the Matter of the Accusation Against:	)	
	)	
	)	MBC No. 12-2009-197864
Suprabha Jain, M.D.	)	
	)	
Physician's & Surgeon's	)	<b>ORDER GRANTING STAY</b>
Certificate No. A 67699	)	
	)	(Gov't Code Section 11521)
	)	
_____ Respondent	)	

Robert W. Hodges, Attorney at Law, on behalf of Suprabha Jain, M.D., has filed a Request for Reconsideration of the Decision in this matter with an effective date of March 28, 2014.

Execution is stayed until April 7, 2014.

This stay is granted solely for the purpose of allowing the Board to review and consider the Petition for Reconsideration.

DATED: March 28, 2014

  
A. Renee Threadgill  
Chief of Enforcement  
Medical Board of California

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

In the Matter of the Accusation Against:

SUPRABHA JAIN, M.D.,

Physician and Surgeon's Certificate No.  
A 67699

Respondent.

Case No. 12-2009-197864

OAH No. 2012070765

**DECISION AFTER NONADOPTION**

Administrative Law Judge Ruth S. Astle, State of California, Office of Administrative Hearings, heard this matter in Oakland, California on May 13, 14, 15, 16 and June 19 and 20, 2013.

Vivian Hara, Deputy Attorney General, represented complainant.

Respondent Suprabha Jain, M.D., was present and represented by Robert W. Hodges, Attorney at Law.

Submission of the matter was deferred for receipt of final arguments, which were received and considered. The matter was submitted on August 21, 2013.

Panel A of the Medical Board of California (Board) declined to adopt the proposed decision issued on September 20, 2013, and issued an Order of Non-Adoption of Proposed Decision on November 14, 2013. On January 3, 2014, the Board issued a Notice of Hearing for Oral Argument, and fixed the date for argument on February 6, 2014. The Panel, having read and considered the entire record, including the transcripts and the exhibits, and having considered the written and oral arguments presented by respondent and complainant, hereby makes and enters this decision on the matter.

**FACTUAL FINDINGS**

1. Complainant Kimberly Kirchmeyer made this accusation in her official capacity as the Interim Executive Director of the Board.

2. On March 5, 1999, Physician and Surgeon's Certificate No. A 67699 was issued by the Board to Suprabha Jain, M.D. (respondent). Respondent's certificate will expire March 31, 2015, unless renewed.

Respondent has not been the subject of prior disciplinary action.

*Gross Negligence/Negligence/Incompetence -Patient K.S.*

3. K.S. first consulted respondent at Mt. Diablo Wellness Center, Inc. (MDI) on January 4, 2009. K.S. had issues with anxiety, depression, and pain since she was 28 years old. She had consulted an acupuncturist and a chiropractor. She was also a patient of an integrative pain management clinic in Concord, California. Respondent was never K.S.'s primary care physician. K.S. suffered from chronic neck and low back pain; her weight was 210 pounds at the time she first consulted respondent. She also complained of always being cold and sleeping 14 hours a day. She indicated on her MDI patient information sheet that her reason for consulting respondent was "sweats and muscle spasm."

4. K.S. reported that in the previous year, she had decided to reduce or eliminate a number of drugs she was taking for her medical conditions. Her prescribed drugs included Advair, albuterol, Xanax, Dilaudid, Oxycodone, Effexor, Abilify, Klonopin, fentanyl patches, and a stool softener. She had been reducing or eliminating the drugs by herself without medical supervision. She stopped using all prescribed medications except Klonopin and fentanyl patches at the time she consulted respondent.

5. When K.S. began suffering from sweats and nausea, her son recommended respondent's clinic. K.S.'s mother had been respondent's patient previously and had \$5,000 in unapplied deposits reserved at MDI. K.S. called MDI and was able to make an appointment with respondent for the next day, January 4, 2009. K.S. filled out a patient information sheet and was examined by respondent. Respondent recognized that K.S. was suffering the effects of narcotics/controlled substance withdrawal.

6. Respondent developed a "medical model" form for intake history and physical. On January 4, 2009, K.S. filled out the first page of a patient information form; the second page was left blank. Respondent recorded a brief medical history of K.S. in her progress notes and recorded vital signs. After this initial intake form, there are no other vital signs recorded. Respondent had laboratory tests performed on K.S., including a complete blood count (CBC), urinalysis, chemistry panel, and toxicology screen. All laboratory values were within normal limits, and the toxicology screen was negative, even for benzodiazepines, such as Klonopin, or opiates such as fentanyl. Respondent did not repeat the laboratory tests.

7. On January 5, 2009, K.S. signed her payment agreement and had the program of treatment explained to her, which included live blood cell analysis, "full body" detoxification, Ayurvedic yoga therapy, healthy cooking, meditation, bioresonance sessions, and IV vitamins and chelation as needed. K.S. was provided with some material describing the purposes behind the therapies, general principles and guidelines of Ayurvedic therapies, a healthy cooking food menu, the Ayurvedic toxin-elimination regimen, and live blood evaluation pictorial worksheets. Respondent filled out a history and physical form which

included information about the patient's current medications, which were fentanyl patch and Klonopin; and her current symptoms, which included excessive sweating, anxiety, severe neck pain, overweight, sleeplessness, and drug withdrawal. No vital signs were recorded on the physical examination portion. This form included a nutritional intake evaluation, where the patient's usual diet was recorded.

8. Respondent described her mode of medical practice as primarily including a spiritual aspect, where the patient's mind, body, and spirit are involved. She developed a body constitution questionnaire for this aspect, where the patient assesses his or her general state of mind and body. K.S. filled out this form on January 5, 2009. Respondent believes this aspect of treatment requires connecting and bonding with the patient and that there are no templates for documenting this type of work. On January 5, 2009, K.S. presented respondent with a schedule that the patient wanted to use for tapering off the Klonopin and fentanyl. On that same day, K.S. received a colon cleansing assessment in which a severely impacted bowel was found and colonic irrigation was scheduled. K.S. also received a therapeutic breathing treatment that day and again on January 7 and 9, 2009. Respondent discontinued the stool softener and prescribed Libidex cream and other herbal medications.

9. K.S. enrolled in respondent's wellness program and not in a pain management program or for assistance with drug withdrawal. Both K.S. and respondent were aware that K.S. was decreasing her drug regimen. Respondent saw her role as supporting the patient's withdrawal, not directing it. Respondent did not consult with the patient's pain management physicians or obtain medical records from the patient's prescribers.

10. K.S. saw respondent on a daily basis during this time. Respondent disimpacted the patient's bowel and recommended more fiber and warm water intake in addition to herbal remedies.

11. K.S. continued a variety of treatments over a two-week period. K.S. was experiencing nausea, and weakness with fatigue. By January 14, 2009, respondent noted K.S. was tired and dehydrated, and she was given intravenous (IV) vitamin treatment. On January 16, 2009, K.S. reported extreme fatigue, insomnia, and diarrhea. Respondent again administered IV treatment with a vitamin and mineral solution.

12. On January 17, 2009, respondent made a house call because K.S. was too weak to go into the clinic. Respondent recommended fluids and supplements with a slowly advancing vegetable diet, as well as an over-the-counter anti-emetic. Respondent noted that K.S.'s drug dependence/withdrawal was still fluctuating, but with more "better" moments. Respondent documents a "long talk" with K.S. about her past traumas and emotional stressors.

13. Respondent saw K.S. at MDI on January 20, 2009. Respondent notes loss of weight, night sweats, and loss of sleep. She again notes K.S.'s plan to discontinue fentanyl and minimize Klonopin intake. She notes that bowel movements are normal. Respondent's plan is for diet and lifestyle change, staying on a soft diet, continuing the tapering of drugs, and consulting a chiropractor or physical therapist for pain. Respondent did not refer K.S. to any other physician.

14. K.S. consulted respondent on January 21, 2009. Respondent's notes indicate that K.S. has reduced the fentanyl patch and that she complains that her whole body aches and she is tired, has constant diarrhea, feels weak, and is dehydrated. Respondent notes drug withdrawal and that the patient seems to be going through personality/behavioral changes. Respondent recommended an herb preparation. Respondent did not refer K.S. to any other physician.

15. On January 25, 2009, K.S. left a voicemail message for respondent reporting her continuing physical distress, and respondent recommended that she see another physician for her physical symptoms. On January 26, 2009, K.S. went to the emergency room at John Muir Hospital and was given IV electrolytes and Zofran with a prescription for Imodium. The emergency room records show that K.S. stated that her symptoms were due to a recent onset of diarrhea, nausea, and vomiting secondary to eating a spinach salad two days earlier.

16. K.S. did not return to her treatment with respondent and sought out an addiction specialist for her drug withdrawal. In February 2009, she was being weaned off of fentanyl and Klonopin with a plan for maintenance treatment with suboxone.

17. K.S.'s complaint to the Board was triggered by a financial dispute. K.S. wanted to use the deposit her mother had at the clinic to pay at least part of K.S.'s bill. Respondent required a written authorization from K.S.'s mother. The one that K.S. supplied was questioned by the staff as a forgery. This made K.S. very angry and was clearly the impetus for the complaint to the board.

18. The Board's expert, Monica J. Stokes, M.D., states in her C.V. that she is in private practice in integrative medicine, and is a women's health consultant and author. It was established that she has experience treating patients using Ayurvedic medicine. Her expert testimony concerning respondent's failure to integrate the Ayurvedic medical modalities with western medical modalities in her treatment of K.S. was persuasive.

19. It was established by clear and convincing evidence through a qualified expert that it was an extreme departure from the standard of practice that respondent failed to consult with K.S.'s other treating practitioners to integrate her alternative treatments with knowledge of concurrent therapies, diagnosis, and assessments by other professionals and coordination of treatment in light of that knowledge.

20. When respondent noted possible mental health diagnoses for K.S., such as bipolar disorder, sleep disorder, anxiety and depression, she documented no basis for these diagnoses, and failed to refer K.S. for mental health treatment, confer with the patient's other treating physicians, or speak to K.S. about her concerns.

21. Respondent provided no detailed informed consent to K.S., written or documented to show that K.S. fully understood Ayurvedic approaches to treatment. K.S. did not provide informed consent that respondent's treatment was not intended to treat her physical symptoms or her detoxification process.

22. It was not established by clear and convincing evidence through an expert witness that respondent's training in Ayurvedic Medicine was inadequate or that her use of Ayurvedic therapies that she employed with K.S. were inappropriate.

23. Respondent's expert, Dean Nickles, M.D., found that although respondent's record keeping was below the standard of practice, her treatment of K.S. was within acceptable standards for wellness care. Dr. Nickles practices in Oakland. He opined that it was acceptable to take K.S. as a patient to ease the impact of drug withdrawal. However, he found respondent's records to be below the standard of practice. He accepted respondent's claim that she took vital signs after the initial visit. However, he agreed that if she did not take vital signs, it would be an extreme departure from the standard of practice given the complaints of K.S. There was no evidence that respondent actually took vital signs.

*Inaccurate/Inadequate Recordkeeping – Patient K.S.*

24. Respondent stipulated that her record keeping was inadequate. Her notations were sketchy and often illegible. Her progress notes contain very little information besides the patient's complaints. No vital signs are recorded, except on the initial visit. No assessment is noted. No treatment plan is noted. Respondent provides no detailed description of the modalities employed, the application to the patient, or the basis for the treatment. No components of herbal preparation, or, if prepackaged, the manufacturer, dosage, duration or indication are in the record. Respondent's records provide very little information concerning the connection between each modality employed, the advice given, the individual condition of the patient, and the outcome sought. Respondent documents no detailed informed consent or that K.S. was given any information concerning conventional treatment or alternatives. It was established by clear and convincing evidence through a qualified expert that respondent's record keeping taken as a whole (especially the lack of vital signs) was an extreme departure from the standard of practice.

*Gross Negligence/Negligence/Incompetence – Patient J.F.*

25. Patient J.F. first consulted respondent in February 2003, when he and his wife, S.F., were seeking a new primary care physician (PCP), or M.D. internist to act in that capacity, as their previous physician had retired. Respondent was initially consulted by J.F. for an upper respiratory tract infection. In March 2003, respondent referred J.F. to Alta Bates ER for a foot fracture, but did not see him in her office.

26. J.F. next saw respondent on October 21, 2005, at which time he complained of knee pain, hip pain due to osteoarthritis of the left hip, as well as anxiety and stress. He had declined a hip replacement at that time. J.F. also complained of groin pain, which respondent attributed to his hip disease. Respondent ordered supplements, recommended stress management measures (meditation), and ordered x-rays of the hip and knee. The x-rays were followed by MRI's received in November 2001, which confirmed degenerative changes and other problems.

27. J.F.'s next visit with respondent was on November 1, 2005, at which time he complained of worsening left hip and knee pain and a stressful family situation. Respondent diagnosed hip and knee pain, stress and anxiety, insomnia, and fatigue. Among other things, respondent ordered a complete blood count (CBC) and comprehensive metabolic panel (CMP), as well as PSA alkaline phosphatase and homocysteine levels.

28. On November 3, 2005, J.F. consulted respondent for a "stress evaluation," and respondent noted that J.F. suffered from chronic pain and insomnia. Respondent noted that no genital or prostate examination was done. Respondent made recommendations. J.F. was seen on November 8, and 11 for hip pain treatments, and on November 11, 2005, respondent entered a diagnosis of hip and knee degenerative joint disease with pain, and she recommended treatments. On November 15, 2005, further knee and hip pain treatments were noted.

29. On November 12, 2005, blood tests were done by the laboratory and reported on November 17, 2005. The results indicated a mildly elevated prostate specific antigen level and a normal alkaline phosphatase level, as well as elevated cholesterol and homocysteine levels. Respondent noted the abnormal labs in the chart when she saw the patient on November 17, 2005, but there is no indication that she discussed the abnormal laboratory findings with J.F., performed a prostate examination or referred J.F. for a prostate examination. No follow-up plan was noted.

30. Respondent's claim that she discussed the laboratory results with J.F. and suggested a repeat PSA test and referred him to a urologist is not supported in the documentation. J.F. did not follow upon the elevated PSA. J.F.'s final visit with respondent in 2005 was on December 8, 2005. There is no mention in the chart that the elevated PSA test was discussed.

31. In March 2006, J.F. saw respondent after he was in a motor vehicle accident and sustained a back injury. He had several chiropractic treatments for the injury before consulting respondent. J.F. complained mostly about the continuing and worsening of his left hip and knee pain, which was exacerbated by the accident. Respondent recommended massage and acupuncture, and QiGong. Respondent received reports from her referrals. The report of the QiGong expert indicated the patient was complaining of groin pain.

32. By the next visit on May 1, 2006, J.F. reported that he was almost back to normal. Respondent concluded that no more treatments were needed. During June and July 2006, J.F. continued acupuncture treatments and respondent received reports from the acupuncturist.

33. J.F.'s next visit was on July 25, 2006 and it was a follow-up. J.F. reported getting better and respondent recommended continued treatments.

34. The last visit in 2006 was on August 28, 2006, when J.F. complained of eye pain after a trauma. Respondent referred him to an ophthalmologist. Respondent also referred J.F. to an ENT practice for evaluation of a six-month long hearing loss. Respondent received a report that J.F. had a mild hearing loss and recommended a further neurodiagnostic study. There is no notation in the record if this recommendation was followed.

35. J.F. next consulted respondent in February 2007, when he complained of chest wall pain as well as knee and hip pain. Respondent noted his back and right rib/chest pain and attributed it to chondrocondritis with no etiology noted. She recommended work with "Adam." A notation in the margin for this visit indicated "referred to MME Rx-Tucson." At her physician conference with the Board, respondent denied that she had referred J.F., but



that this was a magnetic treatment for which J.F. had requested a referral to help his joint pain.

36. J.F. had acupuncture and massage for his back, hip, and knee pain on February 26, and March 1, 2007, and the acupuncturist noted left hip and knee pain and also right rib chest pain.

37. J.F. and his wife visited family in Connecticut in May 2007. On May 16, 2007, he consulted a chiropractor there for back pain. The chiropractor did manipulative therapy, and ordered an abdominal ultrasound and lab work that included a PSA level. Lab results indicated a significant elevation in PSA to 182.1 ng/dl, which is way above normal, as well as elevated triglycerides, cholesterol, and an alkaline phosphatase level of 229 U/L which is high and up from his 2005 level. The laboratory sent a copy of the laboratory results to respondent's clinic. The chiropractor recommended to J.F. that he see a urologist for evaluation immediately upon return to California. J.F. consulted a urologist in Connecticut, who did a digital rectal examination and found suspicious hardening and nodules on the prostate, and recommended a biopsy.

38. J.F. left a message for respondent concerning his high PSA level and his fears of prostate cancer. J.F. and his wife immediately began a search for a formal urological consultation, and made an appointment for evaluation and biopsy at the University of California San Francisco Medical Center (UCSF) five days before J.F.'s June 1, 2007 appointment with respondent. At the June 1, 2007, appointment, J.F. shared the lab results obtained in Connecticut. Respondent noted "awaiting biopsy." She also noted stress and anxiety, abdominal pain and hip DJD. Respondent recommended stress reduction, a CT scan, and biopsy. No laboratory orders are in the chart, and no referrals are noted. There is a copy in the chart of radiology results dated May 27, 2007 ordered by another medical professional. These results indicated a pleural based soft tissue mass along the right lateral mid-chest and recommended a CT scan of the chest.

39. According to respondent's medical records for J.F., at an appointment on June 4, 2007, the patient completed another stress evaluation and noted that he had urinary or growth problems. Respondent noted chest wall pain; abnormal labs, and left hip pain. She recommended Tylenol and additional neuromuscular rehabilitation treatments. The patient's last appointment was around June 1, 2007. Follow-up PSA and alkaline phosphatase levels, ordered by respondent were taken on June 26, 2007 and indicated a further elevation of PSA and alkaline phosphatase. A biopsy taken at UCSF on July 5, 2007, indicated Stage IV prostatic adenocarcinoma.

40. It was established by clear and convincing evidence through the testimony of a qualified expert, Dushyant N. Patel, M.D., that respondent's conduct constitutes gross negligence, repeated negligent acts and incompetence in that as a primary care physician and/or treating physician ordering and receiving laboratory results indicating an abnormal PSA level in November 2005, respondent failed to follow up on the result by explaining and discussing it and other abnormal results with the patient, ordering a repeat test, referring J.F. to a specialist, or doing a digital rectal examination herself. As soon as any physician orders routine laboratory work or screening studies for a patient, she is professionally obligated for the interpretation, evaluation, counseling and follow up care or she must refer the patient to

another physician for appropriate evaluation. She must follow up to check that the patient is following her recommendations. Respondent's treatment of J.F. focused on stress, sleep, and knee/hip pain and her laboratory testing was non-specific, consisting of tests such as biofeedback and dark field microscopy, none of which could provide findings indicating the presence of a major medical illness such as prostate cancer, or provide follow up information on the elevated PSA level.

41. Respondent never followed up on the initial elevated PSA level for her patient, even after he reported groin pain in October 2005, prior to the initial PSA test in November 2005, and groin pain again in April 2006, and groin and chest pain in early 2007. She attributed these symptoms to hip problems and chondrochondritis. Groin pain and chest pain can be symptoms of prostate cancer and metastatic disease. Respondent was either ignorant of, or lacked the knowledge or ability to appreciate the importance of follow up on the initial elevated PSA finding for J.F. Respondent missed a number of opportunities to follow up with the elevated PSA. Even after the second PSA level was obtained in Connecticut, she did not document a referral to a urologist, and she did not order a biopsy or any other tests until June 25, 2007.

42. Respondent used both alternative medical therapies and an allopathic medical approach to the patient's care. J.F. was clearly committed to alternative medicine. However, respondent failed to follow up on what needed to be done to diagnose and treat J.F. There was no coherent treatment plan for J.F.

43. The Board's expert, Dushyant N. Patel, M.D., testified concerning the standard of practice for treating a patient with a 5.1 elevated PSA, who is over 50 years old. This situation requires a digital rectal examination to check the prostate. Then the standard of care requires a follow-up PSA. Respondent failed to follow up on J.F.'s complaints of groin pain, and rib pain. Respondent's conduct constitutes an extreme departure from the standard of care because she did not have a treatment plan for the elevated PSA. Vital signs are missing in many of the medical record notes. Respondent's failure to meet the standard of practice led to a delay in J.F. getting the diagnosis and treatment he needed. Respondent's expert, Dean J. Nickles, MD., stated that respondent's record keeping at the time did not include a problem list in the patient chart which would have served as an immediate reminder of any and all future and necessary procedures and tests to be performed for the patient. Dr. Nickles believes this failure created that lack of follow up.

#### *Inaccurate/Inadequate Recordkeeping – Patient J.F..*

44. Respondent claims she was not J.F.'s primary care physician (PCP), but she has no documented verbal or written agreement that made it clear that she did not intend to be his PCP. Even if she did not consider herself his PCP, she apparently did not document an inquiry as to whether he was seeing another physician as PCP, and she never indicated in his records any inquiry as to whether J.F. had followed up with any practitioner concerning the abnormal PSA result of November 2005, and she did not indicate a referral to a urologist or other specialist for follow up. Respondent admits that her record keeping is below the standard of practice and resulted in lack of follow up in this case. Respondent did not adequately or accurately document her care of J.F. The notations concerning J.F. are lacking

in detail and substance. For instance, in May 2006, J.F. received intravenous infusions and there is no clear chart notes that document what was given, the volume infused, over what time frame, how the patient tolerated the procedure or the patient's response to the treatment. Respondent does not identify the practitioner who administered the treatment. Except for an adequate general examination at J.F.'s initial visits in 2003 and 2005, respondent has no consistent record of physical examination findings or vital signs taken and recorded. The records are usually sketchy and often illegible.

### *Dishonesty*

45. With respect to respondent's treatment of J.F., in a deposition taken under oath on February 12, 2009, in a civil case filed against respondent, she indicated that she never discussed prostate health with J.F. because, in her mind, she was not his primary care physician. She indicated that a PSA of 5.1 had to be followed up but not on an emergency basis. However, she did not do any follow up on J.F.'s elevated PSA and did not recall any discussion with J.F. concerning his PSA elevation. She further indicated that she would have sent J.F. to a urologist for follow up if she would have thought of it. As it was, she indicated, the elevated PSA obviously did not get followed up until "things got where they went."

46. On October 13, 2009, when respondent's deposition in the civil case was completed, respondent indicated that she may have discussed urinary function and PSA level with J.F. on November 17, 2005. She did not recall that on any subsequent visit she discussed urinary function or PSA levels. But it was usual for her to discuss these things with her patients, and she may just not have written it down. She had no specific recollections of discussing the 5.1 PSA, or recommending any follow up, but she must have told him to keep an eye on it and to follow up with her on it. She did not follow up between November 2005 and June 2007. She did not refer J.F. to a urologist. She never did a digital rectal examination. In fact, she testified that she does not do them. On February 27, 2007, when J.F. presented with chest wall pain, there was no discussion of abnormal labs or PSA. At the June 1, 2007 visit, respondent recalls J.F. had been seen at UCSF and the he was told to go for a biopsy by an urologist there.

47. On September 15, 2011, respondent had a physician conference with the Board with a medical consultant and a Board investigator. Respondent was represented by counsel at the conference. At that conference, respondent stated that she had detailed discussions with J.F. on November 17, 2005, concerning his abnormal labs, including the PSA results. She pointed out his borderline high PSA and explained his risk factors and the possible reasons for the result, that it could be anything from hypertrophy to cancer or maybe a lab error. She indicated that in one or two months, the PSA level needed to be checked again. She also advised J.F. to go to his "other doctors" for a digital rectal examination, but that she usually referred patients to a urologist. However, J.F. ignored her advice, as he usually ignored anything medical, preferring alternative healers. She did not do any urological examination at the November 17, 2005 visit or check the prostate, as he did not have any urinary symptoms. She reminded J.F. to have the PSA redone and to see a urologist whenever she saw him after that, not just during an appointment. She said J.F. told her he would take care of it but never did. She told J.F. to get the name of a urologist to whom she referred men at the front desk and make an appointment with him, and he was given a lab

slip for a repeat PSA test, but whenever she would check with him, he had not gone to the urologist or gotten the PSA done. Neither the lab slip nor an indication of referral to a urologist is in the patient's medical record. Respondent says that after the high PSA/alkaline prostate readings in Connecticut in mid 2007, J.F. went to a urologist and the urologist recommended a biopsy, but he refused to go, and at the June 1, 2007 appointment, she had to convince him to go for the biopsy. She stated that of the nine or 10 office visits that J.F. had between November 2005 and June 2007, she discussed his prostate and PSA with him a minimum of three or four times. She stated that the 5.1 PSA was borderline, a screening thing, and not an emergency, so she did not want to make it a "big deal."

48. The claimant contends that respondent exhibited dishonesty substantially related to the practice of medicine when she testified inconsistently at her deposition and at her November 2005 physician conference. While there are inconsistencies, these do not rise to the level of dishonesty. Memories can differ and change. Recall can change. What is clear is that respondent's records were not adequate or complete and therefore not helpful in reconstructing what actually was said and done.

49. On April 5, 2013, respondent submitted to the Office of Administrative Hearings a signed declaration under penalty of perjury that she had retained Monica Stokes, M.D. to be her expert on the K.S. case in April 2010 and that she had discussed K.S.'s treatment with her and had discussed her defenses to that case. This was at a time when there was no case pending against respondent concerning her treatment of K.S., but there was an investigation pending and the physician conference with the Board had just taken place. Dr. Stokes was retained to evaluate the K.S. case by the Board more than four months later. Dr. Stokes admits that she spoke to respondent in April 2010, about consulting with her on her integrative medical practices, but denies discussing any specific case or specific Board investigation. Respondent and her counsel requested that Dr. Stokes be disqualified as an expert for the Board. While Dr. Stokes' discussions give rise to a potential conflict of interest, she was allowed to testify. Although it appears that Dr. Stokes provided an unbiased written opinion, including some findings that were favorable to respondent, she exhibited bias when she testified, changing part of her opinion because she felt her integrity was attacked by the request to have her testimony excluded. While the better practice would have been for Dr. Stokes to recuse herself or for the Board to use a different expert, the use of Dr. Stokes was acceptable.

50. It was not established by clear and convincing evidence that respondent made false or misleading statements or that the statements she made constitute acts of dishonesty substantially related to the practice of medicine.

#### *Other Matters*

51. Respondent attended medical school and did her internship in India. After she came to the United States in about 1993, she did an internal medicine residency in Pennsylvania. She presently has a practice in Walnut Creek, California. She lists herself as "Internist/Geriatrician, Holistic Practitioner. She admits her record keeping was below the standard of practice. She attended the Medical Record Keeping Course given by the

University of California, San Diego School of Medicine Continuing Education Program from April 25 -26, 2013.

52. Taking into consideration all the evidence in this matter, this is not simply a case of poor record keeping, as respondent asserts. While it would not be against the public interest to allow respondent to continue to practice medicine, respondent will have the obligation to address the significant shortcomings in her practice, increase her medical knowledge, and improve her understanding of her duties as a physician and surgeon. The specific terms and conditions of probation are designed to protect the public and rehabilitate the respondent and are set forth in the Order below.

### LEGAL CONCLUSIONS

1. By reason of the matters set forth in Findings 3 through 23, cause for disciplinary action exists in the case of K.S. pursuant to Business and Professions Code sections 2234, subdivision (b) (gross negligence), (c) repeated acts of negligence), and (d) (incompetence).

2. By reason of the matters set forth in Finding 24, cause for disciplinary action exists in the case of K.S. pursuant to Business and Professions Code section 2266 (failure to maintain adequate and accurate records.)

3. By reason of the matters set forth in Findings 25 through 43, cause for disciplinary action exists in the case of J.F. pursuant to Business and Professions Code sections 2234, subdivision (b) (gross negligence), (c) repeated acts of negligence), and (d) (incompetence).

4. By reason of the matters set forth in Finding 44, cause for disciplinary action exists in the case of J.F. pursuant to Business and Professions Code section 2266 (failure to maintain adequate and accurate records).

5. By reason of the matters set forth in Findings 45 through 50, it was not established by clear and convincing evidence that cause for disciplinary action exists pursuant to Business and Professions Code section 2234, subdivision (e) (dishonesty).

6. The matters set forth in Findings 51 and 52, have been considered in making the following order. This is consistent with Business and Professions Code section 2229, subdivision (b), which requires that disciplinary action should be "calculated to aid in the rehabilitation of the licensee, . . ." as long as the public can be protected. The terms and conditions of probation are designed to insure that respondent is safe to practice in California.

### ORDER

Physician and Surgeon's Certificate No. A 67699 issued to respondent Suprabha Jain, M.D., is revoked. However, revocation is stayed and respondent is placed on probation for 35 months upon the following terms and conditions:

## 1. Clinical Training Program

Within 60 calendar days of the effective date of this Decision, respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program"). 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 program comprised of a two-day assessment of respondent's physical and mental health; basic clinical and communication skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's area of practice in which respondent was alleged to be deficient, and at minimum, a 40 hour program of clinical education in the area of practice in which respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on respondent's performance and test results in the assessment and clinical education, 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, treatment for any medical condition, treatment for any psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, respondent shall submit to and pass an examination. Determination as to whether respondent successfully completed the examination or successfully completed the program is solely within the program's jurisdiction.

If respondent fails to enroll, participate in, or successfully complete the clinical training 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 training program have been completed. If the respondent did not successfully complete the clinical training 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.

## 2. Education Course

Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified, limited to

classroom, conference, or seminar settings. The educational program(s) or course(s) shall be at respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

### 3. Medical Record Keeping Course

Within 60 calendar days of the effective date of this decision, respondent shall enroll in a course in medical record keeping, at respondent's expense, approved in advance by the Board or its designee. Failure to successfully complete the course during the first six months of probation is a violation of probation. Respondent's successful completion of the UC San Diego School of Medicine Medical Record Keeping Course completed on April 26, 2013, meets the requirements of this condition.

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

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

### 4. 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, 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 shall submit a quarterly written report to the Board or its designee which includes an evaluation of respondent's performance, indicating whether respondent's practices are within the standards of practice of medicine, and whether respondent is practicing medicine safely.

It shall be the sole responsibility of respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If respondent fails to obtain approval of a replacement monitor within 60 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 equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, 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.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above is a violation 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

During probation, respondent is prohibited from supervising physician assistants.

#### 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

- a. Compliance with Probation Unit: Respondent shall comply with the Board's probation unit and all terms and conditions of this Decision.
- b. Address Changes: Respondent shall, at all times, keep the Board informed of respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).
- c. 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.
- d. License Renewal: Respondent shall maintain a current and renewed California physician's and surgeon's license.
- e. 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.

#### 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 in California 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. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice. 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 a clinical training 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 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; and General Probation Requirements.

#### 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. 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 or her license. The Board reserves the right to evaluate respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, respondent shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its designee and respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

#### 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.

This decision shall become effective at 5 p.m. on March 28, 2014.

IT IS SO ORDERED this 27th day of February, 2014.

  
BARBARA YAROSLAVSKY, CHAIR  
PANEL A  
MEDICAL BOARD of CALIFORNIA

**Exhibit B**

**Cease Practice Order**

**Medical Board of California, Case No. 12-2009-197864**

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

In the Matter of the Accusation Against:	)	
	)	
SUPRABHA JAIN, M.D.	)	Case No. 12-2009-197864
	)	
Physician's & Surgeon's	)	
Certificate No. A67699	)	
	)	
	)	
Respondent.	)	

CEASE PRACTICE ORDER

In the Medical Board of California (Board) Case No. 12-2009-197864, the Board issued a Decision After Nonadoption which became effective April 7, 2014. In the Board's Order, Physician's and Surgeon's Certificate No. A67699, issued to SUPRABHA JAIN, M.D., was revoked, with revocation stayed, and Respondent was placed on probation for 35 months with terms and conditions.

Probationary Condition No. 1, "Clinical Training Program," requires that within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California, San Diego School of Medicine (Program). 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.

Based on respondent's performance and test results in the assessment and clinical education, 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, treatment for any medical condition, treatment for any psychological condition, or anything else affecting respondent's practice of medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, respondent shall submit to and pass an examination. Determination as to whether respondent successfully completed the examination or successfully completed the program is solely within the program's jurisdiction.

If respondent fails to enroll, participate in, or successfully complete the clinical training 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 training program have been completed. If the respondent did not successfully complete the clinical training 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.

The Respondent has failed to obey Probationary Condition No. 1 as ordered in the above Decision. Respondent attended Phase I of PACE. However, the PACE Phase I report received by the Board on December 11, 2014, recommended that Respondent be required to undergo a psychological evaluation, a neuropsychological evaluation, a diagnostic physical examination, and enroll in PACE Phase II. Respondent has not completed these requirements. Accordingly, within three (3) calendar days from the date of this Order, Respondent, SUPRABHA JAIN, M.D., is prohibited from engaging in the practice of medicine. The Respondent shall not resume the practice of medicine until a final decision has been issued on an accusation and/or a petition to revoke probation filed pursuant to this matter.

IT IS SO ORDERED April 3, 2015 at 5:00 p.m.

  
KIMBERLY KIRCHMEYER  
Executive Director