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

In the Matter of the Accusation
Against:

Hardeep Singh Ahluwalia, M.D

Physician's and Surgeon's
Certificate No. A 86707

Respondent

File No. 800-2016-020378

DECISION

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand 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 November 9, 2018.

IT IS SO ORDERED October 10, 2018.

MEDICAL BOARD OF CALIFORNIA

By: [Signature]
Ronald H. Lewis, M.D., Chair
Panel A
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against:

HARDEEP SINGH AHLUWALIA, M.D.
658 Fremont Avenue
Los Altos, CA 94024

Physician's and Surgeon's Certificate
No. A 86707

Respondent.

Case No. 8002016020378
OAH No. 2018050627

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER FOR PUBLIC
REPRIMAND

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

PARTIES

1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
   of California (Board). She brought this action solely in her official capacity and is represented in
   this matter by Xavier Becerra, Attorney General of the State of California, via Joshua M.
   Templet, Deputy Attorney General.

2. Respondent Hardeep Singh Ahluwalia, M.D. (Respondent) is represented in this
   proceeding by attorney Bradford J. Hinshaw, 12901 Saratoga Ave., Saratoga, CA 95070-9988.
3. On or about April 14, 2004, the Board issued Physician's and Surgeon's Certificate No. A 86707 to Respondent. The certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 8002016020378, and will expire on September 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 8002016020378 (Accusation) was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 11, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of the Accusation attached as Exhibit A and is incorporated herein.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in the Accusation. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reprimand.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the Accusation, if proven at a hearing, constitute cause for imposing discipline on his Physician's and Surgeon's Certificate.
10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that Respondent hereby gives up his right to contest those charges.

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

CONTINGENCY

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

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

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

DISCIPLINARY ORDER

A. Public Reprimand

IT IS HEREBY ORDERED that Respondent Hardeep Singh Ahluwalia, M.D., as holder of Physician's and Surgeon's Certificate No. A 86707, shall be and hereby is publicly reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand is issued as a
result of the following conduct by Respondent as forth in the Accusation:

Respondent failed to document an indication for intervention on the patient’s lower left leg, and he failed to document and archive pre-intervention, intermediate, and post-intervention images detailing the position of the intervention devices and the effect of the devices on the patient’s relevant blood vessels. In addition, Respondent acknowledged failing to document and archive images of his peripheral artery interventions on other patients.

B. MEDICAL RECORD KEEPING COURSE.

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

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

Respondent shall submit a certification of successful completion to the Board or its designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later. Failure to enroll in, participate in, or successfully complete the course within the designated time period shall constitute unprofessional conduct and grounds for further disciplinary action.

C. CLINICAL COMPETENCE ASSESSMENT PROGRAM.

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

The program shall consist of a comprehensive assessment of Respondent’s physical and
mental health and the six general domains of clinical competence as defined by the Accreditation
Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
Respondent’s current or intended area of practice. The program shall take into account data
obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
Accusation(s), and any other information that the Board or its designee deems relevant. The
program shall require Respondent’s on-site participation for a minimum of three (3) and no more
than five (5) days as determined by the program for the assessment and clinical education
evaluation. Respondent shall pay all expenses associated with the clinical competence assessment
program.

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

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

If Respondent fails to enroll in, participate in, or successfully complete the clinical
competence assessment program within the designated time period, Respondent shall receive a
notification from the Board or its designee to cease the practice of medicine within three (3)
calendar days after being so notified. Respondent shall not resume the practice of medicine until
enrollment or participation in the outstanding portions of the clinical competence assessment
program have been completed. Failure to enroll in, participate in, or successfully complete the
program within the designated time period shall constitute unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

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

DATED: 8-31-18

HARDEEP SINGH AHLUWALIA, M.D.
Respondent

I have read and fully discussed with Respondent Hardeep Singh Ahluwalia, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reprimand. I approve its form and content.

DATED: 8-31-18

BRADFORD J. HINSHAW
Attorney for Respondent

ENDORSEMENT

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

Dated: 8/31/2018

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

JOSHUA M. TEMPLET
Deputy Attorney General
Attorneys for Complainant
Exhibit A

Accusation No. 8002016020378
BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: Case No. 8002016020378

Hardeep Singh Ahluwalia, M.D.
658 Fremont Avenue
Los Altos, CA 94024

Physician's and Surgeon's Certificate No. A 86707,
Respondent.

Complainant alleges:

PARTIES

1. Kimberly Kirchmeyer (Complainant) brings this Accusation solely in her official
capacity as the Executive Director of the Medical Board of California, Department of Consumer
Affairs (Board).
2. On April 14, 2004, the Board issued Physician's and Surgeon's Certificate Number
A 86707 to Hardeep Singh Ahluwalia, M.D. (Respondent). The certificate was in full force and
effect at all times relevant to the charges brought herein and will expire on September 30, 2019,
unless renewed.
3. This Accusation is brought before the Board, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.

4. Section 2004 provides that the Board shall have the responsibility for the enforcement of the disciplinary and criminal provisions of the Medical Practice Act.

5. Section 2227 of the Code authorizes the Board to take action against a licensee who has been found guilty under the Medical Practice Act by revoking his or her license, suspending the license for a period not to exceed one year, placing the license on probation and requiring payment of costs of probation monitoring, or taking such other action as the Board deems proper.

6. Section 2234 of the Code states, in relevant part:

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

   (a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter.

   (b) Gross negligence.

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

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

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

   (d) Incompetence.

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

8. Patient P-1 had a major stroke in 2012, leaving her with a disabling left foot drop requiring a foot orthotic. The patient has since had residual weakness in her lower left leg and has required a cane to walk.

Artery Bypass by Previous Physician

9. In or about November 2014, when she was 74 years of age, the patient sustained a fifth metatarsal fracture in her left foot, which likely further impaired her ability to walk. Due to concerns about the slowly healing fracture, the patient visited a physician for an evaluation on March 18, 2015. The physician calculated the patient’s ankle-arm indices, presumably to evaluate whether she had impaired circulation to her left leg from peripheral artery disease. The physician documented that the patient had a left ankle-arm index of 0.36 and a right ankle-arm index of 0.98. A normal ankle-arm index is 1.0-1.1. An index of less than 0.40 is consistent with critical limb ischemia, a severe form of peripheral artery disease.

10. Indications for angiographic or surgical intervention to treat peripheral artery disease include (1) tissue loss in the leg or foot; (2) rest pain in the leg or foot; and (3) lifestyle-limiting vascular claudication (pain upon exertion relieved by rest), each in conjunction with a low ankle-arm index. In addition to the patient’s low ankle-arm index, the physician documented that the patient had borderline pain in her left foot, her sensation of which was likely limited due to her past stroke and the confounding presence of her foot fracture. The physician also noted that he would expect someone with the patient’s low ankle-arm index to have significant claudication but suggested that her limited ability to walk may have masked this. The physician further documented that he was concerned that the poor perfusion in her left leg was impeding the healing of her foot fracture. Based on these findings, on May 18, 2015, the physician performed a

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1 The patient is designated in this document as Patient P-1 to protect her privacy. Respondent knows the names of the patient and can confirm her identity through discovery.

2 This physician treated P-1 before she began seeing Respondent later this year.

3 Perfusion, in this case, refers to the delivery of blood through the circulatory system’s network of blood vessels.
left femoral to above-the-knee popliteal artery bypass to improve circulation in her lower left leg.

The patient’s June 1, 2015 follow-up visit with the physician was unremarkable.

**Angiographic Intervention by Respondent**

11. In June 2015, the patient fractured her left hip, which further limited her ability to walk. Soon thereafter, the patient moved to a new location to be closer to her family. The patient then saw a new physician, Respondent, for a follow-up visit for her artery bypass. The patient’s initial consultation with Respondent was on June 29, 2015. She complained of pain in her left leg when walking, and she did not feel that the bypass surgery had been successful.

12. On July 20, 2015, Respondent performed an ultrasound on the patient’s lower left extremity. Respondent did not document or archive any of the ultrasound images. According to the vascular technologist worksheet, the lower left leg artery bypass appeared to be patent with reasonable flow velocities. However, the flow through the bypass was monophasic, an abnormal sign. Respondent did not document the patient’s ankle-arm indices to assess the degree of perfusion to the lower left leg.

13. Without documenting an indication for angiographic intervention, on August 17, 2015, Respondent performed a lower left leg angiogram on the patient. The angiogram showed that the left femoral to popliteal artery bypass was open and unobstructed, with areas of stenosis. Without documenting an indication for further intervention, Respondent opted to treat the native vasculature using a combination of atherectomy, balloon angioplasty, and stenting. Respondent documented that the procedures improved perfusion to the lower left leg, but he did not document any post-intervention images confirming this.

14. Respondent’s September 21, 2015 follow-up clinic note suggests that the indication for the lower left leg angiogram and interventions that he performed on August 17, 2015 was vascular claudication. In his note, Respondent states that the intervention improved upon the patient’s claudication symptoms in her lower left leg. However, vascular claudication was not an appropriate indication for intervention for this patient. The patient had difficulty walking and pain in her left leg for reasons independent of any potential vascular claudication, including a dysfunctional lower left extremity from a disabling stroke that required her to use a cane, a left
foot fracture, potential incisional pain from her previous bypass surgery, and a recent left hip
fracture. Respondent neither confirmed that the patient’s complaint was caused by her vasculature
nor ruled out these other conditions. Even if Respondent had confirmed that the patient’s
vasculature was indeed a source of her pain and difficulty walking, it is not clear what benefit
intervention could have achieved given this patient’s other limiting and painful conditions.

15. If Respondent was planning to intervene based on the indication from the May 18,
2015 bypass performed by the patient’s previous physician, then Respondent should have first
evaluated the healing of the patient’s foot fracture. There is no documentation that he did this,
Nor did Respondent document any other indication for his intervention, such as rest pain or tissue
loss in the patient’s left foot.

**CAUSE FOR DISCIPLINE**

(Repeated Negligence, Incompetence, Failure to Maintain Adequate Records)

16. Respondent is guilty of unprofessional conduct and subject to disciplinary action
against his license under section 2234, subdivision (c) (repeated negligence), subdivision (d)
(incompetence), and section 2266 (inadequate records) of the Code, in that, he committed
repeated negligence, demonstrated a lack of knowledge, and failed to maintain adequate records
in the practice of medicine by engaging in the conduct described above, including but not limited
to:

A. Respondent failed to document the patient’s ankle-arm indices, which are used
to assess the degree of perfusion in a lower extremity.

B. Respondent failed to document and archive any images showing the pre-
intervention status of the patient’s bypass.

C. Respondent failed to document an indication for intervention on the patient’s
lower left leg.

D. The presumed indication for Respondent’s intervention, suggested by the
patient's chief complaint and Respondent's post-procedure records, was vascular claudication,
which was not an appropriate indication for intervention on this patient.
E. Respondent failed to document and archive pre-intervention, intermediate, and post-intervention images detailing the position of the intervention devices and the effect of the devices on the patient's relevant blood vessels. Respondent did not document or archive any images of his intervention, apart from a single image of an inflated balloon in a lower extremity.

F. In the general course of Respondent's practice, Respondent has acknowledged failing to document and archive images of other peripheral artery interventions that he has performed in his office setting.

**PRAYER**

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 86707, issued to Respondent;
2. Revoking, suspending or denying approval of Respondent’s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Respondent, if placed on probation, to pay the Board the costs of probation monitoring; and
4. Taking such other and further action as deemed necessary and proper.

DATED: April 11, 2018

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