









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

In the Matter of the Amended Accusation )  
and Petition to Revoke Probation Against: )  
PURNIMA RAVI SREENIVASAN, M.D. ) Case No. 8002015017855  
Physician's and Surgeon's )  
Certificate No. A 82039 )  
Respondent )  
\_\_\_\_\_ )

**ORDER CORRECTING NUNC PRO TUNC  
CLERICAL ERROR IN THE DECISION**

On its own motion, the Medical Board of California finds that there is a clerical error in the Decision in the above-entitled matter and that such clerical error should be corrected.

In paragraph 23 of the Decision, the date that the Physician Assessment and Clinical Education (PACE) Program informed respondent's probation monitor that respondent was enrolled in the Professional Enhancement Program (PEP) is misidentified as "December 15, 2016." The actual date of notification was December 15, 2015.

IT IS HEREBY ORDERED that paragraph 23 is corrected nunc pro tunc as of the date of entry of the decision to reflect that December 15, 2015, is the date that PACE notified respondent's probation monitor that respondent was enrolled in PEP.

IT IS SO ORDERED July 14, 2016.

MEDICAL BOARD OF CALIFORNIA

By: Howard Krauss, M.D.  
Howard Krauss, M.D., Chair  
Panel B



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

In the Matter of the Amended Accusation  
and Petition to Revoke Probation Against:

PURNIMA RAVI SREENIVASAN, M.D.

Physician's and Surgeon's Certificate  
Number A82039

Respondent.

Case No. 800-2015-017855

OAH No. 2016020858

**PROPOSED DECISION**

Administrative Law Judge David L. Benjamin, State of California, Office of Administrative Hearings, heard this matter on May 16, 2016, in Oakland, California.

Deputy Attorney General Emily L. Brinkman represented complainant Kimberly Kirchmeyer, Executive Director of the Medical Board of California.

John L. Flier, Attorney at Law, represented respondent Purnima Ravi Sreenivasan, M.D., who was present.

The matter was submitted on May 16, 2016.

**FACTUAL FINDINGS**

1. On February 21, 2003, the Medical Board of California (Board) issued Physician's and Surgeon's Certificate Number A82039 to respondent Purnima Ravi Sreenivasan, M.D. The certificate is on probation. It is renewed and current with an expiration date of December 31, 2016.

2. Complainant Kimberly Kirchmeyer, acting in her official capacity as Executive Director of the Board, issued an Accusation and Petition to Revoke Probation against respondent on September 10, 2015. Respondent filed a notice of defense.

Complainant issued an Amended Accusation and Petition to Revoke Probation on February 17, 2016, and this hearing followed.

3. The pleading alleges that respondent violated probation by failing to timely appoint a practice monitor, by failing to comply with the Board's probation unit, by failing to timely submit quarterly reports, and by practicing medicine while a cease practice order was in effect. The pleading further alleges that respondent's conduct in these respects was unprofessional, and cause for discipline against her certificate.

*Prior discipline*

4. In Case No. 12-2006-179350, respondent's certificate was revoked but the revocation was stayed and respondent was placed on probation for three years, from April 23, 2010, to April 23, 2013. During this probationary period, respondent participated in the professional enhancement program (PEP) offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine (PACE). She successfully completed probation on April 23, 2013, and her certificate was fully restored.

*Respondent's current probation*

5. On June 3, 2015, the Board issued its decision in Case No. 12-2011-217569 against respondent. The Board's decision became effective on July 3, 2015. In its decision, the Board revoked respondent's certificate due to gross negligence and incompetence in her treatment of three patients, and due to inadequate record keeping. The revocation, however, was stayed and respondent's certificate was placed on probation for five years, subject to certain terms and conditions. The terms and conditions include the following:

2. 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 . . . certified. . . .

[¶] . . . [¶]

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.

[¶] . . . [¶]

In lieu of a monitor, respondent may participate in a professional enhancement program [PEP] equivalent to the one offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine [PACE] . . . .

3. Notification

With (7) days [*sic*] of the effective date of this Decision, the respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff . . . at any . . . facility where respondent engages in the practice of medicine. . . . Respondent shall submit proof of compliance to the Board or its designee within 15 calendar days.

5. 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 conditions of probation.

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

6. Probation Unit Compliance

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

[¶] . . . [¶]

7. Interview with the Board or its Designee

Respondent shall be available in person for interviews either at respondent's place of business or at the probation unit office, with the Board or its designee upon request at various intervals and either with or without prior notice throughout the term of probation.

The same terms of probation were imposed on respondent during her prior, three-year term of probation from 2010 to 2013.

6. Board Probation Inspector Arlene C. Caballero was assigned to be respondent's probation monitor. Caballero met with respondent on July 2, 2015, at the Board's Pleasant Hill office. She went over each term and condition of probation with

respondent, and respondent acknowledged that she understood them. Caballero gave respondent a list of the due dates for the quarterly declarations.

At the July 2 meeting, respondent told Caballero that she has an office practice, and that she also works at skilled nursing facilities (SNF's). Caballero asked respondent for a list of the SNF's where she works, so that Caballero could determine respondent's compliance with the notification requirement of Condition 3. Respondent promised to give Caballero a list of the facilities where she works.

When she was on probation from 2010 to 2013, respondent's practice monitor through PEP was Dustin Lillie, M.D. During her July 2 meeting with Caballero, respondent questioned whether Dr. Lillie's reports were accurate. Respondent became emotional when she discussed her case with Caballero.

At the July 2 meeting, respondent asked that her husband be present at every meeting with Caballero, and that all meetings with Caballero be tape-recorded. Caballero informed respondent that probation was a matter between the Board and respondent, that respondent's husband would not be allowed to attend their meetings, and that she would not allow respondent to tape-record their meetings. Caballero told respondent that her interviews with respondent could be announced or unannounced, consistent with Condition 7 of respondent's probation.

#### PRACTICE MONITOR

7. On August 3, 2015, respondent submitted the name of Gary Miller, M.D., to Caballero as a practice monitor.

8. Caballero spoke with Miller on August 15 and discussed the responsibilities of a practice monitor. She reviewed his curriculum vitae and concluded that he was qualified to serve as respondent's practice monitor. Dr. Miller said that he would discuss the matter with respondent and then call Caballero back. When he called back on August 20, he told Caballero that he had tried to talk to respondent but she told him to contact her attorney. Dr. Miller told Caballero that he did not want to serve as respondent's probation monitor.

9. Caballero called respondent on August 20 and told her that Dr. Miller was unable to serve as her practice monitor.

10. On September 2, 2015, respondent nominated Michael Fox, M.D., as her probation monitor. Caballero called Dr. Fox on September 9, but he did not return her call.

11. Caballero called respondent on September 24 to say that she had never received a return call from Dr. Fox. Respondent told Caballero to email him and then hung up. Caballero emailed Dr. Fox that day, and he promptly responded that because of his physical condition he would not be "the best fit" as respondent's monitor.

12. Caballero tried to reach respondent by phone on September 24 and 25 and left voicemail messages asking her to call. On September 28, respondent sent a fax to Caballero telling her that she wished to communicate only by text or email.

13. Caballero made an unannounced visit to respondent's office on October 1, 2015, for the purpose of delivering a letter to respondent. The letter, dated the same day, informed respondent that she was in violation of probation; that the deadline to have an approved monitor in place, or to enroll in the PEP program, was being extended to October 12; and that if she failed to comply, the Board would issue a Cease Practice Order.

Respondent asked to have her medical assistant sit in on the conversation with Caballero, and respondent also put her husband on the speaker phone. Caballero handed respondent the letter and asked her to sign it, to acknowledge that she received it. Respondent refused, telling Caballero that she could have mailed the letter. Respondent demanded transcripts of Caballero's telephone conversations with Dr. Miller and Dr. Fox. Caballero gave the October 1 letter to respondent and left.

14. About one week later, on October 9, respondent emailed Caballero and told her that she had contacted PACE about enrolling in the PEP program. She acknowledged an upcoming meeting with Caballero scheduled for November 4, and asked Caballero to submit to her in advance the questions she intended to ask at the meeting; she told Caballero that her husband and staff members would be at the meeting and wrote that she needed to know the exact times that the meeting would begin and end.

15. Although Caballero had imposed an October 12 deadline on respondent to have a monitor in place, she extended that time to allow respondent to pursue enrollment in PEP.

16. When respondent received the PEP enrollment forms, however, she objected to some of the questions on the forms. She wrote PEP on October 14 that "[s]ome questions are personal and I am not sure why we have to answer them, I need an answer or some legal document stating why I need to." Respondent also informed PEP that her office has rules, and that she would require PEP to "sign off" on her rules before she completed the PEP enrollment form. Respondent's rules included requirements that all communications be by email or text only, with no voice communication; that respondent's husband and office staff attend all reviews; and that respondent's permission be obtained before any documents were sent to the Board.

17. In an email to PEP on October 19, respondent stated that, once PEP signed her forms, she would answer the questions on PEP's forms, except those questions she felt were personal and unrelated. In addition, respondent demanded explanations and documents concerning her prior relationship with PEP from 2010 to 2013, including transcripts or writings between PACE and Dr. Lillie, chart notes she claimed Dr. Lillie promised he would provide her, "reasons why Dr. Lillie wanted me to join hospice," Dr. Lillie's resume, bylaws of the PACE program, the "[r]easons from Dr. Lillie as to why he decided to go against his

very own documentation about my improvements and appropriate delivery of health care,” and “evidence of medical literature relating to patient care about the discussions Dr. Lillie had with me in the three years of my last probation.”

18. PEP informed Probation Monitor Caballero about respondent’s demands on or about October 20. At that time, respondent was not enrolled in PEP.

19. In an Order dated Friday, November 13, 2015, the Board directed respondent to cease the practice of medicine within three days from the date of the Order, that is, by the close of business on Monday, November 16. The Order was served on respondent by first class mail on November 13. (It was also served by certified mail, but no return receipt was offered into evidence.)

20. On Tuesday morning, November 17, Caballero went to respondent’s office and asked to speak to her. Respondent’s medical assistant informed her that respondent had patients scheduled that morning and afternoon. Respondent refused to speak with Caballero.

At hearing, respondent testified that on Tuesday morning, she had not received the Cease Practice Order because the “mail came late.” Her testimony on this point is not credible. It is presumed that a letter correctly addressed and properly mailed, as was the case with the Cease Practice Order, was received in the ordinary course of mail. Respondent received another Order mailed to her by the Board – an Order terminating the Cease Practice Order – the day after it was mailed. (Finding 23.) Respondent was aware of the Cease Practice Order when she was practicing medicine on November 17.

21. That afternoon, respondent sent an email to her attorney with a copy to Caballero and others, expressing her feelings about PEP and probation:

Hello . . . medical board, my enemies and all people who want to disrupt my peaceful life, I have not committed any crime Nor do I deserve probation Why should I sign up for pace To make the medical board happy I do not live my life for the pace The lawyer and the medical board if I have to go through the pace and be on probation Then I be the entire nation of doctors in this country should do I am being criminalized humiliated and degraded cum disrespected brutally I wish not to live my life for the above But for the betterment of the society I became a dr to help others . . .

[¶] . . . [¶]

Maybe I do not understand politics but I sure understand simplicity and humanity By sending [Caballero] and causing friction in my life threatening me Coercing me into doing

whatever they want me to do Dance to the medical board's tunes  
And the PACE tunes?

[¶] . . . [¶]

I hope this email is clear to the board , my enemies and everyone involved in this case I wish to call upon all people who lied in this case , filed wrongly my notes Lost my notes and lied about my medical care and work Please do no such harm to anyone else in future and ruin their lives That is where greatness lies

22. Respondent emailed Caballero an hour later concerning Caballero's visit to her office that morning:

Please do not intimidate my staff by asking questions and walking in unannounced This is our office policy They are good human beings like me trying to do their work I do not think it is fair for them to feel threatened misled and coerced If you want something email me directly Pls make appt as discussed in all emails before I cannot speak without my husband my family and my lawyer As anything I do or say is turned into a different story And causes further damage to my life and career I understand you have a lot to say but please do not take your personal enmosity and make assumptions of me and my practice Appreciate your help in this matter and consideration for humanity and truth and human rights Best Happy Thanksgiving

23. On December 15, 2016, PACE informed Caballero that respondent was enrolled in PEP and that a faculty mentor, other than Dr. Lillie, had been identified for her. The next day, Wednesday, December 16, 2015, the Board issued an Order Terminating the Cease Practice Order. The Order was served on respondent that day by certified and first class mail, and she received it at her office the next day.

24. On January 19, respondent sent an email to Caballero which stated:

Please note I will be sending a confidentiality agreement to the board and YOU It needs to be signed and sent back to me at the earliest

As the CEO of healthaiminc  
There are rules and regulations for outside parties to follow if they need any kind of access to this office and practice  
This is in accordance to business and ethics code and laws !!

Lastly anything you need needs to be emailed There will be no phone or fax or text correspondence as detailed in my first email 6 months ago

Thanks for your understanding and cooperation

25. On January 29, 2016, PACE terminated respondent's participation in PEP and refunded the fees respondent had paid. In a letter to the Board dated February 5, PACE administrative director Nate Floyd stated the reasons for terminating that relationship:

This decision was not made lightly, and came about as a result of multiple demands by Dr. Sreenivasan to place novel conditions on the working relationship between Dr. Sreenivasan and PACE and /or Dr. Buchman as her monitor. Because of the number and types of conditions she desired to introduce into the process, PACE administrators and Dr. Buchman felt that the demands of Dr. Sreenivasan could not be met without compromising the integrity and results of the monitoring process. In addition, the manner in which these demands were presented clearly indicated a lack of interest in developing a collaborative and professional relationship, which we believe is essential to effective physician monitoring.

26. Caballero subsequently approved respondent's nomination of Mark Klebanov, M.D., as her practice monitor. In a letter dated April 10, 2016, Dr. Klebanov reports that respondent's practice conforms to the standard of care. Dr. Klebanov is retiring on June 30, 2016.

#### QUARTERLY DECLARATIONS

27. At her first meeting with Caballero on July 2, 2015, respondent promised to provide Caballero with a list of the facilities where she works. Caballero needed the list to verify respondent's compliance with the Condition 3, which requires her to give the director of each such facility a copy of the Board's decision placing her on probation. Respondent never provided a list to Caballero, despite repeated requests from Caballero. Caballero did receive notifications from several SNF's that they were aware of respondent's probation, but Caballero could not determine whether respondent was in compliance with Condition 3 until she was aware of all the facilities where respondent works.

28. Respondent's first quarterly declaration, for the third quarter of 2015, was due by October 10, 2015. She did not submit her declaration to Caballero on time. Caballero wrote to respondent on October 15 to inform her that failure to timely submit quarterly declarations is a violation of probation. Respondent emailed her reply to Caballero on October 19:

The quarterly declaration was mailed to you in July 2015. If you have not received it in time, it is not my fault. As you are aware now I am not delinquent I have the copy as proof. Hope this answers your questions. Best

29. Later in the day on October 19, respondent faxed Caballero a quarterly declaration dated July 8, 2015, which she said she had mailed to the Board on that date, and which purported to be for the period July to September. The form asks the probationer to identify the facilities where she practices medicine, and respondent wrote "variable, depends on the day."

30. Caballero emailed respondent the next day and informed her that if she had submitted a quarterly declaration in July, it would have been for the second quarter of 2015. (No quarterly declaration was required for the second quarter because respondent's probation did not begin until July 3.) Caballero reiterated that a quarterly declaration was overdue for the third quarter.

31. On October 21, respondent faxed Caballero a handwritten quarterly declaration that is difficult to read. In the box that asked her to list the locations where she practices, respondent wrote "As before except San Miguel . . ." and did not list the facilities where she works. The Board requires quarterly declarations that bear the original signature of the probationer; it does not accept faxed copies. Caballero called respondent to remind her of that fact, but respondent hung up on her.

32. Respondent's next quarterly declaration was due January 10, 2016, for the fourth quarter of 2015. It was submitted to the Board three days late. In response to the question that asks for the facilities where she practices, respondent wrote "same as before."

33. Respondent filed her quarterly declaration for the first quarter of 2016 two days late. Asked to list the facilities where she works, respondent wrote "nothing new."

34. Respondent never disclosed to Caballero the facilities where she practices medicine. At hearing in this case on May 16, 2016, respondent was asked on cross-examination to state the names of the facilities where she practices. Respondent then identified 16 SNF's and four board and care facilities where she has practiced since July 2015.

35. Respondent was required to submit quarterly declarations when she was on probation from 2010 to 2013, and therefore was familiar with the Board's requirements when she began her second term of probation on July 3, 2015. Respondent's repeated failure to submit timely declarations, and her repeated submission of fax copies, was defiant and uncooperative. The same is true of respondent's persistent refusal to identify the facilities where she practices, after promising Caballero she would do so when they first met, and her evasive statements on that issue in her quarterly declarations; that conduct, however, also constitutes deliberate concealment.

*Respondent's testimony*

36. Respondent is a family medicine physician who specializes in geriatrics and hospice. She also does some primary care and some consultations in her office.

37. Respondent testified that she tried very hard to find a practice monitor, contacting many different individuals and organizations. One of the reasons she wanted to find a practice monitor is that she did not want to return to PEP, given her highly unfavorable opinions of that program.

38. Respondent stated that she will make an extra effort to submit her quarterly declarations on time. She does not have an explanation of why she refused to disclose the names of the facilities where she worked; respondent states, however, that it was her intent to notify all the facilities of her probationary status, and she assumed those facilities had in turn sent their acknowledgments to the Board.

39. Respondent does not believe she should be on probation. She does not believe that she did anything wrong that would warrant putting her on probation. Nevertheless, respondent states, she understands she "has to go through the process."

40. Respondent states she understands it is her duty to comply with probation and to submit original declarations, not fax copies. Respondent states that she faxed her declarations as "a trail of proof." She prefers to communicate by email because she feels her words have been misinterpreted. Respondent states that she did not know Dr. Klebanov intended to retire. She will talk to him about other monitors.

LEGAL CONCLUSIONS

1. The standard of proof applied to the petition to revoke probation is preponderance of the evidence.

2. The standard of proof applied to the accusation is clear and convincing evidence to a reasonable certainty.

*Cause to revoke probation*

3. Condition 4 of respondent's probation requires her to have had a practice monitor in place no later than September 3, 2015, a deadline the Board then extended to October 12, 2015. Respondent violated Condition 4, as she did not have a monitor in place by October 12, 2015. (Findings 7-23.) Cause to revoke respondent's probation was established.

4. Condition 5 of respondent's probation requires her to timely submit quarterly declarations under penalty of perjury. Respondent violated Condition 5, as she submitted fax copies of declarations, and they were not timely. (Findings 27-35.) Cause to revoke respondent's probation was established.

5. Condition 6 of respondent's probation requires her to comply with the Board's probation unit. Respondent repeatedly violated Condition 6 by refusing to disclose facilities where she practices medicine (Findings 6 & 27-35), by refusing to take telephone calls from her probation monitor (Findings 21 & 24), by conditioning her cooperation on adherence to her own office policies (Finding 24), and by continuing to practice medicine after the effective date of a Cease Practice Order (Findings 19 & 20). Cause to revoke respondent's probation was established.

#### *Cause for discipline*

6. Under Business and Professions Code section 2306, the Board may take disciplinary action against a licensee who has practiced medicine during a term of suspension. Cause exists to take disciplinary action against respondent's certificate by reason of the matters set forth in Findings 19 and 20.

7. Under Business and Professions Code section 2234, the Board may take disciplinary action against a physician's and surgeon's certificate if the licensee has engaged in unprofessional conduct. The accusation alleges that respondent's violations of probation constitute unprofessional conduct. While respondent failed to comply with probation in numerous respects, that conduct should be addressed in connection with the petition to revoke probation. Cause does not exist to take disciplinary action against respondent under section 2234.

#### *Discussion*

8. Since the first day she met with her probation monitor 11 months ago, respondent has been making a determined effort to dictate the terms of her probation. She told her monitor that she would communicate with her only by email; that she wanted advance notice of interviews with the monitor; that she wanted the monitor's questions given to her in advance; that she wanted her husband and others to be present for interviews with the monitor; that she wanted to tape record the interviews; and that she wanted the monitor to sign off on respondent's office policies as a condition of respondent's cooperation. Respondent made similar demands as a condition of participating with the PACE mentoring program, to the point that PACE terminated its relationship with her. Respondent continued to practice medicine despite issuance of a Cease Practice Order, an act of defiance, but even more troubling is her persistent and deliberate refusal to disclose to her monitor the facilities where she practices medicine. Respondent's emails to the Board reveal deep-seated hostility and resentment toward the Board's enforcement efforts. Against this background, the fact that respondent now has a probation monitor, and that she professes she will make greater efforts to comply with probation, is weak evidence that she can be trusted to comply

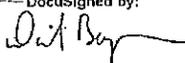
voluntarily: her recent compliance was the product of months of enforcement efforts, a Cease Practice Order, a petition to revoke probation and an administrative hearing. The Board should not be required to devote its limited resources to an uncooperative, defiant probationer. It would be contrary to the public interest to allow respondent to continue practicing medicine at this time.

### ORDER

1. The probation granted to respondent Purnima Ravi Sreenivasan, M.D., in Case No. 800-2015-017855 is revoked, the stay order is set aside, and the revocation of Physician's and Surgeon's Certificate Number A82039 is imposed.

2. Physician's and Surgeon's Certificate Number A82039, issued to respondent Purnima Ravi Sreenivasan, M.D., is revoked.

DATED: June 13, 2016

DocuSigned by:  
  
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DAVID L. BENJAMIN  
Administrative Law Judge  
Office of Administrative Hearings

FILED  
STATE OF CALIFORNIA  
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SACRAMENTO February 17 20 16  
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8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Amended Accusation and  
13 Petition to Revoke Probation Against:

Case No. 800-2015-017855

14 **PURNIMA RAVI SREENIVASAN, M.D.**  
15 228 North Wiget Lane  
Walnut Creek, CA 94598

**AMENDED ACCUSATION AND  
PETITION TO REVOKE PROBATION**

16 Physician's and Surgeon's Certificate No. A82039

17 Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

21 1. Kimberly Kirchmeyer (Complainant) brings this Amended Accusation and  
22 Petition to Revoke Probation (Petition) solely in her official capacity as the Executive Director of  
23 the Medical Board of California (Board).

24 2. On February 21, 2003, Purnima Ravi Sreenivasan, M.D., (Respondent) was issued  
25 Physician's and Surgeon's Certificate No. A82039. Said certificate is renewed and current with  
26 an expiration date of December 31, 2016. Discipline has been taken against this certificate as  
27 follows: On July 14, 2009 an Accusation was filed against Respondent, and on April 23, 2010, a  
28

1 Decision became effective under which Respondent's certificate was revoked, stayed, three years  
2 probation with terms and conditions. On April 23, 2013, the probation term was completed. On  
3 December 24, 2013, an Accusation was filed and on July 3, 2015, a Decision After Non-Adoption  
4 became effective, under which Respondent's certificate was revoked, stayed, five years probation  
5 with terms and conditions. Included in the terms and conditions of Respondent's current  
6 probation was the requirement that she successfully enroll in and complete an education course,  
7 and have an approved practice monitor in place in the time and manner prescribed in the  
8 Decision.

### 9 JURISDICTION

10 3. This Amended Accusation and Petition to Revoke Probation is brought before the  
11 Board, under the authority of the following laws. All section references are to the Business and  
12 Professions Code unless otherwise indicated.

13 A. Section 2004 of the Code states:

14 "The board shall have the responsibility for the following:

15 "(a) The enforcement of the disciplinary and criminal provisions of the Medical  
16 Practice Act.

17 "(b) The administration and hearing of disciplinary actions.

18 "(c) Carrying out disciplinary actions appropriate to findings made by a panel or  
19 an Administrative Law Judge.

20 "(d) Suspending, revoking, or otherwise limiting certificates after the conclusion of  
21 disciplinary actions.

22 "(e) Reviewing the quality of medical practice carried out by physician and  
23 surgeon certificate holders under the jurisdiction of the board.

24 "(f) Approving undergraduate and graduate medical education programs.

25 "(g) Approving clinical clerkship and special programs and hospitals for the  
26 programs in subdivision (f).

27 "(h) Issuing licenses and certificates under the board's jurisdiction.

28 "(i) Administering the board's continuing medical education program."

1 B. Section 2227 of the Code states:

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

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

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

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

12 "(4) Be publicly reprimanded by the board. The public reprimand may  
13 include a requirement that the licensee complete relevant educational  
14 courses approved by the board.

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

17 "(b) Any matter heard pursuant to subdivision (a), except for warning letters,  
18 medical review or advisory conferences, professional competency examinations,  
19 continuing education activities, and cost reimbursement associated therewith that  
20 are agreed to with the board and successfully completed by the licensee, or other  
21 matters made confidential or privileged by existing law, is deemed public, and  
22 shall be made available to the public by the board pursuant to Section 803.1."

23 C. Section 2228 of the Code states:

24 "The authority of the board or the California Board of Podiatric Medicine to  
25 discipline a licensee by placing him or her on probation includes, but is not limited  
26 to, the following:

27 "(a) Requiring the licensee to obtain additional professional training and to  
28 pass an examination upon the completion of the training. The examination

1 may be written or oral, or both, and may be a practical or clinical  
2 examination, or both, at the option of the board or division or the  
3 administrative law judge.

4 “(b) Requiring the licensee to submit to a complete diagnostic examination  
5 by one or more physicians and surgeons appointed by the division. If an  
6 examination is ordered, the board or division shall receive and consider any  
7 other report of a complete diagnostic examination given by one or more  
8 physicians and surgeons of the licensee's choice.

9 “(c) Restricting or limiting the extent, scope, or type of practice of the  
10 licensee, including requiring notice to applicable patients that the licensee  
11 is unable to perform the indicated treatment, where appropriate.

12 “(d) Providing the option of alternative community service in cases other  
13 than violations relating to quality of care.”

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

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

18 “(a) Violating or attempting to violate, directly or indirectly, assisting in or  
19 abetting the violation of, or conspiring to violate, any provision of this  
20 chapter [Chapter 5, the Medical Practice Act]. . .”

21 E. Section 2306 of the Code states:

22 “If a licensee’s right to practice medicine is suspended, he or she shall not engage  
23 in the practice of medicine during the term of such suspension. Upon the  
24 expiration of the term of suspension, the certificate shall be reinstated by the  
25 Division of Medical Quality, unless the licensee during the term of suspension is  
26 found to have engaged in the practice of medicine in this state. In that event, the  
27 division shall revoke the licensee’s certificate to engage in the practice of  
28 medicine.”

**STATEMENT OF FACTS**

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2           4.       Pursuant to the Decision After Non-Adoption in the disciplinary action entitled “In  
3 the Matter of the Accusation Against Purnima Ravi Sreenivasan, M.D.”, Medical Board Case No.  
4 12-2011-217569, Respondent was required, among other things, within 30 days of the effective  
5 date of the Decision After Non-Adoption, to submit to the Board or its designee for prior approval  
6 as a practice monitor, the name and qualifications of one or more licensed physicians and  
7 surgeons who had agreed to serve as a practice monitor. The Decision After Non-Adoption  
8 provided that an approved practice monitor was required to be in place within 60 days of its  
9 effective date. The Decision After Non-Adoption further provided:

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

14           5.       Respondent did not comply with the practice monitor requirement. On August 3,  
15 2015, Respondent nominated G.M., M.D. as a practice monitor. Respondent’s Board Probation  
16 Inspector contacted G.M., M.D., and was informed that Respondent refused to discuss the terms  
17 and requirements of her probation with him, and that he would be unable to serve as a practice  
18 monitor. On September 2, 2015, Respondent nominated another physician, M.F., M.D. as a  
19 practice monitor. Respondent’s Board Probation Inspector contacted M.F., M.D. who informed  
20 her that he was not willing or able to serve as a practice monitor. On October 1, 2015, the  
21 Probation Inspector hand-delivered a letter to Respondent, advising her that she was in violation  
22 of probation because she did not have an approved practice monitor, and extending the time for  
23 compliance by ten days.

24           6.       Respondent contacted the Physician Assessment and Clinical Education (PACE)  
25 Program at the University of California San Diego School of Medicine, Physician Enhancement  
26 Program (PEP) monitoring program, purportedly to make arrangements for practice monitoring.  
27 Respondent advised PEP personnel that her “office policy” required that all communications be in  
28 the form of email and text communication, and that no voice calls were permitted; all reviews and

1 encounters must include Respondent's husband and staff; all evaluations must be sent to her in  
2 original form; PEP would require her permission to provide any information to the Board; PEP  
3 must "sign off" on her HIPAA policy; and, she demanded a monitor other than the one previously  
4 assigned to her during her prior Board probation. Respondent informed PEP that she would not  
5 sign the necessary enrollment documents until PEP agreed to her terms. PEP informed  
6 Respondent that they would not agree to her terms, and suggested she seek a monitor elsewhere.

7         7. Pursuant to the Decision After Non-Adoption, Respondent was required to comply  
8 with the Board's probation unit and to be available in person for interviews with the Board or its  
9 designee. Respondent has been uncooperative with her assigned Probation Inspector from the  
10 inception of her probation. On July 2, 2015, Respondent's Probation Inspector met with her and  
11 explained the terms and conditions of probation. Respondent refused to specify where she was  
12 practicing, and requested that she be allowed to tape record or have her husband present for all  
13 probation meetings. Respondent submitted her first Quarterly Report on July 8, 2015, but did not  
14 respond to any of the questions which called for an explanation; she failed to submit a Quarterly  
15 Report in October. By late-September 2015, Respondent advised her Probation Inspector that she  
16 did not wish to communicate by telephone, that all communications should be by email or text  
17 message, and that her husband and staff would be present at meetings. Several days later, in  
18 advance of a scheduled meeting, Respondent notified her Probation Inspector that, "as per my  
19 office laws" all questions to be asked at the meeting should be typed and provided to her, and  
20 requested a "transcript" of a July meeting. In mid-October, the Probation Inspector contacted  
21 Respondent's attorney to inquire whether Respondent had enrolled in the PEP monitoring  
22 program. The following day, Respondent sent an email, stating, "Please note my office policy  
23 does not allow communications between yourself and Mr. Fleeer at all previously nor now nor will  
24 be in future if it concerns question with me." On October 28, 2015, Respondent's Probation  
25 Inspector telephoned her to speak to her about a non-compliant Quarterly Report. Respondent  
26 stated that she would not take the call, and hung up. Respondent's Probation Inspector made an  
27 unannounced visit to her office on November 17, 2015, to determine whether she was in  
28 compliance with the Cease Practice Order. Respondent's office was open for business and she

1 was on the premises practicing medicine. Respondent refused to meet with her Probation  
2 Inspector. Following the visit, Respondent sent an email to her Probation Inspector stating:

3 "Please do not intimidate my staff by asking questions and walking in unannounced  
4 This is our office policy  
5 They are good human beings like me trying to do their work  
6 I do not think it is fair for them to feel threatened misled and coerced  
7 If you want something email me directly  
8 Pls make apt as discussed in all emails before  
9 I cannot speak without my husband my family and my lawyer  
10 As anything I say or do is turned into a different story  
11 And causes further damage to my life and career  
12 I understand you have a lot to say but please do not take your personal enmosity [sic] and  
13 make assumptions of me and my practice  
14 Appreciate your help in this matter and consideration for humanity and truth and human  
15 rights  
16 Best  
17 Happy thanksgiving."

18 8. On November 13, 2015, the Board issued a Cease Practice Order following  
19 Respondent's failure to comply with probation based on her refusal to designate a practice  
20 monitor. Respondent continued to practice after the issuance of the Cease Practice Order.

21 9. On November 18, 2015, Respondent sent an email stating that she would not  
22 complete the PACE PEP registration "unless I am assured no illegal practice is conducted on  
23 behalf of pace and board against me like perjury and so on it is not going to be professional for  
24 me to agree to everything."

25 10. On or about December 15, 2015, Respondent completed the enrollment for the  
26 PEP program and the Board subsequently terminated the Cease Practice Order on December 16,  
27 2015.

28 11. Respondent continued to refuse to cooperate with her Probation Inspector  
however. On January 19, 2016, Respondent emailed the assigned Probation Inspector that  
Respondent would not speak with the Inspector until the Inspector signed a confidentiality  
agreement. If the Probation Inspector did not sign this document, Respondent would deny her  
entry to her medical practice. Respondent also indicated she would only communicate with the  
Probation Inspector by email.



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**PRAYER**

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

1. Revoking the probation that was granted by the Medical Board of California in Case No. 12-2011-217569 and imposing the disciplinary order that was stayed, thereby revoking Physician's and Surgeon's Certificate No. A82039 issued to Purnima Ravi Sreenivasan, M.D.;

2. Revoking, suspending or denying approval of Purnima Ravi Sreenivasan, M.D.'s authority to supervise physician assistants;

3. Ordering Respondent, if placed on probation, to pay the costs of probation monitoring;

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

DATED: February 17, 2016

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

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