

# State Medical Board of Ohio

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Executive Director

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December 12, 2007

Kandhasamy Kannapiran, M.D.  
1206 Royal Oak Court  
Mansfield, OH 44906

Dear Doctor Kannapiran:

Please find enclosed certified copies of the Entry of Order; the Report and Recommendation of R. Gregory Porter, Esq., Hearing Examiner, State Medical Board of Ohio; and an excerpt of draft Minutes of the State Medical Board, meeting in regular session on December 12, 2007, including motions approving and confirming the Report and Recommendation as the Findings and Order of the State Medical Board of Ohio.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order. Such an appeal must be taken to the Franklin County Court of Common Pleas.

Such an appeal setting forth the Order appealed from and the grounds of the appeal must be commenced by the filing of an original Notice of Appeal with the State Medical Board of Ohio and a copy of the Notice of Appeal with the Franklin County Court of Common Pleas. Any such appeal must be filed within fifteen (15) days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

THE STATE MEDICAL BOARD OF OHIO

A handwritten signature in black ink, appearing to read "Lance A. Talmage", is written over the printed name.

Lance A. Talmage, M.D.  
Secretary

LAT:jam  
Enclosures

CERTIFIED MAIL NO. 91 7108 2133 3931 8317 8622  
RETURN RECEIPT REQUESTED

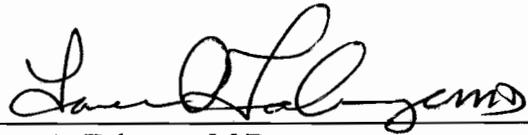
Cc: William M. Todd, Esq.  
CERTIFIED MAIL NO. 91 7108 2133 3931 8317 8639  
RETURN RECEIPT REQUESTED

*Mailed 12-14-07*

CERTIFICATION

I hereby certify that the attached copy of the Entry of Order of the State Medical Board of Ohio; Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner; and excerpt of draft Minutes of the State Medical Board, meeting in regular session on December 12, 2007, including motions approving and confirming the Findings of Fact, Conclusions and Proposed Order of the Hearing Examiner as the Findings and Order of the State Medical Board of Ohio; constitute a true and complete copy of the Findings and Order of the State Medical Board in the matter of Kandhasamy Kannapiran, M.D., as it appears in the Journal of the State Medical Board of Ohio.

This certification is made by authority of the State Medical Board of Ohio and in its behalf.



Lance A. Talmage, M.D.  
Secretary

(SEAL)

December 12, 2007

Date

BEFORE THE STATE MEDICAL BOARD OF OHIO

IN THE MATTER OF

\*

\*

KANDHASAMY KANNAPIRAN, M.D.

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ENTRY OF ORDER

This matter came on for consideration before the State Medical Board of Ohio on December 12, 2007.

Upon the Report and Recommendation of R. Gregory Porter, State Medical Board Attorney Hearing Examiner, designated in this Matter pursuant to R.C. 4731.23, a true copy of which Report and Recommendation is attached hereto and incorporated herein, and upon the approval and confirmation by vote of the Board on the above date, the following Order is hereby entered on the Journal of the State Medical Board of Ohio for the above date.

It is hereby ORDERED that:

The certificate of Kandhasamy Kannapiran, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective thirty days from the date of mailing of notification of approval by the Board. In the thirty-day interim, Dr. Kannapiran shall not undertake the care of any patient not already under his care.

(SEAL)



Lance A. Talmage, M.D.  
Secretary

December 12, 2007

Date

2007 NOV -7 A 8: 17

**REPORT AND RECOMMENDATION  
IN THE MATTER OF KANDHASAMY KANNAPIRAN, M.D.**

The Matter of Kandhasamy Kannapiran, M.D., was heard by R. Gregory Porter, Hearing Examiner for the State Medical Board of Ohio, on June 6 and 7, 2007.

**INTRODUCTION**

Basis for Hearing

In a December 14, 2006, letter to Kandhasamy Kannapiran, M.D., the State Medical Board of Ohio [Board] notified Dr. Kannapiran that it had proposed taking disciplinary action against his certificate to practice medicine and surgery in Ohio. The Board based its proposed action upon allegations that Dr. Kannapiran had falsified information in his medical records for three patients identified on a confidential Patient Key, and upon allegations concerning his care and treatment of one of those patients.

The Board alleged that Dr. Kannapiran's conduct constitutes:

- “Making a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,’ as that clause is used in Section 4731.22(B)(5), Ohio Revised Code”;
- “A departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,’ as that clause is used in Section 4731.22(B)(6), Ohio Revised Code”;
- “Commission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,’ as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Section 2913.31, Ohio Revised Code, Forgery”; and/or
- “Violation of any provision of a code of ethics of the American medical association, the American osteopathic association, the American podiatric medical association, or any other national professional organizations that the board specifies by rule,’ as that clause is used in Section 4731.22(B)(18), Ohio Revised Code, to wit: Principle II of the American Medical Association's Principles of Medical Ethics.”

The Board advised Dr. Kannapiran of his right to request a hearing, and received his written request for hearing on January 12, 2007. (State's Exhibits 8A, 8B)

#### Appearances

On behalf of the State of Ohio: Jim Petro, Attorney General, by Barbara J. Pfeiffer and Damion M. Clifford, Assistant Attorneys General.

On behalf of the Respondent: William M. Todd, Esq.

### **EVIDENCE EXAMINED**

#### Testimony Heard

Presented by the State

Kandhasamy Kannapiran, M.D., as upon cross-examination  
Patient 1  
Patient 3  
Spouse of Patient 2  
Joseph J. Segal, M.D.

Presented by the Respondent

Kandhasamy Kannapiran, M.D.

#### Exhibits Examined

State's Exhibits 1, 2A through 2E, and 3: Copies of patient records. [Note: These exhibits have been sealed to protect patient confidentiality.]

State's Exhibit 4: Patient Key. [Note: This exhibit has been sealed to protect patient confidentiality.]

State's Exhibit 5: Curriculum vitae of Joseph J. Segal, M.D.

State's Exhibit 6: Copy of February 16, 2007, report of Dr. Segal

State's Exhibits 8A through 8N: Procedural exhibits. [Note: State's Exhibits 8I through 8M have been sealed to protect patient confidentiality.]

State's Exhibit 9: Certified copies of documents maintained by the Board concerning Dr. Kannapiran.

State's Exhibit 10: Copy of the American Medical Association's Principles of Medical Ethics as adopted June 17, 2001. <<http://www.ama-assn.org/ama/pub/category/2512.html>> (June 5, 2007).

## SUMMARY OF THE EVIDENCE

All exhibits and transcripts of testimony were thoroughly reviewed and considered by the Hearing Examiner prior to preparing this Report and Recommendation.

### Background Information

1. Kandhasamy Kannapiran, M.D., practices internal medicine as a solo practitioner in Mansfield, Ohio. Dr. Kannapiran testified that he primarily sees patients on an outpatient basis at his office but also has privileges to admit patients to MedCentral Health System [MedCentral] in Mansfield, Ohio. MedCentral was formerly known as Mansfield General Hospital. (Hearing Transcript [Tr.] at 9-10)

Dr. Kannapiran further testified that he has been licensed to practice medicine in Ohio since 1983. Dr. Kannapiran testified that, in addition to Ohio, he holds medical licensure in Kentucky. (Tr. at 9-11)

Dr. Kannapiran testified that he is currently board-eligible for certification in internal medicine, but that he is not board-certified. Dr. Kannapiran stated that he had attempted to obtain board-certification on one occasion, in 2000, but was unsuccessful. (Tr. at 10-11)

### Prior Action by the Board

2. Dr. Kannapiran acknowledged that he was previously disciplined by the Board in 2004, and that he remains subject to probationary conditions from that order. (State's Exhibit [St. Ex.] 9; Tr. at 93-94)

Records maintained by the Board indicate that Dr. Kannapiran entered into a Step I Consent Agreement with the Board effective May 12, 2004, in which he admitted violating Section 4731.22(B)(26), Ohio Revised Code. The agreement suspended his license for a minimum of ninety days and imposed conditions for reinstatement. Subsequently, effective August 11, 2004, Dr. Kannapiran entered into a Step II Consent Agreement that reinstated his license and placed him under probationary conditions for at least five years. (St. Ex. 9)

### Dr. Kannapiran's Care and Treatment of Patient 2

3. Dr. Kannapiran testified that Patient 2, a male born in 1958, had been his patient for about ten years. Dr. Kannapiran's medical records indicate that Patient 2's medical history included insulin-dependent diabetes mellitus and hypertension. (St. Ex. 2A; Tr. at 12)

In addition, Patient 2 had had a toe amputated in February 2004 due to osteomyelitis, which Dr. Kannapiran testified is an infection of bone. Following surgery, Patient 2 had been placed on IV antibiotics for two weeks. (St. Ex. 2A at 251; Tr. at 64)

4. Dr. Kannapiran's medical records for Patient 2 indicate that, from March 3 through 8, 2006, Patient 2 had been hospitalized at MedCentral. In a discharge summary dated March 8, 2006, Dr. Kannapiran listed the following admitting diagnoses:
  1. Uncontrolled diabetes, borderline diabetic ketoacidosis.
  2. Extreme dehydration.
  3. Early renal failure.

(St. Ex. 2A at 231)

Further, under the heading "Brief History," Dr. Kannapiran wrote, "This patient was admitted with intractable nausea and vomiting with pain excruciating in nature on the right thigh; hence he was admitted to correct the symptoms and to find out the reason for them." Moreover, under the heading "Laboratory Data," Dr. Kannapiran indicated that Patient 2's blood sugar level on admission had been 405. (St. Ex. 2A at 231)

5. Dr. Kannapiran's March 4, 2006, History and Physical report states, in part, that Patient 2's complete blood count [CBC] "showed white count of 19,700 with shift to the left." (St. Ex. 2A at 237)

Dr. Kannapiran testified that a white blood cell count [WBC] of 19,700 is significantly elevated, and that it should normally be about 7,000. Dr. Kannapiran further testified that a significantly elevated WBC is indicative of an infection. (Tr. at 79-80)

In his March 8, 2006, discharge summary, Dr. Kannapiran indicated that Patient 2's fasting blood sugar level had been 193. Further, Dr. Kannapiran wrote, "CBC on the day of admission showed a white count of 19.7, today on the day of discharge his white count is 26.2 \* \* \*." Moreover, Dr. Kannapiran wrote that "the patient wanted to be discharged even though I advised him about his high white count but he promised he would follow up with me for appropriate tests at my office." (St. Ex. 2A at 231)

Finally, in the March 8, 2006, discharge summary, Dr. Kannapiran listed the following final diagnoses:

1. Deep vein thrombosis of the right leg.
2. Uncontrolled diabetes.
3. Acute gastroenteritis.
4. Early renal failure.

(St. Ex. 2A at 231)

6. Dr. Kannapiran acknowledged that Patient 2's WBC had been higher at discharge than at admission. Dr. Kannapiran testified that Patient 2 had had

some form of sepsis. In spite of the treatment with [Cipro 200 mg twice per day at the hospital], his sepsis did not subside. So I advised the patient because he want[ed] to go home that it is all right but keep taking these pills, call me in two to three days just to note down the progress.

(Tr. at 80-81; St. Ex. 2A at 231)

Dr. Kannapiran further testified: "I just told him it is better to be in the hospital for a few more days,<sup>1</sup> but at that time he was in a very stable condition. He was not sick looking, even though he ha[d] an underlying infection." However, when asked if he considers a WBC of 26,200 to constitute a stable condition, Dr. Kannapiran replied: "No. It is not a very stable condition; but since he requested \* \* \* to go home, I asked him to continue the antibiotic and come back to my office in a couple of days." (Tr. at 82-83)

When asked whether the medical records reflect that Dr. Kannapiran had discharged Patient 2 with antibiotics, Dr. Kannapiran testified: "He got the prescription from me. I asked him to continue. We usually give a prescription when they leave the hospital." However, MedCentral's records indicate that Patient 2 was discharged with the following medications: Caduet, Avalide, Lantus (insulin), Lidoderm Patch, and Lyrica. Dr. Kannapiran testified that none of those medications are antibiotics, and acknowledged that Patient 2 had been discharged without antibiotics. (St. Ex. 2C at 1305-1307; Tr. at 84-85)

7. The day after Patient 2 was admitted, on March 4, 2006, blood and urine culture test specimens were collected from Patient 2. A second urine culture specimen was obtained on March 7, 2006. According to Dr. Kannapiran, prior to Patient 2's discharge, he had checked the hospital's Sorian computer system which stated that the cultures showed "[n]o growth." (St. Ex. 2C at 1357-1361; Tr. at 85-87)
8. Dr. Kannapiran's medical records for Patient 2 include an April 7, 2006, letter to Dr. Kannapiran from the Ohio State University [OSU] Medical Center, with attached medical record report. The medical record report indicates that Patient 2 had been seen at OSU Medical Center on March 11, 2006, three days after his discharge from MedCentral, for complaints that included pain and swelling "over the left flexor crease" and right hip, and intermittent fevers. The report further states: "Onset of symptoms reported as gradual, Onset was three days ago \* \* \*." Moreover, the report states that the ER physician suspected flexor tenosynovitis, contacted a hand surgeon at Riverside Methodist Hospital [Riverside] in Columbus, Ohio, and transferred Patient 2 to Riverside the same day for surgery. (St. Ex. 2A at 217-219)

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<sup>1</sup> This statement is not corroborated by or documented in Dr. Kannapiran's medical records or in records maintained by MedCentral. (St. Exs. 2A, 2B, 2C)

Dr. Kannapiran testified concerning his reaction to receiving the report from OSU Medical Center:

I thought what is the problem. He didn't call, so I thought he got better. I got the impression that [Patient 2] is feeling great, he is at home, because he didn't call my office.

(Tr. at 88) Dr. Kannapiran further testified that he then contacted MedCentral and obtained the results of the cultures. Dr. Kannapiran testified that the results of the blood culture were positive for *Staphylococcus aureus*, which he characterized as a serious and potentially fatal infection. (Tr. at 88-89)

Dr. Kannapiran testified that he had been unaware of the positive culture results until he checked them following receipt of the report from OSU Medical Center. Dr. Kannapiran further testified that, had he been aware of those results prior to Patient 2's discharge, he would have tried to keep Patient 2 in the hospital even if Patient 2 had wanted to leave. (Tr. at 88)

Finally, Dr. Kannapiran testified, "The nurses, if they found the blood culture to be positive, are supposed to call me and personally inform me that the person's blood culture is positive. Nobody called." (Tr. at 86)

*Testimony of Joseph J. Segal, M.D.*

9. Joseph J. Segal, M.D., testified as an expert witness on behalf of the State. Dr. Segal obtained his medical degree in 1976 from Indiana University in Indianapolis, Indiana. From 1976 through 1979 he participated in a residency in internal medicine at Jewish Hospital of Cincinnati and, from 1979 through 1981, he participated in an infectious disease fellowship at Washington University of St. Louis. Dr. Segal was certified in 1979 by the American Board of Internal Medicine, and was certified in Infectious Disease in 1982 by the same certifying board. He was licensed to practice medicine and surgery in Ohio in 1976. (St. Ex. 5)

Dr. Segal is currently the Medical Director of Long Term Acute Care at the Drake Center in Cincinnati, Ohio. He testified that 80 percent of his work is clinical and 20 percent is administrative. (St. Ex. 5; Tr. at 166)

10. Based on his review of the medical records, Dr. Segal testified that Patient 2 had been admitted to MedCentral on March 3, 2006, with nausea and vomiting and pain in his right thigh. Dr. Segal further testified: "He received IV fluids, antibiotics, [and] medication for nausea. He was continued on medication for diabetes and pain medication." Dr. Segal testified that Patient 2 also received a venous Doppler exam to look for deep venous thrombosis [DVT] in his legs. Moreover, Dr. Segal testified that at the time of his admission Patient 2 had had a WBC of 19,700, which was high. He testified that a normal

WBC would be between 8,000 and 10,000. Subsequently, on March 5, Patient 2's WBC was 18,100, and on March 8, the date of discharge, it was 26,200. (Tr. at 178-181)

Dr. Segal testified that a high WBC is most commonly caused by an infection. (Tr. at 181)

11. Dr. Segal testified that the medical records of MedCentral include a report of a blood culture sample that had been obtained from Patient 2 on March 4, 2006. Dr. Segal further testified that the March 4, 2006, blood culture yielded *Staphylococcus aureus*. Dr. Segal testified that "staph aureus in the blood is a serious infection. It can cause septicemia and eventually can cause death." Dr. Segal explained that septicemia "is an infection in the bloodstream that causes complications, including organ damage. (Tr. at 184)

Dr. Segal noted that, depending on the amount of bacteria present, a blood culture can take from 12 hours to one week to develop. Dr. Segal stated that "most blood cultures are held up to a week." Dr. Segal testified that, if there is growth of bacteria, the lab performs sensitivity testing to identify the antibiotics that would be effective in treating the infection, along with the antibiotics to which the bacteria would be resistant. (Tr. at 181, 183-184)

12. Dr. Segal testified that the medical records of MedCentral include a report of a urine culture obtained on March 4, 2006, which had apparently been contaminated. A second urine specimen was obtained on March 7, 2006, which yielded a result of 10,000 to 25,000 CFU [Culture Forming Units] of *Staphylococcus aureus* per milliliter. Dr. Segal testified that *Staphylococcus aureus* in the urine "can cause a urinary tract infection, fever, chills, [and] can possibly cause an infection in the blood stream." (Tr. at 182)

Dr. Segal further testified that urine cultures are usually reported positive or negative within 24 hours, and that it usually takes an additional one or two days to identify the bacteria sensitivities. (St. Ex. 2C at 31; Tr. at 181-182)

13. Dr. Segal testified that he could not find any evidence in the medical records indicating when the results of Patient 2's cultures had been "reported out." (Tr. at 202-203)
14. In his February 16, 2007, report, Dr. Segal stated, in part:

If Dr. Kannapiran advised [Patient 2] about the elevated WBC and was not aware of the positive cultures, and if [Patient 2] still wanted to go home, discharging [Patient 2] under these circumstances would not be a minimum standards violation.

If, however, the patient was not notified of the elevated WBC and/or Dr. Kannapiran was aware of the blood culture results and the patient was not discharged on antibiotics, this would be below minimum standards and a violation of R.C. 4731.22(B)(6).

(St. Ex. 6 at 2)

15. Dr. Segal testified that, if a physician is aware that a patient has an elevated WBC, and the patient wants to be discharged from the hospital, the standard of care requires the physician “to advise the patient of the elevated white count, what potential it might mean, and what the potential risk might be without having further information.” Dr. Segal further testified that it would be a deviation from the minimal standard of care if Dr. Kannapiran had not informed Patient 2 of his elevated WBC. (Tr. at 186, 189-190)
16. When Dr. Segal was asked whether Dr. Kannapiran should have discharged Patient 2 with antibiotics in light of Patient 2’s elevated WBC, he replied, “Not necessarily. Because I think waiting for the results of the culture would be appropriate.” (Tr. at 188)
17. Dr. Segal testified that, following Patient 2’s discharge from MedCentral on March 8, 2006, “The patient was admitted to Riverside Hospital on March 11, had a complicated course including respiratory failure, kidney failure, evidence of sepsis, and [he] ultimately died on March 30.” (Tr. at 209)

*Testimony of the Spouse of Patient 2*

18. Patient 2’s spouse testified that she had been married to Patient 2 for 23 years. (Tr. at 121-122)
19. Patient 2’s spouse testified that, in mid-February 2006, Patient 2 had awoken one morning with shoulder pain. The pain did not improve and, on February 16, he went to the emergency room [ER] at MedCentral. At the ER, x-rays were taken that did not reveal anything wrong. Patient 2 was administered a cortisone injection and given a prescription for pain medication. However, Patient 2’s condition still did not improve—he continued to have pain and was nauseated from the pain medication. He went to see Dr. Kannapiran. Patient 2’s spouse testified that Dr. Kannapiran gave him another cortisone injection, prescribed more pain medication, but Patient 2 continued to get worse. He was losing weight because he could not eat or “keep anything down.” Patient 2’s spouse further testified that her husband finally decided that he needed to go to the hospital. He was admitted to MedCentral March 3, 2006, and discharged on March 8, 2006. (St. Ex. 2C at 1169-1170; Tr. at 124-126)
20. Patient 2’s spouse testified that, on the date of Patient 2’s discharge from MedCentral, she had arrived at the hospital at about 7:30 a.m. Patient 2 had been sitting up, dressed in his street clothes. She asked Patient 2 if Dr. Kannapiran had been in yet, and he told her no. She testified that Dr. Kannapiran appeared about fifteen minutes later. (Tr. at 129-130)

Patient 2’s spouse testified that she is certain that Dr. Kannapiran did not advise Patient 2 on March 8, 2006, that Patient 2 had an elevated white blood cell count. She further testified that she had been aware from previous experience with Patient 2’s medical problems that an elevated white blood cell count is a sign of infection. Moreover, she testified that, if Dr. Kannapiran had raised that issue, she and Patient 2 would have “inquired about antibiotics and IVs, things of that nature.” (Tr. at 131-132)

21. Patient 2's spouse testified that Patient 2 had never indicated to her that Dr. Kannapiran had wanted him to stay but that he had wanted to be discharged. (Tr. at 134-135)
22. Patient 2's spouse testified that, after Patient 2 went home on March 8, 2006, he continued to have nausea and experienced severe pain in his wrist and leg. She further testified that his temperature increased and he was unable to control his blood sugar even though he was unable to keep food down. By the evening of March 10, 2006, they decided that the situation was so serious that Patient 2 needed to go back to the hospital. They drove to OSU Medical Center, and arrived after midnight on March 11, 2007. (Tr. at 136, 149-152)

Patient 2's spouse testified that Patient 2 did not remain at OSU Medical Center for very long, and that Patient 2 was transferred to Riverside to see a hand surgeon. (Tr. at 137)

23. Patient 2's spouse testified that, after Patient 2 arrived at Riverside, surgery was performed to drain an infection from Patient 2's wrist. Subsequently, the physicians at Riverside determined the cause of Patient 2's leg pain, and surgery was performed to drain infection from his leg. Patient 2's spouse further testified that at some point Patient 2 had been transferred from the trauma unit to the renal unit to undergo dialysis. Moreover, Patient 2's spouse testified that Patient 2 had appeared to be doing better when he was in the trauma unit, and continued getting better in the renal unit. However, he developed a fever on March 28, 2006, and on March 30, 2006, he passed away. Patient 2's spouse testified that the cause of Patient 2's death had been "[c]omplications due to the staph infection." (Tr. at 137-139)

#### **Dr. Kannapiran's Alleged Falsification of Medical Records – Progress Notes for Patient 2**

24. Dr. Kannapiran testified that the Board had subpoenaed his medical records for Patient 2. However, Dr. Kannapiran admitted that the medical records he had sent to the Board pursuant to its subpoena included documents that he had altered. (Tr. at 13, 44-45)

Dr. Kannapiran further testified that he had asked an employee, identified as Patient 1 in this matter, to create blank progress notes for Patient 2's last seven visits to his office. Dr. Kannapiran then used the blanks to create the altered progress notes that he provided to the Board. (Tr. at 45)

25. Dr. Kannapiran testified that, prior to receiving the Board's subpoena for Patient 2's medical records, he had provided an accurate copy, or possibly the original copy, of the medical records to an attorney representing Patient 2's family. (Tr. at 74)
26. Dr. Kannapiran testified that, after he had fabricated new progress notes for Patient 2's last seven visits, he had placed them into the patient record. When asked what he had done with the original progress notes, Dr. Kannapiran replied, "Since they are not there, I must have destroyed them." (Tr. at 75)

27. Dr. Kannapiran testified as to why he had altered the medical records provided to the Board. He testified that, after he learned that Patient 2 had died, he had received a visit from a relative of Patient 2. According to Dr. Kannapiran, the relative warned Dr. Kannapiran not to “move away to Kentucky” and that Dr. Kannapiran would be hearing from the family soon. Dr. Kannapiran testified that that had scared him. Moreover, Dr. Kannapiran testified: “[W]hen the Medical Board asked me what occurred, I should have given the original notes \* \* \*. I got very scared, so I thought I should alter the record.” (Tr. at 44)

Finally, Dr. Kannapiran testified: “I feel that I’m [an] idiot to do all those things. I have never done these things. I don’t have any prior experience. I started my practice in ’68, and this is the first time I got into this mess.” (Tr. at 218)

*Testimony of Patient 1*

28. Patient 1 was both a patient and an employee of Dr. Kannapiran. Patient 1 testified that she had worked for Dr. Kannapiran as a receptionist and assistant in his office from May 2005 through October 2006. (St. Ex. 1; Tr. at 98)

29. Patient 1 testified that, in April 2006, Dr. Kannapiran had called her into his office. Patient 1 further testified that, when she went into his office, he had had Patient 2’s chart. She testified that Dr. Kannapiran told her to create blank progress notes from certain pages of the chart that he identified. Moreover, Patient 1 testified that she created the blank progress notes as Dr. Kannapiran had requested; however, she also photocopied the original progress notes and kept them. She identified State’s Exhibit 2B as copies of the original progress notes. (St. Ex. 2B; Tr. at 103-105)

*Dr. Kannapiran’s October 25, 2004, progress note for Patient 2*

30. Dr. Kannapiran’s original progress note for Patient 2’s October 25, 2004, visit differs from the copy that he had sent to the Board in response to the Board’s subpoena. A comparison of the two reveals the following:

<b>Category</b>	<b>Actual Progress Note</b>	<b>Fabricated Progress Note</b>
Chief Complaint	Blood pressure check Random blood sugar – 126	No complaints Feeling well
Past Illness	Patient’s blood pressure Started on Caduet 5[mg]/10[mg]. On it since a week ago.	Diabetes Mellitus [DM] Hypertension [HTN]
Current Medications	Lantus insulin Caduet 5/10	Lantus, 100 units per day Caduet 5/10 mg, one per day Prinivil 20 mg, one per day
Blood Pressure	150/100 right upper arm 160/90	160/90

Category	Actual Progress Note	Fabricated Progress Note
Pulse	106	106
Temperature	Not recorded	98
Respiration	Not recorded	18
Height	6'1"	6'0"
Weight	278	262
HEENT	Unremarkable	Checked
Lungs	Clear	Clear
Heart	Tachycardia	Tachycardia, cardiomegaly
Abdomen	Benign	Protuberant benign abdomen
Extremities	Normal except for toe amputation	No change. Stable.
Neuro	Normal	Normal
Diagnosis	DM HTN Cardiomegaly	DM HTN Hyperlipidemia
Updated Treatment	Lantus 100 units once per day or 50 units twice per day Caduet 5/10, one per day Prinivil 20 mg, one per day BioZ [heart function test]	Continue Lantus as before Continue Caduet 5/10 mg Prinivil 20 mg Diet and Exercise

(St. Ex. 2A at 43; St. Ex. 2B at 13; Tr. at 13-26)

31. Dr. Kannapiran testified that he had written all the handwritten portions of the altered progress note. Dr. Kannapiran further testified that, in the original note, the chief complaint and current medications had been written by his nurse or medical assistant. (Tr. at 18, 22)

*Dr. Kannapiran's January 11, 2005, progress note for Patient 2*

32. Dr. Kannapiran's original progress note for Patient 2's January 11, 2005, visit also differs from the copy that he had sent to the Board in response to the Board's subpoena. A comparison of portions of the two includes the following:

Category	Actual Progress Note	Fabricated Progress Note
Current Medications	Lantus 50 units twice per day <del>Caduet 5/10</del> Prinivil 20 mg per day	Lantus 100 units per day Prinivil 20 mg per day
Blood Pressure	170/106	160/90
Pulse	88	86
Temperature	Not recorded	98
Respiration	Not recorded	19

Category	Actual Progress Note	Fabricated Progress Note
Height	6'1"	5'11½"
Weight	270	259
Blood Sugar	Not recorded	167
Updated Treatment	Lantus 100 units per day Prinivil 20 mg per day Caduet 5/10 per day	↑ Prinivil 40 mg per day + Hyzaar 100/25 per day ↓ Lantus 80 units per day + Glyburide 5 mg per day Advise diet, exercise and weight reduction

(St. Ex. 2A at 41; St. Ex. 2B at 11; Tr. at 27-35)

33. Dr. Kannapiran does not believe that he actually performed a blood sugar test on Patient 2 on January 11, 2005. He further testified that, if he had, he would have recorded it in the progress note. When asked why he had included a blood sugar result of 167 in the fabricated progress note that he gave to the Board, Dr. Kannapiran replied, "I don't know. I thought I should make it look good." (Tr. at 35)

*Dr. Kannapiran's February 14, 2005, progress note for Patient 2*

34. Dr. Kannapiran also provided to the Board an altered progress note for Patient 2's February 14, 2005, visit. A comparison between the original document with the copy sent to the Board includes the following:

Category	Actual Progress Note	Fabricated Progress Note
Current Medications	Lantus 100 units per day Prinivil 20 mg per day Caduet 5/10 per day	Lantus 100 units per day Prinivil 20 mg per day Caduet 5/10 per day Hyzaar 100/25 per day
Pulse	80	90
Temperature	98	98
Respiration	Not recorded	19
Weight	Not recorded	260
Blood sugar	Not recorded	161
Updated Treatment	Lantus 100 units per day ↑ Prinivil 40 mg per day Caduet 5/10 per day BioZ and EKG	Continue Lantus as before ↑ Prinivil 40 mg per day Continue Hyzaar Continue Caduet Diet

(St. Ex. 2A at 39; St. Ex. 2B at 9; Tr. at 36-42)

35. Dr. Kannapiran acknowledged that he had not actually checked Patient 2's blood sugar level during his February 14, 2005, visit. Dr. Kannapiran also acknowledged that he had not actually added Hyzaar to Patient 2's treatment plan. Dr. Kannapiran testified that he had added those to his fabricated progress note because he had wanted his progress notes to "look good." (Tr. at 42-43)

*Dr. Kannapiran's June 21, 2005, progress note for Patient 2*

36. Dr. Kannapiran's original and altered progress notes for Patient 2's June 21, 2005, visit include the following:

Category	Actual Progress Note	Fabricated Progress Note
Current Medications	Avandamet 4/500 Lantus 100 units Caduet 5/10 Prinivil 20 mg Tricor 145 mg	Lantus 100 units Caduet 5/10 Hyzaar 100/25 Prinivil 40 mg
Pulse	84	76
Temperature	Not recorded	98
Respiration	Not recorded	19
Height	Not recorded	6'
Weight	"280 - 6 = 274" <sup>2</sup>	262
Blood sugar	249	232
Updated Treatment	Prinivil 40 mg daily Caduet 5/10 daily Lantus 100 units daily Avandia 4 mg daily	Prinivil 40 mg Caduet 5/10 Hyzaar ↓ Lantus 50 units Avandamet 4/500 Tricor 145 mg Add Cerefolin, 1 per day

(St. Ex. 2A at 37; St. Ex. 2B at 7; Tr. at 46-55)

*Dr. Kannapiran's September 22, 2005, progress note for Patient 2*

37. Dr. Kannapiran's original and altered progress notes for Patient 2's September 22, 2005, included the following:

Category	Actual Progress Note	Fabricated Progress Note
Current Medications	Lantus 100 units per day	Prinivil 40 mg per day

<sup>2</sup> Dr. Kannapiran testified that he had subtracted six pounds because his scale had been registering high. (Tr. at 52)

Category	Actual Progress Note	Fabricated Progress Note
Current Medications (continued)	Avandamet 4/500 per day Tricor 145 mg per day Prinivil 40 mg per day Caduet 5/10per day	Caduet 5/10 per day Hyzaar 100/25 per day Lantus 50 units per day Avandamet 4/500 twice per day Tricor 145 mg per day Cerefolin one per day
Pulse	80	73
Temperature	Not recorded	98
Respiration	Not recorded	18
Height	Not recorded	5'11½"
Weight	287	268
Updated Treatment	Continue current medications	"To continue Prinivil, Caduet, Hyzaar as outlined before. Continue Avandamet and Lantus. Continue Tricor. Patient was advised to lose weight since he's steadily going up. Continue Cerefolin."

(St. Ex. 2A at 35; St. Ex. 2B at 5; Tr. at 56-60)

*Dr. Kannapiran's December 30, 2005, progress note for Patient 2*

38. Dr. Kannapiran's original and altered progress notes for Patient 2's **December 30, 2005**, visit included the following:

Category	Actual Progress Note	Fabricated Progress Note
Chief Complaint	"Pt is doing ok."	"Pt [complains of] painful [right] shoulder. He was seen at ER on <b>2-14-06</b> , x-rays were taken and was [prescribed] pain meds & shoulder injection. Still having pain." (Emphasis added)
Past Illness	DM HTN Osteomyelitis	No history of injury or fall
Current Medications	Lantus 150 units per day Avandamet 4/500 per day Tricor 145 mg per day Caduet 5/10 per day	Avandamet 4/500 twice per day Lantus 100 units per day Tricor 145 mg per day Avalide 250/25 per day

Category	Actual Progress Note	Fabricated Progress Note
Current Meds (continued)	Prinivil 40 mg per day	Caduet 5/100 per day
Blood Pressure	170/110 left	130/84
Pulse	86	80
Temperature	Not recorded	98
Respiration	Not recorded	18
Height	6'0"	6'1"
Weight	280	274
Blood Sugar	291	None stated
Hemoglobin A1c	8.8	None stated
Extremities	No change	"Pt unable to raise his [right] shoulder since raising produces pain."
Diagnosis	HTN [Illegible]	Painful [right] shoulder DM Insomnia, pain-related "Suggested to see Dr. [illegible] if pain persists."
Updated Treatment	Caduet 5/10 per day Avalide 300/25 per day Tricor 145 mg per day Advised patient concerning diet Holter monitor	"Injection Decadron 2 cc given [right] shoulder." Continue Avandamet and Lantus Ambien CR 12.5 mg #30 one per day as needed at bedtime Percocet 5/325 #30 one every six hours as needed

(St. Ex. 2A at 31; St. Ex. 2B at 3; Tr. at 60-67) (Emphasis added)

39. Dr. Kannapiran acknowledged that his altered progress note for Patient 2's December 30, 2005, visit included information of events that occurred in February 2006. (Tr. at 61)

*Dr. Kannapiran's February 21, 2006, progress note for Patient 2*

40. Dr. Kannapiran's original and altered progress notes for Patient 2's February 21, 2006, visit include the following:

Category	Actual Progress Note	Fabricated Progress Note
Chief Complaint	"Pt [complains of] painful [right] shoulder – went to ER on 2-14-06, x-rays were done, and was given pain medication."	"Pt by himself started taking Avandamet once a day and increased his Lantus to 100 units a day."

Category	Actual Progress Note	Fabricated Progress Note
Current Medications	Avandamet 4/500 once per day Lantus 150 units per day Tricor 145 mg per day Avalide 300/25 per day	Prinivil 40 mg per day Caduet 5/10 per day Hyzaar 100/25 per day Lantus 50 units per day Avandamet 4/500 twice per day Tricor 145 mg per day Cerefolin one per day
Blood Pressure	130/84	150/88
Pulse	80	76
Temperature	Not recorded	98
Respiration	Not recorded	17
Height	Not recorded	6'0"
Weight	Not recorded	272 "↑"
Diagnosis and Updated Treatment	Frozen shoulder [right] * * * Insomnia * * * Decadron 2 cc intra-articular injection Lantus 100 units per day Continue Tricor Avandia 4 mg twice per day Metformin 500 mg twice per day Ambien CR #30 Percocet 5/20 [sic] #30 one every six hours Ultram 50 mg #60, "called"	Diabetic control – Pt was advised to seek Dr. Dorsey's opinion but decided not to see her. Suggested to strictly follow as advised and not to change regimen." Continue Caduet, Hyzaar, Lantus, and Avandamet. Discontinue Prinivil. Add Avalide 300/25 once per day.

(St. Ex. 2A at 33; St. Ex. 2B at 1; Tr. at 67-73)

*Testimony of Dr. Segal*

41. Dr. Segal testified that Dr. Kannapiran's creation of new progress notes and his inclusion of information in those notes that differs from the contemporaneous notes had violated the minimal standard of care. Dr. Segal testified that the minimal standard of care requires physicians to keep adequate medical records, and that it would be very difficult, as occurred with the earlier visits, to "more than a year later \* \* \* remember what was done on any certain day, particularly vital signs." (Tr. at 169-178)

Dr. Segal further testified that keeping accurate medical records is important for two reasons. First, the physician needs a record to keep track of what he or she has done for a patient. Second, should the treating physician become unavailable, a subsequent treating physician would need the treatment records to assume the care for a patient. (Tr. at 170)

42. Dr. Segal further testified that Dr. Kannapiran's creation of new progress notes for Patient 2 violated Principal II of the American Medical Association's Principles of Medical Ethics. (Tr. at 171) Principal II states:

A physician shall uphold the standards of professionalism, **be honest in all professional interactions**, and strive to report physicians deficient in character or competence, or engaging in fraud or deception, to appropriate entities.

(St. Ex. 10) (Emphasis added)

Dr. Segal testified that creating a medical record "long after the fact is not honest as far as managing a patient." (Tr. at 171)

#### **Dr. Kannapiran's Falsification of Medical Records: Dr. Kannapiran's Records of March 2006 TB Tests for Patients 1 and 3**

43. In his medical records for Patient 1, at the bottom of a progress note dated March 1, 2006, Dr. Kannapiran wrote that, on March 18, 2006, he had administered a tuberculosis [TB] test to Patient 1's left forearm. His note further states that he had read the result on March 20, 2006, and that the result was negative. (St. Ex. 1 at 49; Tr. at 91-92)

Patient 3 was also both a patient and an employee of Dr. Kannapiran. At the bottom of a progress note in Patient 3's medical record dated February 27, 2006, Dr. Kannapiran wrote that, on March 18, 2006, he had administered a TB test to Patient 3. His note further states that he had read the result on March 20, 2006, and that the result had been negative. (St. Ex. 3 at 11; Tr. at 91-92)

#### *Testimony of Patient 1*

44. Patient 1 testified that, around March 2006, she had spoken with Dr. Kannapiran concerning an upcoming inspection by an insurance company, Ohio Health Choice. Patient 1 further testified that, the previous year, that company had asked her a question concerning "TB shots" and that she had told Dr. Kannapiran that they may ask the same question again. (Tr. at 98-99)
45. Patient 1 testified that Dr. Kannapiran had at some time asked her to bring to him her medical chart. She further testified that she had been present when he entered information in her chart indicating that he had administered a TB test to her and that the result was negative. Patient 1 stated that, in her opinion, "[i]t wasn't right" for Dr. Kannapiran to enter false information into her medical records, but that, out of concern for her job security, she did not believe that she could tell him that. (Tr. at 100-102)

Patient 1 identified the March 18, 2006, note as the note that she had witnessed Dr. Kannapiran write in her medical record. (St. Ex. 1 at 49; Tr. at 102-103)

46. Patient 1 testified that she is certain that Dr. Kannapiran never administered a TB test to her on March 18, 2006, or at any other time. (Tr. at 100, 103)

*Testimony of Patient 3*

47. Patient 3 testified that she had been employed by Dr. Kannapiran as a receptionist from January through May 2006. Patient 3 further testified that she had also been his patient. (Tr. at 113-115)

Patient 3 testified that she is absolutely certain that Dr. Kannapiran had never administered a TB test to her, nor had he ever discussed with her a need for her to be tested for TB. (Tr. at 115-116)

*Testimony of Dr. Kannapiran*

48. Dr. Kannapiran testified that his notes concerning both patients' TB tests were accurate, and that he had, in fact, administered those tests as stated in his medical records for Patients 1 and 3. (Tr. at 91, 93)

Dr. Kannapiran testified that it had been routine for him to test his staff for TB. (Tr. at 93, 215)

49. Dr. Kannapiran testified that he does not recall being advised by Patient 1 of an upcoming visit from an insurance company. Dr. Kannapiran further testified that insurance companies do not require TB tests unless Dr. Kannapiran decides to do them. (Tr. at 219)

When asked if he knows of any reason why Patients 1 and 3 would testify that he had never administered TB tests to them, Dr. Kannapiran testified that he had fired Patient 3 because of insubordination, and had "let go" Patient 1. He further testified: "I don't know whether it has something to do with that testimony or not. I am at a loss to know." (Tr. at 220-221)

Dr. Kannapiran further testified that he had asked Patient 3 to come back to work for him a week or two after he fired her. Dr. Kannapiran testified, "When I heard that she [was] still looking for a job, I thought she disobeyed me only once, let us give her a chance." (Tr. at 221)

50. Dr. Kannapiran testified that Patient 1 had been his patient since 1983, and that she had come to work for him in about June 2005. When asked why he had waited until March 2006 to give her a TB test, Dr. Kannapiran replied: "Because I didn't think about giving the TB test when she's active, when she's healthy, and all the labs were okay. But only at the latter time I thought about giving [it] as a precautionary measure. At first I didn't think about giving her a TB test." When asked what had prompted him to give the tests in March 2006, Dr. Kannapiran replied: "Because they're my patients as well as my employees. So instead of waiting for anything to happen, I gave them the TB test free of charge." (Tr. at 219-220)

### **FINDINGS OF FACT**

1. In the routine course of his practice, Kandhasamy Kannapiran, M.D., undertook the treatment of Patients 1 through 3.
2. In his medical record for Patient 1, a former employee, Dr. Kannapiran falsely stated that he had administered a TB test to Patient 1 on March 18, 2006, and that a negative test result had been read on March 20, 2006. In fact, Dr. Kannapiran did not perform a TB test on Patient 1.

In reaching this Finding, the Hearing Examiner found the testimony of Patient 1 to be credible, and found the testimony of Dr. Kannapiran to be unpersuasive.

3. With regard to Dr. Kannapiran's care and treatment of Patient 2, the evidence is undisputed that Patient 2 had been hospitalized under the care of Dr. Kannapiran from March 3 through 8, 2006. It is also undisputed that, at the time of Patient 2's admission, his white blood cell count [WBC] had been significantly elevated at 19,700 and that, on the day of his discharge, his WBC had increased to 26,200. Further, it is undisputed that Dr. Kannapiran had been aware of Patient 2's WBC on the day of Patient 2's discharge. Moreover, it is undisputed that Patient 2 was discharged without antibiotics. However, the parties dispute whether Dr. Kannapiran informed Patient 2 of his significantly elevated WBC count on the day of his discharge.

The evidence most favorable to Dr. Kannapiran is the discharge summary he dictated on March 8, 2006, the date of Patient 2's discharge. In the discharge summary, Dr. Kannapiran stated that Patient 2's WBC on admission had been 19,700 and that, on the day of discharge, Patient 2's WBC had been 26,200. Dr. Kannapiran further stated in the discharge summary that Patient 2 had wanted to be discharged even though Dr. Kannapiran had apprised him of his high WBC, and that Patient 2 had promised Dr. Kannapiran that he would follow up at Dr. Kannapiran's office for "appropriate tests." Furthermore, it should be noted that, at the time Dr. Kannapiran dictated the discharge summary, he had no way of knowing that Patient 2's condition would quickly deteriorate and that Patient 2 would expire approximately three weeks later. Therefore, there is no apparent motive for Dr. Kannapiran to have dictated false information into the discharge summary.

Patient 2's spouse testified that she had been present with Patient 2 on the day of discharge when Dr. Kannapiran came into Patient 2's room. Contrary to Dr. Kannapiran's discharge summary, she testified that she is certain that Dr. Kannapiran did not advise Patient 2 that his WBC was elevated. She further testified that she had been aware from prior experience with Patient 2's health problems that an elevated WBC signals infection. Moreover, she testified that, if Dr. Kannapiran had told Patient 2 that he had an elevated WBC, she and Patient 2 would have questioned Dr. Kannapiran concerning "antibiotics and IVs, things of that nature." Finally, she testified that Patient 2 had never told her that he wanted to leave the hospital but that Dr. Kannapiran wanted him to stay.

Dr. Kannapiran's testimony at hearing concerning Patient 2's discharge was confusing and misleading. Dr. Kannapiran testified that he had told Patient 2 that it was acceptable for him to be discharged but that he should continue taking antibiotics. However, Dr. Kannapiran later acknowledged that Patient 2 had been discharged *without* antibiotics. Furthermore, Dr. Kannapiran testified that at the time of discharge Patient 2 "was in a very stable condition." However, he later acknowledged that a patient with a WBC of 26,200 is not in "a very stable condition." Accordingly, Dr. Kannapiran is not a credible witness. However, the question remains whether to believe his discharge summary or to believe the testimony of Patient 2's spouse.

The Hearing Examiner finds the testimony of Patient 2's spouse to be credible. Dr. Kannapiran's medical records indicate that Patient 2 had had osteomyelitis in 2004 that resulted in the amputation of a toe. Patient 2 was placed on IV antibiotics for two weeks following that surgery. After having endured that, it is logical and natural that Patient 2's spouse, and Patient 2, would have been sensitive to the possibility of another infection, particularly since Patient 2 had been experiencing excruciating pain in his right thigh. Accordingly, the Hearing Examiner does not believe that Patient 2 left the hospital knowing of his significantly elevated WBC.

Further, the credibility of Dr. Kannapiran's March 8, 2007, discharge summary is suspect because, as set forth in Findings of Fact 1, 5 through 5(h), and 6, Dr. Kannapiran has falsified other medical records.

Accordingly, the evidence is sufficient to support a finding that, despite his awareness of Patient 2's increasing WBC, Dr. Kannapiran failed to inform Patient 2 of his high WBC and/or failed to discharge Patient 2 on antibiotics despite the fact that his white blood cell count on the day of discharge had been 26,200.

4. For the reasons discussed in Finding of Fact 3, above, the evidence is sufficient to support a finding that Dr. Kannapiran falsely indicated in a March 8, 2006, discharge summary that Patient 2 "wanted to be discharged even though [Dr. Kannapiran] advised him about his high white count \* \* \*."
5. Dr. Kannapiran admitted at hearing that, at some time after Patient 2's death on March 30, 2006, he fabricated copies of his progress notes for Patient 2's last seven office visits.

A comparison of the actual progress notes with the fabricated progress notes supports the following findings:

- (a) Dr. Kannapiran falsely indicated in the progress notes for Patient 2's final *six* office visits that Patient 2's weight had steadily increased. In fact, Patient 2's weight had fluctuated.
- (b) In the fabricated progress note dated October 25, 2004, Dr. Kannapiran falsely represented Patient 2's temperature, respiration rate, height, and weight.

- (c) In the fabricated progress note dated January 11, 2005, Dr. Kannapiran falsely represented Patient 2's blood pressure, pulse, temperature, respiration rate, height, weight, and blood sugar measurement, and that he had increased the direction for use of Prinivil and decreased the direction for use of Lantus.
  - (d) In the fabricated progress note dated February 14, 2005, Dr. Kannapiran falsely represented Patient 2's pulse, temperature, respiration rate, weight, and blood sugar measurement, and falsely represented that he had added Hyzaar as a treatment.
  - (e) In the fabricated progress note dated June 21, 2005, Dr. Kannapiran falsely represented Patient 2's pulse, temperature, respiration rate, height, weight, and blood sugar measurement.
  - (f) In the fabricated progress note dated September 22, 2005, Dr. Kannapiran falsely represented Patient 2's pulse, temperature, respiration rate, weight, and blood sugar measurement, and falsely represented that he had advised Patient 2 to lose weight and continue taking Cerefolin.
  - (g) In the fabricated progress note dated December 30, 2005, Dr. Kannapiran falsely represented Patient 2's blood pressure, pulse, temperature, respiration rate, and weight. In addition, Dr. Kannapiran falsely represented that he had added Ambien CR as a treatment. Furthermore, Dr. Kannapiran falsely represented that Patient 2 had advised that "he was seen at ER on 2-14-06" despite the fact that said date had not yet occurred.
  - (h) In the fabricated progress note dated February 21, 2006, Dr. Kannapiran falsely represented Patient 2's blood pressure, pulse, temperature, respiration rate, height, and weight. Furthermore, Dr. Kannapiran falsely represented that Patient 2 had changed his medication use, and that Dr. Kannapiran had advised Patient 2 to strictly follow his medication regimen.
6. In his medical record for Patient 3, a former employee, Dr. Kannapiran falsely stated that he had administered a TB test to Patient 3 on March 18, 2006, and that a negative test result had been read on March 20, 2006. In fact, Dr. Kannapiran did not perform a TB test on Patient 3.

In reaching this Finding, the Hearing Examiner found the testimony of Patient 3 to be credible, and found the testimony of Dr. Kannapiran to be unpersuasive.

### **CONCLUSIONS OF LAW**

1. The conduct of Kandhasamy Kannapiran, M.D., as set forth in Findings of Fact 2, 4, 5 through 5(h), and 6, above, constitutes "[m]aking a false, fraudulent, deceptive, or

misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

2. The conduct of Dr. Kannapiran as set forth in Finding of Fact 3, above, with regard to his failure to notify Patient 2 of his high white blood cell count, and his conduct as set forth in Findings of Fact 5 through 5(h), above, constitutes “[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,” as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.
3. The evidence indicates that the standard of care required Dr. Kannapiran to discharge Patient 2 with antibiotics if Dr. Kannapiran had been aware of the positive results Patient 2’s blood and urine. However, there is no evidence that Dr. Kannapiran was aware, at the time of Patient 2’s discharge, that Patient 2’s blood and urine cultures tested positive for bacterial growth. Accordingly, the evidence is insufficient to support a conclusion that Dr. Kannapiran’s failure to discharge Patient 2 with antibiotics, as set forth in Finding of Fact 3, constitutes “[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,” as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.
4. Section 2913.31, Ohio Revised Code, prohibits the crime of Forgery. It states in pertinent part:
  - (A) No person, with purpose to defraud, or knowing that the person is facilitating a fraud, shall do any of the following:

\* \* \*
  - (2) Forge any writing so that it purports to be genuine when it actually is spurious, or to be the act of another who did not authorize that act, or to have been executed at a time or place or with terms different from what in fact was the case, or to be a copy of an original when no such original existed[.]

(R.C. 2913.31)

As set forth in Findings of Fact 2 and 6, Dr. Kannapiran entered into the medical records of Patients 1 and 3 false progress notes describing events that never occurred. Furthermore, as set forth in Findings of Fact 5 through 5(h), Dr. Kannapiran created fraudulent documents purporting to be progress notes for Patient 2’s last seven visits to his office. Accordingly, the conduct of Dr. Kannapiran as set forth in Findings of Fact 2, 5 through 5(h), and 6, above, constitutes “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Section 2913.31, Ohio Revised Code, Forgery.

5. As set forth in Finding of Fact 4, Dr. Kannapiran entered false information into his March 8, 2006, discharge summary for Patient 2. However, the evidence is clear that Patient 2 had been discharged from the hospital on that date. Recording false information in a discharge summary that is, in fact, an actual discharge summary does not constitute Forgery. Accordingly, the evidence is insufficient to support a conclusion that the conduct of Dr. Kannapiran as set forth in Finding of Fact 4, above, constitutes “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Section 2913.31, Ohio Revised Code, Forgery.
6. The conduct of Dr. Kannapiran as set forth in Findings of Fact 4 and 5 through 5.h, above, constitutes “[v]iolation of any provision of a code of ethics of the American medical association, the American osteopathic association, the American podiatric medical association, or any other national professional organizations that the board specifies by rule,” as that clause is used in Section 4731.22(B)(18), Ohio Revised Code, to wit: Principle II of the American Medical Association’s Principles of Medical Ethics.

\* \* \* \* \*

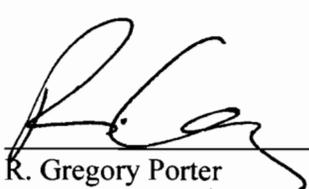
Dr. Kannapiran violated the minimal standard of care by failing to notify Patient 2 of his significantly elevated white blood cell count. In addition, Dr. Kannapiran has demonstrated a willingness to falsify his patient records. A physician who falsifies patient records does not deserve the trust of patients, the public, or the Board. Accordingly, Dr. Kannapiran must be permanently removed from the practice of medicine in Ohio.

### PROPOSED ORDER

It is hereby ORDERED that:

The certificate of Kandhasamy Kannapiran, M.D., to practice medicine and surgery in the State of Ohio shall be PERMANENTLY REVOKED.

This Order shall become effective thirty days from the date of mailing of notification of approval by the Board. In the thirty-day interim, Dr. Kannapiran shall not undertake the care of any patient not already under his care.

  
R. Gregory Porter  
Hearing Examiner

# State Medical Board of Ohio

30 E. Broad Street, 3rd Floor, Columbus, OH 43215-6127

Richard A. Whitehouse, Esq.  
Executive Director

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## EXCERPT FROM THE DRAFT MINUTES OF DECEMBER 12, 2007

### REPORTS AND RECOMMENDATIONS

Dr. Kumar announced that the Board would now consider the Reports and Recommendations appearing on its agenda. He asked whether each member of the Board had received, read, and considered the hearing records, the proposed findings of fact, conclusions of law, and orders, and any objections filed in the matters of: Kimberli Jo Burbach; Michael Shane Gainey, M.D.; Russell L. Gaudett; Cynthia Joan Johnson, P.A.; Kandhasamy Kannapiran, MD.; Ali Khan, M.D.; Robert M. Moore, M.T.; Kolli Mohan Prasad, M.D.; Willie Calvin Rabb, Jr., D.P.M.; Mary Ellen Ratcliff; and Robert Rowan Summers, D.O. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Mr. Hairston	- aye
	Dr. Steinbergh	- aye
	Dr. Kumar	- aye

Dr. Kumar asked whether each member of the Board understands that the disciplinary guidelines do not limit any sanction to be imposed, and that the range of sanctions available in each matter runs from dismissal to permanent revocation. A roll call was taken:

ROLL CALL:	Mr. Albert	- aye
	Dr. Egner	- aye
	Dr. Talmage	- aye
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Mr. Hairston	- aye

Dr. Amato	- aye
Dr. Steinbergh	- aye
Dr. Kumar	- aye

Dr. Kumar noted that, in accordance with the provision in Section 4731.22(F)(2), Revised Code, specifying that no member of the Board who supervises the investigation of a case shall participate in further adjudication of the case, the Secretary and Supervising Member must abstain from further participation in the adjudication of these matters. In the matters before the Board today, Dr. Talmage served as Secretary and Mr. Albert served as Supervising Member.

The original Reports and Recommendations shall be maintained in the exhibits section of this Journal.

.....

KANDHASAMY KANNAPIRAN, M.D.

.....

**DR. VARYANI MOVED TO APPROVE AND CONFIRM MR. PORTER'S FINDINGS OF FACT, CONCLUSIONS OF LAW, AND PROPOSED ORDER IN THE MATTER OF KANDHASAMY KANNAPIRAN, M.D. DR. STEINBERGH SECONDED THE MOTION.**

.....

A vote was taken on Dr. Varyani's motion:

ROLL CALL:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Varyani	- aye
	Dr. Buchan	- aye
	Dr. Madia	- aye
	Mr. Browning	- aye
	Mr. Hairston	- abstain
	Dr. Amato	- aye
	Dr. Steinbergh	- aye
	Dr. Kumar	- aye

The motion carried.



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.med.ohio.gov](http://www.med.ohio.gov)

December 14, 2006

Kandhasamy Kannapiran, M.D.  
1206 Royal Oak Court  
Mansfield, OH 44906

Dear Doctor Kannapiran:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand you or place you on probation for one or more of the following reasons:

- (1) From in or about February 1998 to in or about March 2006, in the routine course of your practice, you undertook the treatment of Patients 1 through 3 as identified on the attached Patient Key (key confidential to be withheld from public disclosure).
- (2) You falsely indicated in the patient record for Patient 1, a former employee, that you administered a TB test on or about March 18, 2006, and further indicated a negative test result on March 20, 2006, when in fact you did not perform said TB test on Patient 1.
- (3) In treating Patient 2, despite your awareness of Patient 2's increasing white blood cell count, you failed to apprise the patient of the high white blood cell count and/or failed to discharge Patient 2 on antibiotics although his white blood cell count on the day of discharge was 26,200.
- (4) You falsely indicated in the discharge summary regarding Patient 2's discharge from the hospital on or about March 8, 2006, that "the patient wanted to be discharged even though [you] advised him about his high white count[.]"
- (5) During an investigatory deposition conducted by Board staff on or about September 6, 2006, although you initially denied doing so, you subsequently admitted in sworn testimony that, at some time after Patient 2's death on March 30, 2006, you fabricated your progress notes for Patient 2's last seven office visits including, but not limited to:

*Mailed 12-14-06*

- (a) falsely indicated in the progress notes a steadily increasing weight for Patient 2, as opposed to the true fluctuating weights;
- (b) fabricated in the purported progress note for an office visit of October 25, 2004, Patient 2's temperature, respirations, height and weight measurements;
- (c) fabricated in the purported progress note for an office visit of January 11, 2005, Patient 2's blood pressure, pulse, temperature, respirations, height, weight and blood sugar measurements, as well as falsely indicated that you increased the direction for use of Prinivil and decreased the direction for use of Lantus;
- (d) fabricated in the purported progress note for an office visit of February 14, 2005, Patient 2's pulse, temperature, respirations, weight and blood sugar measurements, as well as falsely indicated that you added Hyzaar as a treatment;
- (e) fabricated in the purported progress note for an office visit of June 21, 2005, Patient 2's pulse, temperature, respirations, height, weight and blood sugar measurements;
- (f) fabricated in the purported progress note for an office visit of September 22, 2005, Patient 2's pulse, temperature, respirations, weight and blood sugar measurements, as well as falsely indicated that you advised Patient 2 to lose weight and to continue Cerefolin;
- (g) fabricated in the purported progress note for an office visit of December 30, 2005, Patient 2's blood pressure, pulse, temperature, respirations, weight, as well as falsely indicated that you added Ambien CR as a treatment. Further, you falsely indicated in the same progress note that Patient 2 advised you that "he was seen at ER on 2-14-06" despite the fact that said date had not yet occurred;
- (h) fabricated in the purported progress note for an office visit of February 21, 2006, Patient 2's blood pressure, pulse, temperature, respirations, height and weight, as well as falsely indicated that Patient 2 had changed his medication use and further falsely indicated that you had advised Patient 2 to strictly follow his medication regimen.

- (6) You falsely indicated in the patient record for Patient 3, a former employee, that you administered a TB test on or about March 18, 2006, and further indicated a negative test result on March 20, 2006, when in fact you did not perform said TB test on Patient 3.

Your acts, conduct, and/or omissions as alleged in paragraphs (2), (4), (5) and (6) above, individually and/or collectively, constitute “[m]aking a false, fraudulent, deceptive, or misleading statement in the solicitation of or advertising for patients; in relation to the practice of medicine and surgery, osteopathic medicine and surgery, podiatric medicine and surgery, or a limited branch of medicine; or in securing or attempting to secure any certificate to practice or certificate of registration issued by the board,” as that clause is used in Section 4731.22(B)(5), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (3) and (5) above, individually and/or collectively, constitute “[a] departure from, or the failure to conform to, minimal standards of care of similar practitioners under the same or similar circumstances, whether or not actual injury to a patient is established,” as that clause is used in Section 4731.22(B)(6), Ohio Revised Code.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (2), (4), (5) and (6) above, individually and/or collectively, constitute “[c]ommission of an act that constitutes a felony in this state, regardless of the jurisdiction in which the act was committed,” as that clause is used in Section 4731.22(B)(10), Ohio Revised Code, to wit: Section 2913.31, Ohio Revised Code, Forgery.

Further, your acts, conduct, and/or omissions as alleged in paragraphs (4) and (5) above, individually and/or collectively, constitute “[v]iolation of any provision of a code of ethics of the American medical association, the American osteopathic association, the American podiatric medical association, or any other national professional organizations that the board specifies by rule,” as that clause is used in Section 4731.22(B)(18), Ohio Revised Code, to wit: Principle II of the American Medical Association’s Principles of Medical Ethics.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand you or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that "[w]hen the board refuses to grant a certificate to an applicant, revokes an individual's certificate to practice, refuses to register an applicant, or refuses to reinstate an individual's certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate."

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/DPK/flb  
Enclosures

CERTIFIED MAIL # 7004 2510 0006 9802 9179  
RETURN RECEIPT REQUESTED

**STEP II  
CONSENT AGREEMENT  
BETWEEN  
KANDHASAMY KANNAPIRAN, M.D.  
AND  
THE STATE MEDICAL BOARD OF OHIO**

This Consent Agreement is entered into by and between Kandhasamy Kannapiran, M.D., and the State Medical Board of Ohio [Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Kannapiran enters into this Consent Agreement being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

**BASIS FOR ACTION**

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

- A. The Board is empowered by Section 4731.22(B)(26), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for "impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice."
- B. The Board enters into this Consent Agreement in lieu of further formal proceedings based upon the violation of Section 4731.22(B)(26), Ohio Revised Code, as alleged in the Notice of Summary Suspension and Opportunity for Hearing [Notice] issued by the Board on February 12, 2004, and to which Dr. Kannapiran admitted at Paragraph E of the May 2004 Step I Consent Agreement between Dr. Kannapiran and the Board. The Board expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Consent Agreement. A copy of the May 2004 Step I Consent Agreement between Dr. Kannapiran and the Board is attached hereto and fully incorporated herein.
- C. Dr. Kannapiran is applying for the reinstatement of his license to practice medicine and surgery in the State of Ohio, License # 35-048702, which is currently suspended pursuant to the terms of the above-referenced May 2004 Step I Consent Agreement.

- D. Dr. Kannapiran states that he is also licensed to practice medicine and surgery in the States of Florida and New Jersey.
- E. Dr. Kannapiran admits that, on or about February 9, 2004, as ordered by the Board, he entered Glenbeigh Health Sources [Glenbeigh], a Board-approved treatment provider in Rock Creek, Ohio, for the purpose of undergoing a three-day evaluation to determine whether he was in violation of Section 4731.22(B)(26), Ohio Revised Code. Dr. Kannapiran admits that, as a result of the evaluation at Glenbeigh, he was determined to be impaired in his ability to practice according to acceptable and prevailing standards of care due to alcohol dependence and possible benzodiazepine abuse or dependence. Dr. Kannapiran further admits that the evaluation team at Glenbeigh recommended residential or inpatient level of care.
- F. Dr. Kannapiran admits that he entered residential treatment for chemical dependence on February 13, 2004, at The Woods at Parkside [Parkside], a Board-approved treatment provider in Columbus, Ohio. Dr. Kannapiran further admits that, while in treatment at Parkside, he disclosed a history of chemical use of approximately three years duration, during which time his drugs of choice were Valium and Vicodin. Dr. Kannapiran admits that, as a result of his disclosure, he was diagnosed with opiate and sedative dependency. Dr. Kannapiran further admits that he had failed to disclose his history of Valium and Vicodin use to the evaluators at Glenbeigh. Dr. Kannapiran states, and the Board acknowledges receipt of information to support, that he successfully completed inpatient treatment at Parkside and was discharged on March 26, 2004.
- G. Dr. Kannapiran admits that, after completing inpatient treatment, he was admitted to the Intensive Outpatient Program for chemical dependence at Parkside on March 29, 2004. Dr. Kannapiran states, and the Board acknowledges receipt of information to support, that Dr. Kannapiran successfully completed Parkside's Intensive Outpatient Program on May 7, 2004; that he entered into an aftercare contract, entitled "Continuing Care Contract," with Parkside on March 15, 2004; and that said aftercare contract remains in effect to date. Dr. Kannapiran further states that he has remained compliant with the terms of said aftercare contract.
- H. Dr. Kannapiran states, and the Board acknowledges, that Edna Jones, M.D., of Parkside, has provided a written report indicating that Dr. Kannapiran's ability to practice has been assessed and that he has been found capable of practicing medicine and surgery according to acceptable and prevailing standards of care, so long as certain treatment and monitoring requirements are in place.
- I. Dr. Kannapiran states, and the Board acknowledges, that David D. Goldberg, D.O., of Green Memorial Hospital, a Board-approved treatment provider in Xenia, Ohio, has provided a written report indicating that Dr. Kannapiran's ability to practice has been assessed and that he has been found capable of practicing medicine and surgery

according to acceptable and prevailing standards of care, so long as certain treatment and monitoring requirements are in place.

- J. Dr. Kannapiran further states, and the Board acknowledges receipt of information to support, that Dr. Kannapiran entered into an agreement with the Ohio Physicians Effectiveness Program on or about June 2, 2004, which remains in effect to date.
- K. Dr. Kannapiran states, and the Board acknowledges, that Dr. Kannapiran has fulfilled the conditions for reinstatement of his certificate to practice medicine and surgery in the State of Ohio, as established in the above-referenced May 2004 Step I Consent Agreement between Dr. Kannapiran and the Board.

### **AGREED CONDITIONS**

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, the certificate of Dr. Kannapiran to practice medicine and surgery in the State of Ohio shall be reinstated, and Dr. Kannapiran knowingly and voluntarily agrees with the Board to the following PROBATIONARY terms, conditions and limitations:

1. Dr. Kannapiran shall obey all federal, state, and local laws, and all rules governing the practice of medicine in Ohio.
2. Dr. Kannapiran shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly declaration must be received in the Board's offices on the date his quarterly declaration would have been due pursuant to his May 2004 Step I Consent Agreement with the Board. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.
3. Dr. Kannapiran shall appear in person for an interview before the full Board or its designated representative. The first such appearance shall take place on the date his appearance would have been scheduled pursuant to his May 2004 Step I Consent Agreement with the Board. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.
4. Dr. Kannapiran shall obtain permission from the Board for departures or absences from Ohio. Such periods of absence shall not reduce the probationary term, unless otherwise determined by motion of the Board for absences of three months or longer, or by the Secretary or the Supervising Member of the Board for absences of less than

three months, in instances where the Board can be assured that probationary monitoring is otherwise being performed.

5. In the event Dr. Kannapiran is found by the Secretary of the Board to have failed to comply with any provision of this Consent Agreement, and is so notified of that deficiency in writing, such period(s) of noncompliance will not apply to the reduction of the probationary period under this Consent Agreement.

## **MONITORING OF REHABILITATION AND TREATMENT**

### **Drug Associated Restrictions**

6. Dr. Kannapiran shall keep a log of all controlled substances prescribed. Such log shall be submitted, in the format approved by the Board, thirty days prior to Dr. Kannapiran's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Kannapiran shall make his patient records with regard to such prescribing available for review by an agent of the Board upon request.
7. Dr. Kannapiran shall not, without prior Board approval, administer, personally furnish, or possess (except as allowed under Paragraph 8 below) any controlled substances as defined by state or federal law. In the event that the Board agrees at a future date to modify this Consent Agreement to allow Dr. Kannapiran to administer or personally furnish controlled substances, Dr. Kannapiran shall keep a log of all controlled substances prescribed, administered or personally furnished. Such log shall be submitted in the format approved by the Board thirty days prior to Dr. Kannapiran's personal appearance before the Board or its designated representative, or as otherwise directed by the Board. Further, Dr. Kannapiran shall make his patient records with regard to such prescribing, administering, or personally furnishing available for review by an agent of the Board upon request.

### **Sobriety**

8. Dr. Kannapiran shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Kannapiran's history of chemical dependency.
9. Dr. Kannapiran shall abstain completely from the use of alcohol.

### **Drug and Alcohol Screens/Supervising Physician**

10. Dr. Kannapiran shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Kannapiran shall ensure that

all screening reports are forwarded directly to the Board on a quarterly basis. The drug testing panel utilized must be acceptable to the Secretary of the Board.

Dr. Kannapiran shall abstain from consumption of poppy seeds or any other food or liquid that may produce false results in a toxicology screen.

Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall submit to the Board for its prior approval the name and curriculum vitae of a supervising physician to whom Dr. Kannapiran shall submit the required urine specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Kannapiran. Dr. Kannapiran and the supervising physician shall ensure that the urine specimens are obtained on a random basis and that the giving of the specimen is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Kannapiran shall ensure that the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, as set forth in the materials provided by the Board to the supervising physician, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, whether all urine screens have been negative, and whether the supervising physician remains willing and able to continue in his or her responsibilities.

In the event that the designated supervising physician becomes unable or unwilling to so serve, Dr. Kannapiran must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Kannapiran shall further ensure that the previously designated supervising physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

All screening reports and supervising physician reports required under this paragraph must be received in the Board's offices no later than the due date for Dr. Kannapiran's quarterly declaration. It is Dr. Kannapiran's responsibility to ensure that reports are timely submitted.

11. The Board retains the right to require, and Dr. Kannapiran agrees to submit, blood or urine specimens for analysis at Dr. Kannapiran's expense upon the Board's request and without prior notice. Dr. Kannapiran's refusal to submit a blood or urine specimen upon request of the Board shall result in a minimum of one year of actual license suspension.

### **Monitoring Physician**

12. Before engaging in any medical practice, Dr. Kannapiran shall submit the name and curriculum vitae of a monitoring physician for prior written approval by the Secretary or Supervising Member of the Board. In approving an individual to serve in this capacity, the Secretary and Supervising Member will give preference to a physician who practices in the same locale as Dr. Kannapiran and who is engaged in the same or similar practice specialty.

The monitoring physician shall monitor Dr. Kannapiran and his medical practice, and shall review Dr. Kannapiran's patient charts. The chart review may be done on a random basis, with the frequency and number of charts reviewed to be determined by the Board.

Further, the monitoring physician shall provide the Board with reports on the monitoring of Dr. Kannapiran and his medical practice, and on the review of Dr. Kannapiran's patient charts. Dr. Kannapiran shall ensure that the reports are forwarded to the Board on a quarterly basis and are received in the Board's offices no later than the due date for Dr. Kannapiran's quarterly declaration.

In the event that the designated monitoring physician becomes unable or unwilling to serve in this capacity, Dr. Kannapiran must immediately so notify the Board in writing. In addition, Dr. Kannapiran shall make arrangements acceptable to the Board for another monitoring physician within thirty days after the previously designated monitoring physician becomes unable or unwilling to serve, unless otherwise determined by the Board. Furthermore, Dr. Kannapiran shall ensure that the previously designated monitoring physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

### **Rehabilitation Program**

13. Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., or C.A., no less than three times per week. Further, Dr. Kannapiran shall undertake and maintain participation in a Caduceus program, no less than once per week. Substitution of any other specific program must receive prior Board approval.

Dr. Kannapiran shall submit acceptable documentary evidence of continuing compliance with these programs, and said documentary evidence must be received in the Board's offices no later than the due date for Dr. Kannapiran's quarterly declarations.

### **Aftercare**

14. Dr. Kannapiran shall maintain continued compliance with the terms of the agreement that he entered into with the Ohio Physicians Effectiveness Program [OPEP], provided that, where terms of the OPEP agreement conflict with terms of this Consent Agreement, the terms of this Consent Agreement shall control.
15. Dr. Kannapiran shall maintain continued compliance with the terms of the aftercare contract entered into with his treatment provider, provided that, where terms of the aftercare contract conflict with terms of this Consent Agreement, the terms of this Consent Agreement shall control.

### **Releases**

16. Dr. Kannapiran shall provide continuing authorization, through appropriate written consent forms, for disclosure by his treatment provider to the Board, to treating and monitoring physicians, and to others involved in the monitoring process, of information necessary for them to fulfill their respective duties and obligations.

### **Required Reporting by Licensee**

17. Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Kannapiran shall provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.
18. Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Kannapiran further agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or for reinstatement of any professional license. Further, Dr. Kannapiran shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.
19. Dr. Kannapiran shall provide a copy of this Consent Agreement to all persons and entities that provide Dr. Kannapiran chemical dependency treatment or monitoring.

### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Kannapiran appears to have violated or breached any term or condition of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including, but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

If the Secretary and Supervising Member of the Board determine that there is clear and convincing evidence that Dr. Kannapiran has violated any term, condition or limitation of this Consent Agreement, Dr. Kannapiran agrees that the violation, as alleged, also constitutes clear and convincing evidence that his continued practice presents a danger of immediate and serious harm to the public for purposes of initiating a summary suspension pursuant to Section 4731.22(G), Ohio Revised Code.

### **DURATION/MODIFICATION OF TERMS**

Dr. Kannapiran shall not request termination of this Consent Agreement for a minimum of five years. In addition, Dr. Kannapiran shall not request modification to the probationary terms, limitations, and conditions contained herein for at least one year. Otherwise, the above-described terms, limitations and conditions may be amended or terminated in writing at any time upon the agreement of both parties.

### **ACKNOWLEDGMENTS/LIABILITY RELEASE**

Dr. Kannapiran acknowledges that he has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Dr. Kannapiran hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code. Further, this information may be reported to appropriate organizations, data banks and governmental bodies. Dr. Kannapiran acknowledges that his social security number will be used if this information is so reported and agrees to provide his social security number to the Board for such purposes.

**EFFECTIVE DATE**

It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.

Kiran M 8/6/2004  
KANDHASAMY KANNAPIRAN, M.D.

Lance A. Talmage  
LANCE A. TALMAGE, M.D.  
Secretary

\_\_\_\_\_  
DATE  
Mary C. Mertz  
MARY C. MERTZ  
Attorney for Dr. KANNAPIRAN

8-11-04  
\_\_\_\_\_  
DATE  
Raymond J. Albert  
RAYMOND J. ALBERT  
Supervising Member

8/6/2004  
\_\_\_\_\_  
DATE

8/11/04  
\_\_\_\_\_  
DATE

Kathleen S. Peterson  
KATHLEEN S. PETERSON  
Enforcement Attorney

August 6, 2004  
\_\_\_\_\_  
DATE

**STEP I  
CONSENT AGREEMENT  
BETWEEN  
KANDHASAMY KANNAPIRAN, M.D.  
AND  
THE STATE MEDICAL BOARD OF OHIO**

This Consent Agreement is entered into by and between Kandhasamy Kannapiran, M.D., and the State Medical Board of Ohio [the Board], a state agency charged with enforcing Chapter 4731., Ohio Revised Code.

Dr. Kannapiran enters into this Consent Agreement being fully informed of his rights under Chapter 119., Ohio Revised Code, including the right to representation by counsel and the right to a formal adjudicative hearing on the issues considered herein.

**BASIS FOR ACTION**

This Consent Agreement is entered into on the basis of the following stipulations, admissions and understandings:

- A. The Board is empowered by Section 4731.22(B)(26), Ohio Revised Code, to limit, revoke, suspend a certificate, refuse to register or reinstate an applicant, or reprimand or place on probation the holder of a certificate for "impairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice."
- B. The Board enters into this Consent Agreement in lieu of further formal proceedings based upon the violation of Section 4731.22(B)(26), Ohio Revised Code, as set forth in the Notice of Summary Suspension and Opportunity for Hearing issued by the Board on February 12, 2004, attached as Exhibit A and incorporated herein by reference. The Board expressly reserves the right to institute formal proceedings based upon any other violations of Chapter 4731. of the Revised Code, whether occurring before or after the effective date of this Agreement.
- C. Dr. Kannapiran's license to practice medicine and surgery in the State of Ohio, License # 35-048702., is currently suspended/
- D. Dr. Kannapiran states that he does not hold a license to practice medicine and surgery in any other state. *I do have licenses to PRACTICE MEDICINE IN N.J. AND FLORIDA STATES*
- E. Dr. Kannapiran admits to the factual and legal allegations set forth in the February 14, 2004 Notice of Opportunity for Hearing.

*dr  
5/7/04*

**AGREED CONDITIONS**

Wherefore, in consideration of the foregoing and mutual promises hereinafter set forth, and in lieu of any formal proceedings at this time, Dr. Kannapiran knowingly and voluntarily agrees with the Board to the following terms, conditions and limitations:

**TERMINATION OF SUMMARY SUSPENSION ORDER;  
SUSPENSION OF CERTIFICATE**

1. The Summary Suspension Order of February 12, 2004, is hereby TERMINATED, and the certificate of Dr. Kannapiran to practice medicine and surgery in the State of Ohio shall be SUSPENDED for an indefinite period of time but not less than ninety days after the effective date of this agreement.

**Sobriety**

2. Dr. Kannapiran shall abstain completely from the personal use or possession of drugs, except those prescribed, dispensed or administered to him by another so authorized by law who has full knowledge of Dr. Kannapiran's history of chemical dependency.
3. Dr. Kannapiran shall abstain completely from the use of alcohol.

**Releases; Quarterly Declarations and Appearances**

4. Dr. Kannapiran shall provide authorization, through appropriate written consent forms, for disclosure of evaluative reports, summaries, and records, of whatever nature, by any and all parties that provide treatment or evaluation for Dr. Kannapiran's chemical dependency or related conditions, or for purposes of complying with this Consent Agreement, whether such treatment or evaluation occurred before or after the effective date of this Consent Agreement. The above-mentioned evaluative reports, summaries, and records are considered medical records for purposes of Section 149.43 of the Ohio Revised Code and are confidential pursuant to statute. Dr. Kannapiran further agrees to provide the Board written consent permitting any treatment provider from whom he obtains treatment to notify the Board in the event he fails to agree to or comply with any treatment contract or aftercare contract. Failure to provide such consent, or revocation of such consent, shall constitute a violation of this Consent Agreement.
5. Dr. Kannapiran shall submit quarterly declarations under penalty of Board disciplinary action and/or criminal prosecution, stating whether there has been compliance with all the conditions of this Consent Agreement. The first quarterly

declaration must be received in the Board's offices on the first day of the third month following the month in which this Consent Agreement becomes effective, provided that if the effective date is on or after the 16th day of the month, the first quarterly declaration must be received in the Board's offices on the first day of the fourth month following. Subsequent quarterly declarations must be received in the Board's offices on or before the first day of every third month.

6. Dr. Kannapiran shall appear in person for an interview before the full Board or its designated representative during the third month following the effective date of this Consent Agreement. Subsequent personal appearances must occur every three months thereafter, and/or as otherwise requested by the Board. If an appearance is missed or is rescheduled for any reason, ensuing appearances shall be scheduled based on the appearance date as originally scheduled.

Drug & Alcohol Screens; Supervising Physician

7. Dr. Kannapiran shall submit to random urine screenings for drugs and alcohol on a weekly basis or as otherwise directed by the Board. Dr. Kannapiran shall ensure that all screening reports are forwarded directly to the Board on a quarterly basis. The drug-testing panel utilized must be acceptable to the Secretary of the Board.

Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall submit to the Board for its prior approval the name of a supervising physician to whom Dr. Kannapiran shall submit the required urine specimens. In approving an individual to serve in this capacity, the Board will give preference to a physician who practices in the same locale as Dr. Kannapiran. Dr. Kannapiran and the supervising physician shall ensure that the urine specimens are obtained on a random basis and that the giving of the specimen is witnessed by a reliable person. In addition, the supervising physician shall assure that appropriate control over the specimen is maintained and shall immediately inform the Board of any positive screening results.

Dr. Kannapiran shall ensure that the supervising physician provides quarterly reports to the Board, in a format acceptable to the Board, as set forth in the materials provided by the Board to the supervising physician, verifying whether all urine screens have been conducted in compliance with this Consent Agreement, whether all urine screens have been negative, and whether the supervising physician remains willing and able to continue in his or her responsibilities.

In the event that the designated supervising physician becomes unable or unwilling to so serve, Dr. Kannapiran must immediately notify the Board in writing, and make arrangements acceptable to the Board for another supervising physician as soon as practicable. Dr. Kannapiran shall further ensure that the previously designated

supervising physician also notifies the Board directly of his or her inability to continue to serve and the reasons therefore.

All screening reports and supervising physician reports required under this paragraph must be received in the Board's offices no later than the due date for Dr. Kannapiran's quarterly declaration. It is Dr. Kannapiran's responsibility to ensure that reports are timely submitted.

#### Rehabilitation Program

8. Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall undertake and maintain participation in an alcohol and drug rehabilitation program, such as A.A., N.A., C.A., or Caduceus, no less than three times per week. Substitution of any other specific program must receive prior Board approval.

Dr. Kannapiran shall submit acceptable documentary evidence of continuing compliance with this program that must be received in the Board's offices no later than the due date for Dr. Kannapiran's quarterly declarations.

#### **CONDITIONS FOR REINSTATEMENT**

9. The Board shall not consider reinstatement of Dr. Kannapiran's certificate to practice medicine and surgery until all of the following conditions are met:
  - a. Dr. Kannapiran shall submit an application for reinstatement, accompanied by appropriate fees, if any.
  - b. Dr. Kannapiran shall demonstrate to the satisfaction of the Board that he can resume practice in compliance with acceptable and prevailing standards of care under the provisions of his certificate. Such demonstration shall include but shall not be limited to the following:
    - i. Certification from a treatment provider approved under Section 4731.25 of the Revised Code that Dr. Kannapiran has successfully completed any required inpatient treatment.
    - ii. Evidence of continuing full compliance with a post-discharge aftercare contract with a treatment provider approved under Section 4731.25 of the Revised Code. Such evidence shall include, but not be limited to, a copy of the signed aftercare contract. The aftercare contract must comply with rule 4731-16-10 of the Administrative Code.

- iii. Evidence of continuing full compliance with this Consent Agreement.
  - iv. Two written reports indicating that Dr. Kannapiran's ability to practice has been assessed and that he has been found capable of practicing according to acceptable and prevailing standards of care. The reports shall be made by individuals or providers approved by the Board for making such assessments and shall describe the basis for this determination.
- c. Dr. Kannapiran shall enter into a written consent agreement including probationary terms, conditions and limitations as determined by the Board or, if the Board and Dr. Kannapiran are unable to agree on the terms of a written Consent Agreement, then Dr. Kannapiran further agrees to abide by any terms, conditions and limitations imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Ohio Revised Code.

Further, upon reinstatement of Dr. Kannapiran's certificate to practice medicine and surgery in this state, the Board shall require continued monitoring which shall include, but not be limited to, compliance with the written consent agreement entered into before reinstatement or with conditions imposed by Board Order after a hearing conducted pursuant to Chapter 119. of the Revised Code. Moreover, upon termination of the consent agreement or Board Order, Dr. Kannapiran shall submit to the Board for at least two years annual progress reports made under penalty of Board disciplinary action or criminal prosecution stating whether Dr. Kannapiran has maintained sobriety.

10. In the event that Dr. Kannapiran has not been engaged in the active practice of medicine and surgery for a period in excess of two years prior to application for reinstatement, the Board may exercise its discretion under Section 4731.222, Ohio Revised Code, to require additional evidence of Dr. Kannapiran's fitness to resume practice.

#### **REQUIRED REPORTING BY LICENSEE**

11. Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall provide a copy of this Consent Agreement by certified mail, return receipt requested, to the proper licensing authority of any state or jurisdiction in which he currently holds any professional license. Dr. Kannapiran further agrees to provide a copy of this Consent Agreement by certified mail, return receipt requested, at time of application to the proper licensing authority of any state in which he applies for any professional license or reinstatement of any professional license. Further, Dr. Kannapiran shall provide this Board with a copy of the return receipt as proof of notification within thirty days of receiving that return receipt.

12. Within thirty days of the effective date of this Consent Agreement, Dr. Kannapiran shall provide a copy of this Consent Agreement to all employers or entities with which he is under contract to provide health care services or is receiving training; and the Chief of Staff at each hospital where he has privileges or appointments. Further, Dr. Kannapiran shall provide a copy of this Consent Agreement to all employers or entities with which he contracts to provide health care services, or applies for or receives training, and the Chief of Staff at each hospital where he applies for or obtains privileges or appointments.

The above-described terms, conditions and limitations may be amended or terminated in writing at any time upon the agreement of both parties.

#### **FAILURE TO COMPLY**

If, in the discretion of the Secretary and Supervising Member of the Board, Dr. Kannapiran appears to have violated or breached any term or condition of this Consent Agreement, the Board reserves the right to institute formal disciplinary proceedings for any and all possible violations or breaches, including but not limited to, alleged violations of the laws of Ohio occurring before the effective date of this Consent Agreement.

#### **ACKNOWLEDGMENTS/LIABILITY RELEASE**

Dr. Kannapiran acknowledges that he has had an opportunity to ask questions concerning the terms of this Consent Agreement and that all questions asked have been answered in a satisfactory manner.

Any action initiated by the Board based on alleged violations of this Consent Agreement shall comply with the Administrative Procedure Act, Chapter 119., Ohio Revised Code.

Dr. Kannapiran hereby releases the Board, its members, employees, agents, officers and representatives jointly and severally from any and all liability arising from the within matter.

This Consent Agreement shall be considered a public record as that term is used in Section 149.43, Ohio Revised Code, and may be reported to appropriate organizations, data banks, and governmental bodies. Dr. Kannapiran agrees to provide his social security number to the Board and hereby authorizes the Board to utilize that number in conjunction with that reporting.

**EFFECTIVE DATE**

It is expressly understood that this Consent Agreement is subject to ratification by the Board prior to signature by the Secretary and Supervising Member and shall become effective upon the last date of signature below.



\_\_\_\_\_  
KANDHASAMY KANNAPIRAN, M.D.

5. 7. 2004

DATE



\_\_\_\_\_  
WILLIAM M. TODD  
Attorney for Dr. Kannapiran

5/10/04

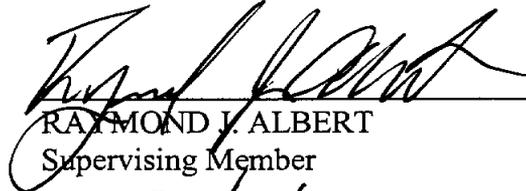
DATE



\_\_\_\_\_  
LANCE TALMAGE, M.D.  
Secretary

5-12-04

DATE



\_\_\_\_\_  
RAYMOND J. ALBERT  
Supervising Member

5/12/04

DATE



\_\_\_\_\_  
REBECCA J. ALBERS  
Assistant Attorney General

5-12-04

DATE



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

## NOTICE OF SUMMARY SUSPENSION AND OPPORTUNITY FOR HEARING

February 12, 2004

Kandhasamy Kannapiran, M.D.  
1206 Royal Oak Court  
Mansfield, OH 44906

Dear Doctor Kannapiran:

Enclosed please find certified copies of the Entry of Order, the Notice of Opportunity for Hearing, and an excerpt of the Minutes of the State Medical Board, meeting in regular session on February 12, 2004, including a Motion adopting the Order of Summary Suspension and issuing the Notice of Opportunity for Hearing pursuant to Section 4731.22(G), Ohio Revised Code.

You are advised that continued practice after receipt of this Order shall be considered practicing without a certificate, in violation of Section 4731.41, Ohio Revised Code.

Section 119.12, Ohio Revised Code, may authorize an appeal from this Order of Summary Suspension. Such an appeal may be taken to the Franklin County Court of Common Pleas only. Such an appeal, setting forth the Order appealed from and the grounds of appeal, must be commenced by the filing of a Notice of Appeal with the State Medical Board of Ohio and the Court within fifteen days after the mailing of this notice and in accordance with the requirements of Section 119.12, Ohio Revised Code.

Additionally, pursuant to Chapter 119, Ohio Revised Code, you are hereby advised that you are entitled to a hearing on the allegations set forth in the Notice of Opportunity for Hearing. If you wish to request such hearing, that request must be made in writing and be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice. Further information concerning such hearing is contained within the Notice of Opportunity for Hearing.

THE STATE MEDICAL BOARD OF OHIO

Lance A. Talmage, M.D., Secretary

LAT:blt  
Enclosures

*Mailed 2-12-04*

**CERTIFICATION**

I hereby certify that the attached copies of the Entry of Order of the State Medical Board of Ohio and the Motion by the State Medical Board, meeting in regular session on February 12, 2004, to Adopt the Order of Summary Suspension and to Issue the Notice of Opportunity for Hearing, constitute true and complete copies of the Motion and Order as they appear in the Journal of the State Medical Board of Ohio.

This certification is made under the authority of the State Medical Board of Ohio and in its behalf.



Lance A. Talmage, M.D., Secretary

(SEAL)

February 12, 2004

Date

**BEFORE THE STATE MEDICAL BOARD OF OHIO**

IN THE MATTER OF :  
:  
KANDHASAMY KANNAPIRAN, M.D. :  
:

**ENTRY OF ORDER**

This matter came on for consideration before the State Medical Board of Ohio the 12th day of February, 2004.

Pursuant to Section 4731.22(G), Ohio Revised Code, and upon recommendation of Lance A. Talmage, M.D., Secretary, and Raymond J. Albert, Supervising Member; and

Pursuant to their determination that there is clear and convincing evidence that Kandhasamy Kannapiran, M.D., has violated Section 4731.22(B)(26), Ohio Revised Code, as alleged in Notice of Summary Suspension and Opportunity for Hearing which is enclosed herewith and fully incorporated herein, which determination is based upon review of information received pursuant to an investigation; and

Pursuant to their further determination that Dr. Kannapiran's continued practice presents a danger of immediate and serious harm to the public;

The following Order is hereby entered on the Journal of the State Medical Board of Ohio for the 12th day of February, 2004;

It is hereby ORDERED that the certificate of Kandhasamy Kannapiran, M.D., to practice medicine or surgery in the State of Ohio be summarily suspended.

It is hereby ORDERED that Kandhasamy Kannapiran, M.D., shall immediately close all his medical offices and immediately refer all active patients to other appropriate physicians.

This Order shall become effective immediately.

(SEAL)

  
Lance A. Talmage, M.D., Secretary

February 12, 2004  
Date



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

## EXCERPT FROM DRAFT MINUTES OF FEBRUARY 12, 2004

### KANDHASAMY KANNAPIRAN, M.D. - ORDER OF SUMMARY SUSPENSION AND NOTICE OF OPPORTUNITY FOR HEARING

At this time the Board read and considered the proposed Order of Summary Suspension and Notice of Opportunity For Hearing in the above matter, a copy of which shall be maintained in the exhibits section of this Journal.

**DR. BHATI MOVED TO APPROVE THE ORDER OF SUMMARY SUSPENSION AND TO SEND THE NOTICE OF OPPORTUNITY FOR HEARING TO DR. KANNAPIRAN. DR. DAVIDSON SECONDED THE MOTION. A vote was taken:**

Vote:	Mr. Albert	- abstain
	Dr. Egner	- aye
	Dr. Talmage	- abstain
	Dr. Bhati	- aye
	Mr. Browning	- aye
	Dr. Davidson	- aye
	Dr. Robbins	- aye
	Dr. Garg	- abstain
	Ms. Sloan	- aye

The motion carried.



# State Medical Board of Ohio

77 S. High St., 17th Floor • Columbus, OH 43215-6127 • (614) 466-3934 • Website: [www.state.oh.us/med/](http://www.state.oh.us/med/)

February 12, 2004

Kandhasamy Kannapiran, M.D.  
1206 Royal Oak Court  
Mansfield, OH 44906

Dear Doctor Kannapiran:

In accordance with Chapter 119., Ohio Revised Code, you are hereby notified that the State Medical Board of Ohio [Board] intends to determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery, or to reprimand or place you on probation for one or more of the following reasons:

- (1) By letter dated February 2, 2004, the Board notified you of its determination that it had reason to believe that you are in violation of Section 4731.22(B)(26), Ohio Revised Code, and ordered you to undergo a three-day inpatient examination to determine if you are in violation of Section 4731.22(B)(26), Ohio Revised Code. The Board's determination was based upon one or more of the reasons outlined in such letter.
- (2) On or about February 9, 2004, you reported to Glenbeigh Health Sources of Rock Creek [Glenbeigh], a Board-approved treatment provider in Rock Creek, Ohio, for purposes of the examination ordered by the Board.
- (3) By letter dated February 11, 2004, Chester J. Prusinski, D.O., Medical Director of Glenbeigh, reported to the Board his finding that you are not qualified, by impairment due to alcohol dependence and possible benzodiazepine abuse/dependence, to perform your duties as a physician in accordance to acceptable and prevailing standards of care, noting that he found that your habitual and excessive use impairs your ability to practice, and that he recommends that you undergo residential treatment of twenty-eight days duration at a Board approved treatment provider.

Your acts, conduct, and/or omissions as alleged in paragraph (3) above, individually and/or collectively, constitute "[i]mpairment of ability to practice according to acceptable and prevailing standards of care because of habitual or excessive use or abuse of drugs, alcohol, or other substances that impair ability to practice," as that clause is used in Section 4731.22(B)(26), Ohio Revised Code.

Pursuant to Chapter 119., Ohio Revised Code, you are hereby advised that you are entitled to a hearing in this matter. If you wish to request such hearing, the request must be made in writing

and must be received in the offices of the State Medical Board within thirty days of the time of mailing of this notice.

You are further advised that, if you timely request a hearing, you are entitled to appear at such hearing in person, or by your attorney, or by such other representative as is permitted to practice before this agency, or you may present your position, arguments, or contentions in writing, and that at the hearing you may present evidence and examine witnesses appearing for or against you.

In the event that there is no request for such hearing received within thirty days of the time of mailing of this notice, the State Medical Board may, in your absence and upon consideration of this matter, determine whether or not to limit, revoke, permanently revoke, suspend, refuse to register or reinstate your certificate to practice medicine and surgery or to reprimand or place you on probation.

Please note that, whether or not you request a hearing, Section 4731.22(L), Ohio Revised Code, provides that “[w]hen the board refuses to grant a certificate to an applicant, revokes an individual’s certificate to practice, refuses to register an applicant, or refuses to reinstate an individual’s certificate to practice, the board may specify that its action is permanent. An individual subject to a permanent action taken by the board is forever thereafter ineligible to hold a certificate to practice and the board shall not accept an application for reinstatement of the certificate or for issuance of a new certificate.”

Copies of the applicable sections are enclosed for your information.

Very truly yours,



Lance A. Talmage, M.D.  
Secretary

LAT/blt  
Enclosures

CERTIFIED MAIL # 7000 0600 0024 5146 5936  
RETURN RECEIPT REQUESTED

cc: William M. Todd  
1300 Huntington Center  
41 South High Street  
Columbus, OH 43215-6197

CERTIFIED MAIL # 7000 0600 0024 5147 0473  
RETURN RECEIPT REQUESTED