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

In the Matter of the Accusation Against:	)	
Chang H. Park, M.D.	)	**Case No. 800-2015-019202**
Physician's and Surgeon's Certificate No. A36286	)	
Respondent	)	

DECISION

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

This Decision shall become effective at 5:00 p.m. on October 10, 2017 .

IT IS SO ORDERED October 3, 2017 .

MEDICAL BOARD OF CALIFORNIA

By: Kimberly Kirchmeyer
Executive Director

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
RICHARD D. MARINO
Deputy Attorney General
State Bar No. 90471
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-8644
Facsimile: (213) 897-9395
Attorneys for Complainant

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

In the Matter of the Accusation Against: **CHANG H. PARK, M.D.** **9314 Monte Puesto Drive** **Whittier, CA 90603** **Physician's and Surgeon's Certificate No. A 36286,** Respondent.	Case No. 800-2015-019202 **STIPULATED SURRENDER OF LICENSE AND ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Surrender and Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

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

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2. CHANG H. PARK, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about January 19, 1981, the Board issued Physician's and Surgeon's Certificate No. A 36286 to CHANG H. PARK, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2015-019202 and will expire on April 30, 2018, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-019202 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on July 25, 2017. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2015-019202 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2015-019202. Respondent also has carefully read, and understands the effects of this Stipulated Surrender of License and Order.

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

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

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CULPABILITY

8. Respondent understands that the charges and allegations in Accusation No. 800-2015-019202, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

9. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation and that those charges constitute cause for discipline. Respondent hereby gives up his right to contest that cause for discipline exists based on those charges.

10. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

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

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

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 36286, issued to Respondent CHANG H. PARK, M.D., is surrendered and accepted by the Medical Board of California.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Medical Board of California.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2015-019202 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2015-019202 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Aug. 30, 2017

CHANG H. PARK, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated:

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

RICHARD D. MARINO
Deputy Attorney General

Attorneys for Complainant

LA2017505702

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: Aug. 30, 2017

CHANG H. PARK, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

Dated: September 29, 2017.

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

RICHARD D. MARINO
Deputy Attorney General

Attorneys for Complainant

LA2017505702

Exhibit A

Accusation No. 800-2015-019202

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
RICHARD D. MARINO
Deputy Attorney General
State Bar No. 90471
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 897-8644
Facsimile: (213) 897-9395
Attorneys for Complainant

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

In the Matter of the ACCUSATION Against: **CHANG H. PARK, M.D.** **9341 Monte Puesto Drive** **Whittier CA 90603** **Physician's and Surgeon's Certificate** **A36286** Respondent.	Case No. 800-2015-019202 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about January 19, 1981, the Medical Board issued Physician's and Surgeon's Certificate Number A36286 to Chang H. Park, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on April 30, 2018, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code provides:

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

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

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

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

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

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

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

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

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

". . . .

"(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

". . . ."

6. Section 2242 of the Code provides:

"(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct.

"(b) No licensee shall be found to have committed unprofessional conduct within the meaning of this section if, at the time the drugs were prescribed, dispensed, or furnished, any of the following applies:

"(1) The licensee was a designated physician and surgeon or podiatrist serving in the "absence of the patient's physician and surgeon or podiatrist, as the case may be, and if the

drugs were prescribed, dispensed, or furnished only as necessary to maintain the patient until the return of his or her practitioner, but in any case no longer than 72 hours.

"(2) The licensee transmitted the order for the drugs to a registered nurse or to a "licensed vocational nurse in an inpatient facility, and if both of the following conditions exist:

"(A) The practitioner had consulted with the registered nurse or licensed vocational nurse who had reviewed the patient's records.

"(B) The practitioner was designated as the practitioner to serve in the absence of the patient's physician and surgeon or podiatrist, as the case may be.

"(3) The licensee was a designated practitioner serving in the absence of the patient's physician and surgeon or podiatrist, as the case may be, and was in possession of or had utilized the patient's records and ordered the renewal of a medically indicated prescription for an amount not exceeding the original prescription in strength or amount or for more than one refill.

"(4) The licensee was acting in accordance with Section 120582 of the Health and Safety Code.

7. Section 2266 of the Code provides:

"The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

STANDARD OF CARE

8. Complete chart notes must be created for each interaction. Such notes consist of a chief complaint, history of present illness, pertinent past medical history, a list of medications especially those that are pertinent, any relative surgeries or lifestyle issues, pertinent review of systems, updated physical examination, impression, analysis or diagnosis and treatment plan. The notes should be clear enough to reflect the patient's evolution or improvement. If a patient is diagnosed or treated without a face-to-face encounter, it should be clear from the notes.

9. Based on a complete evaluation of the patient, aided by any necessary testing, a

reasonable physician will reach a diagnosis or working differential diagnosis for a medical complaint. For proper treatment of urinary incontinence,[1] it is important to ascertain the specific type of incontinence before beginning therapy. Stress incontinence is often treated surgically if the symptoms warrant and the patient is a reasonable candidate. Urge incontinence is usually treated with medication to decrease bladder tone or contractions. Overflow incontinence is treated by improving drainage. Women often present with mixed incontinence claiming both elements of urge mixed with stress incontinence. The doctor begins treatment based on his or her suspicion of the mechanisms behind the complaints. Proper care involves an explanation to the patient of what treatment options are available, indications, pros and cons, risks and benefits and, perhaps, a justification for why one therapy is chosen over another or the proper sequence or treatments if a combination is necessary. This discussion allows questions and a fully informed patient who may express a preference of treatments based on this knowledge.

10. Medicare rules and regulations require charges for E&M codes or office visits must reflect a face-to-face visit or personal involvement in the procedure. Billing for phone conversations or second-hand evaluation and recommendations when the patient is not physically present is not a covered item.

11. It is necessary that any medical therapy be based on a good faith examination and proper diagnosis. Knowledge of the patient's past medical history, co-morbidities and other medications is necessary when prescribing safely and effectively. While it is appropriate to

[1] The complaint of urinary incontinence is a general term and may represent several different etiologies depending on the character of symptoms and exam. It is extremely important to distinguish urge urinary incontinence from stress urinary incontinence from total urinary incontinence (or overflow) or a mixed complaint as causes, treatments and outcomes. The correct treatment for the proper diagnosis will yield good outcomes but the incorrect therapy for the wrong diagnosis is unlikely to provide benefit. Women who have suffered pelvic trauma during childbirth often lack vaginal support (especially in post menopausal women) causing pathologic descent of the bladder neck (cystocele). There may be other contributing causes including obesity, lack of vaginal estrogen support and genetic risks. These women generally complain of stress urinary incontinence which is the involuntary loss of urine with increased abdominal pressure which occurs, for example, with coughing and laughing

simply continue patients who have done well and been stable with on ongoing medications, the decision to change medications especially to a stronger one based on limited data or information or knowledge of the patient's other comorbidities.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

12. Respondent Chang H. Park, M.D., is subject to disciplinary action under Business and Professions Code section 2234, subdivision (b), for committing gross negligence during his care, treatment and management of Patient S.R. as follows:

PATIENT S.R. AND RESPONDENT'S TREATMENT

A. Patient S.R. was a 69-year-old woman who presented to Respondent on March 30, 2011, with complaints of urinary frequency and incontinence.[2] Among other things, the patient had a history of two C-sections and left knee surgery.[3] Beginning in or about 2011, Patient S.R. was seen or treated by Respondent for issues relating to a bladder infection. Between 2011 and 2014, the patient was seen on several occasions. Between 2014 and 2015, the patient was not seen by Respondent yet continued to receive prescription medications.[4]

B. With regard to the patient's presenting complaint of urinary tract distress and incontinence, a dipstick evaluation of her urine showed 1+ white blood cells but no

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[2] See footnote 1, *amte*.

[3] It appears from the records that this patient also had a degree of Parkinson's disease. This is an important issue since patients with such histories have specific urologic complaints with respect to hypertonic bladder function and improper urinary sphincter relaxation often leading to urge incontinence or incomplete bladder emptying or both. Further, the use of anticholinergic medications for these patients may have unintended systemic complications and should be monitored carefully. The patient should be aware of how the Parkinsonism affects her urinary incontinence. Stress urinary incontinence is often a distinct issue from urge incontinence and more often due to an anatomic defect (cystocele). It does not appear that Respondent was aware of the patient's Parkinsonism or that she took levo/carbo-dopa.

[4] A CURES report for Patient S.R. showed no controlled substances or dangerous drugs having been prescribed to her by Respondent.

red blood cells. Respondent, however did not evaluate infection or, in the alternative, record that he had done so. Respondent's recorded impression was mild incontinence due to a "mild cystocele." [5] There was no documentation characterizing her complaints as far as what type of incontinence she had, how severe it was, how bothered she was or how long she had it, whether she had previously been evaluated or treated and the description of her physical examination is very brief. In summary, the notes from this initial visit were completely inadequate to represent the patient's condition or for a subsequent provider to review her initial presentation and determine whether Respondent's diagnosis was correct or treatment appropriate. Nonetheless, he did not provide repeat examinations or recommend further evaluation, recommend life style changes (Kegel's exercises) nor did he provide information about various surgical options. Instead, he provided a sample of topical oxybutynin (Gelnique), which is used to treat urinary frequency, urgency and urge incontinence but not stress urinary incontinence. It is not a treatment for cystocele. The patient was seen back April 15, 2011, with a short documented note indicating she was improved. Again, there is no description of her complaints, in what way she was improved, to what degree she was improved and whether she suffered any side effects. Again, no discussion of surgical options was undertaken and apparently no discussion was offered relative to her overall diagnosis, treatment options, pros and cons, and expected outcomes. Instead, the Gelnique samples were continued and the patient asked to come back in two months. Instead, on September 23, 2011, she returned. The very brief documentation of that visit indicated urinary frequency and "incontinence" (not otherwise characterized). There was no description of the type of incontinence she had, to what

[5] A cystocele is a medical condition that occurs when the tough fibrous wall between a woman's bladder and her vagina (the pubocervical fascia) is torn by childbirth, allowing the bladder to herniate into the vagina.

degree she suffered, nor whether it was improving or becoming worse. No discussion was undertaken of treatment options including surgical choices or distinguishing the patient's presentation with respect to stress incontinence versus urge incontinence and how the diagnosis and symptom complex might relate to her physical examination and indicate different treatments. The notes from that date were extremely brief and did not in any way reflect her status, the physician's analysis or his conclusions or planned therapy. Instead, he recommended continued Gelnique gel and provided urinary diapers. The patient followed up in his office on May 5, 2012, with the "same symptoms"(the totality of his note). Once again, there is a complete absence of symptom characterization or a description of her progress or other complaints. The patient was not physically examined nor was she at any date subsequent to the initial exam, on March 30, 2011. There was a total lack of discussion regarding her diagnosis, the distinction among various types of incontinence and how that would impact her choice of therapy, an explanation of her prognosis or a discussion of various surgical options available. Once again, she was given "Gelnique gel". There was a note indicating her return on July 3, 2013. The note is extremely brief and apparently no urinalysis was undertaken or urinary culture performed. The note consisted of only a few words (as do all the other notes). She "complained of diarrhea".

C. On February 6, and April 20, 2015, Respondent increased the patient's anticholinergic medication from topical Gelnique to oral VESIcare or oral Toviaz. Respondent's records, however, do not indicate why this was necessary.

D. Respondent increased the patient's medication without seeing the patient and without conducting a proper physical examination; and, instead, from the records, appears to have based his care and treatment on information provided by the patient's

husband rather than by the patient herself. Respondent did this despite not having seen the patient for 18 months.

E. Respondent increased the patient's medication without knowing whether the patient was voiding adequately, had developed some new aspect to her urinary complaints or was suffering from a bladder infection.[6]

F. Respondent increased the patient's medication without knowing whether the patient's bowel might have been placed in jeopardy due to increased anticholinergics.

G. Respondent increased the patient's medication without knowing whether the patient was receiving other medication which would have added to the effects of VESIcare or Toviaz. In sum, the provision of samples of VESIcare and Toviaz without a good faith examination was potentially dangerous.

H. Respondent's medical records are void of any comments on the patient's other abdominal complaints or GI symptoms and the severity of or how long her diarrhea had been present.

I. Respondent prescribed 30 Cipro pills but his records do not show whether this was a 30 or 15 day supply and what condition the Cipro was suppose to treat.

ACTS AND OMISSIONS

J. The following acts and omissions, considered individually and collectively, constitute extreme departures from the applicable standard of care:

1) Respondent failed to maintain adequate and accurate records. In short, Respondent's handwritten notes regarding the patient's complaints, past medical history, review of systems, physical examination, diagnosis and treatment plan are inadequate on each of the office visits. Among other things, Respondent did not indicate when the patient's husband came in voicing the patient's complaints in her

[6] A bladder infection could lead to urinary urgency, urge incontinence, or retention causing overflow.

absence; and, Respondent did not indicate that he was diagnosing and prescribing medication without a face-to-face visit.

2) Respondent prepared extremely brief notes of the patient's visits. These notes do not contain the requisite information concerning nature of the patient's complaints nor Respondent's analysis of the patient's condition and physical findings.

3) Respondent failed to discussed the patient's diagnosis—that is, whether it was urge or stress incontinence-- with the patient or her family.

4) Respondent failed to document whether he was seeing the patient in person or not.

5) Respondent failed to make a proper diagnosis of the patient's medical condition.

6) Respondent provided anticholinergic medication in the form of topical Gelnique or oral VESIcare or Toviaz to a patient whom he later claims to have suffered stress urinary incontinence. At no time did he undertake a discussion of the surgical options available to the patient whom he felt had a mild cystocele and mild stress incontinence despite her complaints later that she required diapers. Respondent failed to explain the risks and benefits of one of the alternative methods of treatment—namely, surgery. If, as it appears, Respondent failed to obtain a past medical history or perform complete general physical examination, he would not be aware of lUlY medical contra-indications to surgery. However, even if Respondent in his judgment felt that bladder neck suspension surgery was ill advised with its risks outweighing the benefits, it was his professional duty to explain the options to Patient S.R. along with his opinion as to why he was opposed to surgery.

7) Respondent treated the patient for stress incontinence without first determining whether the patient suffered from urge urinary incontinence given her history of Parkinson's.

8) Respondent failed to determine whether the patient suffered from urge or stress incontinence. Urinary incontinence is a very common problem and it is important that the nature of incontinence be considered when recommending therapy.

9) Respondent failed to conduct an in person visit with patient; yet, on for two charges at mid-level E&M coding, Respondent billed as if he had conducted a face-to-face examination, a simple departure from the standard of care.

10) Respondent failed to diagnose and treat the patient's diarrhea.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

13. Respondent Chang H. Park, M.D. is subject to disciplinary action pursuant to Business and Professions Code section 2234, subdivision (c), for committing repeated negligent acts, as follows:

A. Complainant refers to and, by this referenced, incorporates paragraph 12, above, as though fully set forth.

B. The following acts and omissions constitute departures from the applicable standard of care:

1) Respondent failed to maintain adequate and accurate records. In short, Respondent's handwritten notes regarding the patient's complaints, past medical history, review of systems, physical examination, diagnosis and treatment plan are inadequate on each of the office visits. Among other things, Respondent did not indicate when the patient's husband came in voicing the patient's complaints in her absence; and, Respondent did not indicate that he was diagnosing and prescribing medication without a face-to-face visit.

2) Respondent prepared extremely brief notes of the patient's visits. These notes do not contain the requisite information concerning the nature of the patient's complaints, Respondent's analysis of the patient's condition and physical findings.

3) Respondent failed to discuss the patient's diagnosis—that is, whether it was urge or stress incontinence-- with the patient or her family.

4) Respondent failed to document whether he was seeing the patient in person or not.

5) Respondent failed to make a proper diagnosis of the patient's medical condition.

6) Respondent provided anticholinergic medication in the form of topical Gelnique or oral VESIcare or Toviaz to a patient whom he later claims to have suffered stress urinary incontinence. At no time did he undertake a discussion of the surgical options available to the patient whom he felt had a mild cystocele and mild stress incontinence despite her complaints later that she required diapers.

7) Respondent failed to explain the risks and benefits of one the alternative methods of treatment—namely, surgery. If, as it appears, Respondent failed to obtain a past medical history or perform complete general physical examination, he would not be aware of lUlY medical contra-indications to surgery. However, even if Respondent in his judgment felt that bladder neck suspension surgery was ill advised with its risks outweighed the benefits, it was his professional duty to explain the options to Patient S.R. along with his opinion as to why he was opposed to surgery.

8) Respondent treated the patient for stress incontinence without first determining whether the patient suffered from urge urinary incontinence given her history of Parkinson's.

9) Respondent failed to determine whether the patient suffered from urge or stress incontinence. Urinary incontinence is a very common problem and it is important that the nature of incontinence be considered when recommending therapy.

10) Respondent failed to conduct an in-person visit with patient; yet for two charges at mid-level E&M coding, Respondent billed as if he had conducted a face-to-face examination, a simple departure from the standard of care.

11) Respondent failed to diagnose and treat the patient's diarrhea.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

14. Respondent Chang H. Park, M.D. is subject to disciplinary action pursuant to Business and Professions Code section 2234, subdivision (d), for incompetence in that he failed to demonstrate having the knowledge, training and skill necessary for the care, treatment and management of Patient S.R. as follows:

A. Complainant refers to and, by this referenced, incorporates paragraph 12, above, as though fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Failure to Perform Good Faith Examination)

15. Respondent Chang H. Park, M.D. is subject to disciplinary action pursuant to Business and Professions Code section 2242, in that he failed to perform an adequate physical examination before prescribing dangerous drugs to Patient S.R. as follows:

A. Complainant refers to and, by this reference, incorporates herein paragraph 12, above, as though fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Medical Records)

16. Respondent Chang H. Park, M.D. is subject to disciplinary action pursuant to Business and Professions Code section 2266, in that he failed to maintain adequate and accurate records relating to the provision of services to Patient S.R. as follows:

A. Complainant refers to and, by this reference, incorporates herein paragraph 12, above, as though fully set forth.

B. Respondent's chart note, dated July 3, 2013, read "the patient 'complains of diarrhea;'" yet, Respondent wrote nothing about the character of the diarrhea or presence or absence of any other symptoms such as abdominal pain, nausea, vomiting, fever or chills.

Further, Respondent failed to note the severity and duration of the diarrhea and whether it was improving or not. Respondent offered no diagnosis of the nature of the diarrhea nor is a cause offered. On the other hand, Respondent's notes indicate that "Cipro X30" was provided, but it is unclear from the notes whether this represents 30 tablets for 15 days or 30 days. It is also unclear why Cipro was offered and whether this was an attempt to treat the diarrhea or if there was any suspicion that a urinary tract infection was present. Respondent failed to have the diarrhea analyzed and to follow up to determine whether the patient's diarrhea resolved or what impact the Cipro may have had.

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SIXTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

17. Respondent Chang H. Park, M.D. is subject to disciplinary action pursuant to Business and Professions Code section 2234, generally, for unprofessional conduct, as follows:

A. Complainant refers to and, by this reference, incorporates herein paragraph 12, above, as though fully set forth.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A36286 issued to Respondent Chang H. Park, M.D.;

2. Revoking, suspending or denying approval of Respondent Chang H. Park, M.D.'s authority to supervise physician assistants, pursuant to section 3527 of the Code, and advanced practice nurses.

3. Ordering Respondent Chang H. Park, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and,

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

DATED: July 25, 2017

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

Complainant