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7 *Attorneys for the People of the State of California*

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10   SUPERIOR COURT OF THE STATE OF CALIFORNIA

11   COUNTY OF RIVERSIDE

12   BANNING JUSTICE CENTER

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15 **PEOPLE OF THE STATE OF CALIFORNIA,**	Case No. BAM1605675
16 Plaintiff,	1st
	AMENDED MISDEMEANOR COMPLAINT
17 v.	
	(AG Docket No. WC2016101849)
18 **1. ROSIE TABUYO LEE**	
19 (DOB 10/28/1964; CDL: C5739032)	COUNT 1 – Elder Abuse
	COUNT 2 – Elder Abuse
20 **2. JERRY TABUYO**	COUNT 3 – Operation of a Community Care Facility without a License
21 (DOB 02/19/1966; CDL: D2760386)	COUNT 4 – Operation of a Community Care Facility without a License
22	COUNT 5 – Operation of Residential Care Facility for the Elderly without a License
23 Defendants.	
24	COUNT 6 - Operation of Residential Care Facility for the Elderly without a License
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The Attorney General for the State of California charges that in Riverside County, California, the law was violated as follows:

COUNT 1
Elder Abuse - Penal Code § 368(c)
(One Year)

On or about March 18, 2016, in the County of Riverside, Defendant ROSIE TABUYO LEE, did, under circumstances and conditions other than those likely to produce great bodily harm and death, knowingly and willfully cause and permit the victim, HAROLD H. (d.o.b. 6/25/45), an elder and dependent adult, to suffer, and inflicted thereon, unjustifiable physical pain and mental suffering and, having the care and custody of the victim, willfully caused and permitted him to be placed in a situation in which his health was endangered, allowed someone whose conduct the defendant had a duty to supervise and control to inflict unjustifiable physical pain and mental suffering on the victim, and knew and reasonably should have known that the victim, HAROLD H., was an elder and dependent adult, a violation of Penal Code section 368, subdivision (c), a misdemeanor.

COUNT 2
Elder Abuse - Penal Code § 368(c)
(One Year)

On or about April 5, 2015, in the County of Riverside, Defendant ROSIE TABUYO LEE, did, under circumstances and conditions other than those likely to produce great bodily harm and death, knowingly and willfully cause and permit the victim, GABRIEL S. (d.o.b. 1/11/50), an elder and dependent adult, to suffer, and inflicted thereon, unjustifiable physical pain and mental suffering and, having the care and custody of the victim, willfully caused and permitted him to be placed in a situation in which his health was endangered, allowed someone whose conduct the defendant had a duty to supervise and control to inflict unjustifiable physical pain and mental suffering on the victim, and knew and reasonably should have known that the victim, GABRIEL S., was an elder and dependent adult, a violation of Penal Code section 368, subdivision (c), a misdemeanor.

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COUNT 3
Operation of a Community Care Facility Without a License
Health and Safety Code § 1540(b)
(6 months)

On about March 2016, in the County of Riverside, Defendants ROSIE TABUYO LEE did unlawfully operate a community care facility without a license at 25585 White Oak Drive in the city of Hemet in violation of Health and Safety Code sections 1540(b), 1508, and 1290.

COUNT 4
Operation of a Community Care Facility Without a License
Health and Safety Code § 1540(b)
(6 months)

On about March 2016, in the County of Riverside, Defendants ROSIE TABUYO LEE and JERRY TABUYO did unlawfully operate a community care facility without a license at 234 Shoal Reef in the city of San Jacinto in violation of Health and Safety Code sections 1540(b), 1508, and 1290.

COUNT 5
Operation of a Residential Care Facility for the Elderly Without a License
Health and Safety Code § 1569.40(b)
(6 months)

On about March 2016, in the County of Riverside, Defendant ROSIE TABUYO LEE did unlawfully operate a community care facility without a license at 25585 White Oak Drive in the city of Hemet in violation of Health and Safety Code sections 1569.40(b), 1569.10, and 1290.

COUNT 6
Operation of a Residential Care Facility for the Elderly Without a License
Health and Safety Code § 1569.40(b)
(6 months)

On about March 2016, in the County of Riverside, Defendants ROSIE TABUYO LEE and JERRY TABUYO did unlawfully operate a residential care facility for the elderly without a license at 234 Shoal Reef in the city of San Jacinto in violation of Health and Safety Code sections 1569.40(b), 1569.10, and 1290.

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Dated: December 12, 2016

Respectfully Submitted,

KAMALA D. HARRIS
Attorney General of California

LUKE VANDERDRIFT
Deputy Attorney General
Bureau of Medi-Cal Fraud and Elder Abuse
Attorneys for the People of the State of California

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SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
MISDEMEANOR PLEA FORM

People v. _Jerry Tabuyo_ **Case Number:** _BAM1605675_

GSI

A. ADVISEMENT OF RIGHTS:

Initials

JT 1. I have the right to a speedy and public trial by a judge or jury.

JT 2. At my trial, I have the right to face and cross-examine any witnesses against me.

JT 3. I have the right to ask the court to compel witnesses to attend my trial at no expense to me.

JT 4. I have the right against self-incrimination. I cannot be forced to testify against myself, but I also have the right to testify in my own defense if I choose to do so.

JT 5. I have the right to be represented by a lawyer at all proceedings. If I cannot afford one, the court will appoint one to represent me at no cost to me.

JT 6. I have the right to have a court reporter at all proceedings. If I wish one, I will advise the court in advance. If I cannot afford to pay for the court reporter, the court will provide one at no cost to me.

B. CONSEQUENCES OF PLEA:

JT 1. I will be ordered to pay restitution to the victim(s).

JT 2. I agree that the amount of victim restitution is _____. If the parties do not agree, the probation department will determine the amount. If I disagree with the amount, I may request a hearing

JT 3. Charges and/or enhancements may have been dismissed as part of this negotiated disposition with the District Attorney's Office. I agree that I will be ordered to pay restitution to the victim(s) of the dismissed charges and/or enhancements.

JT 4. I will be ordered to pay a restitution fine of at least $150 and not more than $1000. There are several other fines and fees that will be imposed as a result of this guilty plea.

JT 5. If I am not a citizen of the United States, I understand that this conviction may have the consequences of deportation, exclusion from admission to the United States, or denial of naturalization pursuant to the laws of the United States.

JT 6.) Being under the influence of alcohol or drugs, or both, impairs your ability to safely operate a motor vehicle. Therefore, it is extremely dangerous to human life to drive while under the influence of alcohol or drugs, or both. If I drive while under the influence of alcohol or drugs, or both, and as a result of that driving, someone is killed, I can be charged with murder.

JT 7. My driving privileges may be suspended or revoked by the Department of Motor Vehicles.

JT 8. I may not be able to own or possess a firearm if I am convicted of a crime involving domestic violence, assault, or a firearm violation.

JT 9. I understand that I will be ordered to register with law enforcement as a(n) _____ and that if I fail to register or to keep my registration current for any reason, new felony criminal charges may be filed against me. I understand that registration as a sex offender is a life long requirement.

JT 10. I may be required to undergo AIDS testing if I am convicted of sex crimes or an assault.

JT 11. I may be required to give a DNA sample.

JT 12. Other _____.

C. DEFENDANT'S STATEMENT:

JT 1. All the promises made to me are written on this form, or stated in open court.

JT 2. No one has made any threats to me or anyone close to me, or placed any pressure of any kind on me in order to make me plead guilty.

JT 3. I understand that if I violate any of my probation terms, I could be sentenced to the maximum custody term possible under these charges as set forth under "Plea Agreement", Item 3.

JT 4. If there are any dismissed charges, they may be considered in determining restitution and the appropriate sentence.

JT 5. As part of this plea, I (circle one) do / do not waive any right to appeal that I may have.

JT 6. Factual Basis: I agree that I did the things that are stated in the charges that I am admitting.

_HS S 1540 (B)_

D. PLEA AGREEMENT:

1.   Defendant in Pro Per: I will plead guilty to the complaint as charged.

2.   Per agreement with the District Attorney, I will plead guilty to the following charges: _Ct 4_
36 months SP
100 hrs c/s 1 ST.

3.   Defendant represented by an Attorney: The terms of the disposition are:

4.   The maximum possible custody commitment for the admitted charges may be; 1 year, 6 months, _NO INVOLVEMENT_
or 90 days, depending on the charge. These are per count. _w/ PROVIDING HOUSIN_
or CARE TO NON-FAM

5.   My guilty pleas are conditional on receiving the following considerations as to sentence: _MEMBERS_

    (a)   Probation will be granted. The terms are in the Sentencing Memorandum Form which is incorporated into this Plea Form.

    b)   Probation will be denied. The terms are in the Sentencing Memorandum Form which is incorporated into this Plea Form.

E. SIGNATURES:

District Attorney: The above is a correct statement of the Plea Agreement between defense and prosecution.

AM TALDA for LUKE VANDULDRIP

_1/24/17_	_JERRY Tabuyo_	
(DATE)	(PRINT NAME)	(SIGNATURE)

Defendant: I have read and understand this entire document. I waive and give up all of the rights that I have initialed. I accept this Plea Agreement. An Attorney acting as a Judge Pro Tem or a Commissioner may act as a Judge in this case.

_01/24/17_	_JERRY TABUYO_	
(DATE)	(PRINT NAME)	(SIGNATURE)

Defense Attorney: I am the attorney for the defendant. I am satisfied that (1) the defendant understands his/her constitutional rights and understand that a guilty plea would be a waiver of these rights; (2) the defendant has had an adequate opportunity to discuss his/her case with me, including any defenses he/she may have to the charges; and (3) the defendant understands the consequences of his/her guilty plea. I join in the decision of the defendant to enter a guilty plea.

_01/24/17_	_Brian Bezordk_	
(DATE)	(PRINT NAME)	(SIGNATURE)

Interpreter: Having been duly sworn, I have translated this form to the defendant in the _____ language. The defendant has stated that he/she fully understood the contents of the form prior to signing.

(DATE)	(PRINT NAME)	(SIGNATURE)

SUPERIOR COURT OF CALIFORNIA, COUNTY OF RIVERSIDE
SENTENCING MEMORANDUM

F I L E D
SUPERIOR COURT OF CALIFORNIA
COUNTY OF RIVERSIDE

People v. **JERRY TABUYO**

THE FOLLOWING CHECKED TERMS AND
CONDITIONS ARE ORDERED BY THE COURT

Case Number **BAM1605675**

JAN 24 2017

☒ MISDEMEANOR   ☐ FELONY

M. Martinez

☐ PAS	Proceedings are suspended.	Charges admitted: H&S 1540 (b)	
☐ FPG	Formal probation granted for _____ months.	Priors admitted:	
☒ SPG	Summary probation granted for **36** months.	Enhancements:	
☒ T1	Obey all laws, ordinances, and court orders.	654 Counts _____ stayed pursuant to PC 654.	

JAN 24 2017

CUSTODY / WORK PROGRAMS / COMMUNITY SERVICE

☐ TAA	Be committed to the custody of RSO for _____ days. Custody to be served as follows:	☐ CTS	Credit time served _____ days actual + _____ days PC § 4019	
☐ TAJ1	_____ days to be served in the Work Release Program. Report on or before _____.	☐ CTSVF	Credit time served _____ days actual + _____ days PC § 2933.1	
☒ THA	Perform **100** hours of community service through Alternative Sentencing and report to program within 14 days, excluding time in custody. File proof of completion by _____ . **4-24-14.**	☐ CJS	_____ days county jail ordered suspended.	
		☐ CJSCS	County jail sentence consecutive to _____.	
		☐ CJSC	County jail sentence concurrent with _____.	
		☐ CJSL	County jail time to be served in _____ in lieu of County jail.	
☐ TAD	Committed to custody of RSO for one day for booking purposes only. Report to _____ by _____.	☐ CJSS	County jail sentence stay granted; defendant ordered to surrender _____ at _____ in Dept. _____.	
		☐ TXY5	Report immediately to the Riverside Sheriff's Live Scan office for fingerprinting: (I = IN], [R=RI] and [S=SW].	

FINES / FEES / RESTITUTION: All fines, fees and restitution imposed shall be paid to the Court, as directed by the Enhanced Collections Division.

☐ TBL(TBLC)	Pay fine and penalty assessment of $_____.	☐ TCE	Pay victim restitution of $_____ (PC § 1203.1(a)(3)).	
☐ TBHL1/2	Pay fine of $_____ or serve time in jail, at rate of $_____ per day ☐ concurrent ☐ consecutive.	☐ TCB/Z	Pay victim restitution; amount to be determined by the Probation Department; disputes as to the amount to be resolved at a court hearing (PC § 1203.1(a)(3)).	
☐ TXV1	Pay booking fees of $_____ (GC § 29550).			
☐ TMC1	Pay fee of $500 to domestic violence fund (PC § 1203.097(a)(5)).	☐ TCQ	Pay interest on restitution of 10% per annum from _____ (PC § 1202.4(f)(3)(G)).	
☒ TYC	Pay restitution fine of $ **150.00** (PC § 1202.4(b)).	☐ TCH/1	Pay restitution of $_____ to DPSS and report to DPSS Recovery Unit within 5 days of sentencing.	
☐ TYC4	Pay 10% of the restitution fine for administrative fee of $_____ (PC § 1202.4(l)).	☐ TXT4	Complete and return a Financial Disclosure form to the court on or before _____, or within 5 days of release.	
☒ TYF/1	Pay probation revocation restitution fine of $ **150.00** (PC § 1202.44). Stayed pending completion of Probation.	☐ TYG/A	If your fine(s) or actual restitution is not paid in full more than 120 days before completion of probation you are ordered to re-contact Enhanced Collections and complete a new Financial Disclosure Statement form (PC § 1202.4(f)(11)).	
☐ TYF3	The stay of your obligation to pay the probation revocation restitution fine of $_____ is dissolved (PC § 1202.44). Payment is due immediately.			
☐ POF	Payment of fines due by _____ or appear at 7:30 am on that date in this court.	☐ DORECD	Report to/cooperate with Enhanced Collections immediately or within two business days of release from custody.	

ALCOHOL / DUI / DRIVING LICENSE

☐ TDA	Do not consume alcoholic beverages; do not frequent places where they are main item of sale.		Contact or phone by _____ Complete by _____	
		☐ TDG1	AB541- 1st Offender Drinking Driver Program.	
☐ TDE	Do not drive with any measurable amount of alcohol or drugs in your blood, or within 6 hours of consuming alcohol or any drugs.	☐ TDG3	AB1353 - 1st Offender Drinking Driver Program (enhanced)	
		☐ TDG2	SB38 - 18-month Offender Drinking Driver Program	
		☐ TDG4	SB1176 - Alcohol and drug education class.	
☐ TDF	If arrested for driving under the influence of intoxicants, submit to blood, breath, or urine test as requested by the arresting officer.	☐ TDG7	Enroll in the TEMPO / Hamm Program by _____.	
		☐ TDG8	Enroll in the HAMM Program by _____	
		☐ TDN1/A	Enroll by _____ and successfully complete, at your expense, the Continuous Alcohol Monitor (CAM) Program, through LCA Client Services.	
☐ TDH	Do not drive without valid license, insurance & registration.			
☐ TDM1/A	Install an ignition interlock device in each vehicle you own or operate by _____ and maintain for a period of _____ months from the date of reinstatement of your driving privilege.	☐ TDN1B	Pay the CAM monitoring and installation fees in an amount and manner as determined by LCA Client Services, and as directed by the probation officer.	
		☐ DMVNIR	DMV shall not issue a restricted drivers license.	
☐ TDM2	File proof of installation of IID by _____.		Your license:	
☐ TDM12	IID installation is stayed as long as you do not own or operate any vehicle.	☐ TXD3	Is suspended for _____ months. Surrender license to the court.	
		☐ TXG1	Shall be revoked by DMV (VC § 13202(b)) for _____ mos.	
☐ PPIID	Provide proof of installation of IID by returning the verification form to the court by _____ or appear at _____ in Dept. _____ on that date.	☐ TXG4/A	Shall be revoked by DMV for _____ months and until you complete the SB38 drinking driver program, if ordered.	
		☐ THV	Enroll in boating safety classes by _____ and complete by _____	

DRUG / SEARCH / TEST PROGRAM TERMS

☐ TDL1	Do not knowingly use or possess any controlled substances, unless lawfully prescribed for you.		Register with local law enforcement within 5 days from today or within 5 days upon release from custody:	
☐ TEC	Submit to chemical test of your blood, saliva, breath or urine or any reasonable physical test upon request of any law enforcement or probation officer.	☐ THK1	PC § 290	
		☐ THK2	H&S § 11590	
		☐ THK3	PC § 457.1	
☒ TEA1/A	Submit to immediate search of person/property including all residences/premises/storage units, containers & vehicles under your control; by probation officer or law enforcement officer; with or without cause;	☐ THK4	PC § 186.30	
		☐ TDB	Attend _____ AA meetings or approved alternative program. Provide proof of completion to probation/court by _____.	
☒ TEA1B	Search for the detection of _licensed care or illegal_	☐ TDB3	Attend _____ NA meetings or approved alternative program. Provide proof of completion to probation/court by _____.	
☐ TEF2	Provide a DNA sample as directed by probation or law enforcement personnel (PC § 296(a)).	☐ THG/A	Reside at _____, cooperate with staff and do not leave without permission.	
☐ TXJ1/A	Submit to HIV/AIDS testing by RSO (in-custody)/County Health Department within 5 days of this order (PC § 1202.1).	☐ THF/A	Participate and complete at your expense any counseling, rehabilitation/treatment, program deemed appropriate by probation officer; and authorize release of information relative to progress.	
☐ THP	Enroll in AIDS education program by _____ and complete by _____			

CR002
[Rev. 09/19/16]

People v. __JERRY TABUYO__   Case Number: __BAM 1605675__

DRUG / SEARCH / TEST PROGRAM TERMS (Continued)

☐ TMJ	Report to the Alternative Sentencing within 14 days (excluding time in custody) and:		☐ TMF	Enroll in parenting classes as directed/thru the Court / Probation/ Alternative Sentencing/DPSS by _____. Complete by _____. *
☐ TMB	Enroll in a 52-week Domestic Violence Program and provide proof of enrollment to the court/probation by _____ and complete by _____. *		☐ TMA	Enroll in Anger Management Program by _____ and complete by _____. *
			☐ TME1	Enroll in probation approved 1-year minimum Child Abuse Treatment Prog. Provide proof within 30 days of order/release.

*Submit proof of enrollment and/or completion of the above noted programs as directed by your probation officer and/or Alternative Sentencing.

ASSOCIATION / RESIDENCE / WORK TERMS

☐ THO	Do not associate with any unrelated person you know to be on probation or parole.		☐ THC	Inform the probation officer of your place of residence and reside at residence approved by the probation officer;
☐ THO1	Do not associate with any unrelated person you know to be either on probation, on parole, or a gang member.		☐ THC1	Give written notice to the probation officer 24 hours before changing your residence and do not move without the approval of the probation officer.
☐ TDK	Do not associate with any unrelated person you know to be a possessor, user or trafficker of controlled substances.		☐ THB	Seek and maintain employment or attend a full time school or vocational program.
☒ THR	Do not leave the State of California without first obtaining written permission of the probation department per the Interstate Compact Act.			

TAGGER TERMS

☐ TLR	Do not engage in tagging, marking, painting, scribing or defacing public and/or private property.		☐ TLU	Submit to immediate search of person/auto/residence, surrounding premises/storage areas/personal property by probation or law enforcement officer with or without reasonable cause;
☐ TLS	Do not knowingly use or possess spray paint, markers, scribers, aerosol nozzles, or other items that you know are commonly used for tagging.		☐ TLU1	for detection of tagging and/or scribing items such as: spray paint, markers, scribers, aerosol nozzles or other items commonly used for tagging.
☐ TLT	Do not associate with any person you know to engage in tagging or similar activities.			

ADDITIONAL PROBATION TERMS

☐ THJ1/A	Do not knowingly own/possess/have under your control / immediate access to any firearm/deadly weapon, ammunition or weapon related paraphernalia/incendiary device.		☐ THD	Have no direct or indirect contact with _____.
			☐ TFK	Do not annoy, harass, threaten or disturb the peace of _____
☐ TXA2	Weapon ordered destroyed (PC § 12028).		☐ TMI	Any valid Domestic Violence protection/restraining order existing during the period of probation is incorporated into probation terms.
☐ TFO	Stay _____ yards away from _____, and don't enter premises described as _____			
☒	Other: ATTACHED PAGES RE UNLICENSED CARE & ILLEGAL HOUSING INCORPORATED HEREIN			

ADDITIONAL FORMAL PROBATION TERMS

☐ THM1	If expelled or deported, do not re-enter the United States illegally.		☐ THL	Report to probation officer immediately or upon release from custody, and abide by all reasonable directives of probation officer;
☐ THM2	If expelled, deported, or voluntarily leave the United States, you must report to probation by telephone or in writing within 30 days of departure.		☐ THI	Report any law enforcement contacts to probation officer within 48 hours.

ADDITIONAL ORDERS OF THE COURT

☒ TXX	Pay court operations assessment fee of $40 per convicted charge (PC § 1465.8).		☐ TXL	Pay cost of pre-sentence report in amount to be determined by Probation, not to exceed $_____ (PC § 1203.1b).
☒ TXW	Pay court conviction assessment fee of $30 per convicted misdemeanor/felony charge (GC § 70373).		☐ TXM/A	Pay the costs of probation supervision in an amount to be determined by Probation. Based on the level of supervision, the costs will range from $_____ to $_____ (PC § 1203.1b).
☐ TXW1	Pay court conviction assessment fee of $35 per convicted infraction charge (GC § 70373).		☐ TEE	Pay the actual cost of court ordered drug testing through the court as directed by Enhanced Collections.
☐ TXV2	Pay citation fees of $10 (GC § 29550).		☐ DORECA	Report to Enhanced Collections immediately, or within two business days after release, regarding ability to pay attorney fees; total hours _____.
☐ TXV3	Pay O.R. fees of $25 (GC § 29550).			
☐ TBAL	Pay drug lab fee and penalty assessment of $190 (H&S § 11372.5).		☐ CFAF	Court finds defendant has the ability to reimburse the county for attorney fees at the standard rate of $119.50 per hour. Attorney fees ordered in the amount of $_____.
☐ TBOL	Pay additional drug lab fee - total $_____ (H&S § 11372.5). ($50 each additional conviction)		☐ FNPAF	Any fine/fee not paid in full by _____ will be subject to a $50 administrative fee (PC § 1205(d)).
☐ TBBL	Pay drug education fee and penalty assessment of $190 (H&S § 11372.7).		☐ TXV5	Pay Pre-Sentence Incarceration costs of $_____. (Incarcerated for _____ days). (PC 1203.1c).
☐ TBQL	Pay additional drug education fee - total $_____ (H&S § 11372.7) ($50 each additional conviction).		☐ PHS	Defendant is ordered to return to court on _____ at _____ in Dept. _____ for _____
☐ TBKL	Pay an alcohol and drug assessment fee of $100 (VC § 23649).		☐ THY	Return to court on _____ at _____ in Dept. _____ for a progress hearing to evaluate your compliance with the above terms and conditions.
☐ TXP4	Pay AIDS Education fine of $_____ (PC § 1463.23)			
☐ TCS	Pay administrative fee equal to 15% of victim restitution (PC § 1203.1(l)).			

I have read, I understand, and I accept these terms and conditions of probation on pages one and two.

Defendant: _[signature]_   Defense Attorney: _[signature]_

District Attorney: _[signature] for Leah Vandergrift_   Interpreter: _____

Dated: _1·24·17_   IT IS SO ORDERED: _[signature]_   JUDICIAL OFFICER

NOTICE TO DEFENDANT: If you have been placed on probation, you have the right to ask the court either (1) to allow you to withdraw your plea of guilty or of nolo contendere and to enter a plea of not guilty, or (2), if you were convicted after a plea of not guilty, to set aside the verdict of guilty. (For details, see Penal Code section 1203.4.) If you have been convicted of a misdemeanor and not placed on probation, and one year has passed since pronouncement of judgment, you have the right to make a similar request. (For details, see Penal Code section 1203.4a.) Forms on which to make such requests are available in the clerk's office.

People v. Jerry Tabuyo BAM1605675

"Defendant shall not have any involvement in any way with the care or housing of non-family members. Defendant shall not work with the elderly or disabled. Defendant shall not own any business or profit from the business that is involved in the board or care of people. Defendant shall not assist others with property management, accept rent from any individual, or facilitate housing or care services to non-family members."

State of California—Health and Human Services Agency
Department of Health Care Services

JENNIFER KENT
DIRECTOR

EDMUND G. BROWN JR.
GOVERNOR

SEP 1 2 2017

Jerry Ribao Tabuyo
636 Nantucket Street
San Jacinto, CA 92583

Re: Suspension from Medi-Cal Participation

Dear Mr. Tabuyo:

The Director of the California State Department of Health Care Services (Department) has been notified of your January 24, 2017, conviction in the Riverside County Superior Court (*People v. Jerry Tabuyo*, No. BAM1605675) for violation of Health and Safety Code section 1540, subdivision (b). This is a conviction that has been determined by the Department to be substantially related to the qualifications, functions, or duties of a provider of service. As a provider of health care services, you were granted certain permissions to participate in the Medi-Cal program by operation of law with or without applying for enrollment. Pursuant to Welfare and Institutions Code section 14123, subdivision (a), the Director is required to automatically suspend these permissions in certain cases, which means that you are precluded from being eligible to receive payment from the Medi-Cal program directly or indirectly. This requirement applies to anyone who provides health services whenever that person is convicted of any felony or any misdemeanor involving fraud, abuse of the Medi-Cal program or any patient, or otherwise substantially related to the qualifications, functions, or duties of a provider of service. (See 42 C.F.R. § 1001.101(a); Welf. & Inst. Code, § 14123.25.)

Therefore, on behalf of the Director of the Department, you are hereby notified that you are prohibited from being able to receive payment from the Medi-Cal program for an indefinite period of time, effective twenty days (15 days' statutory notice, plus 5 days for mailing) from the date of this letter. Your name will be posted on the "Medi-Cal Suspended and Ineligible Provider List," available on the Internet. During the period of your suspension, no person or entity, including an employer, can submit any claims to the Medi-Cal program for items or services rendered by you. If you are currently enrolled in Medi-Cal, that enrollment will be terminated. Any involvement by you directly or indirectly (i.e., as an office manager, administrator, billing clerk processing or preparing claims for payment, salesperson for medical equipment, etc., or utilizing any other provider number or group or clinic number for services rendered by you) will result in nonpayment of the claim(s) submitted. Any person who presents or causes to be

Jerry Ribao Tabuyo
Page 2

SEP 1 2 2017

presented a claim for equipment or services rendered by a person suspended from receiving Medi-Cal payment shall be subject to suspension from receiving payment, the assessment of civil money penalties, and/or criminal prosecution. (See Welf. & Inst. Code, §§ 14043.61, 14107, 14123.2; Cal. Code of Regs., tit. 22, §§ 51458.1, 51484, and 51485.1.) The Department will seek recoupment of any monies paid for claims presented to the Medi-Cal program for services or supplies rendered by you during the period of your suspension.

If you have any questions about this action, please submit your concerns, in writing, to the Mandatory Suspension Desk, at the above address.

Sincerely,

Sara M. Granda
Attorney

cc: See Next Page

Avril Singh
Provider Enrollment Division
Department of Health Care Services
MS 4704
P.O. Box 997413
Sacramento, CA 95899-7413

Teresa Ghiardi
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Debbie Rielley
Criminal Intelligence Specialist III
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