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

In the Matter of the Accusation Against:	)	
JACK JYH-PERNG WU, M.D.	)	Case No. 800-2015-014602
Physician's and Surgeon's Certificate No. A 93228	)	
Respondent	)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary 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 September 5, 2018.

IT IS SO ORDERED: August 6, 2018.

MEDICAL BOARD OF CALIFORNIA

Kristina D. Lawson, J.D., Chair
Panel B

XAVIER BECERRA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
REBECCA L. SMITH
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State Bar No. 179733
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Attorneys for Complainant

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

In the Matter of the Accusation Against: JACK JYH-PERNG WU, M.D. 28720 Roadside Circle, Suite 399 Agoura Hills, California 91301-3316 Physician's and Surgeon's Certificate No. A 93228, Respondent.	Case No. 800-2015-014602 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent Jack Jyh-Perng Wu, M.D. ("Respondent") is represented in this proceeding by attorney Mark B. Guterman, whose address is 865 South Figueroa Street, 32nd Floor, Los Angeles, California 90017.

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3. On November 2, 2005, the Board issued Physician's and Surgeon's Certificate number A93228 to Respondent. That license was in full force and effect at all times relevant to the charges brought here and will expire on November 30, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2015-014602 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 June 7, 2018. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2015-014602 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2015-014602. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation No. 800-2015-014602 and that he has thereby subjected his license to disciplinary action.

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10. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2015-014602 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

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

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

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

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DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 93228 issued to Respondent Jack Jyh-Perng Wu, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions.

1. CONTROLLED SUBSTANCES - PARTIAL RESTRICTION. Respondent shall not order, prescribe, dispense, administer, furnish, or possess any opioids and/or opiate narcotics, including all opioids and/or opiate narcotics that are controlled substances as defined by the California Uniform Controlled Substances Act.

Respondent shall not issue an oral or written recommendation or approval to a patient or a patient's primary caregiver for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. If Respondent forms the medical opinion, after an appropriate prior examination and medical indication, that a patient's medical condition may benefit from the use of marijuana, Respondent shall so inform the patient and shall refer the patient to another physician who, following an appropriate prior examination and medical indication, may independently issue a medically appropriate recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5. In addition, Respondent shall inform the patient or the patient's primary caregiver that Respondent is prohibited from issuing a recommendation or approval for the possession or cultivation of marijuana for the personal medical purposes of the patient and that the patient or the patient's primary caregiver may not rely on Respondent's statements to legally possess or cultivate marijuana for the personal medical purposes of the patient. Respondent shall fully document in the patient's chart that the patient or the patient's primary caregiver was so informed. Nothing in this condition prohibits Respondent from providing the patient or the patient's primary caregiver information about the possible medical benefits resulting from the use of marijuana.

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2. CONTROLLED SUBSTANCES - MAINTAIN RECORDS AND ACCESS TO RECORDS AND INVENTORIES. Respondent shall maintain a record of all controlled substances ordered, prescribed, dispensed, administered, or possessed by Respondent, and any recommendation or approval which enables a patient or patient's primary caregiver to possess or cultivate marijuana for the personal medical purposes of the patient within the meaning of Health and Safety Code section 11362.5, during probation, showing all of the following: 1) the name and address of the patient; 2) the date; 3) the character and quantity of controlled substances involved; and 4) the indications and diagnosis for which the controlled substances were furnished.

Respondent shall keep these records in a separate file or ledger, in chronological order. All records and any inventories of controlled substances shall be available for immediate inspection and copying on the premises by the Board or its designee at all times during business hours and shall be retained for the entire term of probation.

3. EDUCATION COURSE. Within sixty (60) calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than forty (40) hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for sixty-five (65) hours of CME of which forty (40) hours were in satisfaction of this condition.

4. PRESCRIBING PRACTICES COURSE. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall

successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure.

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

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

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

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

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the course, or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

6. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within sixty (60) calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure.

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

Respondent shall submit a certification of successful completion to the Board or its designee not later than fifteen (15) calendar days after successfully completing the program or not later than fifteen (15) calendar days after the effective date of the Decision, whichever is later.

7. PROFESSIONAL BOUNDARIES PROGRAM. Within sixty (60) calendar days from the effective date of this Decision, Respondent shall enroll in a professional boundaries program approved in advance by the Board or its designee. Respondent, at the program's discretion, shall undergo and complete the program's assessment of Respondent's competency, mental health and/or neuropsychological performance, and at minimum, a 24-hour program of interactive education and training in the area of boundaries, which takes into account data obtained from the assessment and from the Decision, Accusation and any other information that the Board or its designee deems relevant. The program shall evaluate Respondent at the end of the training and the program shall provide any data from the assessment and training as well as the results of the evaluation to the Board or its designee.

Failure to complete the entire program not later than six (6) months after Respondent's initial enrollment shall constitute a violation of probation unless the Board or its designee agrees in writing to a later time for completion. Based on Respondent's performance in and evaluations from the assessment, education, and training, the program shall advise the Board or its designee of its recommendation(s) for additional education, training, psychotherapy and other measures necessary to ensure that Respondent can practice medicine safely. Respondent shall comply with program recommendations. At the completion of the program, Respondent shall submit to a final evaluation. The program shall provide the results of the evaluation to the Board or its designee. The professional boundaries program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education ("CME") requirements for renewal of licensure.

The program has the authority to determine whether or not Respondent successfully completed the program.

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

Respondent shall have no direct patient care until Respondent has successfully completed the program and has been so notified by the Board or its designee in writing.

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data

obtained from the pre-assessment, self-report forms and interview, and the Decision, Accusation, and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

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

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

Respondent shall have no direct patient care until Respondent has successfully completed the clinical competence assessment program and has been so notified by the Board or its designee in writing.

Within sixty (60) days after Respondent has successfully completed the clinical competence assessment program, Respondent shall participate in a professional enhancement program approved in advance by the Board or its designee, which shall include quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation, or until the Board or its designee determines that further participation is no longer necessary.

9. PSYCHIATRIC EVALUATION. Within thirty (30) calendar days of the effective date of this Decision, and on whatever periodic basis thereafter may be required by the Board or its designee, Respondent shall undergo and complete a psychiatric evaluation (and psychological testing, if deemed necessary) by a Board-appointed board certified psychiatrist, who shall

consider any information provided by the Board or designee and any other information the psychiatrist deems relevant, and shall furnish a written evaluation report to the Board or its designee. Psychiatric evaluations conducted prior to the effective date of the Decision shall not be accepted towards the fulfillment of this requirement. Respondent shall pay the cost of all psychiatric evaluations and psychological testing.

Respondent shall comply with all restrictions or conditions recommended by the evaluating psychiatrist within fifteen (15) calendar days after being notified by the Board or its designee.

Respondent shall have no direct patient care until notified by the Board or its designee that Respondent is mentally fit to practice medicine safely. The period of time that Respondent is not providing direct patient care shall not be counted toward completion of the term of probation.

10. PSYCHOTHERAPY. Within sixty (60) calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval the name and qualifications of a California-licensed board certified psychiatrist or a licensed psychologist who has a doctoral degree in psychology and at least five years of postgraduate experience in the diagnosis and treatment of emotional and mental disorders. Upon approval, Respondent shall undergo and continue psychotherapy treatment, including any modifications to the frequency of psychotherapy, until the Board or its designee deems that no further psychotherapy is necessary.

The psychotherapist shall consider any information provided by the Board or its designee and any other information the psychotherapist deems relevant and shall furnish a written evaluation report to the Board or its designee. Respondent shall cooperate in providing the psychotherapist with any information and documents that the psychotherapist may deem pertinent.

Respondent shall have the treating psychotherapist submit quarterly status reports to the Board or its designee. The Board or its designee may require Respondent to undergo psychiatric evaluations by a Board-appointed board certified psychiatrist. If, prior to the completion of probation, Respondent is found to be mentally unfit to resume the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is mentally fit

to resume the practice of medicine without restrictions.

Respondent shall pay the cost of all psychotherapy and psychiatric evaluations.

11. NOTIFICATION. Within seven (7) days of the effective date of this Decision, Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent, at any other facility where Respondent engages in the practice of medicine, including all physician and locum tenens registries or other similar agencies, and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance coverage to Respondent. Respondent shall submit proof of compliance to the Board or its designee within fifteen (15) calendar days.

This condition shall apply to any change(s) in hospitals, other facilities or insurance carrier.

12. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

13. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules governing the practice of medicine in California and remain in full compliance with any court ordered criminal probation, payments, and other orders.

14. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations under penalty of perjury on forms provided by the Board, stating whether there has been compliance with all the conditions of probation.

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

15. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such

addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021(b).

Place of Practice

Respondent shall not engage in the practice of medicine in Respondent's or patient's place of residence, unless the patient resides in a skilled nursing facility or other similar licensed facility.

License Renewal

Respondent shall maintain a current and renewed California physician's and surgeon's license.

Travel or Residence Outside California

Respondent shall immediately inform the Board or its designee, in writing, of travel to any areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty (30) calendar days.

In the event Respondent should leave the State of California to reside or to practice Respondent shall notify the Board or its designee in writing thirty (30) calendar days prior to the dates of departure and return.

16. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be available in person upon request for interviews either at Respondent's place of business or at the probation unit office, with or without prior notice throughout the term of probation.

17. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within fifteen (15) calendar days of any periods of non-practice lasting more than 30 calendar days and within fifteen (15) calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least forty (40) hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an

intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

In the event Respondent's period of non-practice while on probation exceeds 18 calendar months, Respondent shall successfully complete the Federation of State Medical Boards Special Purpose Examination, or, at the Board's discretion, a clinical competence assessment program that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

Respondent's period of non-practice while on probation shall not exceed two (2) years.

Periods of non-practice will not apply to the reduction of the probationary term.

Periods of non-practice for Respondent residing outside of California will relieve him of the responsibility to comply with the probationary terms and conditions with the exception of this condition and the following terms and conditions of probation: Obey All Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

18. COMPLETION OF PROBATION. Respondent shall comply with all financial obligations (e.g., restitution, probation costs) not later than one hundred twenty (120) calendar days prior to the completion of probation. Upon successful completion of probation, Respondent's certificate shall be fully restored.

19. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall

be extended until the matter is final.

20. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within fifteen (15) calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

21. PROBATION MONITORING COSTS. Respondent shall pay the costs associated with probation monitoring each and every year of probation, as designated by the Board, which may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of California and delivered to the Board or its designee no later than January 31 of each calendar year.

ACCEPTANCE

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

DATED: 7/10/18

JACK JYH-PERNG WU, M.D.
Respondent

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I have read and fully discussed with Respondent Jack Jyh-Perng Wu, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 7/11/18

Mark B. Guterman
Attorney for Respondent

ENDORSEMENT

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

Dated: 7/13/18

Respectfully submitted,

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

REBECCA L. SMITH
Deputy Attorney General
Attorneys for Complainant

LA2018501044

Exhibit A

Accusation No. 800-2015-014602

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Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO June 7 2018
BY K. Voong ANALYST

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

In the Matter of the Accusation Against: JACK JYH-PERNG WU, M.D. 28720 Roadside Drive, Suite 399 Agoura Hills, California 91301-3316 Physician's and Surgeon's Certificate No. A93228, Respondent.	Case No. 800-2015-014602 **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 November 2, 2005, the Board issued Physician's and Surgeon's Certificate number A93228 to Jack Jyh-Perng Wu, M.D. ("Respondent"). That license was in full force and effect at all times relevant to the charges brought here and will expire on November 30, 2019, 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 ("Code") unless otherwise indicated.

4. Section 2004 of the Code states:

"The board shall have the responsibility for the following:

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

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

"(c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.

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

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

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

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

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

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

5. Section 2234 of the Code states:

"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.

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"(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.

"..."

6. Section 2227 of the Code states:

"(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."

7. Section 2266 of the Code states:

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

8. Section 801.01 of the Code states:

"The Legislature finds and declares that the filing of reports with the applicable state agencies required under this section is essential for the protection of the public. It is the intent of the Legislature that the reporting requirements set forth in this section be interpreted broadly in order to expand reporting obligations.

"(a) A complete report shall be sent to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board with respect to a licensee of the board as to the following:

"(1) A settlement over thirty thousand dollars ($30,000) or arbitration award of any amount or a civil judgment of any amount, whether or not vacated by a settlement after entry of the judgment, that was not reversed on appeal, of a claim or action for damages for death or personal injury caused by the licensee's alleged negligence, error, or omission in practice, or by his or her rendering of unauthorized professional services.

"(2) A settlement over thirty thousand dollars ($30,000), if the settlement is based on the licensee's alleged negligence, error, or omission in practice, or on the licensee's rendering of unauthorized professional services, and a party to the settlement is a corporation, medical group, partnership, or other corporate entity in which the licensee has an ownership interest or that employs or contracts with the licensee.

"(b) The report shall be sent by the following:

"...

"(2) The licensee, or his or her counsel, if the licensee does not possess professional liability insurance.

"...

"(c) The entity, person, or licensee obligated to report pursuant to subdivision (b) shall send the complete report if the judgment, settlement agreement, or arbitration award is entered against or paid by the employer of the licensee and not entered against or paid by the licensee. "Employer," as used in this paragraph, means a professional corporation, a group practice, a health care facility or clinic licensed or exempt from licensure under the Health and Safety Code, a licensed health care service plan, a medical care foundation, an educational institution, a professional institution, a professional school or college, a general law corporation, a public entity, or a nonprofit organization that employs, retains, or contracts with a licensee referred to in this section. Nothing in this paragraph shall be construed to authorize the employment of, or contracting with, any licensee in violation of Section 2400.

"(d) The report shall be sent to the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board as appropriate, within 30 days after the written settlement agreement has been reduced to writing and signed by all parties thereto, within 30 days after service of the arbitration award on the parties, or within 30 days after the date of entry of the civil judgment.

"...

"(f) Failure to substantially comply with this section is a public offense punishable by a fine of not less than five hundred dollars ($500) and not more than five thousand dollars ($5,000).

"...

"(k) For purposes of this section, "licensee" means a licensee of the Medical Board of California, the Osteopathic Medical Board of California, the California Board of Podiatric Medicine, or the Physician Assistant Board."

9. Section 822 of the Code states:

"If a licensing agency determines that its licentiate's ability to practice his or her profession safely is impaired because the licentiate is mentally ill, or physically ill affecting competency, the licensing agency may take action by any one of the following methods:

"(a) Revoking the licentiate's certificate or license.

"(b) Suspending the licentiate's right to practice.

"(c) Placing the licentiate on probation.

"(d) Taking such other action in relation to the licentiate as the licensing agency in its discretion deems proper.

"The licensing agency shall not reinstate a revoked or suspended certificate or license until it has received competent evidence of the absence or control of the condition which caused its action and until it is satisfied that with due regard for the public health and safety the person's right to practice his or her profession may be safely reinstated."

10. California Code of Regulations, title 16, section 1360, states:

"For the purposes of denial, suspension or revocation of a license, certificate or permit pursuant to Division 1.5 (commencing with Section 475) of the code, a crime or act shall be considered to be substantially related to the qualifications, functions or duties of a person holding a license, certificate or permit under the Medical Practice Act if to a substantial degree it evidences present or potential unfitness of a person holding a license, certificate or permit to perform the functions authorized by the license, certificate or permit in a manner consistent with the public health, safety or welfare. Such crimes or acts shall include but not be limited to the following: Violating or attempting to violate, directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate any provision of the Medical Practice Act."

DRUG LAWS

11. Section 725 of the Code states:

"(a) Repeated acts of clearly excessive prescribing, furnishing, dispensing, or administering of drugs or treatment, repeated acts of clearly excessive use of diagnostic procedures, or repeated acts of clearly excessive use of diagnostic or treatment facilities as determined by the standard of the community of licensees is unprofessional conduct for a physician and surgeon, dentist, podiatrist, psychologist, physical therapist, chiropractor, optometrist, speech-language pathologist, or audiologist.

"..."

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12. Section 2238 of the Code states:

"A violation of any federal statute or federal regulation or any of the statutes or regulations of this state regulating dangerous drugs or controlled substances constitutes unprofessional conduct."

13. Section 2242 of the Code states:

"(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."

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14. Code section 4021 states:

"'Controlled substance' means any substance listed in chapter 2 (commencing with Section 11053) of Division 10 of the Health and Safety Code."

15. Code section 4022 provides:

"'Dangerous drug' or 'dangerous device' means any drug or device unsafe for self-use in humans or animals, and includes the following:

"(a) Any drug that bears the legend: 'Caution: federal law prohibits dispensing without prescription,' 'Rx only' or words of similar import.

"(b) Any device that bears the statement: 'Caution: federal law restricts this device to sale by or on the order of a _____,' 'Rx only,' or words of similar import, the blank to be filled in with the designation of the practitioner licensed to use or order use of the device.

"(c) Any other drug or device that by federal or state law can be lawfully dispensed only on prescription or furnished pursuant to Section 4006."

16. Health and Safety Code section 11153 states in pertinent part:

"(a) A prescription for a controlled substance shall only be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his or her professional practice...

"(b) Any person who knowingly violates this section shall be punished by imprisonment in the state prison or in a county jail not exceeding one year, or by a fine not exceeding twenty thousand ($20,000), or by both that fine and imprisonment..."

17. Health and Safety Code section 11157 states:

"No person shall issue a prescription that is false or fictitious in any respect."

18. Health and Safety Code section 11173, subdivision (a), states:

"No person shall obtain or attempt to obtain controlled substances, or procure or attempt to procure the administration of or prescription for controlled substances by (1) fraud, deceit, misrepresentation, or subterfuge; or (2) by the concealment of a material fact."

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19. Health and Safety Code section 11175 states:

"No person shall obtain or possess a prescription that does not comply with his division, nor shall any person obtain a controlled substance by means of a prescription which does not comply with this division or possess a controlled substance obtained by such a prescription."

DRUGS INVOLVED

20. Lorazepam is a Schedule IV controlled substance as defined by section 11057, subdivision (d)(16), of the Health and Safety Code and is a dangerous drug as defined in Section 4022 of the Code.

21. Hydromorphone, also known as Dilaudid, is a Schedule II controlled substance as defined by section 11055, subdivision (a)(1)(J), of the Health and Safety Code and is a dangerous drug as defined in Section 4022 of the Code.

22. Oxycodone is a Schedule II controlled substance as defined by section 11055, subdivision (a)(1)(M), of the Health and Safety Code and is a dangerous drug as defined in Section 4022 of the Code.

FACTUAL ALLEGATIONS

23. Respondent is a psychiatrist. He met J.M.[1] in approximately 2008 or 2009 while they both worked at UCLA. Respondent was the medical director for the Adult Eating Disorder Program and a psychiatrist in the UCLA Partial Hospitalization Program. J.M. worked at UCLA Adult Psychiatry as a clinical liaison/assistant. At that time, Respondent and J.M.'s interactions were limited to the workplace and both characterized their relationship as "being friends".

24. Respondent left his positions at UCLA in August 2010 and began a private outpatient psychiatry practice.

25. J.M. and her mother were invited to and attended Respondent's wedding in 2010.

26. J.M. left her position at UCLA in 2011.

27. Respondent and J.M. remained in contact following their respective departures from UCLA. In January 2013, Respondent began visiting J.M. at her home. J.M. and her mother reported to Respondent that J.M. had been having debilitating chest pains since 2011.

[1] Initials are used to protect privacy interests.

28. On August 12, 2013, J.M. executed Health Information Release forms on Respondent's office based practice letterhead providing consent and authorization for Respondent to obtain her medical information from cardiologist, Dr. H.H. and cardiologist, Dr. N.B.M.

29. Respondent agreed to become involved in J.M.'s medical care and treatment, by speaking with her providers and reviewing her medical records to assist in determining the etiology of her complaints. Respondent stated that the authorizations were executed so that Drs. H.H. and N.B.M. would speak with him regarding J.M.'s cardiac condition.[2] Drs. H.H. and N.B.M. did not provide him with J.M.'s medical records. Respondent reviewed J.M.'s medical records that she had at her home and made copies of portions of those records for his file on J.M. Respondent spoke on the phone on one occasion with Dr. H.H. and on one occasion with Dr. N.B.M.'s nurse practitioner. Respondent told them both that he was a psychiatrist and a friend of J.M. He asked their thoughts and opinions regarding her cardiac condition.

30. On August 12, 2013, Respondent prescribed 45 tablets of Lorazepam, 1 milligram, to J.M.

31. On August 23, 2013, Respondent prescribed 15 tablets of Dilaudid, 4 milligrams, to J.M.

32. On February 15, 2014, Respondent prescribed 11 tablets of Sertraline HCL, 50 milligrams, to J.M.

33. On February 16, 2014, Respondent prescribed 24 tablets of Dilaudid, 4 milligrams, to J.M. The pharmacist filling the prescription noted that Respondent dropped this prescription off at the pharmacy himself and that J.M. had not previously filled prescriptions at this location.

34. On March 19, 2014, Respondent prescribed 40 tablets of Hydromorphone, 4 milligrams, to J.M.

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[2] Respondent advised Board representatives that he was "temporarily" J.M.'s treating physician in August 2013 when she asked him for his opinion regarding her chest pain. Respondent has also stated that he did not consider himself J.M.'s treating physician when he had her execute the medical information release authorizations.

35. In April 2014, J.M. underwent bladder surgery at UCLA-Santa Monica Hospital. Respondent was not part of J.M.'s medical team. Once J.M. was discharged home, Respondent stayed with J.M. at her home to watch over her while J.M.'s mother was at work.

36. On April 19, 2014, Respondent prescribed 24 tablets of Dilaudid, 4 milligrams, to J.M.

37. On April 24, 2014, Respondent prescribed 30 tablets of Oxycodone, 5 milligrams, to J.M.

38. On April 29, 2014, Respondent prescribed 45 tablets of Oxycodone, 10 milligrams, to J.M.

39. On May 10, 2014, Respondent prescribed 60 tablets of Oxycodone, 5 milligrams, to J.M.

40. Respondent advised Board representatives that the controlled substance prescriptions that he issued following J.M.'s bladder surgery were at J.M. and her mother's request for J.M.'s post-operative surgical pain. He explained: "I wrote it because I know how bad her pain is, and a lot of providers do not believe how bad her pain can be."

41. Respondent did not speak with J.M.'s surgeon or primary care physician nor did he perform a CURES review before prescribing pain medications for J.M.[3] He did not make notes of any examination nor record any pain scale when he was prescribing to J.M. He also did not instruct J.M. to inform her surgeon or primary care physician that he had prescribed controlled substances for her.

42. Respondent told his wife that he was in love/infatuated with J.M. In August 2014, Respondent's wife filed for divorce. On August 11, 2014, following Respondent's arrest for alleged domestic battery, his wife sought a restraining order requesting that he be removed from the family home.

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[3] CURES is the Controlled Substance Utilization Review and Evaluation System which stores Schedule II, III and IV controlled substance prescription information reported as dispensed in California. Prescribers authorized to prescribe, order, administer, furnish, or dispense Schedule II, III, or IV controlled substances, and pharmacists, may access CURES data for patient care purposes.

43. Respondent moved out of the family home and Respondent stayed with J.M. and her mother for approximately one-week. Respondent slept in J.M.'s bed with her on two of the nights that he stayed at J.M.'s home. J.M. indicated that one evening during that week she fell asleep while Respondent and she were lying on her bed discussing his current family situation. She woke up with Respondent lying next to her and facing her with his leg positioned over her body. On another occasion that week, J.M. had agreed to spend the evening with Respondent but then chose to go out to dinner with friends, at which time Respondent became angry that she had changed her plans and refused to let her leave. J.M. complained to her mother that she no longer felt comfortable with Respondent staying with them and J.M.'s mother then asked him to leave.

44. On November 18, 2014, Respondent prescribed 35 tablets of Dilaudid, 4 milligrams, to J.M.

45. From March 2013 to December 2014, Respondent provided financial help to J.M. and her mother, totaling approximately $88,000.

46. In December 2014, J.M. began to recollect memories of her time spent with Respondent in 2013 and 2014. She recalled physical intimacy, including Respondent kissing her while sitting on the couch in the living room, waking up to Respondent brushing the outside of her underwear under her sweatpants, waking up to Respondent touching one of her breasts on the outside of the shirt and lying on the kitchen floor without clothes with Respondent's face above her.

47. Respondent initially reported to Board representatives that his relationship with J.M. was platonic. He stated that he kissed her on the forehead a couple of times while saying goodbye but never attempted anything else of a romantic nature physically towards her. He also stated that he kissed J.M. on the lips twice. He denied having sexual intercourse with her. He did state, however, that in later 2014, he thought maybe that the friendship was growing more into a love interest.

48. Respondent committed extreme departures from the standard of care with respect to his involvement with J.M. More specifically, Respondent excessively prescribed controlled substances to J.M. without a medical basis, without examination and without knowledge of

concurrent treatments and prescribing of her treating physicians. Further, Respondent prescribed highly addicting opioids without taking a sufficient history to determine the presence of opioid misuse. It appears that Respondent has minimized his behaviors with J.M. suggesting a serious lack of self-awareness. Respondent's behavior suggests that he is in severe denial or is attempting to minimize his personal psychological problems, both of which raise serious doubt regarding Respondent's ability to safely function as a physician without harming the public.

49. The Board requested that Respondent submit to voluntary mental and physical examinations.

50. On April 24, 2018, a mental evaluation was performed by psychiatrist, A.L.S., M.D. Following his evaluation, Dr. S concluded that Respondent is unable to practice medicine reasonably and safely without concurrent intensive monitoring, oversight and supervision.

a. Dr. S opined that Respondent lacks insight and judgment to safely practice medicine without supervision. Dr. S formed the opinion that Respondent failed to realize his egregious series of errors and only after intense prodding was he finally able to acknowledge that he was ill-suited to make the medical interventions he made.

b. Dr. S opined that Respondent lacks the ability to recognize the need for supervision and counsel, both on a chronic and emergent basis, and the inability to recognize the need for supervision and counsel makes him unsafe to practice medicine without oversight and monitoring. Further, Dr. S opined that Respondent's belief that he could trust J.M.'s mother to pick up on signs and symptoms of a major catastrophic event in J.M.'s medical condition is the kind of error in reasoning that can endanger patient health, safety and welfare.

51. On March 29, 2018, the Board received Respondent's Report of Settlement in excess of $30,000 reporting that on April 28, 2015, J.M. filed a civil lawsuit against Respondent, Los Angeles Superior Court Case No. BC580094. That lawsuit alleged causes of action for negligence; violation of Civil Code section 51.9 (sexual harassment); sexual assault and battery; and intentional inflection of emotional distress. Following the settlement of the action, a Notice of Entry of Dismissal was filed with the Court on May 15, 2017.

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FIRST CAUSE FOR DISCIPLINE

(Mental Illness and/or Physical Illness Affecting Competency)

52. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's license is subject to disciplinary action pursuant to section 822 of the Code as a result of mental illness and/or physical illness affecting Respondent's competency. The circumstances are as follows:

a. Respondent is unable to practice medicine reasonably and safely without concurrent intensive monitoring, oversight and supervision.

b. Respondent lacks insight and judgment to safely practice medicine without supervision. Respondent failed to realize his egregious series of error with respect to J.M. and only after intense prodding was Respondent finally able to acknowledge that he was ill-suited to make the medical interventions he made regarding J.M.

c. Respondent lacks the ability to recognize the need for supervision and counsel, both on a chronic and emergent basis, and the inability to recognize the need for supervision and counsel makes him unsafe to practice medicine without oversight and monitoring. Respondent's belief that he could trust J.M.'s mother to pick up on signs and symptoms of a major catastrophic event in J.M.'s medical condition is the kind of error in reasoning that can endanger patient health, safety and welfare.

53. Respondent's acts and/or omissions set forth in paragraphs 23 through 50 above, whether proven individually, jointly, or in any combination thereof, constitute mental illness and/or physical illness affecting Respondent's competency in violation of section 822 of the Code. Therefore, cause for discipline exists.

SECOND CAUSE FOR DISCIPLINE

(Gross Negligence in Excessively Prescribing Controlled Substances to J.M.)

54. Respondent is subject to disciplinary action under Code sections 2234, subdivision (b), and 725, in that he engaged in gross negligence by excessively prescribing controlled substances to J.M. Complainant refers to and, by this reference, incorporates herein, paragraphs 23 through 50, above, as though fully set forth herein. The circumstances are as follows:

a. The standard of medical practice in California requires that physicians only prescribe controlled medications or provide other treatments in the context of a professional physician – patient relationship. The standard of medical practice in California further requires that the physician make a good faith effort to obtain sufficient information necessary to establish whether or not the patient suffers from an illness or disorder requiring treatment prior to proving any form of treatment.

b. The standard of medical practice in California requires that physicians prescribing controlled medications have a medical basis, including evidence that the abusable medications are medically indicated, that there are not safer treatments, an awareness of the patient's history of substance use, or a knowledge of other providers also simultaneously prescribing controlled substances.

c. The standard of medical practice in California for a practitioner prescribing controlled substances requires that the practitioner document the assessment of the indications, benefits, risks, alternatives (and offer of alternatives), adverse effects, effectiveness, and/or precautions regarding the safe prescribing of controlled substances.

d. Respondent prescribed controlled substances to J.M. outside of the professional physician – patient relationship.

e. Respondent prescribed controlled substances to J.M. without performing any examination.

f. Respondent prescribed controlled substances to J.M. without taking a sufficient history to determine the presence of opioid misuse.

g. Respondent prescribed controlled substances to J.M. without knowledge of concurrent treatments and prescribing of her treating physicians.

h. Respondent failed to maintain documentation of his prescriptions for controlled substances for J.M.

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55. Respondent's acts and/or omissions as set forth in paragraphs 23 through 50, above, whether proven individually, jointly, or in any combination thereof, constitute gross negligence pursuant to sections 2234, subdivision (b), and 725 of the Code. Therefore cause for discipline exists.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

56. Respondent is subject to disciplinary action under section 2234, subdivision (c), in that he engaged in repeated acts of negligence by excessively prescribing controlled substances to J.M. Complainant refers to and, by this reference, incorporates herein, paragraphs 23 through 55, above, as though fully set forth herein. The circumstances are as follows:

a. Respondent prescribed controlled substances to J.M. outside of the professional physician – patient relationship.

b. Respondent prescribed controlled substances to J.M. without performing any examination.

c. Respondent prescribed controlled substances to J.M. without taking a sufficient history to determine the presence of opioid misuse.

d. Respondent prescribed controlled substances to J.M. without knowledge of concurrent treatments and prescribing of her treating physicians.

e. Respondent failed to maintain documentation of his prescriptions for controlled substances for J.M.

57. Respondent's acts and/or omissions as set forth in paragraphs 23 through 55, above, whether proven individually, jointly, or in any combination thereof, constitute repeated negligent acts pursuant to section 2234, subdivision (c), of the Code. Therefore cause for discipline exists.

FOURTH CAUSE FOR DISCIPLINE

(Violation of Drug Statutes)

58. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's license is subject to disciplinary action pursuant to section 2238 of the Code for violating drug statutes.

59. Respondent's acts and/or omissions set forth in paragraphs 23 through 50, above, whether proven individually, jointly, or in any combination thereof, constitute drug statute violations in violation of section 2238. Therefore, cause for discipline exists.

FIFTH CAUSE FOR DISCIPLINE

(Prescribing, Dispensing, or Furnishing Dangerous Drugs Without an Appropriate Prior Examination and Medical Indication)

60. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's license is subject to disciplinary action pursuant to section 2242, subdivision (a), of the Code for prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and medical indication.

61. Respondent's acts and/or omissions set forth in paragraphs 23 through 50 above, whether proven individually, jointly, or in any combination thereof, constitute prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and medical indication in violation of section 2242, subdivision (a), of the Code. Therefore, cause for discipline exists.

SIXTH CAUSE FOR DISCIPLINE

(Failing to Maintain Adequate and Accurate Medical Records)

62. By reason of the facts set forth above in paragraphs 23 through 50, Respondent's license is subject to disciplinary action pursuant to section 2266 of the Code for failing to maintain adequate and accurate medical records.

63. Respondent's acts and/or omissions set forth in paragraphs 23 through 50 above, whether proven individually, jointly, or in any combination thereof, constitute failing to maintain adequate and accurate medical records in violation of section 2266 of the Code. Therefore, cause for discipline exists.

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SEVENTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

64. By reason of the facts set forth above in paragraphs 23 through 63, Respondent's license is subject to disciplinary action pursuant to section 2234 of the Code for engaging in unprofessional conduct.

65. Respondent's acts and/or omissions set forth in paragraphs 23 through 63 above, whether proven individually, jointly, or in any combination thereof, constitute unprofessional conduct in violation of section 2234 of the Code. Therefore, cause for discipline exists.

EIGHTH CAUSE FOR DISCIPLINE

(Failure to Timely Report Settlement)

66. By reason of the facts set forth above in paragraph 51, Respondent's license is subject to disciplinary action pursuant to sections 801.01 and 2234 of the Code for failing to timely report the settlement of the lawsuit filed against him by J.M.

67. Respondent's acts and/or omissions set forth in paragraph 51 above, whether proven individually, jointly, or in any combination thereof, constitute unprofessional conduct in violation of sections 801.01 and 2234 of the Code. Therefore, cause for discipline exists.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 93228, issued to Jack Jyh-Perng Wu, M.D.;

2. Revoking, suspending or denying approval of Jack Jyh-Perng Wu, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Jack Jyh-Perng Wu, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: June 7, 2018

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

LA2018501044