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

In the Matter of the Accusation Against:	)	
ANGELA WANG, M.D.	)	**Case No. 800-2016-023024**
Physician's and Surgeon's Certificate No. A 67103	)	
Respondent	)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand 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 June 7, 2019.

IT IS SO ORDERED May 9, 2019.

MEDICAL BOARD OF CALIFORNIA

By: Kristina Lawson

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

XAVIER BECERRA
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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: **ANGELA WANG, M.D.** **3818 Gibbons Parkway** **Carmichael, CA 95608** **Physician's and Surgeon's Certificate No. No. A 67103** Respondent.	Case No. 800-2016-023024 OAH No. 2018030658 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPRIMAND**

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 Jannsen Tan, Deputy Attorney General.

2. Respondent Angela Wang, M.D. (Respondent) is represented in this proceeding by attorney Ronald Lamb, Esq., whose address is: Wilke Fleury, LLP 400 Capitol Mall, 22nd Floor, Sacramento, CA 95814.

3. On or about December 4, 1998, the Board issued Physician's and Surgeon's Certificate No. No. A 67103 to Angela Wang, M.D. (Respondent). The Physician's and Surgeon's Certificate No. was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2016-023024, and will expire on December 31, 2020, unless renewed.

JURISDICTION

4. Accusation No. 800-2016-023024 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 December 5, 2017. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2016-023024 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. 800-2016-023024. 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 her 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 her; the right to present evidence and to testify on her 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.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2016-023024, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate No. A 67103.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

RESERVATION

12. The admissions made by Respondent herein are only for the purposes of this proceeding, or any other proceedings in which the Medical Board of California or other professional licensing agency is involved, and shall not be admissible in any other criminal or civil proceeding.

CONTINGENCY

13. The parties agree that this Stipulated Settlement and Disciplinary Order for Public Reprimand shall be submitted to the Board for its consideration in the above-entitled matter and, further, that the Board shall have a reasonable period of time in which to consider and act on this Stipulation after receiving it. Respondent acknowledges that she shall not be permitted to withdraw from this Stipulation unless it is rejected by the Board.

14. The parties agree that this Stipulated Settlement and Disciplinary Order for Public Reprimand shall be null and void and not binding upon the parties unless approved and adopted by the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulation, the Board may receive oral and written communications from its staff and/or the Attorney General's office. Communications pursuant to this paragraph shall not disqualify the Board, any

member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Board, in its discretion, does not approve and adopt this Stipulation, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should the Board reject this Stipulation for any reason, Respondent will assert no claim that the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulation or of any matter or matters related hereto. Respondent acknowledges that the Board shall not be disqualified from further action in this matter by virtue of its consideration of this matter.

ADDITIONAL PROVISIONS

15. This Stipulated Settlement and Disciplinary Order for Public Reprimand is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.

16. The parties agree that facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reprimand, including facsimile signatures of the parties, may be used in lieu of original documents and signatures and, further, that facsimile copies and signatures shall have the same force and effect as originals.

17. In consideration of the foregoing admissions and stipulations, the parties agree the Board may, without further notice to or opportunity to be heard by Respondent, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

A. PUBLIC REPRIMAND

IT IS HEREBY ORDERED that Respondent Angela Wang, M.D., as holder of Physician's and Surgeon's Certificate No. A 67103 shall be and hereby is publicly reprimanded pursuant to Business and Professions Code section 2227, subdivision (a)(4) as follows:

"You failed to ensure that the blood pressure recording was turned off."

"You failed to ensure that the sevoflurane canister was removed from the anesthesia machine."

"You failed to use a direct laryngoscope, and used a fiber optic laryngoscope instead, which you felt was a more appropriate method of rapid sequence induction for the patient at the time."

"You failed to use 2.4% sevoflurane, but instead used Bi-Spectral Index- BIS to ensure adequate anesthesia."

B. CLINICAL COMPETENCE ASSESSMENT PROGRAM.

Within one year (1) 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(s), Accusation(s), 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 the 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.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. Any violation of this condition or failure to complete the program and program recommendations shall be considered unprofessional conduct and grounds for further disciplinary action.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Ronald Lamb. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate No. A 67103. 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: 1/4/2019

ANGELA WANG, M.D.
Respondent

I have read and fully discussed with Respondent Angela Wang, 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: 1/4/2019

Ronald Lamb, Esq.,
Attorney for Respondent

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ENDORSEMENT

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

Dated: 1/9/2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN MUNI
Supervising Deputy Attorney General

JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-023024

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO December 5 20 17
BY K. Young ANALYST

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

In the Matter of the Accusation Against:	Case No. 800-2016-023024
Angela Wang, M.D. **3818 Gibbons Parkway** **Carmichael, CA 95608** **Physician's and Surgeon's Certificate No. A 67103,** Respondent.	**ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about December 4, 1998, the Medical Board issued Physician's and Surgeon's Certificate No. A 67103 to Angela Wang, M.D. (Respondent). The Physician's and Surgeon's Certificate No. A 67103 was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2018, unless renewed.

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 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."

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.

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

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

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

"(d) Incompetence.

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

"(f) Any action or conduct which would have warranted the denial of a certificate.

"(g) The practice of medicine from this state into another state or country without meeting the legal requirements of that state or country for the practice of medicine. Section 2314 shall not apply to this subdivision. This subdivision shall become operative upon the implementation of the proposed registration program described in Section 2052.5.

"(h) The repeated failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board."

6. 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."

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FIRST CAUSE FOR DISCIPLINE
(Repeated Negligent Acts)

7. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts in her care and treatment of Patients JL and SV, as more particularly alleged hereinafter.

Patient JL

8. On or about February 27, 2014, Patient JL presented to the Sacramento VA Hospital with a bowel obstruction. Patient JL was a 73-year-old male who had progressive abdominal pain for the past 3 weeks. He had been tolerating a diet, but had been losing his appetite. On the afternoon of admission, he had a sudden onset of vomiting and abdominal distention. Patient JL had been unable to hold anything down. On admission to the emergency department, a kidney ureter bladder study showed air fluid levels consistent with a small bowel obstruction. He was immediately scheduled for a laparotomy.

9. Patient JL's past medical history was positive for hypertension, and a history of muscular dystrophy and weakness without definitive tissue diagnosis.

10. Respondent was the anesthesiologist for the surgery. She documented her assessment of Patient JL as "ASA status IV"[1] in her preoperative note. The anesthesia time was from 1119 - 1426 hours. Respondent assessed that Patient JL was at risk for malignant hyperthermia, and gave general anesthesia without trigger agents of succinylcholine or potent halogenated inhaled anesthetics. Respondent also induced anesthesia with Versed and etomidate, and gave no muscle relaxant. Respondent also intubated Patient JL using a fiberoptic scope. During the procedure, Respondent kept the sevoflurane vaporizer connected and attached to the anesthesia machine. This vaporizer was never turned on, and the gas analyzer for the case measured zero sevoflurane.

11. The endotracheal tube was placed without complication and without aspiration of gastric contents. The anesthetic drugs used for the case were midazolam 8 mg, ketamine 150 mg, remifentanil, etomidate 200 mg, and 100% oxygen. Beginning at 1320 hours, 400 mg of propofol

[1] ASA score is a subjective assessment of a patient's overall health that is based on five classes (I- V.) An ASA score of IV is a patient with severe systemic disease with a constant threat to life.

was administered for nasogastric tube placement. The surgery proceeded without complication, and the patient was left intubated on a ventilator at the conclusion of the surgery.

12. Respondent committed repeated negligent acts in his care and treatment of Patient JL which included, but were not limited to the following:

A. Respondent failed to conduct a rapid sequence induction of anesthesia appropriately, using a muscle relaxant;

B. Respondent failed to use rocuronium following induction of an IV agent;

C. Respondent failed to use a conventional laryngoscope or video laryngoscope in intubation; and

D. Respondent left the sevoflurane vaporizer connected to the anesthesia machine.

Patient SV

13. On or about March 18, 2014, Patient SV presented to the Sacramento VA Hospital for a left revision tympanomastoidectomy and ossicular chain reconstruction. Patient SV was a 29-year-old male who had a history of left-sided cholesteatoma and right-sided retraction pocket. The preoperative diagnosis was cholesteatoma. Respondent was the initial anesthesiologist. She assessed the patient as "ASA II[2]" in her preoperative note. She listed general anesthesia as her anesthetic plan. The anesthesia time was 1101-1505 hours.

14. Respondent induced anesthesia with 250 micrograms of fentanyl, 160 mg of propofol, and intubated the trachea after a dose of 100 mg of succinylcholine. Respondent chose a maintenance anesthetic of 1.2-1.4% inspired sevoflurane and zero nitrous oxide.

15. Respondent was relieved by Dr. N for lunch from 1210-1240 hours. Dr. N increased the sevoflurane inspired concentration to 2.4%.

16. Respondent attended from 1240–1359 hours. From 1240-1355 hours there were no blood pressures recorded on the electronic medical record.

17. Dr. JMK relieved Respondent from 1359 hours, until the end of the anesthetic. The blood pressure readings were successfully recorded from 1400 hours, until the end of the

[2] ASA II is classified as a patient with mild systemic disease without substantive functional limitations.

anesthetic. Patient SV's blood pressure was 101/53 following 75 minutes of non-monitoring. Patient SV woke up and had no complications. The procedures performed listed under the post operative report were left canal wall down tympanomastoidectomy with meatoplasty; left tegmen mastoideum encephalocele repair; left cartilage ossiculoplasty; neural monitoring; facial nerve monitoring times 2.5 hours; microdissection; and a right tympanostomy tube.

18. Respondent committed repeated negligent acts in her care and treatment of Patient SV, which included, but were not limited to the following:

A. Respondent failed to administer the 2.0% minimum alveolar concentration (MAC) of sevoflurane in a 29-year-old man;

B. Respondent's administered concentration of 100% oxygen without propofol infusion or additional narcotic was below the standard of care; and

C. Respondent failed to record blood pressure readings every five minutes during anesthesia care.

SECOND CAUSE FOR DISCIPLINE
(Failure to Keep Adequate Records)

19. Respondent is further subject to discipline under sections 2227 and 2334, as defined by section 2266, of the Code, in that she failed to maintain adequate and accurate medical records in the care and treatment of Patient SV, as more particularly alleged in paragraphs 13 through 17, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 No. A 67103, issued to respondent Angela Wang, M.D.;

2. Revoking, suspending or denying approval of respondent Angela Wang, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering respondent Angela Wang, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: December 5, 2017

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

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