

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

**In the Matter of the Accusation Against:**

**Dennis Salcido, M.D.**

**Physician's and Surgeon's  
Certificate No. A 33066**

**Respondent.**

**Case No. 800-2017-032575**

**DECISION**

**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 June 12, 2020.**

**IT IS SO ORDERED: May 14, 2020.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 XAVIER BECERRA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 DAVID CARR  
Deputy Attorney General  
4 State Bar No. 131672  
455 Golden Gate Avenue, Suite 11000  
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*Attorneys for Complainant*

8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

13 **DENNIS SALCIDO, M.D.**

14 155 N. Jackson Ave., #201  
15 Santa Clara, CA 95116

16 Physician's and Surgeon's  
17 Certificate No. A 33066

18 Respondent.

Case No. 800-2017-032575

OAH No. 2019090622

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

19  
20  
21 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-  
22 entitled proceedings that the following matters are true:

23 **PARTIES**

24 1. Christine Lally (Complainant) is the Interim Executive Director of the Medical Board  
25 of California (Board). She brought this action solely in her official capacity and is represented in  
26 this matter by Xavier Becerra, Attorney General of the State of California, by David Carr, Deputy  
27 Attorney General.  
28



1 **CULPABILITY**

2 8. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2017-032575, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

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

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

12 **RESERVATION**

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

17 **CONTINGENCY**

18 12. This stipulation shall be subject to approval by the Medical Board of California.  
19 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
20 Board of California may communicate directly with the Board regarding this stipulation and  
21 settlement, without notice to or participation by Respondent or his counsel. By signing the  
22 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
23 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
24 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
25 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
26 action between the parties, and the Board shall not be disqualified from further action by having  
27 considered this matter.  
28

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

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

7 **DISCIPLINARY ORDER**

8 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 33066 issued  
9 to Respondent Dennis Salcido, M.D. is revoked. However, the revocation is stayed and  
10 Respondent is placed on probation for three (3) years on the following terms and conditions.

11 1. EDUCATION COURSE. Within 60 calendar days of the effective date of this  
12 Decision, Respondent shall submit to the Board or its designee for its prior approval educational  
13 programs or courses which shall not be less than 25 hours. The educational program(s) or  
14 course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be  
15 Category I certified. The educational program(s) or course(s) shall be at Respondent's expense  
16 and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of  
17 licensure. Following the completion the course, the Board or its designee may administer an  
18 examination to test Respondent's knowledge of the course. Respondent shall provide proof of  
19 attendance for 50 hours of CME of which 25 hours were in satisfaction of this condition.

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

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

6 Respondent shall submit a certification of successful completion to the Board or its  
7 designee not later than 15 calendar days after successfully completing the course, or not later than  
8 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

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

27 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
28 of the preceding quarter.

1           7.       GENERAL PROBATION REQUIREMENTS.

2           Compliance with Probation Unit

3           Respondent shall comply with the Board's probation unit.

4           Address Changes

5           Respondent shall, at all times, keep the Board informed of Respondent's business and  
6 residence addresses, email address (if available), and telephone number. Changes of such  
7 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
8 circumstances shall a post office box serve as an address of record, except as allowed by Business  
9 and Professions Code section 2021(b).

10          Place of Practice

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

14          License Renewal

15          Respondent shall maintain a current and renewed California Physician's and Surgeon's  
16 license.

17          Travel or Residence Outside California

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

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

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

27          9.       NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board  
28 or its designee in writing within 15 calendar days of any periods of non-practice lasting

1 more than 30 calendar days and within 15 calendar days of Respondent's return to practice.  
2 Non-practice is defined as any period of time Respondent is not practicing medicine as  
3 defined in Business and Professions Code sections 2051 and 2052 for at least 15 hours in a  
4 calendar month in direct patient care, clinical activity or teaching, or other activity as  
5 approved by the Board. If Respondent resides in California and is considered to be in non-  
6 practice, Respondent shall comply with all terms and conditions of probation. All time  
7 spent in an intensive training program which has been approved by the Board or its  
8 designee shall not be considered non-practice and does not relieve Respondent from  
9 complying with all the terms and conditions of probation. Practicing medicine in another  
10 state of the United States or Federal jurisdiction while on probation with the medical  
11 licensing authority of that state or jurisdiction shall not be considered non-practice. A  
12 Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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






1 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
2 Decision and Order of the Medical Board of California.

3  
4 DATED: 12/08/19   
5 DENNIS SALCIDO, M.D.  
6 Respondent

7 I have read and fully discussed with Respondent Dennis Salcido, M.D. the terms and  
8 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
9 I approve its form and content.

10  
11 DATED: 12-9-19   
12 CYRUS A. TABARI  
13 Attorney for Respondent

14 **ENDORSEMENT**

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

17  
18 DATED: December 9, 2019

19 Respectfully submitted,  
20 XAVIER BECERRA  
21 Attorney General of California  
22 MARY CAIN-SIMON  
23 Supervising Deputy Attorney General

24   
25 DAVID CARR  
26 Deputy Attorney General  
27 Attorneys for Complainant  
28

**Exhibit A**

**Accusation No. 800-2017-032575**

1 XAVIER BECERRA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 DAVID CARR  
Deputy Attorney General  
4 State Bar No. 131672  
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*Attorneys for Complainant*

FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO June 12, 20 18  
BY Sara Pasion ANALYST

7  
8 **BEFORE THE**  
9 **MEDICAL BOARD OF CALIFORNIA**  
10 **DEPARTMENT OF CONSUMER AFFAIRS**  
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2017-032575

13 **DENNIS SALCIDO, M.D.**

14 155 N. Jackson Ave., #201  
15 San Jose CA 95116

**A C C U S A T I O N**

16 Physician's and Surgeon's  
Certificate No. A 33066,

Respondent.

17  
18 Complainant alleges:

19 **PARTIES**

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

23 2. On October 17, 1978, the Medical Board (Board) issued Physician's and Surgeon's  
24 Certificate Number A 33066 to Dennis Salcido, M.D. (Respondent). The Physician's and  
25 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
26 herein and will expire on January 31, 2020, unless renewed.

27 ///  
28

1 **JURISDICTION**

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

4 4. Section 2227 of the Code provides that a licensee who is found guilty under the  
5 Medical Practice Act may have his or her license revoked, suspended for a period not to exceed  
6 one year, placed on probation and required to pay the costs of probation monitoring, or such other  
7 action taken in relation to discipline as the Board deems proper.

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

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

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

14 “(b) Gross negligence.

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

18 “. . . .”

19 6. Section 2266 of the Code makes it unprofessional conduct for a physician to fail to  
20 maintain adequate and accurate records relating to the provision of professional services  
21 unprofessional conduct.

22 7. At all times relevant to this matter, Respondent was licensed and practicing medicine  
23 in California. All of the incidents described herein occurred in California.

24 **FACTS**

25 8. On March 18, 2017, Patient P-1<sup>1</sup>, a sixteen-year old girl, presented to the Saint Louise  
26 Hospital emergency room (ER) with a twenty-four hour history of abdominal pain, with nausea  
27

28 <sup>1</sup> The patient is designated in this document as Patient P-1 to protect her privacy.  
Respondent knows the name of the patient and can confirm her identity through discovery.

1 and anorexia, that had started in the epigastrium but thereafter localized in the right lower  
2 quadrant of the abdomen. A CT scan revealed findings consistent with an uncomplicated acute  
3 appendicitis.

4 9. Respondent examined P-1 in the ER at approximately 10:00 p.m. that evening and  
5 agreed with the diagnosis of acute appendicitis. Respondent scheduled her for an open  
6 appendectomy that same evening.

7 10. In that surgery, Respondent made a small right lower quadrant abdominal incision to  
8 enter the peritoneal cavity. The incision was much more medial than the standard variations of  
9 the McBurney's point incision.<sup>2</sup> Respondent had difficulty finding the appendix so he mobilized  
10 the cecum medially. He reported seeing an inflamed tubular structure that he believed came from  
11 the tip of the cecum and proceeded to dissect it down into the pelvis. He reported that he could  
12 not find the end of it but reassured himself that it was coming from the cecum and transected it  
13 distally.

14 11. He rotated the cecum more medially for better viewing and saw another structure  
15 which he recognized as the appendix and its mesoappendix. He dissected this structure  
16 completely but did not describe the transection of the distal end in his operative report. Not  
17 knowing what the first structure he had transected was, he was concerned about a possible  
18 transection injury to the right ureter, especially after a Foley catheter he had placed in the  
19 patient's bladder showed bloody urine. He closed the incision without consulting with another  
20 surgeon or a urologist and arranged for a CT scan of the abdomen and pelvis. The CT scan  
21 confirmed his suspicion that the right ureter flow was disrupted at the level of the surgical field.

22 12. Respondent prepared operative reports that present different, evolving versions of the  
23 surgery. The first was his operative report which was dictated right after the surgery was  
24 completed, at around 1:09 a.m. on March 19, 2017. Following that, he prepared two different and  
25 more detailed descriptions of the surgery in discharge summaries he dictated on March 19, 2017,

26  
27 <sup>2</sup> McBurney's point is the name given to the point over the right side of the abdomen that  
28 is one-third the distance from the anterior superior iliac spine to the umbilicus which roughly  
corresponds to the most common location of the base of the appendix where it is attached to the  
cecum. It also allows for easy extension along fascial plains if needed for better visualization.

1 at 10:46 a.m. and 6:51 p.m., respectively. The discharge summaries included a fair amount of  
2 detail about the operation, emphasizing previously unmentioned aspects of his operative  
3 techniques and findings.

4 13. In the initial operative report, Respondent described following and dissecting what he  
5 had assumed was the appendix into the pelvis and not being able to find the end of it yet  
6 transecting it distally anyway. In his second discharge summary, prepared approximately 19  
7 hours after the surgery, he stated that he had found the appendiceal tip on the first structure,  
8 dissected it free, and followed it back to the cecum before transecting it.

9 14. None of Respondent's accounts mention the taeniae coli, a consistent landmark at the  
10 posterior tip of the cecum where the base of the appendix starts. If the cecum had been  
11 sufficiently mobilized medially to clearly see the convergence of the taeniae coli, it would have  
12 been apparent that the initial structure was the ureter and not the appendix.

### 13 **FIRST CAUSE FOR DISCIPLINE**

#### 14 **(Gross Negligence/Negligence)**

15 15. The allegations of paragraphs 8 through 14 above are incorporated by reference as if  
16 set out in full. Respondent has subjected his license to disciplinary action for unprofessional  
17 conduct under section 2234, subdivisions (a) (violating the Medical Practice Act), (b) (gross  
18 negligence), and/or (c) (repeated negligent acts), of the Code, in that Respondent's use of a non-  
19 standard medial abdominal surgical incision on P-1 giving a suboptimal visualization of the  
20 surgical field and failure to extend the incision to correct the shortcoming was a departure from  
21 the standard of care constituting gross negligence or, in combination with the other departures  
22 alleged herein, repeated negligent acts.

### 23 **SECOND CAUSE FOR DISCIPLINE**

#### 24 **(Gross Negligence/Negligence)**

25 16. The allegations of paragraphs 8 through 14 above are incorporated by reference as if  
26 set out in full. Respondent has subjected his license to disciplinary action for unprofessional  
27 conduct under section 2234, subdivisions (a) (violating the Medical Practice Act), (b) (gross  
28 negligence), and/or (c) (repeated negligent acts), of the Code, in that Respondent failed to

1 adequately mobilize P-1's cecum in order to identify the area of the cecum where the taeniae coli  
2 and the cecum converge, a departure from the standard of care constituting gross negligence or, in  
3 combination with the other departures alleged herein, repeated negligent acts.

4 **THIRD CAUSE FOR DISCIPLINE**

5 **(Gross Negligence/Negligence)**

6 17. The allegations of paragraphs 8 through 14 above are incorporated by reference as if  
7 set out in full. Respondent has subjected his license to disciplinary action for unprofessional  
8 conduct under section 2234, subdivisions (a) (violating the Medical Practice Act), (b) (gross  
9 negligence), and/or (c) (repeated negligent acts), of the Code, in that Respondent failed to identify  
10 the area on P-1's cecum where the taeniae coli and the cecum converge, a separate departure from  
11 the standard of care constituting gross negligence or, in combination with the other departures  
12 alleged herein, repeated negligent acts.

13 **FOURTH CAUSE FOR DISCIPLINE**

14 **(Gross Negligence/Negligence)**

15 18. The allegations of paragraphs 8 through 14 above are incorporated by reference as if  
16 set out in full. Respondent has subjected his license to disciplinary action for unprofessional  
17 conduct under section 2234, subdivisions (a) (violating the Medical Practice Act), (b) (gross  
18 negligence), and/or (c) (repeated negligent acts), of the Code, in that Respondent transected the  
19 distal aspect of the structure he assumed was P-1's appendix without adequate mobilization and  
20 visualization of the tip of the "appendix," which resulted in his distally transecting P-1's right  
21 ureter instead of her appendix, a departure from the standard of care constituting gross negligence  
22 or, in combination with the other departures alleged herein, repeated negligent acts.

23 **FIFTH CAUSE FOR DISCIPLINE**

24 **(Gross Negligence/Negligence)**

25 19. The allegations of paragraphs 8 through 14 above are incorporated by reference as if  
26 set out in full. Respondent has subjected his license to disciplinary action for unprofessional  
27 conduct under section 2234, subdivisions (a) (violating the Medical Practice Act), (b) (gross  
28 negligence), and/or (c) (repeated negligent acts), of the Code, in that Respondent failed to call for



1 an intraoperative second opinion of another surgeon or a urologist prior to closing P-1's incision,  
2 a departure from the standard of care constituting gross negligence or, in combination with the  
3 other departures alleged herein, repeated negligent acts.

4 **SIXTH CAUSE FOR DISCIPLINE**

5 **(Failure to Keep Accurate Records)**

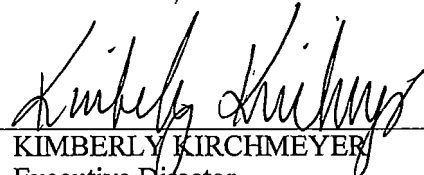
6 20. The allegations of paragraphs 8 through 14 above are incorporated by reference as if  
7 set out in full. Respondent has subjected his license to disciplinary action for unprofessional  
8 conduct under section 2266, in that Respondent's entry into the medical records of multiple  
9 versions of his report of Patient P-1's surgery—in which the later versions contain detailed  
10 information not mentioned in the original operative summary—constitutes a failure to maintain  
11 adequate and accurate medical records.

12 **PRAYER**

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

- 15 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 33066,  
16 issued to Dennis Salcido, M.D.;
- 17 2. Revoking, suspending or denying approval of Dennis Salcido, M.D.'s authority to  
18 supervise physician assistants and advanced practice nurses;
- 19 3. Ordering Dennis Salcido, M.D., if placed on probation, to pay the Board the costs of  
20 probation monitoring; and
- 21 4. Taking such other and further action as deemed necessary and proper.

22  
23 DATED: June 12, 2018

  
24 KIMBERLY KIRCHMEYER  
25 Executive Director  
26 Medical Board of California  
27 Department of Consumer Affairs  
28 State of California  
Complainant

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