

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

In the Matter of the Accusation Against:

Daniel Yu Wang, M.D.

Physician's & Surgeon's
Certificate No. A 96792

Respondent.

Case No. 800-2017-032716

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 March 4, 2021.

IT IS SO ORDERED February 2, 2021.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 REBECCA D. WAGNER
Deputy Attorney General
4 State Bar No. 165468
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7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2017-032716

13 **DANIEL YU WANG, M.D.**
14 **920 Sunnyslope Road**
Hollister, CA 95023

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

15 **Physician's and Surgeon's Certificate No. A**
16 **96792**

17 Respondent.

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

20 **PARTIES**

21 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Xavier Becerra, Attorney General of the State of California, by Rebecca D. Wagner,
24 Deputy Attorney General.

25 2. Respondent Daniel Yu Wang, M.D. (Respondent) is represented in this proceeding by
26 attorney Marvin Firestone, M.D., whose address is: 1700 South El Camino Real, Suite 408, San
27 Mateo, CA 94402-3050.
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1 7. For the purpose of resolving the Accusation without the expense and uncertainty of
2 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
3 basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest
4 those charges.

5 8. Respondent agrees that his Physician's and Surgeon's Certificate is subject to
6 discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the
7 Disciplinary Order below.

8 **CONTINGENCY**

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

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

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

25 **DISCIPLINARY ORDER**

26 **A. PUBLIC REPRIMAND.**

27 **IT IS HEREBY ORDERED** that Respondent Daniel Yu Wang, M.D., as holder
28 of Physician's and Surgeon's Certificate No. A 96792, shall be and hereby is publicly

1 reprimanded pursuant to Business and Professions Code section 2227. This public reprimand is
2 issued as a result of the conduct by Respondent as set forth in Accusation No. 800-2017-032716.

3 **B. EDUCATION COURSE.** Within 60 calendar days of the effective date of this
4 Decision, Respondent shall submit to the Board or its designee for its prior approval educational
5 program(s) or course(s) which is a minimum of 40 hours. The educational program(s) or
6 course(s) shall be completed within six (6) months of Board approval of the course, and aimed at
7 correcting any areas of deficient practice or knowledge, with an emphasis on conducting proper
8 physical exams and obtaining proper prior history, and shall be Category I certified. The
9 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to
10 the Continuing Medical Education (CME) requirements for renewal of licensure. Respondent
11 shall provide the Board or its designee proof of completion of the Education Course. Failure to
12 enroll in, participate in, or successfully complete the education course within the designated time
13 period shall constitute unprofessional conduct and grounds for further disciplinary action.

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

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

27 //

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1 this Decision.

2 Respondent shall submit a certification of successful completion to the Board or its
3 designee not later than 15 calendar days after successfully completing the course, or not later than
4 15 calendar days after the effective date of the Decision, whichever is later. Failure to enroll in,
5 participate in, or successfully complete the medical records course within the designated time
6 period shall constitute unprofessional conduct and grounds for further disciplinary action.

7 **D. FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply for
8 a new license or certification, or petition for reinstatement of a license, by any other health care
9 licensing action agency in the State of California, all of the charges and allegations contained in
10 Accusation No. 800-2017-032716 shall be deemed to be true, correct, and admitted by
11 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
12 restrict license.

13 **ACCEPTANCE**

14 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
15 discussed it with my attorney, Marvin Firestone, M.D. I understand the stipulation and the effect
16 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement
17 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
18 Decision and Order of the Medical Board of California.

19
20 DATED: 12/4/20


21 DANIEL YU WANG, M.D.
Respondent

22 I have read and fully discussed with Respondent Daniel Yu Wang, M.D. the terms and
23 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
24 I approve its form and content.

25 DATED: 12/7/20


26 MARVIN FIRESTONE, M.D.
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: December 8, 2020

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

Rebecca D. Wagner

REBECCA D. WAGNER
Deputy Attorney General
Attorneys for Complainant

SF2019202240
Daniel Yu Wang, M.D. Stipulated Settlement and Disciplinary Order

Exhibit A

Accusation No. 800-2017-032716

1 XAVIER BECERRA
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3 JANE ZACK SIMON
4 Supervising Deputy Attorney General
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13 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 800-2017-032716

14 **Daniel Yu Wang, M.D.**
15 **920 Sunnyslope Road**
16 **Hollister, CA 95023**

ACCUSATION

17 **Physician's and Surgeon's Certificate**
18 **No. A 96792,**

Respondent.

19
20 **PARTIES**

21 1. Christine J. Lally (Complainant) brings this Accusation solely in her official
22 capacity as the Interim Executive Director of the Medical Board of California, Department of
23 Consumer Affairs (Board).

24 2. On or about August 9, 2006, the Medical Board issued Physician's and Surgeon's
25 Certificate Number A 96792 to Daniel Yu Wang, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on September 30, 2021, 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 provides, in pertinent part, that the Medical Board shall have responsibility for:

“(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.

“...”

5. 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.

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

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

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

11 **STATUTORY AUTHORITY**

12 6. Section 2234 of the Code, states, in pertinent part:

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

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

18 “(b) Gross negligence.

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

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

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

3 “(d) Incompetence.

4 “....”

5 7. Section 2266 of the Code states: “The failure of a physician and surgeon to maintain
6 adequate and accurate records relating to the provision of services to their patients constitutes
7 unprofessional conduct.”

8 **FACTUAL ALLEGATIONS**

9 8. At all times relevant to this matter, Respondent was licensed and practicing Family
10 Medicine in Hollister, California.

11 9. On November 4, 2015, Patient P-1¹, a 30-year-old male patient, went to Respondent
12 as a new patient for treatment with a complaint of stomachaches which had been occurring for
13 three years. A Medical Assistant in Respondent’s practice took Patient P-1’s blood pressure and
14 pulse, however, there is no documentation related to height, weight or temperature.

15 10. Respondent wrote no patient history at all, despite Patient P-1 being seen at the
16 practice for the first time. Respondent wrote no history of the present illness. In addition,
17 Respondent’s records of this first visit contain no past medical history, no allergy information, no
18 current medicines, no family history, no social history, and no review of systems. Respondent
19 conducted no physical exam on Patient P-1’s head and neck, heart, lungs, back, genital,
20 lymphatic or nervous system. Although Respondent did examine Patient P-1’s abdomen, the
21 examination was cursory and did not include details such as whether the abdomen was soft,
22 whether bowel sounds were present and normal, and whether there were any masses in the
23 abdomen.

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

1 11. The only other documentation of this first visit is a diagram showing “tender” to the
2 right of the umbilicus, an impression of abdominal pain, a plan for labs to include a “urine dip”,
3 and a prescription for Bentyl² and Omeprazole³.

4 12. On November 11, 2015, Patient P-1 was seen for the second time by Respondent for
5 follow-up, which was the entire history documented related to the present illness. Respondent
6 documented “sweats” and said the patient was negative for dysphagia⁴, constipation, and
7 myalgia⁵. The Respondent documented lower abdominal pain of Patient P-1 and prescribed
8 Flagyl⁶ and Amoxicillin⁷. Respondent had limited documentation as to why he prescribed Flagyl
9 and Amoxicillin. Respondent stated in his subject interview he was treating Patient P-1 for
10 possible diverticulitis and yet did not document whether Patient P-1 had diarrhea, fever, nausea,
11 rigors or vomiting. The November 11, 2015 medical chart failed to document Patient P-1’s
12 temperature despite a suspected infection, and despite the patient being prescribed two types of
13 antibiotics after the examination. The abdominal examination showed bilateral abdominal
14 tenderness without documentation as to any mass, guarding, rigidity, or rebound tenderness.

15 13. Patient P-1 was seen a third time on December 2, 2015 and the patient history only
16 documented diarrhea, abdominal pain, and fatigue. The only documented physical exam was
17 “tender” on both sides of the umbilicus. The only vitals taken were blood pressure and pulse
18 rate. Respondent does not document the pattern of diarrhea, whether the patient was taking the
19 antibiotics prescribed, and does not document the patient’s temperature despite a suspicion of
20 infection. The abdominal exam documented was almost identical to the diagram for the earlier
21 visit. Respondent’s assessment was left lower quadrant pain and he ordered a stool test for the
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23 ² Bentyl is the brand name for Dicyclomine, a gut antispasmodic, used to treat irritable
24 bowel syndrome which requires a prescription.

25 ³ Omeprazole is a proton-pump inhibitor which can be used to treat heartburn, a damaged
26 esophagus, stomach ulcers, and gastroesophageal reflux disease (GERD).

27 ⁴ Dysphagia means difficulty swallowing.

28 ⁵ Myalgia means pain in a muscle or group of muscles.

⁶ Flagyl is the brand name for Metronidazole, which is an antibiotic used to treat various
infections.

⁷ Amoxicillin is a broad-spectrum semisynthetic penicillin often used to treat ear and
upper respiratory infections.

1 detection of the bacteria C. difficile or H. pylori and a full-liquid diet. Respondent included in
2 the treatment plan that he would consider a colonoscopy and CT scan of the abdomen if patient
3 does not improve.

4 14. On January 23, 2019, Respondent stated in his subject interview that he eventually
5 made a differential diagnosis of Patient P-1 of diverticulitis, yet failed to document sufficient
6 information in the medical records to form this specific diagnostic impression. For example,
7 Patient P-1 was only 30 years old and diverticulitis is unlikely in a patient so young. In addition,
8 he failed to inquire and/or document whether Patient P-1 had diarrhea, fever, nausea, rigors or
9 vomiting. Respondent also stated that he prescribed Bentyl and Omeprazole to try to see if they
10 were effective despite failing to document a sufficient patient history or physical exam.

11 **FIRST CAUSE FOR DISCIPLINE**

12 **(Unprofessional Conduct: Gross Negligence and/or Repeated Negligent Acts and/or**
13 **Incompetence and/or Failure to Maintain Adequate/Accurate Medical Records)**

14 **(Code Sections 2234 (a) – (d); 2266)**

15 15. Respondent Daniel Yu Wang, M.D. is guilty of unprofessional conduct and subject
16 to disciplinary action under section 2234, subdivisions (a) (violating the Medical Practice Act),
17 (b) (gross negligence), (c) (repeated negligent acts) and/or (d) (incompetence) and/or 2266
18 (inadequate record-keeping) of the Code in that Respondent's actions and omissions in the
19 course of his care of Patient P-1, as set forth in Paragraphs 9 – 14, above, comprise gross
20 negligence and/or repeated negligent acts and/or incompetence and/or failure to document.

21 Respondent engaged in conduct as described above including, but not limited to, the following:

22 A. On November 4, 2019 (first visit), Respondent failed to obtain and/or document
23 adequate new patient history including, but not limited to, history of present illness, past
24 medical/surgical history, allergy information, current medication, family history, social history,
25 dietary history, travel history or review of systems.

26 B. During Patient P-1's first visit, Respondent failed to perform and/or document a
27 reasonable patient physical examination including temperature, height, weight, review of
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1 systems, and adequate abdominal examination, which should have included a detailed and
2 focused examination in order to obtain a reliable diagnosis since the patient presented with a
3 three-year history of abdominal pain.

4 C. Respondent, after Patient P-1's first visit, prescribed Bentyl and Omeprazole which
5 treat different unrelated abdominal conditions, and Respondent did not conduct and/or document
6 a sufficient patient history and abdominal physical exam to justify either prescription.

7 D. Respondent, after Patient P-1's second visit on November 11, 2015, prescribed Flagyl
8 and Amoxicillin without conducting and/or documenting an adequate physical abdominal
9 examination to justify either prescription. In addition, Respondent stated that he was treating
10 acute diverticulitis yet failed to inquire and/or document whether Patient P-1 had diarrhea, fever,
11 nausea, rigors, or vomiting which would be relevant if diagnosing acute diverticulitis.

12 E. Respondent failed to check and/or document Patient P-1's temperature during his
13 second examination despite prescribing two antibiotics to treat a presumed infection.

14 F. Respondent failed to check and/or document Patient P-1's temperature during this third
15 examination on December 2, 2015 despite Respondent's continued suspicion of an infection
16 since he ordered tests for possible bacterial infections of C. difficile and H. pylori.

17 G. Respondent failed to conduct and/or document an appropriate abdominal exam during
18 his third examination of Patient P-1.

19 H. Respondent failed to ask and/or document an appropriate patient history during Patient
20 P-1's third examination including, but not limited to, details related to new onset of diarrhea, any
21 changes in abdominal pain, and food history.

22 I. Respondent failed to formulate a diagnosis during any of Patient P-1's three visits with
23 adequate reasoning and/or provide correct treatment commensurate with the diagnosis and/or
24 provide appropriate treatment referrals.

25 J. Respondent improperly diagnosed diverticulitis without a sufficient foundation since
26 Patient P-1 did not have the gastrointestinal or constitutional symptoms indicative of
27 diverticulitis and/or Respondent failed to document symptoms indicative of diverticulitis.
28

1 K. Respondent improperly treated and/or failed to properly document treating
2 diverticulitis by prescribing Amoxicillin without the proper combination to include Clavulanate.⁸
3 Patient P-1's medical records contain an insufficient basis for diagnosing acute diverticulitis and
4 if Respondent in fact intended to treat diverticulitis, his selection of antibiotics to prescribe was
5 inappropriate.

6 **SECOND CAUSE FOR DISCIPLINE**

7 **(Inadequate Recordkeeping)**

8 **(Code Section 2266)**

9 16. Respondent Daniel Yu Wang, M.D. is subject to disciplinary action under section
10 2266 (inadequate records) of the Code in that the facts and circumstances described above in
11 Paragraphs 9 – 15 reflect that Respondent failed to maintain adequate and accurate medical
12 records as required by law.

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26 ⁸ Amoxicillin is a penicillin antibiotic that fights bacteria in the body. Clavulanate is an inhibitor
27 that helps prevent certain bacteria from becoming resistant to amoxicillin.

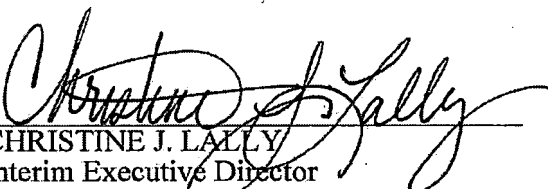
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PRAYER

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 96792, issued to Daniel Yu Wang, M.D.;
2. Revoking, suspending or denying approval of Daniel Yu Wang, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Daniel Yu 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, 2019


CHRISTINE J. LALLY
Interim Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

SF2019202240
Wang,daniel.accusation