

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

In the Matter of the Accusation
Against:

David W. Chang, M.D.

Physician's and Surgeon's
Certificate No. G 74257

Respondent.

Case No.: 800-2018-040060

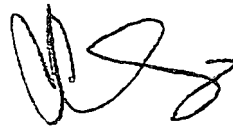
DECISION

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 September 16, 2022.

IT IS SO ORDERED: August 18, 2022.

MEDICAL BOARD OF CALIFORNIA



Laurie Rose Lubiano, J.D., Chair
Panel A

1 ROB BONTA
Attorney General of California
2 MARY CAIN-SIMON
Supervising Deputy Attorney General
3 GREG W. CHAMBERS
Deputy Attorney General
4 State Bar No. 237509
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
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Attorneys for Complainant
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:

13 **DAVID W. CHANG, M.D.**
14 **14911 National Ave. Suite 6**
Los Gatos CA 95032-2632

15 **Physician's and Surgeon's License No. G**
16 **74257**

17 Respondent.

Case No. 800-2018-040060

OAH No. 2021090028

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

18
19 In the interest of a prompt and speedy settlement of this matter, consistent with the public
20 interest and the responsibility of the Medical Board of California of the Department of Consumer
21 Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order
22 which will be submitted to the Board for approval and adoption as the final disposition of the
23 Accusation.

24 **PARTIES**

25 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
26 California (Board). He brought this action solely in his official capacity and is represented in this
27 matter by Rob Bonta, Attorney General of the State of California, by Greg W. Chambers, Deputy
28 Attorney General.

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2018-040060, if proven at a hearing, constitute cause for imposing discipline upon his
4 Physician's and Surgeon's License.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right
7 to contest those charges.

8 11. Respondent agrees that if he ever petitions for early termination or modification of
9 probation, or if the Board ever petitions for revocation of probation, all of the charges and
10 allegations contained in Accusation No. 800-2018-040060, a true and correct copy of which is
11 attached hereto as Exhibit A, shall be deemed true, correct, and fully admitted by Respondent for
12 purposes of that proceeding or any other licensing proceeding involving Respondent in the State
13 of California.

14 12. Respondent agrees that his Physician's and Surgeon's License, No. G 74257, is
15 subject to discipline and he agrees to be bound by the Board's probationary terms as set forth in
16 the Disciplinary Order below.

17 CONTINGENCY

18 13. 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.

1 advance by the Board or its designee. Respondent shall provide the approved course provider
2 with any information and documents that the approved course provider may deem pertinent.
3 Respondent shall participate in and successfully complete the classroom component of the course
4 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully
5 complete any other component of the course within one (1) year of enrollment. The medical
6 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
7 Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

28 5. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules

1 governing the practice of medicine in California and remain in full compliance with any court
2 ordered criminal probation, payments, and other orders.

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

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

8 7. GENERAL PROBATION REQUIREMENTS.

9 Compliance with Probation Unit

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

11 Address Changes

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

17 Place of Practice

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

21 License Renewal

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

24 Travel or Residence Outside California

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

28 In the event Respondent should leave the State of California to reside or to practice

1 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of
2 departure and return.

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

6 9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
7 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
8 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
9 defined as any period of time Respondent is not practicing medicine as defined in Business and
10 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
11 patient care, clinical activity or teaching, or other activity as approved by the Board. If
12 Respondent resides in California and is considered to be in non-practice, Respondent shall
13 comply with all terms and conditions of probation. All time spent in an intensive training
14 program which has been approved by the Board or its designee shall not be considered non-
15 practice and does not relieve Respondent from complying with all the terms and conditions of
16 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
17 on probation with the medical licensing authority of that state or jurisdiction shall not be
18 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
19 period of non-practice. inally

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

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

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

27 Periods of non-practice for a Respondent residing outside of California will relieve
28 Respondent of the responsibility to comply with the probationary terms and conditions with the

1 exception of this condition and the following terms and conditions of probation: Obey All Laws;
2 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
3 Controlled Substances; and Biological Fluid Testing.

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

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

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


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

1 year.

2 14. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
3 a new license or certification, or petition for reinstatement of a license, by any other health care
4 licensing action agency in the State of California, all of the charges and allegations contained in
5 Accusation No. 800-2018-040060 shall be deemed to be true, correct, and admitted by
6 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
7 restrict license.

8 ACCEPTANCE

9 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
10 discussed it with my attorney, Bradford J. Hinshaw, Esq. I understand the stipulation and the
11 effect it will have on my Physician's and Surgeon's License. I enter into this Stipulated
12 Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be
13 bound by the Decision and Order of the Medical Board of California.

14
15 DATED: 2/10/22 
16 DAVID W. CHANG, M.D.
17 Respondent

18 I have read and fully discussed with Respondent David W. Chang, M.D. the terms and
19 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
20 I approve its form and content.

21
22 DATED: 2-10-22 
23 BRADFORD J. HINSHAW, ESQ.
24 Attorney for Respondent

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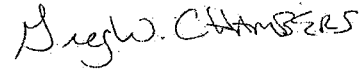
ENDORSEMENT

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

DATED: 2/10/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General



GREG W. CHAMBERS
Deputy Attorney General
Attorneys for Complainant

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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
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11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2018-040060

13 **DAVID W. CHANG, M.D.**
14 **14911 National Ave. Suite 6**
Los Gatos CA 95032-2632

A C C U S A T I O N

15 **Physician's and Surgeon's License**
16 **No. G 74257,**

Respondent.

17
18
19 **PARTIES**

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

23 2. On June 9, 1992, the Medical Board issued Physician's and Surgeon's License
24 Number G 74257 to David W. Chang, M.D. (Respondent). The Physician's and Surgeon's
25 License was in full force and effect at all times relevant to the charges brought herein and will
26 expire on October 31, 2021, 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 (Code) unless otherwise
4 indicated.

5 4. Section 2004 of the Code states, in pertinent part:

6 “The board shall have the responsibility for the following:

7 “(a) The enforcement of the disciplinary and criminal provisions of the Medical Practice
8 Act.

9 “(b) The administration and hearing of disciplinary actions.

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

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

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

16 “. . . .”

17 5. Section 2220 of the Code states:

18 Except as otherwise provided by law, the Board may take action against all persons guilty
19 of violating this chapter. The Board shall enforce and administer this article as to physician and
20 surgeon certificate holders, including those who hold certificates that do not permit them to
21 practice medicine, such as, but not limited to, retired, inactive, or disabled status certificate
22 holders, and the Board shall have all the powers granted in this chapter for these purposes
23 including, but not limited to:

24 (a) Investigating complaints from the public, from other licensees, from health care
25 facilities, or from the Board that a physician and surgeon may be guilty of
26 unprofessional conduct. The Board shall investigate the circumstances underlying a
27 report received pursuant to Section 805 or 805.01 within 30 days to determine if an
28 interim suspension order or temporary restraining order should be issued. The Board

1 shall otherwise provide timely disposition of the reports received pursuant to Section
2 805 and Section 805.01.

3 (b) Investigating the circumstances of practice of any physician and surgeon where
4 there have been any judgments, settlements, or arbitration awards requiring the
5 physician and surgeon or his or her professional liability insurer to pay an amount in
6 damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
7 respect to any claim that injury or damage was proximately caused by the physician's
8 and surgeon's error, negligence, or omission.

9 (c) Investigating the nature and causes of injuries from cases which shall be reported
10 of a high number of judgments, settlements, or arbitration awards against a physician
11 and surgeon.

12 6. Section 2234 of the Code states:

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
20 or omissions. An initial negligent act or omission followed by a separate and distinct
21 departure from the applicable standard of care shall constitute repeated negligent acts.

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

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

1 distinct breach of the standard of care.

2 (d) Incompetence.

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

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

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

9 7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain
10 adequate and accurate records relating to the provision of services to their patients constitutes
11 unprofessional conduct."

12 FACTUAL ALLEGATIONS

13 8. At all times relevant to this matter, Respondent was licensed and practicing medicine
14 in California. Respondent provided vascular surgery services to patients through his private
15 practice.

16 9. On July 27, 2017, Patient 1¹ underwent a vascular procedure at Respondent's office.
17 Patient 1 had a notable medical history, which was known to Respondent.²

18 10. Dr. Chang performed right superficial femoral and popliteal artery atherectomy and
19 angioplasty. Imaging from the procedure suggests that it was performed under ultrasound
20 guidance in Dr. Chang's office-based lab.³

21 11. Dr. Chang performed an antegrade right superficial femoral artery access, rather than
22 the common femoral artery. Once the procedure was completed, the right femoral sheath was
23 removed and manual pressure and an assistive compressor device were used in an effort to

24 ¹ Numbers are used to protect patient privacy. Respondent may learn the name of the
25 patient through the discovery process.

26 ² Previous abdominal aortic aneurysm and left hypogastric artery aneurysm open repair
27 and concurrent left femoral endarterectomy. Additionally, Patient 1 had a history of atrial
28 fibrillation, hypercholesterolemia, hypertension, lumbar disc degeneration with two prior spinal
operations.

³ There are no documents or evidence suggesting that the procedure was performed under
fluoroscopy or with intravascular ultrasound.

1 establish hemostasis, which failed.⁴ Patient 1, who was not provided conscious sedation or
2 anesthesia for the procedure, was unable to remain still and flat on the table due to a history of
3 lumbar pathology and spine surgery. Respondent left the facility to attend to another patient, and
4 an ambulance was then called to transport Patient 1 to the emergency department of the local
5 hospital.

6 12. Upon arrival at the hospital, Patient 1 was found to have tachycardia⁵ with a
7 hemoglobin count of 7.4.⁶ Respondent evaluated Patient 1 in the emergency department and a
8 right superficial femoral artery pseudoaneurysm⁷ was diagnosed by ultrasound. Respondent
9 performed an ultrasound guided thrombin⁸ injection with closure of the pseudoaneurysm.

10 13. Approximately one hour and forty minutes after arriving at the emergency
11 department, Patient 1 was discharged from the hospital without written aftercare instructions even
12 though Patient 1 was known to have cardiac disease, had tachycardia, and a hemoglobin count of
13 7.4 in the emergency department of that hospital.

14 14. On July 31, 2017, an ambulance again delivered Patient 1 to the emergency
15 department of the hospital, this time with a hemoglobin count of 5.2 after he was apparently
16 doing light gardening in his yard. Patient 1 was transfused with blood products for an emergent
17 operation performed by Respondent, who evacuated the hematoma and repaired the right
18 superficial femoral artery. However, in the course of the procedure a needle was lost in Patient
19 1's right groin area. A subsequent procedure was performed on August 3, 2017, in order to
20 retrieve the lost needle.

21
22 ⁴ Respondent's employee wrote in the medical records that at the direction of Respondent
23 she informed Patient 1 to halt the use of Xarelto one day prior to the scheduled procedure.
24 Respondent claims that he spoke to the Patient 1 on the phone and told him to stop Xarelto two
25 days prior to the surgery. There is no documentation to support this claim. Xarelto is a blood
26 thinner.

25 ⁵ A condition that makes the heart beat more than 100 times a minute.

26 ⁶ The normal range for hemoglobin is 13.5 to 17.5 grams per deciliter for men, and 12.0 to
27 15.5 grams per deciliter for women. Lower hemoglobin levels may cause the person to
28 develop anemia.

27 ⁷ This occurs when a blood vessel wall is injured and the leaking blood collects in the
28 surrounding tissue. It is sometimes called a false aneurysm.

28 ⁸ A serine protease that plays a physiological role in regulating hemostasis and
maintaining blood coagulation.

1 how much thrombin was injected into Patient 1; and discharged Patient 1 from the emergency
2 department of the hospital on July 27, 2017, knowing that the patient had peripheral vascular
3 disease, recent bleeding and anemia.

4 **SECOND CAUSE FOR DISCIPLINE**

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

6 19. Paragraphs 8 through 15 are incorporated by reference as if fully set forth.

7 20. Respondent David W. Chang, M.D. is subject to disciplinary action pursuant to
8 section 2266 in that Respondent failed to keep accurate and adequate medical records of his care
9 and treatment of Patient 1.

10 **PRAYER**

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

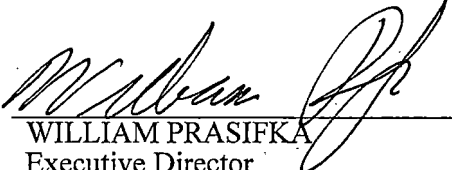
13 1. Revoking or suspending Physician's and Surgeon's License Number G 74257, issued
14 to David W. Chang, M.D.;

15 2. Revoking, suspending or denying approval of David W. Chang, M.D.'s authority to
16 supervise physician assistants and advanced practice nurses;

17 3. Ordering David W. Chang, M.D., if placed on probation, to pay the Board the costs of
18 probation monitoring; and

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

20
21 DATED: OCT 16 2020

22 
23 WILLIAM PRASIFKA
24 Executive Director
25 Medical Board of California
26 Department of Consumer Affairs
27 State of California
28 Complainant