

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

In the Matter of the Accusation/Petition
to Revoke Probation Against:

Son Ngoc Truong, M.D.

Physician's and Surgeon's
Certificate No. A 97261

Case No.: 800-2021-076708

Respondent.

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 October 14, 2022.

IT IS SO ORDERED: September 14, 2022.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D., Chair
Panel B

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 PEGGIE BRADFORD TARWATER
Deputy Attorney General
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5 Los Angeles, CA 90013
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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 and Petition to
13 Revoke Probation Against:

14 **SON NGOC TRUONG, M.D.**
15 **15643 Brookhurst Street**
Westminster, CA 92683-7556

16 **Physician's and Surgeon's Certificate No. A**
17 **97261,**

18 Respondent.

Case No. 800-2021-076708

OAH No. 2021110099

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

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

21 **PARTIES**

22 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
23 California (Board). He brought this action solely in his official capacity and is represented in this
24 matter by Rob Bonta, Attorney General of the State of California, by Peggie Bradford Tarwater,
25 Deputy Attorney General.

26 2. Respondent Son Ngoc Truong, M.D. (Respondent) is represented in this proceeding
27 by attorney Gary Wittenberg, whose address is: 1901 Avenue of the Stars, Suite 1750, Los
28 Angeles, CA 90067.

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 and Petition to Revoke Probation No. 800-2021-076708, if proven at a hearing, constitute cause
4 for imposing discipline upon his Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 relating to the charges in the Accusation and Petition to Revoke Probation, and Respondent
7 hereby gives up his right to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, complainant could
9 establish a prima facie case with respect to the charges and allegations in Accusation and Petition
10 to Revoke Probation No. 800-2021-076708, a true and correct copy of which is attached hereto as
11 Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A
12 97261 to disciplinary action.

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

16 CONTINGENCY

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

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

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

9 Respondent shall submit a certification of successful completion to the Board or its
10 designee not later than 15 calendar days after successfully completing the course, or not later than
11 15 calendar days after the effective date of the Decision, whichever is later.

12 3. REPEAT MEDICAL RECORD KEEPING COURSE (Condition Satisfied). Within
13 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in
14 medical record keeping approved in advance by the Board or its designee. Respondent shall
15 provide the approved course provider with any information and documents that the approved
16 course provider may deem pertinent. Respondent shall participate in and successfully complete
17 the classroom component of the course not later than six months after Respondent's initial
18 enrollment. Respondent shall successfully complete any other component of the course within
19 one year of enrollment. The medical record keeping course shall be at Respondent's expense and
20 shall be in addition to the CME requirements for renewal of licensure.

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

26 Respondent shall submit a certification of successful completion to the Board or its
27 designee not later than 15 calendar days after successfully completing the course, or not later than
28 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

24 The program shall consist of a comprehensive assessment of Respondent's physical and
25 mental health and the six general domains of clinical competence as defined by the Accreditation
26 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
27 Respondent's current or intended area of practice. The program shall take into account data
28 obtained from the pre-assessment, self-report forms and interview, and the Decision(s).

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

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

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

14 If Respondent fails to enroll, participate in, or successfully complete the clinical
15 competence assessment program within the designated time-period, Respondent shall receive a
16 notification from the Board or its designee to cease the practice of medicine within three calendar
17 days after being so notified. Respondent shall not resume the practice of medicine until
18 enrollment or participation in the outstanding portions of the clinical competence assessment
19 program have been completed. If Respondent did not successfully complete the clinical
20 competence assessment program, Respondent shall not resume the practice of medicine until a
21 final decision has been rendered on the accusation and/or a petition to revoke probation. The
22 cessation of practice shall not apply to the reduction of the probationary time period.

23 6. MONITORING – PRACTICE. Within 30 calendar days of the effective date of this
24 Decision, Respondent shall submit to the Board or its designee for prior approval as a practice
25 monitor, the name and qualifications of one or more licensed physicians and surgeons whose
26 licenses are valid and in good standing, and who are preferably American Board of Medical
27 Specialties (ABMS) certified. A monitor shall have no prior or current business or personal
28 relationship with Respondent or other relationship that could reasonably be expected to

1 compromise the ability of the monitor to render fair and unbiased reports to the Board, including
2 but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree
3 to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

4 The Board or its designee shall provide the approved monitor with copies of the Decision(s)
5 and Accusation(s) and Petition to Revoke Probation, and a proposed monitoring plan. Within 15
6 calendar days of receipt of the Decision(s), Accusation(s) and Petition to Revoke Probation and
7 proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read
8 the Decision(s) and Accusation(s) and Petition to Revoke Probation, fully understands the role of
9 a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
10 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
11 signed statement for approval by the Board or its designee.

12 Within 60 calendar days of the effective date of this Decision, and continuing throughout
13 probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall
14 make all records available for immediate inspection and copying on the premises by the monitor
15 at all times during business hours and shall retain the records for the entire term of probation.

16 If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective
17 date of this Decision, Respondent shall receive a notification from the Board or its designee to
18 cease the practice of medicine within three calendar days after being so notified. Respondent
19 shall cease the practice of medicine until a monitor is approved to provide monitoring
20 responsibility.

21 The monitor(s) shall submit a quarterly written report to the Board or its designee which
22 includes an evaluation of Respondent's performance, indicating whether Respondent's practices
23 are within the standards of practice of medicine, and whether Respondent is practicing medicine
24 safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure
25 that the monitor submits the quarterly written reports to the Board or its designee within 10
26 calendar days after the end of the preceding quarter.

27 If the monitor resigns or is no longer available, Respondent shall, within five calendar days
28 of such resignation or unavailability, submit to the Board or its designee, for prior approval, the

1 name and qualifications of a replacement monitor who will be assuming that responsibility within
2 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
3 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
4 notification from the Board or its designee to cease the practice of medicine within three calendar
5 days after being so notified. Respondent shall cease the practice of medicine until a replacement
6 monitor is approved and assumes monitoring responsibility.

7 In lieu of a monitor, Respondent may participate in a professional enhancement program
8 approved in advance by the Board or its designee that includes, at minimum, quarterly chart
9 review, semi-annual practice assessment, and semi-annual review of professional growth and
10 education. Respondent shall participate in the professional enhancement program at
11 Respondent's expense during the term of probation.

12 7. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
13 performing any procedures requiring any form of sedation in a non-accredited surgery center.
14 After the effective date of this Decision, all patients for whom Respondent is performing any
15 procedure(s) requiring any form of sedation shall be notified that Respondent is prohibited from
16 performing the procedure(s) in a non-accredited surgery center.

17 Respondent shall maintain a log of all patients to whom the required oral notification was
18 made. The log shall contain the: 1) patient's name, address and phone number; 2) patient's
19 medical record number, if available; 3) the full name of the person making the notification; 4) the
20 date the notification was made; and 5) a description of the notification given. Respondent shall
21 keep this log in a separate file or ledger, in chronological order, shall make the log available for
22 immediate inspection and copying on the premises at all times during business hours by the Board
23 or its designee, and shall retain the log for the entire term of probation.

24 8. NOTIFICATION. Within seven days of the effective date of this Decision,
25 Respondent shall provide a true copy of this Decision and Accusation and Petition to Revoke
26 Probation to the Chief of Staff or the Chief Executive Officer at every hospital where privileges
27 or membership are extended to Respondent, at any other facility where Respondent engages in the
28 practice of medicine, including all physician and locum tenens registries or other similar agencies,

1 and to the Chief Executive Officer at every insurance carrier which extends malpractice insurance
2 coverage to Respondent. Respondent shall submit proof of compliance to the Board or its
3 designee within 15 calendar days.

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

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

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

11 11. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
12 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
13 \$5,155. Costs shall be payable to the Medical Board of California. Failure to pay such costs shall
14 be considered a violation of probation.

15 Any and all requests for a payment plan shall be submitted in writing by Respondent to the
16 Board.

17 The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility
18 to repay investigation and enforcement costs.

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

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

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1 13. 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, subdivision (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 30
20 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 14. 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 15. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training
7 program which has been approved by the Board or its designee shall not be considered non-
8 practice and does not relieve Respondent from complying with all the terms and conditions of
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
10 on probation with the medical licensing authority of that state or jurisdiction shall not be
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
12 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' 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 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 16. 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 17. VIOLATION OF PROBATION. Failure to fully comply with any term or condition
2 of probation is a violation of probation. If Respondent violates probation in any respect, the
3 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and
4 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke
5 Probation, or an Interim Suspension Order is filed against Respondent during probation, the
6 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall
7 be extended until the matter is final.

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

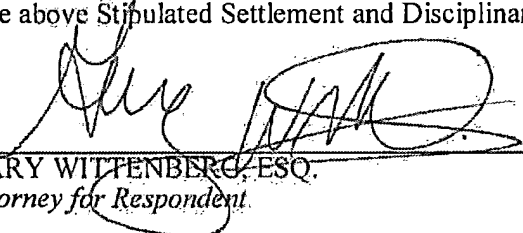
18 19. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
19 with probation monitoring each and every year of probation, as designated by the Board, which
20 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
21 California and delivered to the Board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

23 20. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
24 a new license or certification, or petition for reinstatement of a license, by any other health care
25 licensing action agency in the State of California, all of the charges and allegations contained in
26 Accusation and Petition to Revoke Probation No. 800-2021-076708 shall be deemed to be true,
27 correct, and admitted by Respondent for the purpose of any Statement of Issues or any other
28 proceeding seeking to deny or restrict license.

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

6
7 DATED: 05/19/2022 
8 SON NGOC TRUONG, M.D.
9 *Respondent*

10 I have read and fully discussed with Respondent Son Ngoc Truong, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13 DATED: 5-19-22 
14 GARY WITTENBERG, ESQ.
15 *Attorney for Respondent*

16 **ENDORSEMENT**

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

19 DATED: _____ Respectfully submitted,
20 ROB BONTA
21 Attorney General of California
22 JUDITH T. ALVARADO
23 Supervising Deputy Attorney General

24 PEGGIE BRADFORD TARWATER
25 Deputy Attorney General
26 *Attorneys for Complainant*

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ACCEPTANCE

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

DATED: _____
SON NGOC TRUONG, M.D.
Respondent

I have read and fully discussed with Respondent Son Ngoc Truong, 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: _____
GARY WITTENBERG, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: May 19, 2022

Respectfully submitted,
ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
Peggie Bradford Tarwater
Digitally signed by
Peggie Bradford Tarwater
Date: 2022.05.19 12:32:30
-07'00'
PEGGIE BRADFORD TARWATER
Deputy Attorney General
Attorneys for Complainant

LA2020601835

Exhibit A

Accusation and Petition to Revoke Probation No. 800-2021-076708

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 EDWARD KIM
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4 State Bar No. 195729
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5 300 So. Spring Street, Suite 1702
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7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation and Petition to
Revoke Probation Against:

Case No. 800-2021-076708

12 **SON NGOC TRUONG, M.D.**
13 **15568 Brookhurst Street, Suite 368**
14 **Westminster, CA 92683**

ACCUSATION AND
PETITION TO REVOKE
PROBATION

15 **Physician's and Surgeon's**
Certificate No. A 97261,

16 Respondent.

17
18 **PARTIES**

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

22 2. On or about September 8, 2006, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 97261 to Son Ngoc Truong, M.D. (Respondent). The Physician's and
24 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
25 herein and will expire on December 31, 2021, unless renewed.

26 **JURISDICTION**

27 3. This Accusation and Petition to Revoke Probation is brought before the Board, under
28 the authority of the following laws. All section references are to the Business and Professions

1 Code (Code) unless otherwise indicated.

2 4. On or about March 1, 2017 (effective March 30, 2017), in a prior disciplinary action
3 titled *In the Matter of the Accusation Against Son Ngoc Truong, M.D.* before the Medical Board
4 of California, in Case Number 18-2013-231897 (the "Decision"), Respondent's Physician's and
5 Surgeon's certificate was revoked, but the revocation was stayed, and he was placed on probation
6 for five years, with terms and conditions, for unprofessional conduct hereby admitted.

7 **STATUTORY PROVISIONS**

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

12 6. Section 2234 of the Code, states:

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

16 (a) Violating or attempting to violate, directly or indirectly, assisting in or
17 abetting the 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
20 negligent acts or omissions. An initial negligent act or omission followed by a
21 separate and distinct departure from the applicable standard of care shall constitute
22 repeated negligent acts.

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

26 (2) When the standard of care requires a change in the diagnosis, act, or
27 omission that constitutes the negligent act described in paragraph (1), including, but
28 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 that is
substantially related to the qualifications, functions, or duties of a physician and
surgeon.

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

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

4 7. Section 2266 of the Code states:

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

8 8. Section 2216.2 of the Code states:

9 (a) It is unprofessional conduct for a physician and surgeon to fail to provide
10 adequate security by liability insurance, or by participation in an interindemnity trust,
11 for claims by patients arising out of surgical procedures performed outside of a
12 general acute care hospital as defined in subdivision (a) of Section 1250 of the Health
13 and Safety Code.

14 (b) For purposes of this section, the board shall determine what constitutes
15 adequate security.

16 (c) Nothing in this section shall require an insurer admitted to transact liability
17 insurance in this state to provide coverage to a physician and surgeon.

18 (d) The security required by this section shall be acceptable only if provided by
19 any one of the following:

20 (1) An insurer admitted pursuant to Section 700 of the Insurance Code to
21 transact liability insurance in this state.

22 (2) An insurer that is eligible pursuant to Section 1765.1 of the Insurance
23 Code.

24 (3) A cooperative corporation authorized by Section 1280.7 of the Insurance
25 Code.

26 (4) An insurer licensed to transact liability insurance in at least one state of the
27 United States.

28 **PROBATION**

9. At all times after the effective date of the Decision, the Board's related disciplinary
order contained the following conditions:

10. Condition 10 states:

OBHEY ALL LAWS

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

///

1 11. Condition 11 states:

2 **QUARTERLY DECLARATIONS**

3 Respondent shall submit quarterly declarations under penalty of perjury on
4 forms provided by the Board, stating whether there has been compliance with all the
5 conditions of probation. Respondent shall submit quarterly declarations not later than
6 10 calendar days after the end of the preceding quarter.

6 12. Condition 12, in pertinent part, states:

7 **GENERAL PROBATION REQUIREMENTS**

8 Compliance with Probation Unit

9 Respondent shall comply with the Board's probation unit and all terms and
10 conditions of this Decision.

11 ...

12 13. Condition 16 states:

13 **VIOLATION OF PROBATION**

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

18 **FACTUAL ALLEGATIONS**

19 Patient A.¹

20 14. On or about March 26, 2018, Patient A, a 23-year-old woman, responded to a
21 Craigslist offer from Struong Cosmetic for an abdominal liposuction for \$2,500. She contacted
22 the office via email and was told that she could have the procedure the same day as her
23 consultation.

24 15. On or about March 27, 2018, Patient A presented to Respondent for an evaluation for
25 cosmetic surgery. She was five feet, four inches tall and weighed 180 pounds. Respondent
26 recommended that Patient A undergo "full abdominal" liposuction with "fat transfer to hips +

27 ¹ A letter is used in lieu of the patient's name to address privacy concerns. The identity of
28 the patient is known to the Respondent and will be further provided in response to an appropriate
Request for Discovery.

1 buttocks \$4.3K.” Respondent also documented that he discussed the risks of “numbness,
2 paresthesia, scars, bleeding, infection, bruising, cardiovascular abnormality, death” with the
3 patient and she signed a consent document. She also completed various forms, including,² a “Pre-
4 Treatment Recommendations for Tumescant Liposuction” form, which described utilizing
5 Keflex^{®3}, Lorcet^{®4}, Colace^{®5}, and Phenergan^{®6}. This form also described preoperative
6 recommendations beginning two weeks prior to the procedure, including that the patient must
7 arrange for a responsible adult to drive her to and from the procedure, stating that she would “not
8 be allowed to leave on [her] own” and a “cab or bus driver will not be allowed to take [her] home
9 after the procedure.” The patient also acknowledged that she “should have a responsible adult
10 drive [her] home after the procedure [and that] They will be required to sign a post-Tumescant
11 Liposuction/Laser Lypolysis release form before [she] can be released into their care.”

12 16. On or about March 31, 2018, Respondent performed surgical procedures on
13 Patient A. The patient was taken to Respondent’s procedure room and given Dilaudid^{®7} and
14

15 ² As used herein, “including” means, “including, without limitation.”

16 ³ “Keflex[®]” is a brand name for cephalexin, which is an antibiotic medication used to
17 treat infections. It is a dangerous drug pursuant to Business and Professions Code section 4022.

18 ⁴ Lorcet[®] is a brand name for acetaminophen and hydrocodone. This combination of
19 hydrocodone and acetaminophen is used to relieve pain severe enough to require opioid treatment
20 and when other pain medicines do not work well enough or cannot be tolerate. Other brand
21 names for this combination of drugs include Hycet[®], Norco[®], Lortab[®], Maxidone[®], Vicodin[®],
22 Zamiset[®] and Zydone[®].

23 ⁵ “Acetaminophen” is a widely used over-the-counter analgesic (pain reliever) and
24 antipyretic (fever reducer). It is also known as paracetamol, or APAP. It is typically used for
25 mild to moderate pain relief, such as relief of headaches. It is a major ingredient in numerous
26 cold and flu remedies. In combination with opioid analgesics, paracetamol can also be used in
27 the management of more severe pain such as post-surgical pain and providing palliative care in
28 advanced cancer patients. Acute overdoses of paracetamol can cause potentially fatal liver
29 damage and, in rare individuals, a normal dose can do the same; the risk is heightened by alcohol
30 consumption. It is sold in varying forms, including under the brand name Tylenol[®].

31 ⁶ “Colace[®]” is a brand name for docusate, an over-the-counter medication, used to treat
32 constipation. Stool softeners such as docusate are often the first method used for preventing and
33 treating this type of constipation.

34 ⁷ “Phenergan[®]” is a brand name for promethazine an antihistamine medication used to
35 treat allergies, difficulty sleeping, and nausea. Promethazine is sold in its various forms under the
36 brand names Phenadoz[®], Promethegan[®], and Phenergan[®]. It is a dangerous drug as defined in
37 Business and Professions Code section 4022.

38 ⁸ “Dilaudid[®]” is a brand name for hydromorphone, an opioid pain medication used to
39 treat moderate to severe pain. Hydromorphone is a Schedule II controlled substance pursuant to
40 Health and Safety Code section 11055, subdivision (b)(1)(J), and a dangerous drug as designated
41 in Health and Safety Code section 4022.

1 Clonidine⁸ and it is noted that Keflex® and Benadryl®⁹ were administered. Tumescant solution
2 was administered through an IV and 1.4 liters of fat solute were removed and 450 cc's of fat was
3 injected into each hip/buttock area.

4 17. At the conclusion of the procedures, Patient A was given medications for home use,
5 including Levaquin®¹⁰ (five days), Colace® (for three days), and Dilaudid® (every 4-6 hours,
6 three tablets). The time of discharge was not documented. Patient A's surgery was completed at
7 5:40 p.m., and the patient was picked up from Respondent's office by an Uber driver at 6:12 p.m.
8 She arrived at her home in San Diego at 7:35 p.m., which was approximately 70 miles away.

9 18. On or about April 2, 2018, Patient A spoke to Respondent by phone and he instructed
10 her to take Tylenol® for pain and asked her to return to his office.

11 19. On or about April 10, 2018, Patient A spoke to Respondent by phone again.

12 20. On or about June 9, 2018, Patient A saw Respondent with complaints about the
13 results of the procedure.

14 21. No post-operative photos were included in Respondent's records.

15 22. On or about April 1, 2020, an investigator with the Department of Consumer Affairs
16 interviewed Respondent (the "April Interview") and he stated to the investigator that he does not
17 dispense narcotics to patients and that he did not give Dilaudid® to Patient A. When asked about
18 his medical records which indicated that he did provide the medication to the patient, Respondent
19 stated that his medical record included a standard form, and that he would "write a prescription"
20 to "anybody who would need pain medication."

21 23. On or about June 4, 2020, investigators with the Department of Consumer Affairs
22 conducted an inspection of Respondent's controlled substances at his office. During their
23

24 ⁸ "Clonidine" is a medication used to treat high blood pressure, attention deficit
25 hyperactivity disorder, drug withdrawal (alcohol, opioids, or smoking), menopausal flushing,
26 diarrhea, spasticity and certain pain conditions. It is sold under the brand name Catapres®,
27 among others. It is a dangerous drug as defined in Business and Professions Code section 4022.

26 ⁹ "Benadryl®" is a brand name for diphenhydramine, an antihistamine medication used to
27 treat symptoms of seasonal allergies including sneezing, runny nose, and itching or watering eyes.
28 It works by blocking the action of histamine which causes allergic symptoms. It is available
over-the-counter.

¹⁰ "Levaquin®" is a brand name for levofloxacin, an antibiotic medication used to treat
infections. It is a dangerous drug pursuant to Business and Professions code section 4022.

1 inspection Respondent led the investigators to a room where he showed them where he stored
2 medication for his procedures. Inside the room Respondent, showed the investigators a cabinet
3 which contained multiple medications, including turmeric pills, bottles of Doxycycline Hyclate
4 and Levofloxacin (which are antibiotics), Kirkland brand allergy medicine, Obagi Nu-Derma skin
5 brightening products, Biopelle anti-aging products, boxes of Ondansetron injections (which are
6 used to prevent nausea), Triamcinolone and Acetonide (topical ointments), boxes of
7 hydromorphone injections and a bottle of lorazepam tablets. Respondent then showed the
8 investigators a crash cart and kit log, which was located in an examination room. The crash cart,
9 consisted of a very large unlocked box which contained several items including, emergency
10 oxygen, suction equipment and a tank, diazepam¹¹ tablets, lidocaine, epinephrine, naloxone
11 hydrochloride, a tourniquet, needles and syringes, activated charcoal, and dextrose injections.
12 However, a majority of the medication contained in the kit were expired for several years.
13 Respondent advised that he would replace everything in the kit. Inside the same room were
14 cabinets containing surgical equipment, including surgical blades, hypodermic disposable
15 needles, lidocaine and epinephrine injection solution, and sodium bicarbonate injection solution.

16 24. During their inspection of Respondent's office on or about June 4, 2020, investigators
17 inquired about the brown envelopes that are given to patients and Respondent revealed the
18 envelopes. Upon closer examination, the envelopes (which were stored in the cabinet drawer,
19 behind the receptionist area) appeared to be prepackaged containing medication inside. Printed
20 on the front of the envelopes were the names of the medication/dietary supplements, instructions
21 in English and Vietnamese and a blank to write in the quantity and the expiration date. However,
22 the quantity and expiration date on the envelopes containing medications were blank. With the
23 envelopes grouped together, there was no way of determining when the medications would

24
25 ¹¹ "Diazepam" is a psychotropic drug used for the management of anxiety disorders or for
26 the short-term relief of the symptoms of anxiety. It can produce psychological and physical
27 dependence and should be prescribed with caution particularly to addiction-prone individuals
28 (such as drug addicts and alcoholics) because of the predisposition of such patients to habituation
and dependence. It is sold under the brand name Valium®. It is a Schedule IV controlled
substance as designated by Health and Safety Code section 11057(d)(1), and is a dangerous drug
as designated in Health and Safety Code section 4022.

1 expire. The envelopes contained three different types of medications, Levogloxacin (antibiotics),
2 Tylenol®, and Colace®. Respondent failed to have an adequate system for monitoring the
3 number of Schedule III and IV controlled substances in his office. The investigators could see a
4 bottle of lorazepam¹² and five boxes of Dilaudid® were stored in Respondent's drug cabinet.
5 Drugs at Respondent's office viewed by the investigators during the inspection, including
6 Dilaudid® were expired. In addition, Respondent failed to provide a log for all of the Schedule
7 III and IV controlled substances he used in his office. On or about November 30, 2020, an
8 investigator and medical consultant from the Department of Consumer Affairs interviewed
9 Respondent (the "November Interview") and Respondent stated that he "dumped" the expired
10 vials of Dilaudid "in the sink."

11 **FIRST CAUSE FOR DISCIPLINE**

12 **(Gross Negligence)**

13 25. Respondent is subject to disciplinary action under section 2234, subdivision (b), of
14 the Code in that he committed gross negligence in his medical practice. The circumstances are as
15 follows:

16 26. The allegations in paragraphs 14 through 24, inclusive, above are incorporated herein
17 by reference as if fully set forth.

18 27. On or about March 26, 2018, and thereafter, Respondent was grossly negligent in his
19 medical practice, including when he:

20 (a) failed to adequately maintain a log of all Schedule III and IV controlled
21 substances in his office, tracking the number and use of those drugs; and

22 (b) failed to appropriately dispose of expired dangerous drugs by putting them in
23 the drain and into waste water.

24
25 ¹² "Lorazepam," is a benzodiazepine medication. It is used to treat anxiety disorders,
26 trouble sleeping, active seizures including status epilepticus, alcohol withdrawal, and
27 chemotherapy induced nausea and vomiting, as well as for surgery to interfere with memory
28 formation and to sedate those who are being mechanically ventilated. It is sold under the brand
name Ativan® among others. It is a Schedule IV controlled substance pursuant to Health and
Safety Code section 11057, subdivision (d)(16), and a dangerous drug pursuant to Business and
Professions Code section 4022.

1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 28. Respondent is subject to disciplinary action under section 2234, subdivision (c), of
4 the Code in that Respondent committed repeated negligent acts in the care and treatment of
5 Patient A. The circumstances are as follows:

6 29. The allegations of the First Cause for Discipline are incorporated herein by reference
7 as if fully set forth.

8 30. On or about March 26, 2018, and thereafter, Respondent was negligent in his medical
9 practice and in the treatment and care of Patient A, including:

10 (a) when he failed to adequately release Patient A into the care of a responsible
11 adult, and instead allowed the patient to leave his care and be transported approximately 70 miles
12 away in a car driven by an Uber driver;

13 (b) when he failed to adequately and accurately document the medications he
14 provided to Patient A in that his medical records stated that the patient received controlled
15 substances (i.e., Dilaudid and Lorcet), but Respondent stated to Board representatives during his
16 April Interview that he did not dispense narcotics to the patient;

17 (c) when he failed to adequately ensure that his medications were potent by
18 periodically conducting inventories and replacing expired medications; and

19 (d) when he provided envelopes of medications to Patient A which did not indicate
20 a quantity or expiration date for the medications.

21 **THIRD CAUSE FOR DISCIPLINE**

22 **(Failure to Maintain Adequate and Accurate Medical Records)**

23 31. Respondent is subject to disciplinary action under section 2266 of the Code in that
24 Respondent failed to maintain adequate and/or accurate records related to the provision of
25 medical services to a patient. The circumstances are as follows:

26 32. The allegations of the First and Second Causes for Discipline, inclusive, are
27 incorporated herein by reference as if fully set forth.

28 ///

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Failure to Maintain Malpractice Insurance)**

3 33. Respondent is subject to disciplinary action under section 2216.2, subdivision (a) in
4 that he failed to maintain adequate security by liability insurance or by participation in an
5 interindemnity trust. The circumstances are as follows:

6 34. The allegations of the First, Second and Third Causes for Discipline, inclusive, are
7 incorporated herein by reference as if fully set forth.

8 35. On or about November 30, 2020, an investigator and medical consultant with the
9 Department of Consumer Affairs interviewed Respondent and he stated that he did not possess
10 malpractice insurance.

11 **FIFTH CAUSE FOR DISCIPLINE**

12 **(Misrepresentations)**

13 36. Respondent is subject to disciplinary action under section 2261 in that he signed a
14 certification or other document directly or indirectly related to the practice of medicine which
15 falsely represented the existence or nonexistence of a state of facts. The circumstances are as
16 follows:

17 37. The allegations of the First, Second, Third and Fourth Causes for Discipline,
18 inclusive, are incorporated herein by reference as if fully set forth.

19 38. On or about April 1, 2020, at his April Interview, Respondent stated that he did not
20 dispense narcotics to patients and that he did not give Dilaudid to Patient A. However, this
21 statement contradicts Respondent's medical records for Patient A, which indicate that he did
22 provide Dilaudid to Patient A.

23 39. On or about July 21, 2020, an investigator with the Department of Consumer Affairs
24 went to Respondent's office and interviewed Respondent and several of his employees, including
25 a clerical office assistant, N.H.B.L. who had only worked for Respondent for approximately six
26 months. In addition, on or about August 17, 2020, the investigator also interviewed L.M.P. a
27 medical assistant who worked for Respondent for approximately three and one half months in or
28 around March/April 2018 through July 2018. Her duties included assisting Respondent during

1 procedures and she remembered Patient A. According to L.M.P, patients were given Dilaudid by
2 Respondent. In addition, Respondent signed several quarterly declarations from in or around
3 2017 through 2020. The forms required that Respondent "List any new staff and include the title
4 and license number, if applicable. In all Respondent's forms he wrote, "none" in response to this
5 inquiry.

6 **SIXTH CAUSE FOR DISCIPLINE**

7 **(General Unprofessional Conduct)**

8 40. Respondent is subject to disciplinary action under section 2234, in that his action
9 and/or actions represent unprofessional conduct, generally. The circumstances are as follows:

10 41. The allegations of the First, Second, Third, Fourth and Fifth Causes for Discipline,
11 inclusive, are incorporated herein by reference as if fully set forth.

12 **FIRST CAUSE TO REVOKE PROBATION**

13 **(General Probation Requirements and Obey All Laws)**

14 42. Respondent's probation is subject to revocation because he failed to comply with
15 Probation Condition Numbers 10, 12 and 16 of his probationary order in his Decision, referenced
16 above. The facts and circumstances regarding this violation are as follows:

17 43. The allegations of the First through Sixth Causes for Discipline, inclusive are
18 incorporated herein by reference as if fully set forth.

19 44. Respondent has violated term and condition numbers 10, 12 and 16 by engaging in
20 unprofessional conduct.

21 **SECOND CAUSE TO REVOKE PROBATION**

22 **(Quarterly Reports)**

23 45. Respondent's probation is subject to revocation because he failed to comply with
24 Probation Condition Numbers 11 of his probationary order in his Decision, referenced above.
25 The facts and circumstances regarding this violation are as follows:

26 46. The allegations of the First through Sixth Causes for Discipline, inclusive and the
27 First Cause to Revoke Probation are incorporated herein by reference as if fully set forth.

28 47. On or about July 2, 2018, October 5, 2018, April 4, 2020 and June 3, 2020,

1 Respondent signed Quarterly Declarations and submitted them to the Board's probation unit.
2 Those Quarterly Declarations failed to list his new employees, including but not limited to,
3 N.H.B.L. and L.M.P.

4 **DISCIPLINARY CONSIDERATIONS**

5 48. To determine the degree of discipline, if any, to be imposed on Respondent,
6 Complainant alleges that on or about March 1, 2017 (effective March 30, 2017), in the Decision,
7 Respondent's Physician's and Surgeon's certificate was revoked, but the revocation was stayed,
8 and he was placed on probation for five years, with terms and conditions, for admitted
9 unprofessional conduct, in connection with the care and treatment of multiple patients. That
10 decision is now final and is incorporated by reference as if fully set forth herein.

11 **PRAYER**

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

14 1. Revoking the probation that was granted by the Board in Case Number 18-2013-
15 231897 and imposing the disciplinary order that was stayed, thereby revoking Physician's and
16 Surgeon's Certificate Number A 97261, issued to Son Ngoc Truong, M.D.;

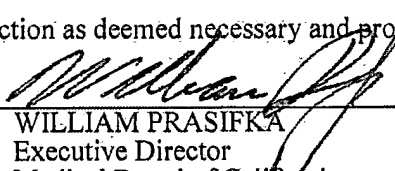
17 2. Revoking or suspending Physician's and Surgeon's Certificate Number A 97261,
18 issued to Son Ngoc Truong, M.D.;

19 3. Revoking, suspending or denying approval of Son Ngoc Truong, M.D.'s authority to
20 supervise physician assistants and advanced practice nurses;

21 4. Ordering Son Ngoc Truong, M.D., if placed on probation, to pay the Board the costs
22 of probation monitoring; and

23 5. Taking such other and further action as deemed necessary and proper.

24 DATED: MAY 19 2021



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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