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

In the Matter of the Accusation Against: **Ronnie Dunchok, M.D.** **Physician's and Surgeon's Certificate No. A 42469** **Respondent.**	**Case No.: 800-2017-037744**

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 6, 2023.

IT IS SO ORDERED: February 2, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **RONNIE DUNCHOK, M.D.** **1334 W Covina Blvd., #204** **SAN DIMAS CA 91773-3211** **Physician's and Surgeon's Certificate No. A 42469,** Respondent.	Case No. 800-2017-037744 OAH No. 2021100304 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Brian D. Bill, Deputy Attorney General.

2. Respondent Ronnie Dunchok, M.D. (Respondent) is represented in this proceeding by attorney Derek F. O'Reilly-Jones, whose address is: 355 South Grand Ave., Ste. 1750 Los Angeles, CA 90071-15622.1.

3. On or about February 10, 1986, the Board issued Physician's and Surgeon's Certificate No. A 42469 to Respondent. The Physician's and Surgeon's Certificate was in full

force and effect at all times relevant to the charges brought in Accusation No. 800-2017-037744, and will expire on July 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-037744 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 8, 2021. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-037744 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2017-037744. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

7. Respondent is fully aware of his legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2017-037744, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

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

to contest those charges.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2017-037744, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 42469 to disciplinary action.

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

RESERVATION

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

CONTINGENCY

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

15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2017-037744 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any

other licensing proceeding involving Respondent in the State of California.

16. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above entitled matter.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 42469 issued to Respondent RONNIE DUNCHOK, M.D. is revoked. However, the revocations are stayed and Respondent is placed on probation for three (3) years on the following terms and conditions:

1. EDUCATION COURSE. Within 60 calendar days of the effective date of this Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior approval educational program(s) or course(s) which shall not be less than 40 hours per year, for each year of probation. The educational program(s) or course(s) shall be aimed at correcting any areas of deficient practice or knowledge and shall be Category I certified. The educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure. Following the completion of each course, the Board or its designee may administer an examination to test Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65 hours of CME of which 40 hours were in satisfaction of this condition.

2. PRESCRIBING PRACTICES COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in prescribing practices approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent.

Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The prescribing practices course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

Respondent shall submit a certification of successful completion to the Board or its

designee not later than 15 calendar days after successfully completing the course, or not later than 15 calendar days after the effective date of the Decision, whichever is later.

4. MONITORING - PRACTICE. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor, the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

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

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor shall submit a quarterly written report to the Board or its designee which

includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

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

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

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

6. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE

NURSES. During probation, Respondent is prohibited from supervising physician assistants and advanced practice nurses.

7. OBEY 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.

8. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent shall reimburse the Board for its investigative and prosecutorial costs, in the amount of $8,500.00 (eight thousand five hundred dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

The filing of bankruptcy by Respondent shall not relieve Respondent of the responsibility to repay the Board for its investigative and prosecutorial costs.

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

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

10. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

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Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

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

on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

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

15. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

17. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2017-037744 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Derek F. O'Reilly-Jones. 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: 4/7/2022

DocuSigned by:
Ronnie Dunchok, M.D.
RONNIE DUNCHOK, M.D.
Respondent

I have read and fully discussed with Respondent Ronnie Dunchok, 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: 04.07.2022

DEREK F. O'REILLY-JONES
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

BRIAN D. BILL
Deputy Attorney General
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, Derek F. O'Reilly-Jones. 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: _____

RONNIE DUNCHOK, M.D.
Respondent

I have read and fully discussed with Respondent Ronnie Dunchok, 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: _____

DEREK F. O'REILLY-JONES
Attorney for Respondent

ENDORSEMENT

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

DATED: April 8, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

Brian D. Bill

BRIAN D. BILL
Deputy Attorney General
Attorneys for Complainant

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Attorneys for Complainant

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

In the Matter of the Accusation Against: Ronnie Dunchok, M.D. 1334 West Covina Boulevard, #204 San Dimas, California 91773-3211 Physician's and Surgeon's Certificate A 42469, Respondent.	Case No. 800-2017-037744 **ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California (Board).

2. On February 10, 1986, the Board issued Physician's and Surgeon's Certificate No. A 42469 to Ronnie Dunchok, M.D. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on July 31, 2021, unless renewed.

JURISDICTION

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

4. Section 2001.1 of the Code states:

Protection of the public shall be the highest priority for the Medical Board of California in exercising its licensing, regulatory, and disciplinary functions. Whenever the protection of the public is inconsistent with other interests sought to be promoted, the protection of the public shall be paramount.

5. Section 2004 of the Code states:

The board shall have the responsibility for the following:

(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.

(f) Approving undergraduate and graduate medical education programs.

(g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).

(h) Issuing licenses and certificates under the board's jurisdiction.

(i) Administering the board's continuing medical education program.

6. 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.

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

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

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

7. Section 2228 of the Code states:

The authority of the board or the California Board of Podiatric Medicine to discipline a licensee by placing him or her on probation includes, but is not limited to, the following:

(a) Requiring the licensee to obtain additional professional training and to pass an examination upon the completion of the training. The examination may be written or oral, or both, and may be a practical or clinical examination, or both, at the option of the board or the administrative law judge.

(b) Requiring the licensee to submit to a complete diagnostic examination by one or more physicians and surgeons appointed by the board. If an examination is ordered, the board shall receive and consider any other report of a complete diagnostic examination given by one or more physicians and surgeons of the licensee's choice.

(c) Restricting or limiting the extent, scope, or type of practice of the licensee, including requiring notice to applicable patients that the licensee is unable to perform the indicated treatment, where appropriate.

(d) Providing the option of alternative community service in cases other than violations relating to quality of care.

8. Section 2228.1 of the Code states:

(a) On and after July 1, 2019, except as otherwise provided in subdivision (c), the board shall require a licensee to provide a separate disclosure that includes the licensee's probation status, the length of the probation, the probation end date, all practice restrictions placed on the licensee by the board, the board's telephone number, and an explanation of how the Patient can find further information on the licensee's probation on the licensee's profile page on the board's online license information Internet Web site, to a patient or the Patient's guardian or health care surrogate before the Patient's first visit following the probationary order while the licensee is on probation pursuant to a probationary order made on and after July 1, 2019, in any of the following circumstances:

(1) A final adjudication by the board following an administrative hearing or admitted findings or prima facie showing in a stipulated settlement establishing any of the following:

...

(D) Inappropriate prescribing resulting in harm to patients and a probationary period of five years or more.

(2) An accusation or statement of issues alleged that the licensee committed any of the acts described in subparagraphs (A) to (D), inclusive, of paragraph (1), and a stipulated settlement based upon a nolo contendre or other similar compromise that does not include any prima facie showing or admission of guilt or fact but does include an express acknowledgment that the disclosure requirements of this section would serve to protect the public interest.

(b) A licensee required to provide a disclosure pursuant to subdivision (a) shall obtain from the Patient, or the Patient's guardian or health care surrogate, a separate, signed copy of that disclosure.

(c) A licensee shall not be required to provide a disclosure pursuant to subdivision (a) if any of the following applies:

(1) The Patient is unconscious or otherwise unable to comprehend the disclosure and sign the copy of the disclosure pursuant to subdivision (b) and a guardian or health care surrogate is unavailable to comprehend the disclosure and sign the copy.

(2) The visit occurs in an emergency room or an urgent care facility or the visit is unscheduled, including consultations in inpatient facilities.

(3) The licensee who will be treating the Patient during the visit is not known to the Patient until immediately prior to the start of the visit.

(4) The licensee does not have a direct treatment relationship with the Patient.

(d) On and after July 1, 2019, the board shall provide the following information, with respect to licensees on probation and licensees practicing under probationary licenses, in plain view on the licensee's profile page on the board's online license information Internet Web site.

(1) For probation imposed pursuant to a stipulated settlement, the causes alleged in the operative accusation along with a designation identifying those causes by which the licensee has expressly admitted guilt and a statement that acceptance of the settlement is not an admission of guilt.

(2) For probation imposed by an adjudicated decision of the board, the causes for probation stated in the final probationary order.

(3) For a licensee granted a probationary license, the causes by which the probationary license was imposed.

(4) The length of the probation and end date.

(5) All practice restrictions placed on the license by the board.

(e) Section 2314 shall not apply to this section.

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STATUTORY PROVISIONS

9. Section 2234 of the Code states:

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

...

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

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

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

...

10. Section 2242 of the Code states:

(a) Prescribing, dispensing, or furnishing dangerous drugs as defined in Section 4022 without an appropriate prior examination and a medical indication, constitutes unprofessional conduct. An appropriate prior examination does not require a synchronous interaction between the Patient and the licensee and can be achieved through the use of telehealth, including, but not limited to, a self-screening tool or a questionnaire, provided that the licensee complies with the appropriate standard of care.

11. Section 2266 of the Code states:

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

DEFINITIONS

12. Controlled Substances – A controlled substance is a drug which has been declared by federal or state law to be illegal for sale or use, but may be dispensed under a physician's prescription. The basis for control and regulation is the danger of addiction, abuse, physical or mental harm, and death. Controlled substances include:

a. Zolpidem tartrate (Ambien). A medication classified as a hypnotic/sedative prescribed to treat insomnia. This drug is habit forming; continuous and daily use should be avoided. Negative side effects include depression, anxiety, aggression, agitation, confusion, unusual thoughts, hallucinations, memory problems, personality changes, decreased inhibitions, and dizziness.

b. Hydrocodone bitartrate-acetaminophen (Vicodin). A medication classified as an opioid prescribed to treat severe pain. Opioids have a high potential for abuse, dependence, and addiction. Opioids can be lethal when used without proper indication. The dangers of using such drugs include, but are not limited to, drug abuse, psychic dependence, immunosuppression, hormonal changes, central nervous system depression, respiratory depression, coma, and death. Acetaminophen (Tylenol) is a common medicine used to relieve pain and lower body temperature in fever. Excessive and chronic use of acetaminophen can cause liver toxicity and possible liver failure.

c. Hydromorphone E HCL (Exalgo). An opioid prescribed to treat severe pain. Exalgo is an extended-release drug designed to treat pain around-the-clock. The general definition and discussion regarding opioid medications contained in Paragraph 12(b) is incorporated as if fully set forth herein.

d. Morphine Sulfate (MS Contin). An opioid prescribed to treat moderate to severe pain. The general definition and discussion regarding opioid medications contained in Paragraph 12(b) is incorporated as if fully set forth herein.

e. Fentanyl Transdermal Patch. An opioid prescribed to treat severe pain in patients that need pain medication around-the-clock and have developed a tolerance to oral opioids. Fentanyl patches are 100 times stronger than morphine. The general definition and discussion regarding opioid medications contained in Paragraph 12(b) is incorporated as if full set forth herein.

f. Carisoprodol (Soma). A medication classified as a muscle relaxant prescribed to treat muscle spasms. Negative side effects include extreme weakness, lack of

coordination, light headedness, fainting, paralysis, fast heartbeat, seizures, vision loss, agitation, and confusion.

g. Alprazolam (Xanax). A medication classified as a benzodiazepine, prescribed as a short-term treatment of anxiety. Benzodiazepines are habit-forming and have significant addiction potential when improperly prescribed and/or used over prolonged periods. Negative side effects include drowsiness, dizziness, increased saliva, mood changes, hallucinations, thoughts of suicide, slurred speech, loss of coordination, difficulty walking, coma, respiratory failure and death.

h. Clonazepam (Klonopin). A benzodiazepine prescribed as a short-term treatment of anxiety. The definition and discussion regarding benzodiazepine medications contained in Paragraph 12(g), above, is incorporated as if fully set forth herein.

i. Diazepam (Valium). A benzodiazepine prescribed as a short-term treatment of anxiety. The definition and discussion regarding benzodiazepine medications contained in Paragraph 12(g), above, is incorporated as if fully set forth herein.

j. Lorazepam (Ativan). A benzodiazepine prescribed as a short-term treatment of anxiety. The definition and discussion regarding benzodiazepine medications contained in Paragraph 12(g), above, is incorporated as if fully set forth herein.

k. Amphetamine Salt Combo (Adderall and Adderall XR). A medication classified as a central nervous system (CNS) stimulant prescribed to treat attention deficit hyperactivity disorder and narcolepsy. Adderall XR is the extended-release version of Adderall, which means the tablet dissolves slowly and the active ingredients are released in the body throughout the day. Adderall XR is taken only once a day, while the standard formulation is shorter acting and may need to be taken multiple times a day. CNS stimulants, including amphetamine-containing products, have a high potential for abuse and dependence. Taking either Adderall formulation incorrectly may lead to sudden death or serious heart problems. These problems include increased blood pressure and heart rate, stroke, and heart attack. Side effects include insomnia, nervousness, dizziness, mood swings, bodily weakness, new or

worsened mental health issues, and circulatory problems.

FACTUAL ALLEGATIONS

Patient No. 1[1]

13. Patient No. 1 (also "Patient") is a 57-year-old male with a history of carpal tunnel syndrome, depression, back pain, and anxiety. Patient No. 1 also has a reported history of substance abuse. Respondent treated the Patient regularly between approximately January 2015 and February 2019 ("Treatment Period").[2] During the treatment period, Respondent regularly prescribed the following controlled substances: zolpidem, hydrocodone bitartrate-acetaminophen, alprazolam, carisoprodol, diazepam, temazepam, morphine sulfate, oxycodone HCL-acetaminophen.

14. The records generated during the Treatment Period are generally illegible and contain minimal documentation regarding the Patient's medical condition. The records generally:

a. Document the reason for visit as "follow up," "back pain," or "refill."

b. Contain unintelligible or nonexistent subjective and objective findings.

c. Contain unintelligible or nonexistent physical examinations, thus making it impossible to determine what was examined on the date of service.

d. Contain an unintelligible or nonexistent diagnosis.

e. Fail to document that a pain assessment was completed.

f. Fail to document that a substance abuse history or assessment was completed.

g. Fail to document that Respondent reviewed a Controlled Substance Utilization Review and Evaluation System (CURES)[3] report to determine if the Patient was concomitantly prescribed controlled substances by another physician.

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[1] Patients are identified by number to protect their privacy.

[2] These are approximate dates based on the records available for review. Patient No. 1 may have treated with Respondent before or after these dates.

[3] CURES 2.0 (Controlled Substance Utilization Review and Evaluation System) is a database of Schedule II, III and IV controlled substance prescriptions dispensed in California serving the public health, regulatory oversight agencies, and law enforcement. CURES 2.0 is committed to the reduction of prescription drug abuse and diversion without affecting legitimate medical practice or patient care.

h. Fail to document that Respondent made any additional referrals or ordered diagnostic studies (such as a toxicology screen) related to the prescribing of controlled substances to the Patient.

15. During the Treatment Period, Respondent:

a. Prescribed controlled substances without documenting a clear medical diagnosis[4] and without proper medical indication.[5]

b. Failed to properly monitor[6] the Patient's controlled substance use.

c. Failed to screen for and/or recognize the indicia of controlled substance misuse, dependency, addiction, abuse, and/or diversion.[7]

d. Failed to employ screening tools, such as pain intensity/interference scale.

e. Failed to document a specific treatment plan with measurable goals and objectives to evaluate the efficacy of long-term controlled substance use.[8]

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[4] A clear medical diagnosis is determined by obtaining objective evidence, which includes, but is not limited to: obtaining and documenting a complete medical history, which includes information regarding the beginning of the condition, location and duration of the condition, exacerbating or palliative triggers, lifestyle habits, the efficacy of prior treatments, and history of substance abuse; obtaining and reviewing prior medical records and imaging studies; performing and documenting robust physical examinations, particularly of the affected part of the Patient's body; and identifying and documenting specific symptoms of the condition and the impact of the symptoms on a patient's functioning.

[5] A proper medical indication is based upon obtaining and documenting a clear medical diagnosis.

[6] Failure to properly monitor a patient taking controlled substances includes, but is not limited to: executing a detailed controlled substance agreement, failing to attempt safer treatment modalities prior to prescribing controlled substances; reducing the strength and/or quantity of the prescribed controlled substance(s); discussing the Patient's current substance abuse issues; refer the Patient for further evaluations or to specialists, including pain management, orthopedic surgery, psychiatry, or behavioral therapy; document discussions regarding the risks of using controlled substances, high doses of controlled substances, or polypharmacy; consult or obtain a CURES report; determine whether the Patient exhibited misuse, dependence, addiction, or diversion of controlled substances; and conducting urine toxicology screenings.

[7] Indicia of controlled substance misuse, dependency, addiction, abuse, and/or diversion includes, but is not limited to: obtaining controlled substances from multiple providers, filling prescriptions of controlled substances at multiple pharmacies, requiring chronic high doses, using controlled substances not prescribed to the Patient, resisting attempts to decrease or change medications, reporting lost or stolen medications, and negative interactions with law enforcement.

[8] Measurable goals and objectives include, but are not limited to: improvement in pain and function; improvement in pain-associated symptoms such as sleep disturbance and depression/anxiety; avoidance of excessive use of medications; and creating an exit strategy in the event it becomes medically necessary.

f. Failed to document whether the risks of using controlled substances; the potential side effects; the risk of impaired motor skills; and/or the risk of misuse, dependence, addiction and overdose of ongoing use of controlled substances was discussed with the Patient.

g. Failed to document a periodic review of the Patient's ongoing treatment with controlled substances.

16. Respondent's inappropriate prescribing of controlled substances caused patient harm by:

a. Placing the Patient at an unnecessarily increased risk for significant morbidity and mortality and potential harm given his pre-existing chronic medical conditions and reported history of substance abuse.

b. Prescribing multiple controlled substances that have a high potential for abuse and dependency likely resulted in the Patient becoming dependent on multiple controlled substances that were unnecessarily prescribed. Additionally, prescribing of such medication to a patient with substance abuse issues can lead to potentially lethal adverse effects in a patient with chronic medical conditions.

c. Causing the Patient to develop a likely dependency on multiple controlled substances which should not have been prescribed given the lack of medical justification or medical indication.

Patient No. 2

17. Patient No. 2 (also "Patient") is a 32-year-old male with a history of chronic low back pain and lumbar radiculopathy.[9] Between approximately January 2015 and March 2018[10] ("Treatment Period"), Respondent treated Patient No. 2 regularly. During the Treatment Period, Respondent consistently prescribed: amphetamine salt, alprazolam, carisoprodol, diazepam,

[9] Lumbar radiculopathy is an inflammation of a nerve root in the lower back, which causes symptoms of pain or irritation in the back and down the legs.

[10] These are approximate dates based on the records available for review. Patient No. 2 may have treated with Respondent before or after these dates.

hydromorphone, Adderall XR, morphine sulfate, and transdermal Fentanyl.

18. The records generated during the Treatment Period are generally illegible and contain minimal documentation regarding the Patient's medical condition. The records generally:

a. Contain unintelligible or nonexistent physical examinations or review of systems, thus making it impossible to determine what was examined on the date of service.

b. Contain an unintelligible or nonexistent diagnosis.

c. Fail to document that a pain assessment was completed.

d. Fail to document that a substance abuse history or assessment was completed.

e. Fail to document that Respondent reviewed a CURES report.

f. Fail to document that Respondent made any additional referrals or ordered diagnostic studies or evaluations related to the prescribing of controlled substances to the Patient.

19. During the Treatment Period, Respondent:

a. Prescribed controlled substances without documenting a clear medical diagnosis and without proper medical indication.

b. Failed to properly monitor the Patient's controlled substance use.

c. Failed to screen for and/or recognize the indicia of controlled substance misuse, dependency, addiction, abuse, and/or diversion.

d. Failed to employ screening tools, such as pain intensity/interference scale.

e. Failed to document a specific treatment plan with measurable goals and objectives to evaluate the efficacy of long-term controlled substance use.

f. Failed to document whether the risks of using controlled substances; the potential side effects; the risk of impaired motor skills; and/or the risk of misuse, dependence, addiction and overdose of ongoing use of controlled substances was discussed with the Patient.

g. Failed to document a periodic review of the Patient's ongoing treatment with controlled substances.

20. Respondent's inappropriate prescribing of controlled substances caused actual harm to the Patient by:

a. Placing the Patient at an unnecessarily increased risk for significant morbidity and mortality and potential harm, including accelerated progression of his pre-existing chronic medical conditions and ongoing dependency on controlled substances.

b. Prescribing multiple controlled substances that had high potential for abuse and dependency to a patient with multiple medical conditions who is at risk for exacerbation of said comorbidities by taking unnecessarily prescribed controlled medications. This most likely resulted in the Patient developing a dependency on multiple controlled substances that were prescribed without medical indication.

c. Causing the Patient to develop a dependency on multiple controlled substances, which should not have been prescribed given the lack of medical justification or medical indication.

Patient No. 3

21. Patient No. 3 (also "Patient") is a 56-year-old male with a history of diabetes, hypertension, and anxiety. Between approximately April 2005 and April 2018 ("Treatment Period"), Respondent treated Patient No. 3 regularly. Between March 25, 2015 and March 23, 2018, Respondent consistently prescribed the following controlled substances: alprazolam, hydrocodone, and zolpidem.

22. The records generated during the Treatment Period are generally illegible and contain minimal documentation regarding the Patient's medical condition. The records generally:

a. Contain unintelligible or nonexistent physical examinations or review of systems, thus making it impossible to determine what was examined on the date of service.

b. Contain an unintelligible or nonexistent diagnosis.

c. Fail to document that a pain assessment was completed.

d. Fail to document that a substance abuse history or assessment was completed.

e. Fail to document that Respondent reviewed a CURES report.

f. Fail to document that Respondent made any additional referrals or ordered diagnostic studies or evaluations related to the prescribing of controlled substances to the Patient.

23. During the Treatment Period, Respondent:

a. Prescribed controlled substances without documenting a clear medical diagnosis and without proper medical indication.

b. Failed to properly monitor the Patient's controlled substance use.

c. Failed to screen for and/or recognize the indicia of controlled substance misuse, dependency, addiction, abuse, and/or diversion.

d. Failed to employ screening tools, such as pain intensity/interference scale.

e. Failed to document a specific treatment plan with measurable goals and objectives to evaluate the efficacy of long-term controlled substance use.

f. Failed to document whether the risks of using controlled substances; the potential side effects; the risk of impaired motor skills; and/or the risk of misuse, dependence, addiction and overdose of ongoing use of controlled substances was discussed with the Patient.

g. Failed to document a periodic review of the Patient's ongoing treatment with controlled substances.

24. Respondent's inappropriate prescribing of controlled substances caused actual harm to the Patient by:

a. Placing the Patient at an unnecessarily increased risk for significant morbidity and mortality and potential harm, given his pre-existing chronic medical conditions.

b. Prescribing multiple controlled substances that had high potential for abuse and dependency to a patient with multiple medical conditions who is at risk for exacerbation of said comorbidities by taking unnecessarily prescribed

controlled medications. This most likely resulted in the Patient developing a dependency on multiple controlled substances that were prescribed without medical indication.

c. Causing the Patient to develop a dependency on multiple controlled substances which should not have been prescribed given the lack of medical justification or medical indication.

FIRST CAUSE FOR DISCIPLINE

(Prescribing Controlled Substances Without Proper Medical Indication)

25. Respondent Ronnie Dunchok, M.D. is subject to disciplinary action under section 2242, subdivision (a) of the Code, in that he prescribed multiple controlled substances to Patients 1 through 3 without obtaining objective evidence to support a proper medical indication. The facts set forth in paragraphs 13 through 24, above, are incorporated by reference as if set forth in full herein.

SECOND CAUSE FOR DISCIPLINE

(Inadequate Record Keeping)

26. Respondent Ronnie Dunchok, M.D. is subject to disciplinary action under section 2266 of the Code, in that Respondent failed to create and maintain proper medical records of his care and treatment of Patients 1 through 3. The facts set forth in paragraphs 13 through 24, above, are incorporated by reference as if set forth in full herein.

THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

27. Respondent Ronnie Dunchok, M.D. is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that as to his care and treatment of Patients 1 through 3, Respondent:

a. Prescribed controlled substances without documenting a clear medical diagnosis and without proper medical indication.

b. Failed to properly monitor the Patients' controlled substance use.

c. Failed to screen for and/or recognize the indicia of controlled substance misuse,

dependency, addiction, abuse, and/or diversion.

d. Failed to employ screening tools, such as pain intensity/interference scale.

e. Failed to document a specific treatment plan with measurable goals and objectives to evaluate the efficacy of long-term controlled substance use.

f. Failed to document whether the risks of using controlled substances; the potential side effects; the risk of impaired motor skills; and/or the risk of misuse, dependence, addiction and overdose of ongoing use of controlled substances was discussed with the Patients.

g. Failed to document a periodic review of the Patients' ongoing treatment with controlled substances.

28. The facts set forth in paragraphs 13 through 26, above, are incorporated by reference as if set forth in full herein.

FOURTH CAUSE FOR DISCIPLINE

(Inappropriate Prescribing of Controlled Substances Resulting in Harm to Patients)

29. Respondent Ronnie Dunchok, M.D. is subject to disciplinary action under section 2228.1, subdivision (a), subsections (1)(D) and (2), of the Code, in that Respondent's prescribing of controlled substances resulted in harm to Patients 1 through 3. The facts set forth in paragraphs 13 through 27, above, are incorporated by reference as if set forth in full herein.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 42469, issued to Ronnie Dunchok, M.D.;

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

3. If placed on probation, requiring Ronnie Dunchok, M.D. to provide disclosures pursuant to Section 2228.1 of the Code, as further described in Paragraph 8 of this Accusation.

4. If placed on probation, ordering Ronnie Dunchok, M.D. to pay the Board the costs of

probation monitoring; and

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

DATED: APR 0 8 2021

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

Complainant

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