

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

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

**Fu Li Chao, M.D.**

**Physician's and Surgeon's  
Certificate No. A 66989**

**Case No.: 800-2019-059561**

**Respondent.**

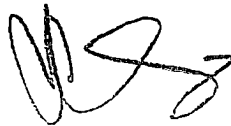
**DECISION**

**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 July 21, 2023.**

**IT IS SO ORDERED: June 22, 2023.**

**MEDICAL BOARD OF CALIFORNIA**



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

1 ROB BONTA  
Attorney General of California  
2 EDWARD KIM  
Supervising Deputy Attorney General  
3 CHRISTINA SEIN GOOT  
Deputy Attorney General  
4 State Bar No. 229094  
California Department of Justice  
5 300 So. Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6481  
Facsimile: (916) 731-2117  
7 *Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

13 **FU LI CHAO, M.D.**  
2968 Woodlawn Avenue  
San Marino, CA 91108

14 **Physician's and Surgeon's Certificate**  
15 **No. A 66989,**

16 Respondent.

Case No. 800-2019-059561

OAH No. 2022030260

**STIPULATED SETTLEMENT AND**  
**DISCIPLINARY ORDER**

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

19 **PARTIES**

20 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of  
21 California (Board). He brought this action solely in his official capacity and is represented in this  
22 matter by Rob Bonta, Attorney General of the State of California, by Christina Sein Goot, Deputy  
23 Attorney General.

24 2. Respondent Fu Li Chao, M.D. (Respondent) is represented in this proceeding by  
25 attorney Derek F. O'Reilly-Jones, whose address is: 355 South Grand Ave., Ste. 1750, Los  
26 Angeles, CA 90071-1562.

27 3. On or about November 20, 1998, the Board issued Physician's and Surgeon's  
28 Certificate No. A 66989 to Respondent. The Physician's and Surgeon's Certificate was in full

1 force and effect at all times relevant to the charges brought in Accusation No. 800-2019-059561,  
2 and will expire on January 31, 2024, unless renewed.

3 **JURISDICTION**

4 4. Accusation No. 800-2019-059561 was filed before the Board, and is currently  
5 pending against Respondent. The Accusation and all other statutorily required documents were  
6 properly served on Respondent on September 9, 2021. Respondent timely filed his Notice of  
7 Defense contesting the Accusation.

8 5. A copy of Accusation No. 800-2019-059561 is attached as exhibit A and incorporated  
9 herein by reference.

10 **ADVISEMENT AND WAIVERS**

11 6. Respondent has carefully read, fully discussed with counsel, and understands the  
12 charges and allegations in Accusation No. 800-2019-059561. Respondent has also carefully read,  
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
14 Disciplinary Order.

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

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

23 **CULPABILITY**

24 9. Respondent understands and agrees that the charges and allegations in Accusation  
25 No. 800-2019-059561, if proven at a hearing, constitute cause for imposing discipline upon his  
26 Physician's and Surgeon's Certificate. Respondent hereby gives up his right to contest those  
27 charges and allegation.

28 10. Respondent does not contest that, at an administrative hearing, Complainant could

1 establish a *prima facie* case with respect to the charges and allegations contained in Accusation  
2 No. 800-2019-059561 and that he has thereby subjected his license to disciplinary action.

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

### 6 CONTINGENCY

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

17 13. Respondent agrees that if he ever petitions for early termination or modification of  
18 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
19 Board, all of the charges and allegations contained in Accusation No. 800-2019-059561 shall be  
20 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or  
21 any other licensing proceeding involving Respondent in the State of California.

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

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

28 16. In consideration of the foregoing admissions and stipulations, the parties agree that

1 the Board may, without further notice or opportunity to be heard by the Respondent, issue and  
2 enter the following Disciplinary Order:

3 **DISCIPLINARY ORDER**

4 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 66989 issued  
5 to Respondent Fu Li Chao, M.D. is revoked. However, the revocation is stayed and Respondent  
6 is placed on probation for three (3) years on the following terms and conditions:

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

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

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

1 been approved by the Board or its designee had the course been taken after the effective date of  
2 this Decision.

3 Respondent shall submit a certification of successful completion to the Board or its  
4 designee not later than 15 calendar days after successfully completing the course, or not later than  
5 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

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

1 shall cease the practice of medicine until a monitor is approved to provide monitoring  
2 responsibility.

3 The monitor(s) shall submit a quarterly written report to the Board or its designee which  
4 includes an evaluation of Respondent's performance, indicating whether Respondent's practices  
5 are within the standards of practice of medicine and whether Respondent is practicing medicine  
6 safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the  
7 quarterly written reports to the Board or its designee within 10 calendar days after the end of the  
8 preceding quarter.

9 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of  
10 such resignation or unavailability, submit to the Board or its designee, for prior approval, the  
11 name and qualifications of a replacement monitor who will be assuming that responsibility within  
12 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60  
13 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a  
14 notification from the Board or its designee to cease the practice of medicine within three (3)  
15 calendar days after being so notified. Respondent shall cease the practice of medicine until a  
16 replacement monitor is approved and assumes monitoring responsibility.

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

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

1 calendar days.

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

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

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

9 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
10 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
11 \$11,187.50 (eleven thousand, one hundred eighty-seven dollars and fifty cents). Costs shall be  
12 payable to the Medical Board of California. Failure to pay such costs shall be considered a  
13 violation of probation.

14 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
15 by a payment plan approved by the Medical Board of California. Any and all requests for a  
16 payment plan shall be submitted in writing by Respondent to the Board. Failure to comply with  
17 the payment plan shall be considered a violation of probation.

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

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

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

25 9. GENERAL PROBATION REQUIREMENTS.

26 Compliance with Probation Unit

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

28 ///



1        Address Changes

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

7        Place of Practice

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

11       License Renewal

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

14       Travel or Residence Outside California

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

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

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

24       11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
25 its designee in writing within 15 calendar days of any periods of non-practice lasting more than  
26 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
27 defined as any period of time Respondent is not practicing medicine as defined in Business and  
28 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct

1 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
2 Respondent resides in California and is considered to be in non-practice, Respondent shall  
3 comply with all terms and conditions of probation. All time spent in an intensive training  
4 program which has been approved by the Board or its designee shall not be considered non-  
5 practice and does not relieve Respondent from complying with all the terms and conditions of  
6 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
7 on probation with the medical licensing authority of that state or jurisdiction shall not be  
8 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
9 period of non-practice.

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

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

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

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

22 12. COMPLETION OF PROBATION. Respondent shall comply with all financial  
23 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
24 completion of probation. This term does not include cost recovery, which is due within 30  
25 calendar days of the effective date of the Order, or by a payment plan approved by the Medical  
26 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
27 shall be fully restored.

28 13. VIOLATION OF PROBATION. Failure to fully comply with any term or condition

1 of probation is a violation of probation. If Respondent violates probation in any respect, the  
2 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
3 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke  
4 Probation, or an Interim Suspension Order is filed against Respondent during probation, the  
5 Board shall have continuing jurisdiction until the matter is final, and the period of probation shall  
6 be extended until the matter is final.

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

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

22 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
23 a new license or certification, or petition for reinstatement of a license, by any other health care  
24 licensing action agency in the State of California, all of the charges and allegations contained in  
25 Accusation No. 800-2019-059561 shall be deemed to be true, correct, and admitted by  
26 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
27 restrict license.

28 [Signatures on following page]

1 ACCEPTANCE

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

7  
8 DATED: 10/5/2022

FU LI CHAO, M.D.  
9 Respondent

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

13 DATED: 10/6/2022

DEREK F. O'REILLY-JONES, ESQ.  
14 Attorney for Respondent

15  
16 ENDORSEMENT

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

19  
20 DATED: 10/6/22

Respectfully submitted,

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

23 CHRISTINA SEIN GOOT  
24 Deputy Attorney General  
25 Attorneys for Complainant

26  
27 LA2021601145  
65467333.docx

**Exhibit A**  
**Accusation No. 800-2019-059561**

1 ROB BONTA  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 CHRISTINA SEIN GOOT  
Deputy Attorney General  
4 State Bar No. 229094  
California Department of Justice  
5 300 South Spring Street, Suite 1702  
Los Angeles, CA 90013  
6 Telephone: (213) 269-6481  
Facsimile: (916) 731-2117  
7 *Attorneys for Complainant*

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

12  
13 In the Matter of the Accusation Against:

Case No. 800-2019-059561

14 **FU LI CHAO, M.D.**  
2968 Woodlawn Avenue  
15 San Marino, California 91108-3042

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

16 **Physician's and Surgeon's Certificate No. A**  
**66989,**

17 Respondent.  
18

19  
20 **PARTIES**

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

23 2. On November 20, 1998, the Board issued Physician's and Surgeon's Certificate  
24 Number A 66989 to Fu Li Chao, M.D. (Respondent). That license was in full force and effect at  
25 all times relevant to the charges brought herein and will expire on January 31, 2022, unless  
26 renewed.

27 **JURISDICTION**

28 3. This Accusation is brought before the Board under the authority of the following

1 provisions of the California Business and Professions Code (Code), unless otherwise indicated.

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

6 5. Section 2234 of the Code, states:

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

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

11 (b) Gross negligence.

12 (c) Repeated negligent acts. To be repeated, there must be two or more  
13 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  
14 repeated negligent acts.

15 (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.

16 (2) When the standard of care requires a change in the diagnosis, act, or  
17 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  
18 licensee's conduct departs from the applicable standard of care, each departure  
constitutes a separate and distinct breach of the standard of care.

19 (d) Incompetence.

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

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

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

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

27 //

28 //

1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

3 7. Respondent is subject to disciplinary action under section 2234, subdivision (b), of  
4 the Code in that he committed acts and/or omissions constituting gross negligence in the care and  
5 treatment of Patient 1.<sup>1</sup> The circumstances are as follows:

6 8. On November 28, 2016, Patient 1, then a 42-year-old female with a history of  
7 hypertension, presented to the emergency department with abdominal pain, nausea, vomiting, and  
8 fever. Her abdomen was distended and she was tachycardic with beats per minute (BPM) in the  
9 130 range. The electrocardiogram (EKG) showed sinus tachycardia, tachypnea, and leukocytosis.  
10 The hospital workup showed a 10 mm obstructing stone at the right ureterovesical junction with  
11 hydronephrosis (swelling of the kidney due to a build-up of urine). Patient 1 was admitted to the  
12 intensive care unit (ICU) for sepsis and, subsequently, a gastric mass was also found.

13 9. On November 29, 2016, a consulting urologist opined that Patient 1 needed an urgent  
14 cystoscopy with stent placement. Respondent was the assigned anesthesiologist for that  
15 procedure. Respondent reviewed the chart and performed a physical examination of Patient 1 in  
16 the pre-operative area, interviewed the nurse, and determined Patient 1 to be in severe septic  
17 shock. Respondent discussed the severity of Patient 1's illness and high risk of anesthesia with  
18 the urologist, who opined that the only chance for Patient 1 to improve was to proceed urgently to  
19 the operating room (OR).

20 10. Upon arrival to the OR at 1:11 p.m., Respondent attached American Society of  
21 Anesthesiologists (ASA) standard monitors to Patient 1 and found her tachycardic. Patient 1 was  
22 pre-oxygenated and Respondent induced anesthesia with 120 mg of propofol and 8 mg of  
23 cisatracurium (a medicine used to relax the muscles, given before general anesthesia).  
24 Respondent successfully intubated Patient 1 using a videoscope, however, the patient required  
25 mask ventilation to resolve a short episode of desaturation during laryngoscopy. Respondent  
26 confirmed endotracheal tube placement with positive end-tidal carbon dioxide readings and  
27 bilateral breath sounds. Patient 1 maintained a blood pressure intraoperatively, mostly in the

28 <sup>1</sup> The patient is referred to by number to protect her privacy.



1 120/60 range, while remaining tachycardic with BPM in the 110-120 range. Intraoperatively,  
2 sevoflurane (a general anesthetic agent) was maintained at 4% and Respondent administered  
3 Zofran (anti-nausea medication) 4 mg, fentanyl 110 mcg, and Ofirmev (acetaminophen injection)  
4 1000 mg.

5 11. Surgery was performed from 1:44 p.m. to 2:15 p.m. When the surgery was  
6 completed, sevoflurane was turned off and the patient was given neostigmine 5 mg and  
7 glycopyrrolate 1 mg. Respondent noted that twitch monitoring was used intraoperatively.  
8 Respondent further noted that Patient 1 began to spontaneously breathe, and when she was awake  
9 enough to respond to commands with oxygen saturation (SpO2) at 100%, tidal volumes greater  
10 than 5 cc/kg, and good muscle strength, she was extubated and placed on a facemask with 6  
11 L/min of oxygen.

12 12. Patient 1 was transported from the OR to the recovery room, a distance of about 10  
13 feet, which Respondent estimated took less than one minute. Respondent, who was at the head of  
14 the bed during transport, did not observe any respiratory distress; however, he noted that he gave  
15 Patient 1 "jaw lift" at some point due to diminished respiratory effort. Upon arrival to the  
16 recovery room at 2:28 p.m., Patient 1's respirations were described as "agonal." As the nurses  
17 connected monitors, Respondent began to manually ventilate the patient with an Ambu-bag and  
18 100% oxygen, and inserted an oral airway. She was found to be bradycardic at 38 BPM and  
19 hypoxic with SpO2 at 78% and blood pressure of 110/62. Respondent ordered 0.4 mg of atropine  
20 for the bradycardia, which was given without effect.

21 13. At approximately 2:32 p.m., Patient 1 was reintubated by another anesthesiologist.  
22 About this time, Patient 1 was found to be pulseless and asystolic with pupils dilated 5-6 mm. A  
23 Code Blue was called and 1 mg of epinephrine was given. Defibrillator pads were placed and  
24 cardiopulmonary resuscitation with chest compression was started. Respondent led the  
25 resuscitation. Epinephrine was given two to three more times. The patient was administered a  
26 120 joule shock via defibrillator pads, after which return of spontaneous circulation was achieved,  
27 as the patient was noted to be "revived" with spontaneous respirations, a palpable pulse at 160,  
28 blood pressure of 154/77, and SpO2 at 98%. At 2:45 p.m., another 120-joule shock was given.

1 At 2:46 p.m., Patient 1 was given one ampule of sodium bicarbonate and an additional 1.1 L of  
2 fluid, as ordered by another physician, during resuscitation. At 2:53 p.m., Patient 1 was  
3 transferred to the ICU on monitors while she remained intubated. Patient 1 was eventually  
4 transferred to a different hospital.

5 14. The standard of care when placing a critically ill patient under anesthesia is to ensure  
6 adequate vascular access and monitoring for potential worsening of the patient's condition as a  
7 result of the anesthetic, surgery, or both. All patients undergoing an anesthetic should have ASA-  
8 standard monitors, including blood pressure, heart rate, EKG, pulse oximetry, and ETCO2  
9 monitoring. In a high-risk patient or surgery, the standard of care requires an arterial line to  
10 monitor beat-to-beat blood pressure. In a vasodilated septic patient who is about to undergo  
11 surgery and anesthesia, vascular access in the form of multiple and/or large-bore IVs, or a central  
12 line is also standard of care.

13 15. Patient 1 was at high risk of complications with anesthesia and surgery. Invasive  
14 monitoring and additional vascular access were neither discussed nor attempted by Respondent.  
15 This represents an extreme departure from the standard of care.

16 16. Once extubated, the standard of care is to closely monitor the patient's respiratory  
17 status, and in patients with multiple risk factors for respiratory failure, to have a low threshold to  
18 intervene or reintubate.

19 17. After a high-risk extubation, the physician must maintain a very high index of  
20 suspicion for possible respiratory failure. Respondent's post-extubation respiratory monitoring  
21 and intervention were inadequate. This represents an extreme departure from the standard of  
22 care.

## 23 **SECOND CAUSE FOR DISCIPLINE**

### 24 **(Repeated Negligent Acts)**

25 18. Respondent is subject to disciplinary action under section 2234, subdivision (c), of  
26 the Code in that he committed repeated negligent acts in his care and treatment of Patient 1. The  
27 circumstances are as follows:

28 19. Complainant refers to and, by this reference incorporates paragraphs 8 through 13,

1 above, as though set forth fully herein.

2 20. The standard of care for inducing anesthesia in a critically ill patient with septic shock  
3 requires reduced doses of medications, or different medications, than usual induction, because  
4 many anesthetic medications, such as propofol, have a vasodilatory and cardio-depressive effect,  
5 which could worsen a critically ill patient's condition.

6 21. The standard of care requires adequate pre-oxygenation prior to induction with 100%  
7 oxygen to minimize the risk of desaturation. In patients with a high risk of aspiration, including  
8 those with recent vomiting, distended abdomen, or ileus, a rapid-sequence intubation should be  
9 performed unless otherwise contraindicated. If a nasogastric tube is present, it should be  
10 suctioned prior to induction to minimize the chance of aspiration. A rapid-sequence intubation  
11 utilizes either succinylcholine or rocuronium as the neuromuscular blocker, with the  
12 anesthesiologist attempting intubation in less than 60 seconds after the medication is given,  
13 without mask ventilating the patient.

14 22. The standard of care for intraoperative medication management is to appropriately  
15 dose medications based on the patient's condition and monitor the patient for changes that would  
16 require either intervention or adjustments in medication dosages.

17 23. The standard of care requires timely, accurate, and legible medical records.

18 24. Respondent's treatment of Patient 1 includes the following acts and/or omissions  
19 which constitute repeated negligent acts:

20 a. The allegations of the First Cause for Discipline are incorporated by reference  
21 as if fully set forth herein;

22 b. The induction dose of propofol used by Respondent was too high;

23 c. Respondent's failure to attempt rapid-sequence intubation using appropriate  
24 medications;

25 d. Respondent's lack of pre-induction nasogastric tube suctioning;

26 e. Respondent's initiation of 4% sevoflurane on a septic patient for anesthetic  
27 maintenance; and

28 f. Respondent's failure to document intraoperative ventilatory mechanics and

1 neuromuscular monitoring.

2 **THIRD CAUSE FOR DISCIPLINE**

3 **(Failure to Maintain Adequate Records)**

4 25. Respondent is subject to disciplinary action under section 2266 of the Code in that he  
5 failed to maintain adequate records concerning the care and treatment of Patient 1. The  
6 circumstances are as follows:

7 26. Complainant refers to and, by this reference, incorporates paragraphs 8 through 13,  
8 23, 24(f), above, as though set forth fully herein.

9 **PRAYER**

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

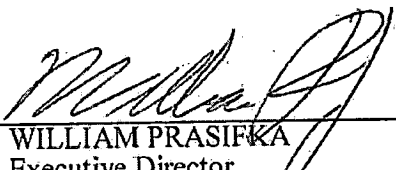
12 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 66989,  
13 issued to Fu Li Chao, M.D.;

14 2. Revoking, suspending or denying approval of Fu Li Chao, M.D.'s authority to  
15 supervise physician assistants and advanced practice nurses;

16 3. If placed on probation, ordering Fu Li Chao, M.D. to pay the Board the costs of  
17 probation monitoring; and

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

19  
20 DATED: SEP 09 2021

21   
22 WILLIAM PRASIFKA  
23 Executive Director  
24 Medical Board of California  
25 Department of Consumer Affairs  
26 State of California

27 *Complainant*

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