

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

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

Sai-Sun Ho, M.D.

**Physician's and Surgeon's
Certificate No. G 66825**

Respondent.

Case No.: 800-2019-062128

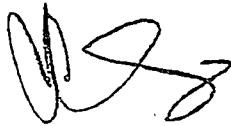
DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on October 20, 2023.

IT IS SO ORDERED: September 20, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 GREG W. CHAMBERS
Supervising Deputy Attorney General
3 State Bar No. 237509
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3382
5 Facsimile: (415) 703-5480
Attorneys for Complainant

6
7 **BEFORE THE**
8 **MEDICAL BOARD OF CALIFORNIA**
9 **DEPARTMENT OF CONSUMER AFFAIRS**
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

12 **SAI-SUN HO, M.D.**
13 **2858 San Bruno Ave.**
San Francisco, CA 94134-1511

14 **Physician's and Surgeon's Certificate No. G**
15 **66825**

16 Respondent.

Case No. 800-2019-062128

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

20 **PARTIES**

21 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Rob Bonta, Attorney General of the State of California, by Greg W. Chambers,
24 Supervising Deputy Attorney General.

25 2. Respondent Sai-Sun Ho, M.D. (Respondent) is represented in this proceeding by
26 attorney Marglyn E. Paseka, Esq., whose address is: 50 California Street, 34th Floor
27 San Francisco, CA 94111-4799.
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1
2 10. For the purpose of resolving the Accusation without the expense and uncertainty of
3 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual
4 basis for the allegations in the Accusation. Respondent hereby gives up his right to contest those
5 charges.

6 11. Respondent agrees that if he ever petitions for early termination or modification of
7 probation, or if the Board ever petitions for revocation of probation, all of the charges and
8 allegations contained in Accusation No. 800-2019-062128 shall be deemed true, correct, and fully
9 admitted by Respondent for purposes of that proceeding or any other licensing proceeding
10 involving Respondent in the State of California.

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

14 CONTINGENCY

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

25 14. Respondent agrees that if he ever petitions for early termination or modification of
26 probation, or if an accusation and/or petition to revoke probation is filed against him before the
27 Board, all of the charges and allegations contained in Accusation No. 800-2019-062128 shall be
28

1 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
2 other licensing proceeding involving Respondent in the State of California.

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

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

9 **DISCIPLINARY ORDER**

10 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 66825 issued
11 to Respondent SAI-SUN HO, M.D. is revoked. However, the revocation is stayed and
12 Respondent is placed on probation for five (5) years on the following terms and conditions:

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

23 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective
24 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in
25 advance by the Board or its designee. Respondent shall provide the approved course provider
26 with any information and documents that the approved course provider may deem pertinent.
27 Respondent shall participate in and successfully complete the classroom component of the course
28 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully

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

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

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

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

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

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

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

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

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

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

28 The Board or its designee shall provide the approved monitor with copies of the Decision(s)

1 and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the
2 Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed
3 statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role
4 of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees
5 with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the
6 signed statement for approval by the Board or its designee.

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

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

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

22 If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of
23 such resignation or unavailability, submit to the Board or its designee, for prior approval, the
24 name and qualifications of a replacement monitor who will be assuming that responsibility within
25 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60
26 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a
27 notification from the Board or its designee to cease the practice of medicine within three (3)
28 calendar days after being so notified. Respondent shall cease the practice of medicine until a

1 replacement monitor is approved and assumes monitoring responsibility.

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

7 6. PROHIBITED PRACTICE. During probation, Respondent is prohibited from
8 registering for a DEA certificate until Respondent has successfully completed the Prescribing
9 Practices Course identified in this Stipulated Settlement and Disciplinary Order.

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

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

19 8. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
20 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
21 advanced practice nurses.

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

25 10. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
26 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
27 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
28 enforcement, as applicable, in the amount of \$10,537.25 (ten thousand five hundred thirty-seven

1 dollars and twenty-five cents). Costs shall be payable to the Medical Board of California. Failure
2 to pay such costs shall be considered a violation of probation.

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

7 The filing of bankruptcy by Respondent shall not relieve respondent of the responsibility to
8 repay investigation and enforcement costs, including expert review costs (if applicable).

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

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

14 12. GENERAL PROBATION REQUIREMENTS.

15 Compliance with Probation Unit

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

17 Address Changes

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

23 Place of Practice

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

27 License Renewal

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

1 license.

2 Travel or Residence Outside California

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

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

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

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

26 In the event Respondent's period of non-practice while on probation exceeds 18 calendar
27 months, Respondent shall successfully complete the Federation of State Medical Boards's Special
28 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program

1 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model
2 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

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

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

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

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

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

23 17. LICENSE SURRENDER. Following the effective date of this Decision, if
24 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy
25 the terms and conditions of probation, Respondent may request to surrender his license. The
26 Board reserves the right to evaluate Respondent's request and to exercise its discretion in
27 determining whether or not to grant the request, or to take any other action deemed appropriate
28 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent

1 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its
2 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject
3 to the terms and conditions of probation. If Respondent re-applies for a medical license, the
4 application shall be treated as a petition for reinstatement of a revoked certificate.

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

10 19. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
11 a new license or certification, or petition for reinstatement of a license, by any other health care
12 licensing action agency in the State of California, all of the charges and allegations contained in
13 Accusation No. 800-2019-062128 shall be deemed to be true, correct, and admitted by
14 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
15 restrict license.

16 **ACCEPTANCE**

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

22
23 DATED: 08 / 15 / 2023



SAI-SUN HO, M.D.
Respondent


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1 I have read and fully discussed with Respondent Sai-Sun Ho, M.D. the terms and conditions and
2 other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its
3 form and content.

4
5 DATED: 08 / 16 / 2023


6 MARGLYN E. PASEKA, ESQ.
7 *Attorney for Respondent*

8 **ENDORSEMENT**

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

11
12 DATED: 8/16/2023

Respectfully submitted,

13 ROB BONTA
14 Attorney General of California

Greg W. Chambers

15 GREG W. CHAMBERS
16 Supervising Deputy Attorney General
17 *Attorneys for Complainant*

Exhibit A

Accusation No. 800-2019-062128

1 ROB BONTA
Attorney General of California
2 GREG W. CHAMBERS
Supervising Deputy Attorney General
3 State Bar No. 237509
4 455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3382
5 Facsimile: (415) 703-5480
6 *Attorneys for Complainant*

7 **BEFORE THE**
8 **MEDICAL BOARD OF CALIFORNIA**
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11 In the Matter of the Accusation Against:

Case No. 800-2019-062128

12 **SAI-SUN HO, M.D.**
13 **2858 San Bruno Ave.**
San Francisco, CA 94134-1511

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. G 66825,**

Respondent.

16
17
18 **PARTIES**

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

22 2. On or about August 25, 1989, the Medical Board issued Physician's and Surgeon's
23 Certificate Number G 66825 to Sai-Sun Ho, M.D. (Respondent). The Physician's and Surgeon's
24 Certificate was in full force and effect at all times relevant to the charges brought herein and will
25 expire on September 30, 2024, unless renewed.

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1 JURISDICTION

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

5 4. Section 2220 of the Code states:

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

12 (a) Investigating complaints from the public, from other licensees, from health care
13 facilities, or from the Board that a physician and surgeon may be guilty of unprofessional
14 conduct. The Board shall investigate the circumstances underlying a report received
15 pursuant to Section 805 or 805.01 within 30 days to determine if an interim suspension
16 order or temporary restraining order should be issued. The Board shall otherwise provide
17 timely disposition of the reports received pursuant to Section 805 and Section 805.01.

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

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

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

3 6. Section 2234 of the Code states:

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

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

9 (b) Gross negligence.

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

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

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

20 (d) Incompetence.

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

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

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

1 13. Ativan is a trade name for lorazepam, a psychotropic drug for the management of
2 anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a dangerous drug as
3 defined in Business and Professions Code section 4022 and a schedule IV controlled substance as
4 defined by section 11057, subdivision (d) of the Health and Safety Code.

5 14. Carisoprodol, also known by the trade name SOMA, is a muscle-relaxant and
6 sedative. It is a dangerous drug as defined in section 4022 of the Business and Professions Code,
7 and a schedule IV controlled substance as defined by section 11057 of the Health and Safety
8 Code.

9 15. Dilaudid is a trade name for hydromorphone hydrochloride. It is a dangerous drug as
10 defined in section 4022 and a schedule II controlled substance as defined by section 11055,
11 subdivision (d) of the Health and Safety Code.

12 16. Diazepam, known by the trade name Valium, is a psychotropic drug for the
13 management of anxiety disorders or for the short-term relief of the symptoms of anxiety. It is a
14 dangerous drug as defined in section 4022 of the Code and a Schedule IV controlled substance as
15 defined by section 11057 of the Health and Safety Code.

16 17. Klonopin is a trade name for clonazepam, an anticonvulsant of the benzodiazepine
17 class of drugs. It is a dangerous drug as defined in section 4022 and a schedule IV controlled
18 substance as defined by section 11057 of the Health and Safety Code.

19 18. Morphine sulfate is for use in patients who require a potent opioid analgesic for relief
20 of moderate to severe pain. Morphine is a dangerous drug as defined in section 4022 of the Code,
21 a schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of
22 the Health and Safety Code. Morphine can produce drug dependence and has a potential for
23 being abused.

24 19. Mirabegron, sold under the brand name Myrbetriq among others, is a medication used
25 to treat overactive bladder. It is a dangerous drug as defined in Code section 4022.

26 20. Oxycodone is a semisynthetic narcotic analgesic with multiple actions qualitatively
27 similar to those of morphine. It is a dangerous drug as defined in Code section 4022 and a
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1 schedule II controlled substance and narcotic as defined by section 11055, subdivision (b)(1) of
2 the Health and Safety Code.

3 21. Phenergan is a trade name for promethazine HCl. It is a dangerous drug as defined in
4 section 4022 of the Code, and has antihistaminic, sedative, antimotion-sickness, antiemetic, and
5 anticholinergic effects. It may be used as a preoperative sedative.

6 22. Ultram, a trade name for tramadol hydrochloride, is a centrally acting synthetic
7 analgesic compound. It is a dangerous drug as defined in section 4022 of the Business and
8 Professions Code, and a schedule II controlled substance as defined by section 11057 of the
9 Health and Safety Code.

10 23. Xanax is a trade name for alprazolam tablets. Alprazolam (trade name Xanax) is a
11 psychotropic triazolo analogue of the 1, 4 benzodiazepine class of central nervous system-active
12 compounds. Xanax is used for the management of anxiety disorders or for the short-term relief of
13 the symptoms of anxiety. It is a dangerous drug as defined in section 4022 and a schedule IV
14 controlled substance and narcotic as defined by section 11057, subdivision (d) of the Health and
15 Safety Code.

16 FACTUAL ALLEGATIONS

17 24. On June 26 2019, the United States Drug Enforcement Agency (DEA) executed a
18 search warrant at Respondent's office. Respondent was interviewed and voluntarily surrendered
19 his DEA registration. Respondent signed a form stating that he understood that he was no longer
20 authorized to "order, manufacture, distribute, possess, dispense, administer, prescribe, or engage
21 in any other activities with controlled substances."

22 25. On October 6, 2019, Respondent ordered Norco and tramadol via phone for Patient 1,
23 a male born in 1973.¹ On October 8, 2019, Respondent ordered Ativan via phone for Patient 1.
24 On October 11, 2019, Respondent signed all of these prescribing orders. Respondent did not
25 have a valid controlled substances (DEA) registration at that time.

26
27
28 ¹ Numbers are used to protect patient privacy. Respondent may learn the names of the
patients through the discovery process.

SECOND CAUSE FOR DISCIPLINE

(Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Failure to Adequately and Accurately Maintain Documents – Patient 8)

34. Respondent is subject to disciplinary action under sections 2234 [unprofessional conduct] and/or 2234(b [gross negligence] and/or 2234(c) [repeated negligent acts] and/or 2266 [failure to maintain adequate or accurate records] in that Respondent engaged in unprofessional conduct, was grossly negligent and/or repeatedly negligent, and failed to adequately and accurately maintain records in the care and treatment of Patients 8. The circumstances are as follows:

35. In 2011, Respondent commenced treating Patient 8, a female born in 1966, for pain in her hips and knees. She was subsequently treated for other maladies including “chronic bronchitis” and “anxiety.” From May 16, 2018 to June 30, 2019, Respondent regularly prescribed to Patient 8 Norco 10/325 mg. #180 for a 30-day supply, diazepam 10 mg. #60 for a 30-day supply, and phenergan with codeine 16 ounce, presumably for a 30-day supply.

36. Discussion of medical side effects and risks were not documented in the records regarding Norco and diazepam taken at the same time, and no prescription for or discussion of Narcan was noted in the records. No pain contract was found in the records. There was no documentation of urine drug screens. The records contain no rationale why Patient 8’s anxiety was treated with only diazepam, twice daily, every day; and no documented rationale why Patient 8’s chronic bronchitis was treated with phenergan with codeine, with an average of three doses per day, every day.

37. On May 16, 2018 Patient 8’s blood pressure was elevated at 180/110. There was no review of systems and no physical examination documented. There was no follow-up planned. On March 11, 2019, Patient 8’s blood pressure was again elevated, 160/105. Again, there was no follow-up planned and no further blood pressure readings on her chart.

38. On May 16, 2018, Patient 8 complained of left shoulder pain. There was no history of present illness, no review of symptom, no physical examination, and no assessment and plan. On November 16, 2018, Patient 8 complained of abdominal pain. There was no review of systems, no physical examination, and no assessment and plan. On February 7, 2019, Patient 8

1 complained of coughing with earache, chest congestion and tightness. There was no review of
2 systems and no physical examination.

3 **THIRD CAUSE FOR DISCIPLINE**

4 **(Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Failure to Adequately
and Accurately Maintain Documents – Patient 9)**

5 39. Respondent is subject to disciplinary action under sections 2234 [unprofessional
6 conduct] and/or 2234(b [gross negligence] and/or 2234(c) [repeated negligent acts] and/or 2266
7 [failure to maintain adequate or accurate records] in that Respondent engaged in unprofessional
8 conduct, was grossly negligent and/or repeatedly negligent, and failed to adequately and
9 accurately maintain records in the care and treatment of Patient 9. The circumstances are as
10 follows:

11 40. Patient 9 was a male born in 1967 who had a chronic pain diagnosis of traumatic
12 arthritis of right shoulder with occasional notation of chronic neck pain and cervical
13 radiculopathy. Patient 9 also had a diagnosis of anxiety disorder. There is no documentation of a
14 physical exam of the neck, shoulders, nor mental status.

15 41. From June 20, 2018 through June 5, 2019, Respondent regularly prescribed to
16 Patient 9 oxycodone 10 mg #300 for a 30-day supply, Xanax 2 mg #180 for a 30-day supply, and
17 Soma 350 mg #180 for a 30-day supply. There was no documentation of medication side effects
18 or of urine drug screen results. Patient 9 had an MME of 450.² There was no documentation why
19 Patient 9's anxiety was treated with only Xanax, 6 pills per day;

20 42. Discussion of medical side effects and risks were not documented in the records
21 regarding Norco and diazepam taken at the same time, and no discussion of Narcan was noted in
22 the records. No pain contract was found in the records, and no documentation of a referral or
23 consultation for Patient 9's anxiety.

24 43. On June 20, 2018, Patient 9's blood pressure was 140/110. On July 27, 2018, the
25 blood pressure was 140/110. On August 10, 2018, the blood pressure was 145/100. On

26 _____
27 ² Morphine Milligram Equivalency or morphine equivalent doses (MED) are values that
28 represent the potency of an opioid dose relative to morphine. The calculation or conversion
amount of each opioid the patient takes on a daily basis is intended to help clinicians make safe,
appropriate decisions concerning changes to opioid regimens.

1 September 12, 2018, the reading was 170/110 and on October 9, 2018, the blood pressure was
2 160/120. After each of those test results Respondent failed to conduct a review of systems or
3 physical evaluation of Patient 9.

4 44. On July 27, 2018, Patient 9 complained of left shoulder pain, vague abdominal pain,
5 and an altercation with his wife and son. There was no history of present illness, no review of
6 systems, no physical examination, and no assessment and plan related to these complaints. On
7 November 7, 2018, Patient 9 complained of urinary frequency. There was no review of systems,
8 and no physical examination. The assessment was just a repeat of the symptom "urinary
9 frequency" with a plan to trial a medication called Myrbetriq. This medication is usually given
10 for overactive bladder but this diagnosis was not made. On April 10, 2019, Patient 9 complained
11 of rectal bleeding and abdominal gas. There was no history of present illness, no review of
12 systems, no physical examination, and no assessment and plan related to these complaints. It is
13 unclear how the diagnosis of "bleeding hemorrhoid" versus other possible causes for rectal
14 bleeding was made.

15 FOURTH CAUSE FOR DISCIPLINE

16 (Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Failure to Adequately 17 and Accurately Maintain Documents – Patient 10)

18 45. Respondent is subject to disciplinary action under sections 2234 [unprofessional
19 conduct] and/or 2234(b [gross negligence] and/or 2234(c) [repeated negligent acts] and/or 2266
20 [failure to maintain adequate or accurate records] in that Respondent engaged in unprofessional
21 conduct, was grossly negligent and/or repeatedly negligent, and failed to adequately and
22 accurately maintain records in the care and treatment of Patients 10. The circumstances are as
23 follows:

24 46. Patient 10 was a male born in 1974 who had chronic pain from a 2008 accident.
25 Patient 10 was diagnosed with "left shoulder pain"; "history of traumatic fracture of vertebra";
26 "panic disorder"; and "insomnia." There is one visit with a diagnosis of lumbar "degenerative
27 disc disease" and one visit with a diagnosis of "right hip pain." From May 1, 2018 through June
28 21, 2019, there are no documented vital signs and no documented physical examinations of the
shoulder, back, hip, nor mental status.

1 47. From May 1, 2018 through June 21, 2019, Respondent regularly prescribed
2 oxycodone 30 mg #120 for a 30-day supply and Xanax 2 mg #30 for a 30-day supply. There is
3 no documentation of medication side effects, of urine drug screens, of using non-narcotic and/or
4 non-medication modalities for pain control, of considering a long-acting pain medication, nor of
5 attempts to wean Patient 10, who was averaging 4 oxycodone pills per day, which is 180 MME
6 per day.

7 48. The records failed to note why Patient 10's insomnia was treated only with daily
8 Xanax, nor did they contain any referrals or consultations for the pain or insomnia. No pain
9 contract or risk of overdose was noted in the records, and no prescription for or discussion of
10 Narcan was in the records. The records also lacked results for urine drug screens, vital signs and
11 physical examinations.

12 **FOURTH CAUSE FOR DISCIPLINE**

13 **(Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Failure to Adequately
and Accurately Maintain Documents – Patient 11)**

14 49. Respondent is subject to disciplinary action under sections 2234 [unprofessional
15 conduct] and/or 2234(b [gross negligence] and/or 2234(c) [repeated negligent acts] and/or 2266
16 [failure to maintain adequate or accurate records] in that Respondent engaged in unprofessional
17 conduct, was grossly negligent and/or repeatedly negligent, and failed to adequately and
18 accurately maintain records in the care and treatment of Patients 11. The circumstances are as
19 follows:

20 50. Patient 11 was a male born in 1961. Respondent regularly saw Patient 11 about once
21 per month from July 22, 2018 to May 31, 2019. During this time, Respondent regularly
22 prescribed Patient 11 morphine extended release 200 mg #90 for a 30-day supply, oxycodone 30
23 mg #180 for a 30-day supply, and Klonopin 2 mg #90 for a 30-day supply.

24 51. Patient 11 had a diagnosis of "osteoarthritis of hip," which dated as far back as 2013
25 and persisted despite having surgery. There are also diagnoses of "general anxiety disorder" and
26 "insomnia." There was no physical examination of the hips nor mental status in the records.

27 52. Medication side effects are not specifically addressed in the records, although on
28 February 1, 2019, Respondent noted that Patient 11 had frequent falls "multiple times weekly."

1 On March 1, 2019, the note says "multiple falls." There is no examination of his gait. The only
2 plan is to get carpet and a wheelchair. It is unclear whether the falls could have been related to
3 Patient 11's medications. There is no information in the chart about urine drug screen results
4 even though Respondent was prescribing Patient 11 a daily 870 MME.

5 53. There is no mention of using non-narcotic and/or non-medication modalities for pain
6 control. There is no information about why Patient 11's anxiety was treated with only Klonopin,
7 3 pills per day. There is no information about why an additional benzodiazepine, Xanax, was
8 prescribed for insomnia. A July 2, 2018, the note says that Xanax is "not to be used with opiate,"
9 but Patient 11 was taking 3 extended release morphine pills plus an average of 6 oxycodone pills
10 each day.

11 54. There was no documented pain contract, no documentation to refer Patient 11 to a
12 pain management consultant or specialist, and no documentation referring Patient 11 to an expert
13 for anxiety and insomnia.

14 55. On October 2, 2018, Patient 11 complained of palpitations. There was no history of
15 present illness, no review of systems, no physical examination related to this complaint, with only
16 a plan to increase the clonidine dose.

17 56. On April 1, 2019, Patient 11 complained of "heart racing." There was no review of
18 systems, no physical examination and no assessment and plan related to this complaint.

19 **FOURTH CAUSE FOR DISCIPLINE**

20 **(Unprofessional Conduct: Gross Negligence/Repeated Negligent Acts/Failure to Adequately
and Accurately Maintain Documents – Patient 12)**

21 57. Respondent is subject to disciplinary action under sections 2234 [unprofessional
22 conduct] and/or 2234(b [gross negligence] and/or 2234(c) [repeated negligent acts] and/or 2266
23 [failure to maintain adequate or accurate records] in that Respondent engaged in unprofessional
24 conduct, was grossly negligent and/or repeatedly negligent, and failed to adequately and
25 accurately maintain records in the care and treatment of Patients 12. The circumstances are as
26 follows:

27 58. Patient 12 was a male born in 1947 who was a former construction worker and had
28 chronic pain from a motorcycle accident and surgeries. There was a diagnosis of "traumatic

1 arthritis of hip” and “osteoarthritis of knee” in the notes. There were also diagnoses of “major
2 depressive disorder”; “general anxiety disorder”; “seasonal affective disorder”; and “insomnia.”
3 There was no physical examination of the hips, knees, nor mental status.

4 59. From June 26, 2018 through June 26, 2019, Respondent saw Patient 12 about once a
5 month and repeatedly prescribed Norco 10/325 mg #180 for a 30-day supply, oxycodone 10 mg
6 #180 for a 30 -day supply, Valium 10 mg #60 or #90 for a 30-day supply, and Xanax 2 mg #60 or
7 #90 for a 30-day supply. No urine drug screen results are reported.

8 60. Respondent intermittently changed Patient 12 from Norco to Oxycodone without
9 documenting the rationale for doing so, and failing to note the differing MMEs between the two
10 controlled substances.

11 61. There is no mention in the records reviewed of any referrals nor consultations.

12 62. On April 24, 2019, Patient 12 had a stool test for fecal globin that was positive
13 (“detected”). There is nothing on the chart documenting that Patient 12 was informed of this
14 result. There is nothing in the chart about a plan to manage this abnormal result. There was a
15 Wellness visit on May 1, 2019 that populates “data” of fecal globin done on April 24, 2019 and
16 that CRC screening is “satisfied for 2019.” There is no mention about the abnormal result in this
17 note, nor in the notes on June 3, 2019 and June 26, 2019.

18 63. On March 12, 2019, Patient 12 reported that “both ears are plugged up.” There was no
19 history of present illness, no review of systems, and no physical examination related to this
20 complaint. The assessment and plan was “serous otitis media” and “suggest claritin.” The note
21 does not support this diagnosis and the suggestion of Claritin is inadequate treatment for otitis
22 media.

23 64. On January 2, 2019 and February 4, 2019, Patient 12 complained of dizziness. There
24 was scant history of present illness, no review of systems, and no physical examination related to
25 this complaint. The assessment and plan was vestibular disequilibrium. It was not addressed if
26 this could have been related to Patient 12’s medications.

27 65. On January 2, 2019, Patient 12 complained of “episodes of mild difficulty voiding on
28 medication.” There was no further history of present illness details, no review of systems, and no

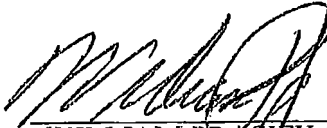
1 physical examination. The assessment and plan was urinary retention likely due to opiate use.
2 The record does not support this diagnosis. The note does not have a treatment and follow-up
3 plan. The subsequent notes do not mention this issue again.

4 **PRAYER**

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

- 7 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 66825,
8 issued to Sai-Sun Ho, M.D.;
- 9 2. Revoking, suspending or denying approval of Sai-Sun Ho, M.D.'s authority to
10 supervise physician assistants and advanced practice nurses;
- 11 3. Ordering Sai-Sun Ho, M.D., to pay the Board the costs of the investigation and
12 enforcement of this case, and if placed on probation, the costs of probation monitoring; and
- 13 4. Taking such other and further action as deemed necessary and proper.

14
15 DATED: NOV 03 2022

16 
17 WILLIAM PRASIFKA
18 Executive Director
19 Medical Board of California
20 Department of Consumer Affairs
21 State of California
22 Complainant