

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

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

Rick T. Chac, M.D.

**Physician's and Surgeon's
Certificate No. A 105379**

Case No.: 800-2019-055102

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 February 21, 2024.

IT IS SO ORDERED: January 22, 2024.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 GIOVANNI F. MEJIA
Deputy Attorney General
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8 *Attorneys for Complainant*

9
10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA
12

13 In the Matter of the Accusation Against:

14 **RICK T. CHAC, M.D.**
660 Old Telegraph Canyon Rd.
15 Chula Vista, CA 91910-6587

16 **Physician's and Surgeon's Certificate**
No. A 105379
17

Respondent.
18

Case No. 800-2019-055102

OAH No. 2022090130

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

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

21 **PARTIES**

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

26 2. Respondent Rick T. Chac, M.D. (Respondent) is represented in this proceeding by
27 attorney David Rosenberg, whose address is: Rosenberg, Shpall & Zeigen, APLC, 10815 Rancho
28 Bernardo Rd., Suite 310, San Diego, CA 92127.

3. On or about September 1, 2008, the Board issued Physician's and Surgeon's Certificate No. A 105379 to Rick T. Chac, M.D. (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. 800-2019-055102, and will expire on September 30, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-055102 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 21, 2022. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-055102 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. 800-2019-055102. 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 does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations contained in Accusation

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1 No. 800-2019-055102, a copy of which is attached hereto as exhibit A, and that he has thereby
2 subjected his Physician's and Surgeon's Certificate No. A 105379 to disciplinary action.

3 10. 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 11. Respondent agrees that if he ever petitions for early termination or modification of
7 probation, or if an accusation and/or petition to revoke probation is filed against him before the
8 Board, all of the charges and allegations contained in Accusation No. 800-2019-055102 shall be
9 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
10 other licensing proceeding involving Respondent in the State of California.

11 CONTINGENCY

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

22 ADDITIONAL PROVISIONS

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

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

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

4 **DISCIPLINARY ORDER**

5 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 105379
6 issued to Respondent Rick T. Chac, M.D. is revoked. However, the revocation is stayed and
7 Respondent is placed on probation for 35 months on the following terms and conditions:

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

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

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

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

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

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

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

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

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

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

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

25 4. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
26 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
27 Chief Executive Officer at every hospital where privileges or membership are extended to
28 Respondent, at any other facility where Respondent engages in the practice of medicine,

1 including all physician and locum tenens registries or other similar agencies, and to the Chief
2 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
3 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
4 calendar days.

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

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

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

12 7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
13 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
14 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
15 enforcement, as applicable, in the amount of \$30,000. Costs shall be payable to the Medical
16 Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

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1 9. GENERAL PROBATION REQUIREMENTS.

2 Compliance with Probation Unit

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

4 Address Changes

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

10 Place of Practice

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

14 License Renewal

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

17 Travel or Residence Outside California

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

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

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

27 11. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
2 defined as any period of time Respondent is not practicing medicine as defined in Business and
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If
5 Respondent resides in California and is considered to be in non-practice, Respondent shall
6 comply with all terms and conditions of probation. All time spent in an intensive training program
7 which has been approved by the Board or its designee shall not be considered non-practice and
8 does not relieve Respondent from complying with all the terms and conditions of probation.
9 Practicing medicine in another state of the United States or Federal jurisdiction while on
10 probation with the medical licensing authority of that state or jurisdiction shall not be considered
11 non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-
12 practice.

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

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

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

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

25 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
27 completion of probation. This term does not include cost recovery, which is due within 30
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
2 shall be fully restored.

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

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

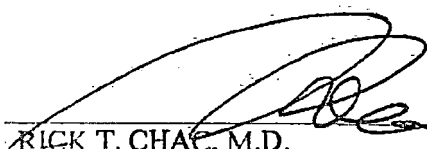
20 15. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
21 with probation monitoring each and every year of probation, as designated by the Board, which
22 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of
23 California and delivered to the Board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

25 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a
26 new license or certification, or petition for reinstatement of a license, by any other health care
27 licensing action agency in the State of California, all of the charges and allegations contained in
28 Accusation No. 800-2019-055102 shall be deemed to be true, correct, and admitted by

1 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
2 restrict license.

3 ACCEPTANCE

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

9
10 DATED: 9/27/2023 
11 RICK T. CHAC, M.D.
Respondent

12 I have read and fully discussed with Respondent Rick T. Chac, M.D. the terms and
13 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
14 I approve its form and content.

15 DATED: 9/27/23 
16 DAVID ROSENBERG, ESQ.
Attorney for Respondent

17 ENDORSEMENT

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

20
21 DATED: September 28, 2023

Respectfully submitted,

22 ROB BONTA
23 Attorney General of California
24 MATTHEW M. DAVIS
25 Supervising Deputy Attorney General

26 
27 GIOVANNI F. MEJIA
28 Deputy Attorney General
Attorneys for Complainant

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10 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
11 **DEPARTMENT OF CONSUMER AFFAIRS**
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13 In the Matter of the Accusation Against:

Case No. 800-2019-055102

14 **RICK T. CHAC, M.D.**
15 **660 OLD TELEGRAPH CANYON RD.**
CHULA VISTA, CA 91910-6587

A C C U S A T I O N

16 **Physician's and Surgeon's Certificate**
17 **No. A 105379,**

Respondent.

18
19 **PARTIES**

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

23 2. On or about September 1, 2008, the Board issued Physician's and Surgeon's
24 Certificate No. A 105379 to Rick T. Chac, M.D. (Respondent). The Physician's and Surgeon's
25 Certificate was in full force and effect at all times relevant to the charges brought herein and will
26 expire on September 30, 2024, unless renewed.

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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 2227, subdivision (a) 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.

(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.

5. Section 2234 of the Code states, in pertinent part:

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:

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

(b) Gross negligence.

(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.

....

COST RECOVERY

6. Business and Professions Code section 125.3 states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licentiate that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g)(1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

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1 (h) All costs recovered under this section shall be considered a reimbursement 02
2 for costs incurred and shall be deposited in the fund of the board recovering the costs
3 to be available upon appropriation by the Legislature.

4 (i) Nothing in this section shall preclude a board from including the recovery of
5 the costs of investigation and enforcement of a case in any stipulated settlement.

6 (j) This section does not apply to any board if a specific statutory provision in
7 that board's licensing act provides for recovery of costs in an administrative
8 disciplinary proceeding.

9 FACTUAL ALLEGATIONS

10 Patient A¹

11 7. On or about December 10, 2018, Patient A presented to Respondent for prenatal care.

12 8. In a progress note dated December 10, 2018, Respondent documented or caused to be
13 documented that Patient A's last menstrual period (LMP) date was June 6, 2018, and an expected
14 due date (EDD) of March 13, 2019.

15 9. On or about January 9, 2019, Respondent changed Patient A's EDD to February 24,
16 2019 based on the results of a third trimester ultrasound.

17 10. In a comment in Respondent's medical records for Patient A dated January 9, 2019,
18 Respondent documented or caused to be documented that his office would try to get medical
19 records pertaining to an 11-week ultrasound that had been performed previously by another
20 healthcare provider.

21 11. Respondent failed to obtain a copy of the medical records pertaining to the 11-week
22 ultrasound until, at the earliest, on or about February 19, 2019, after Respondent commenced an
23 induction of labor for Patient A.

24 12. Respondent's medical records for Patient A document an elevated systolic blood
25 pressure reading of 148 mmHg dated January 30, 2019.

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28 ¹ In the interests of preserving patient confidentiality, a pseudonym is used for any patient
referenced in this Accusation. The true identity of any such patient is known to Respondent or
will be disclosed to Respondent following Complainant's receipt of a duly issued request for
discovery.

1 13. Respondent failed to perform or order, or document performing or ordering, a
2 repeated blood pressure reading, a shorter interval for Patient A's subsequent clinic visit, or
3 laboratory evaluation in response to the elevated blood pressure reading.

4 14. On or about February 12, 2019, Respondent scheduled an induction of labor for
5 Patient A for February 18, 2019.

6 15. On or about February 18, 2019, Patient A was admitted to the hospital for the
7 scheduled induction.

8 16. On or about February 19, 2019, as Patient A's induction continued, Respondent was
9 made aware of the results of Patient A's 11-week ultrasound. The results of such ultrasound
10 yielded an estimated EDD of March 8, 2019.

11 17. Respondent proceeded with the induction and Patient A gave birth to her infant on or
12 about February 20, 2019.

13 18. Patient A's infant was admitted to the hospital's newborn intensive care unit (NICU)
14 for respiratory distress and later transferred to another facility for continued care.

15 19. Respondent committed gross negligence in the course of his care and treatment of
16 Patient A by rendering inadequate prenatal care and an improper induction to the patient.

17 20. Respondent committed negligence in the course of his care and treatment of Patient A
18 by failing to properly assess and manage the patient's documented elevated blood pressure.

19 **Patient B**

20 21. On or about April 11, 2017, Patient B presented to Respondent for prenatal care. was

21 22. In a progress note dated April 11, 2017, Respondent documented or caused to be
22 documented, among other things, that Patient B was a 24-year-old patient with a positive urine
23 pregnancy test, an estimated gestational age of approximately eight weeks and four days, blood
24 pressure measurements of approximately 154/120 and 150/110 mmHg, a history of hypertension,
25 and the issuance of a prescription for labetalol.

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23. On or about August 1, 2017, Patient B presented for an ultrasound ordered by Respondent. The ultrasound yielded impressions including, but not limited to, an amniotic fluid index (AFI) of approximately 16.7 cm and an

[i]ncidental abnormal hyperechoic serpiginous ill-defined mass within the left hemiabdomen, possibly representing echogenic bowel, which may represent sequelae of intramniotic hemorrhage, aneuploidy, or infection. Recommend close attention on follow-up imaging studies and close clinical follow-up.

24. On or about August 15, 2017, Patient B presented to Respondent. Respondent's medical records for Patient B document blood pressure measurements dated August 15, 2017 of approximately 134/92 and 120/94 mmHg.

25. On or about August 15, 2017, Respondent referred Patient B to a hospital labor and delivery unit for further evaluation.

26. The labor and delivery unit's fetal heart rate tracing for Patient B, on or about August 15, 2017, demonstrated decreased fetal heart rate variability as well as concerning fetal heart rate decelerations.

27. On or about August 15, 2017, Respondent ordered the administration of terbutaline to Patient B.

28. Patient B did not exhibit uterine tachysystole or prolonged uterine tone during her admission on or about August 15, 2017.

29. Respondent ordered Patient B's discharge from the labor and delivery unit on or about August 15, 2017.

30. On or about August 16, 2017, Patient B presented for an ultrasound ordered by Respondent. The ultrasound yielded impressions including, but not limited to:

Amniotic fluid index diminished at 7.7 cm compared to 16.7 cm, raising the possibility of developing oligohydramnios. Close attention on follow-up is recommended.

...

Previously suggested hyperechoic abdominal mass or mass-like lesion is not well depicted on this examination. A follow-up ultrasound is suggested within the next 2-3 days to specifically assess for this lesion, which may represent echogenic bowel.

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1 31. On or about August 19, 2017, Patient B presented to the hospital labor and delivery
2 unit reporting an absence of fetal movement.

3 32. A subsequent ultrasound performed the same day yielded findings of fetal demise and
4 oligohydramnios.

5 33. On or about August 20, 2017, Patient B gave birth to a stillborn baby.

6 34. A subsequent placental pathology report dated August 23, 2017 included, but was not
7 limited to, findings of areas with features of advanced maturation and focal avascular fibrotic
8 villi.

9 35. Respondent committed negligence in the course of his care and treatment of Patient B
10 by inappropriately discharging the patient from the hospital on or about August 15, 2017.

11 36. Respondent committed negligence in the course of his care and treatment of Patient B
12 by ordering the administration of terbutaline to the patient, on or about August 15, 2017, without
13 adequate medical indication.

14 37. Respondent committed negligence in the course of his care and treatment of Patient B
15 by failing to appropriately manage the findings of a fetal abdominal mass and the post-demise
16 evaluation.

17 **Patient C**

18 38. On or about September 13, 2017, Patient C presented to Respondent for a prenatal not
19 appointment.

20 39. Respondent's medical records for Patient C document a gestational age of
21 approximately 37 weeks and one day as of September 13, 2017.

22 40. Respondent performed at least one vaginal examination during the course of the
23 appointment on or about September 13, 2017.

24 41. At or around the conclusion of the prenatal office appointment on or about
25 September 13, 2017, Respondent referred Patient C to a hospital labor and delivery unit.

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42. On or about September 13, 2017, Respondent delivered Patient C's baby via cesarean section at the hospital labor and delivery unit. Patient C's baby had multiple lacerations or abrasions on her left buttocks.

43. In the hospital procedure note for the delivery of Patient C's baby on or about September 13, 2017, Respondent documented or caused to be documented the following:

Infant laceration (multiple) noted on Left [sic] buttocks. Multiple in different directions. One consistent with intraoperative laceration noted at time of uterotomy. The others likely from vaginal exam in clinic when patient presented with suspected [spontaneous rupture of membranes] earlier in the day....

44. Respondent committed negligence in the course of his care and treatment of Patient C by performing one or more medical interventions in a manner resulting in multiple lacerations or abrasions to the patient's fetus or infant.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

45. Respondent Rick T. Chac, M.D., has subjected his Physician's and Surgeon's Certificate No. A 105379 to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code in that he committed gross negligence in the course of his care and treatment of a patient as more particularly alleged in paragraphs 8 through 20, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

46. Respondent Rick T. Chac, M.D., has further subjected his Physician's and Surgeon's Certificate No. A 105379 to disciplinary action under sections 2227 and 2234, subdivision (c), of the Code in that he committed repeated negligent acts in the course of his care and treatment of one or more patients as more particularly alleged in paragraphs 8 through 45, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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1 THIRD CAUSE FOR DISCIPLINE

2 (Violation of the Medical Practice Act)

3 47. Respondent Rick T. Chac, M.D., has subjected his Physician's and Surgeon's
4 Certificate No. A 105379 to disciplinary action under sections 2227 and 2234, subdivision (a), of
5 the Code in that he violated or attempted to violate one or more provisions of the Medical
6 Practice Act as more particularly alleged in paragraphs 8 through 46, above, which are hereby
7 incorporated by reference and realleged as if fully set forth herein.

8 PRAYER

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

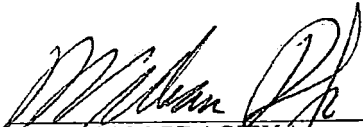
11 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 105379, issued
12 to Respondent Rick T. Chac, M.D.;

13 2. Revoking, suspending or denying approval of Respondent Rick T. Chac, M.D.'s
14 authority to supervise physician assistants and advanced practice nurses;

15 3. Ordering Respondent Rick T. Chac, M.D., to pay the Board the costs of the
16 investigation and enforcement of this case, and if placed on probation, the costs of probation
17 monitoring; and

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

19
20 DATED: APR 21 2022

21 
22 WILLIAM PRASIFKA
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant
28

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