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

In the Matter of the Accusation Against: LUKE SUNGHYUN WON, D.P.M. 520 North Main Street Santa Ana, California 92701 Doctor of Podiatric Medicine License E 5409, Respondent.	Case No. 500-2022-001284 **ACCUSATION**

PARTIES

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board (Board).

2. On November 21, 2017, the Board issued Doctor of Podiatric Medicine License Number 5409 to Luke Sunghyun Won, D.P.M. (Respondent). That license was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2024, unless renewed.

JURISDICTION

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

indicated.

4. Section 2460.1 of the Code states:

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

5. Section 2222 of the Code states:

The California Board of Podiatric Medicine shall enforce and administer this article as to doctors of podiatric medicine. Any acts of unprofessional conduct or other violations proscribed by this chapter are applicable to licensed doctors of podiatric medicine and wherever the Medical Quality Hearing Panel established under Section 11371 of the Government Code is vested with the authority to enforce and carry out this chapter as to licensed physicians and surgeons, the Medical Quality Hearing Panel also possesses that same authority as to licensed doctors of podiatric medicine.

The California Board of Podiatric Medicine may order the denial of an application or issue a certificate subject to conditions as set forth in Section 2221, or order the revocation, suspension, or other restriction of, or the modification of that penalty, and the reinstatement of any certificate of a doctor of podiatric medicine within its authority as granted by this chapter and in conjunction with the administrative hearing procedures established pursuant to Sections 11371, 11372, 11373, and 11529 of the Government Code. For these purposes, the California Board of Podiatric Medicine shall exercise the powers granted and be governed by the procedures set forth in this chapter.

6. Section 2497 of the Code states:

(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board.

7. Section 2227 of the Code states:

(a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:

(1) Have his or her license revoked upon order of the board.

(2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.

(3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.

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

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

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.8.

9. Section 2228 of the Code states:

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

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

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

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

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

10. Section 2228.5 of the Code states:

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

11. Section 2497 of the Code states:

(a) The board may order the denial of an application for, or the suspension of, or the revocation of, or the imposition of probationary conditions upon, a certificate to practice podiatric medicine for any of the causes set forth in Article 12 (commencing with Section 2220) in accordance with Section 2222.

(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board.

12. 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:

(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.

13. Section 2266 of the Code states:

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

COST RECOVERY

14. Section 2497.5 of the Code states:

(a) The board may request the administrative law judge, under his or her proposed decision in resolution of a disciplinary proceeding before the board, to direct any licensee found guilty of unprofessional conduct to pay to the board a sum not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be

assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

(c) When the payment directed in the board's order for payment of costs is not made by the licensee, the board may enforce the order for payment by bringing an action in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

(d) In any judicial action for the 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.

(e)(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 those unpaid costs.

(f) All costs recovered under this section shall be deposited in the Board of Podiatric Medicine Fund as a reimbursement in either the fiscal year in which the costs are actually recovered or the previous fiscal year, as the board may direct.

DEFINITIONS

15. "Cellulitis" is defined as a common, potentially serious bacterial skin infection. It affects the middle layer of the skin (dermis) and the tissues below. If severe or if left untreated, it can spread into the lymph nodes and bloodstream. The infection occurs when a break in the skin allows bacteria to enter. Left untreated, the infection can spread to the lymph nodes and bloodstream and rapidly become life-threatening.

16. "Debridement" is defined as the process of removing nonliving tissue from wounds, pressure ulcers, and burns. Debridement speeds the healing of these conditions because when the dead tissue is removed the remaining living tissue can adequately heal. Wounds that contain non-living (necrotic) tissue take longer to heal. The necrotic tissue may become colonized with bacteria, producing an unpleasant odor. Necrotic tissue may also hide pockets of pus, i.e. abscesses which can develop into a general infection that may lead to amputation or death.

Before performing debridement, the physician will take a medical history with attention to factors that might complicate healing, such as medications being taken and smoking. The

physician will also note the cause of the wound and the ways it has been treated. Surgical debridement (also known as sharp debridement) uses a scalpel, scissors, or other instrument to cut dead tissue from a wound. It is the quickest and most efficient method of debridement. The procedure can be performed at a patient's bedside. Using forceps to grip the dead tissue, the physician will cut it away bit by bit with a scalpel or scissors. The physician may repeat the process again at another session.

17. "Dermis" is defined as the middle layer of the body's skin. The dermis has many additional functions, including: protecting the skeletal system, organs, muscles and tissues from harm, supporting the epidermis which transports nutrients, feeling different sensations, like pressure, pain, heat, cold and itchiness and keeping the skin moist and hydrated.

18. "Edema" is defined as the medical term for swelling caused by fluid trapped in the body's tissues which occurs most often in the feet, ankles and legs, but can affect other parts of the body. Edema can affect anyone and is common because there are many causes associated with the condition. Sometimes edema is a symptom of an underlying health condition, and treatment varies based on the cause, especially if the cause relates to an underlying health condition.

19. "Erythema" is defined as superficial reddening of the skin, usually in patches, as a result of injury or irritation causing dilatation of the blood capillaries.

20. "Fluctuance" is a tense area of skin with a wave-like or boggy feeling upon palpation; caused by pus which has accumulated beneath the epidermis.

21. The "first metatarsophalangeal joint" is defined as the joint located at the base of the big toe. The metatarsal bones are the long bones that link the mid/rear foot to the toes. This joint helps with toe-off; e.g. the point at which the front of the foot or the toe leaves the ground when walking.

22. Hyperkeratotic lesion" is defined as a callus.

23. "Loss of protective sensation" means a person is unable to feel minor trauma from mechanical, thermal, or chemical sources. In the presence of peripheral vascular disease and neuropathy, the development of a foot ulcer may be the start of a chain of events that may lead to

amputations.

24. "Palliative care" in podiatric medicine is defined as providing podiatric medical care to people suffering from a range of diseases that can seriously impact ease of movement and quality of life. Generally speaking, the implication is that the disease or condition in question is incurable so the podiatrist works to alleviate the patient's pain and discomfort in the hopes of restoring mobility and movement.

25. "Palpable foot pulses" is defined as the ability to feel the rhythmic beating of the arteries in specific locations of a patient's body. Palpable pulses are the pulsations generated by the contraction of the heart that travel through the arteries. The pulsing can be felt by placing the fingertips over specific pulse points, such as the wrist, neck, or upper arm. These pulses are important indicators of heart rate, rhythm, and the quality of blood flow to various parts of the body.

Palpation of foot pulses is traditionally used to evaluate patients with arterial disease. These pulses provide vital information about the cardiovascular system and are an essential part of a comprehensive physical examination. By assessing palpable pulses, healthcare professionals can evaluate the overall health and functioning of the patient's circulatory system.

26. "Peripheral Vascular Disease" (PVD) (also called peripheral arterial disease) is a slow and progressive circulation disorder. Narrowing, blockage, or spasms in a blood vessel can cause PVD. PVD may affect any blood vessel outside of the heart including the arteries, veins, or lymphatic vessels. Organs supplied by these vessels, such as the brain, and legs, may not get enough blood flow for proper function. However, the legs and feet are most commonly affected.

The most common cause of PVD is atherosclerosis, the buildup of plaque inside the artery wall. Plaque reduces the amount of blood flow to the limbs and decreases the oxygen and nutrients available to the tissue. Blood clots may form on the artery walls, further decreasing the inner size of the blood vessel and block off major arteries. Other causes of PVD may include infection. Symptoms of peripheral vascular disease include skin changes, including decreased skin temperature, or thin, brittle, shiny skin on the legs and feet, weak pulses in the legs and the feet, wounds that won't heal over pressure points, such as heels or ankles, pain at rest, commonly

in the toes and at night while lying flat, and thickened, opaque toenails.

FACTUAL ALLEGATIONS

27. On April 13, 2022, the Board received an online consumer complaint from one of Patient 1[1]'s two daughters. Patient 1 was a 94-year-old female with dementia, peripheral vascular disease, and chronic urinary tract infections being cared for in an assisted living facility. The complaint alleged Respondent's two-month treatment of Patient's right foot caused a skin wound and infection that necessitated the patient's escalated treatment in a hospital facility for a bone infection.

28. On or about August 10, 2022, the Department of Consumer Affairs Division of Investigation Health Quality Investigations Unit assigned a Special Investigator to investigate this matter for the Board. The Special Investigator obtained Patient 1's medical records, spoke with Patient 1's daughters. On February 28, 2023, Respondent and his attorney participated in a telephonic and digitally recorded Subject interview with the Special Investigator and the Board's Medical Consultant.

29. On or about August 9, 2023, the Department of Consumer Affairs Division of Investigation Health Quality Investigations Unit Analyst contacted Expert Dr. 1, an approved expert for the Board and confirmed the expert's qualifications to perform an expert review of the case. The Analyst uploaded the electronic case binder with all of the case materials to Expert Dr. 1 for his expert review.

30. On or about September 2, 2023, Expert Dr. 1 provided the Board with his expert report that he prepared, based on his review of all of the materials the Board provided to him.

31. Expert Dr. 1's September 2, 2023, report delineated his findings that Respondent demonstrated an extreme departure from the standard of practice in not recognizing a high-risk patient's need for more aggressive treatment of a non-responding infection; that Respondent demonstrated an extreme departure from the standard of practice in not seeking a consultation from other specialists; in not ordering a culture, MRI or even x-rays of Patient 1's foot; and a

[1] The names of the patient and/or witnesses are anonymized to protect their privacy rights. The names will be provided to Respondent upon written request for discovery.

simple departure from the standard of care with regard to his medical record keeping and documentation.

32. Respondent began seeing Patient 1 on December 10, 2021. Patient 1 was in short term care due to a left upper leg infected lesion and a urinary tract infection (UTI). Respondent's initial visit notes state Patient 1 was in pain. The patient had no palpable foot pulses i.e. peripheral vascular disease (PVD), reduced capillary refill to the toes, and reduced neurological protective foot sensation.

33. Respondent noted Patient 1 had contractures of several toes of both of her feet with erythema. Patient 1 could not manage her ingrown fungal toenails which were thickened. All these diagnoses created a potential medical risk to Patient 1.

34. Respondent's initial visit notes state Respondent removed ingrown toenails from both of Patient 1's feet. Respondent's notes state he and Patient 1 discussed possible issues with her bunions and hammertoes, as well as her risk of "opening wounds" due to the combination of her medical conditions and foot deformities.

35. Respondent next treated Patient 1 on January 14, 2022, after the assisted living facility called and asked that he treat Patient 1's worsening right foot erythema and callus. During this visit Respondent noted Patient 1 had a moderate hyperkeratotic lesion of her right foot with pain and erythema. Respondent further noted there was fluctuance, malodor and erythema medial to the right great toe joint deep to the callus with purulent drainage upon debriding this area.

36. It appears Respondent focused only on Patient 1's feet as Respondent did not reference her other medical diagnoses and past medical history. Although he noted that Patient 1 is "currently taking oral antibiotics for her UTI symptoms" he does not refer to the fact that the patient was on these antibiotics prior to her foot becoming infected.

37. Respondent's records show he irrigated the wound and then mechanically debrided it. Respondent stated his plan is to have the assisted living facility employees care for Patient 1 by doing dressing changes of the wound with topical antibacterial ointment.

38. Respondent had the opportunity to culture the wound site, consult with Patient 1's

urologist, as well as other physician specialists in infectious disease and vascular surgery but did not do so.

39. Respondent next treated Patient 1 on January 28, 2022, when he visited Patient 1 to follow-up on the wound site. Respondent noted that the size and appearance were responding to the treatment he had pursued, and assisted living facility nurse was following his orders for Patient 1's right foot dressing care.

40. Respondent sent a photo was sent to Patient 1's daughter, and he discussed his treatment plan to "wait and watch" with her.

41. Respondent next treated Patient 1 on February 11, 2022, and his notes state Patient 1 was improving, with her wound site being less painful, although the opening has increased in size, and there is still erythema. Respondent noted Patient 1 had no systemic signs of infection, there was also less redness, and there was no odor or drainage from the wound. Respondent debrided the site.

42. Respondent sent the patient's daughter a picture of Patient 1 right foot wound. Unlike Respondent's notes, the photograph shows the wound looks significantly worse than the January 28, 2022 picture. There is increased erythema and edema medical to the first metatarsophalangeal joint. Respondent still does not order that a culture be taken from the site nor does he request to have a consultation with an infectious disease physician. During his interview Respondent stated he did not have a consultation with Patient 1's primary physician during or after the February 11, 2022, visit.

43. Respondent sent a photo and text update to one of Patient 1's daughters, and they agreed to talk later that night for a phone report of Patient 1's progress.

44. When Respondent treated Patient 1 on February 25, 2022, the wound site was larger. In his objective findings, Respondent noted a 1.8 cm x 1.5 cm x 0.2 cm wound on the medical side of the Patient 1's first metatarsal phalangeal joint (MPJ) with moderate drainage but no odor. Respondent also noted that there was mild tenderness around the area of the lesion. The note appears to refer to Respondent's observation after he performed his planned "sharp debridement deep to the dermis."

45. Respondent's note indicates there was mild erythema deep to the debridement and granular tissue at the base without probing to the level of the bone or evident deeper infection. Respondent added an additional diagnosis of cellulitis, which indicated Patient 1's infection had spread.

46. Respondent's records show that he provided sharp debridement, cleaned and dressed the area, and stated in his notes that the assisted living facility is to continue caring for the wound as directed with clean dry dressing. Respondent further notes that Patient 1 needs to avoid shoes that put pressure on the wound site where there is a protruding bunion.

47. Respondent did not indicate that he believed the patient's condition required urgent care. Respondent did not indicate that he believed that more diagnostic tests and surgical care were needed. Respondent did not have a consultation with an infectious disease physician nor with Patient 1's primary physician.

48. At 6:34 p.m. on February 25, 2022, Patient 1's daughter texted Respondent about her mother's right foot status. Patient 1's daughter was concerned because a nurse called her stating that there was "green discharge" coming from Patient 1's wound site.

49. Respondent responded to the daughter's text with a text and photo of Patient 1's wound site from that same afternoon. Respondent assured Patient 1's daughter that Patient 1's wound had less drainage, "looks better." Respondent recommended a dressing treatment change and sends Patient 1's daughter a picture of Patient 1's foot.

50. After Respondent mentions during this exchange that Patient 1 is on antibiotics for her UTI her daughter asked Respondent if the antibiotic should be changed since Patient 1 is taking oral Bactrim prophylactically for her UTIs, and the foot looks swollen and red in the photo.

51. However, Patient 1's daughter ultimately agreed to follow Respondent's recommendation to wait, texting Respondent she is receiving photos from "[sic]Home health nurse" and "thinks it would be better to hold until next visit for adding another antibiotic".

52. Respondent last treated Patient 1 February 28, 2022, and his assessment does not mention worsening of Patient 1's right foot wound site. Respondent recommended that the assisted living facility change Patient 1's dressings after cleansing the wound.

53. Patient 1's right foot continued to worsen after February 28, 2022. On March 2, 2022, Respondent and one of the patient's daughters, Ann texted about changing the care plan. Patient 1's daughter stated the assisted living facility's nurse notified her he ordered a different antibiotic. The nurse also suggested Patient 1 should stop taking Bactrim. Patient 1's daughter asked the patient's urologist be consulted prior to changing the patient's antibiotics because the patient had incurred frequent resistant infections. Additionally, the patient's daughter requested that a culture and sensitivity of the foot wound be taken prior to any treatment changes.

54. Several additional text communications occur after this date, a culture is taken by the assisted living facility nurse staff on March 4, 2022. The results of Patient 1's foot cultures came back March 10, 2022, and revealed Patient 1 had a severe mixed microbial infection of her right foot. Patient 1's family then moves Patient 1 to inpatient hospital care for the required intravenous antibiotics and a higher level of wound care.

55. There are continued text communications between Patient 1's daughter and Respondent regarding his care plan. Respondent was questioned about consultations with other physician and Respondent states he is unable to consult anyone. Patient 1's daughter stated that Respondent never seemed to be aware of the patient's other comorbid conditions at the same time he was treating her.

DEPARTURES FROM THE STANDARD OF CARE

56. The standard of care for a doctor of podiatric medicine to arrive at a proper diagnosis requires the doctor of podiatric medicine to perform appropriate evaluations of the patient's condition.

57. The standard of care for a doctor of podiatric medicine to arrive at a proper diagnosis requires the physician to order appropriate tests to obtain accurate evaluations of the patient's condition.

58. The standard of care for a doctor of podiatric medicine to arrive at a proper diagnosis

requires the physician to order appropriate imaging studies.

59. The standard of care for a doctor of podiatric medicine is to provide the appropriate care for the patient is to determine and follow a treatment plan for the patient.

60. The standard of care for a doctor of podiatric medicine is to provide the appropriate care for the patient is to provide an appropriate response to the patient's ongoing clinical and diagnostic changes.

61. The standard of care for a doctor of podiatric medicine is to provide the appropriate care for the patient is to seek consultation from specialists when necessary.

62. The standard of care for a doctor of podiatric medicine is to provide the appropriate care for the patient is to keep accurate and complete records of patient care including the obtaining of

informed consent for the patient's care which may include agreements with the patient's designated appointee.

63. The standard of care for a doctor of podiatric medicine is to provide the appropriate care for the patient is to keep accurate and complete records of patient care including medical history and physical examination, assessments and treatment plan changes.

64. The standard of care for a doctor of podiatric medicine is to provide the appropriate care for the patient is to keep accurate and complete records of patient care including any correspondence, including phone and text communications.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

65. Respondent is subject to disciplinary action under section 2234, subdivision (b) of the Code in that he committed an act of gross negligence in his care and treatment of Patient 1. The circumstances are as follows:

66. The Allegations of paragraphs 27 through 55 are incorporated herein by reference.

(A) Respondent's failures to perform appropriate evaluations of Patient 1's condition constitutes an extreme departure from the standard of care.

(B) Respondent's failures to order appropriate tests to obtain adequate evaluations of

Patient 1's condition constitutes an extreme departure from the standard of care.

(C) Respondent's failures to order appropriate imaging studies for Patient 1 constitutes an extreme departure from the standard of care.

(D) Respondent's failures to determine and follow a treatment plan for Patient 1 constitutes an extreme departure from the standard of care.

(E) Respondent's failures to provide an appropriate response to Patient 1's ongoing clinical and diagnostic changes constitutes an extreme departure from the standard of care.

(F) Respondent's failures to seek consultation from specialists when necessary to treat Patient 1 constitutes an extreme departure from the standard of care.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

67. Respondent is subject to disciplinary action under section 2234, subdivision (c) of the Code in that he was repeatedly negligent in his care and treatment of Patient 1. The circumstances are as follows:

68. The Allegations of paragraphs 27 through 55 are incorporated herein by reference.

(A) Respondent's failures to perform appropriate evaluations of Patient 1's condition constitutes a departure from the standard of care.

(B) Respondent's failures to order appropriate tests to obtain adequate evaluations of Patient 1's condition constitutes a departure from the standard of care.

(C) Respondent's failures to order appropriate imaging studies for Patient 1 constitutes a departure from the standard of care.

(D) Respondent's failures to determine and follow a treatment plan for Patient 1 constitutes a departure from the standard of care.

(E) Respondent's failures to provide an appropriate response to Patient 1's ongoing clinical and diagnostic changes constitutes a departure from the standard of care.

(F) Respondent's failures to seek consultation from specialists when necessary to treat Patient 1 constitutes a departure from the standard of care.

(G) Respondent's failures to keep accurate and complete records of patient care including the obtaining of informed consent for the patient's care which may include agreements with the patient's designated appointee constitutes a departure from the standard of care.

(H) Respondent's failures to keep accurate and complete records of patient care including the medical history and physical examination, assessments and treatment plan changes constitutes a departure from the standard of care.

(I) Respondent's failures to keep accurate and complete records of patient care including any correspondence, including phone and text communications constitutes a departure from the standard of care.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

69. Respondent is subject to disciplinary action under section 2266 of the Code in that Respondent failed to keep complete and adequate records of his care and treatment of Patient 1. The circumstances are as follows:

70. The Allegations of paragraphs 27 through 55 are incorporated herein by reference.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

71. Respondent is subject to disciplinary action under section 2234 of the Code in that Respondent engaged in unprofessional conduct. The circumstances are as follows:

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

73. Respondent's acts and/or omissions as outlined in paragraphs 27 through 55, whether proven individually, jointly, or in any combination thereof, constitute unprofessional conduct.

PRAYER

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

1. Revoking or suspending Podiatrist License Number 5409, issued to Luke Sunghyun

Won, D.P.M.;

2. Ordering him to pay the Podiatric Medical Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5;

3. If placed on probation, ordering him to pay the costs of probation monitoring; and,

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

DATED: MAY 29 2024

BRIAN NASLUND
Executive Officer
Podiatric Medical Board
Department of Consumer Affairs
State of California

Complainant

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