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

In the Matter of the Accusation Against: Daniel Mark Villarosa , M.D. Physician's & Surgeon's Certificate No. C 50281 Respondent.	Case No. 800-2021-083708

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 January 16, 2025.

IT IS SO ORDERED: December 17, 2024.

MEDICAL BOARD OF CALIFORNIA

Richard E. Thorp, M.D. , Chair
Panel B

ROB BONTA
Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **DANIEL MARK VILLAROSA, M.D.** **18064 Wika Rd., Ste 102** **Apple Valley, CA 92307-2182** **Physician's and Surgeon's Certificate No. C 50281** Respondent.	Case No. 800-2021-083708 OAH No. 2024050142 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy Attorney General.

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2. Respondent Daniel Mark Villarosa, M.D. (Respondent) is represented in this proceeding by attorney Derek O'Reilly-Jones, Esq., whose address is: 355 South Grand Ave., Ste. 1750, Los Angeles, CA 90071-5162.

3. On or about July 1, 1999, the Board issued Physician's and Surgeon's Certificate No. C 50281 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021083708, and will expire on August 31, 2026, unless renewed.

JURISDICTION

4. On March 27, 2024, Accusation No. 800-2021-083708 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 or about March 7, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-083708 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and fully understands the charges and allegations in Accusation No. 800-2021-083708. Respondent has also carefully read, fully discussed with his counsel, and fully 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 No. 800-2021-083708, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate No. C 50281 to disciplinary action.

10. Respondent agrees that if an accusation is ever filed against him before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2021-083708 shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

11. Respondent agrees that his Physician's and Surgeon's Certificate No. C 50281 is subject to discipline and he agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

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

13. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2021-076836 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

ADDITIONAL PROVISIONS

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

15. The parties agree that copies of this Stipulated Settlement and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

DISCIPLINARY ORDER

1. PUBLIC REPRIMAND.

IT IS HEREBY ORDERED that Respondent Daniel Mark Villarosa, M.D., holder of Physician's and Surgeon's Certificate No. C 50281, shall be and hereby is Publicly Reprimanded pursuant to Business and Professions Code section 2227. This Public Reprimand, which is issued in connection with the allegation as set forth in Accusation No. 800-2021-083708, is as follows:

In 2017, Respondent was deficient in his care and treatment of Patient A, specifically, in failing to timely request an emergency Cesarian section, as more fully described in Accusation No. 800-2021-083708.

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

satisfaction of this condition.

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

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

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

4. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment program approved in advance by the Board or its designee. Respondent shall successfully complete the program not later than six (6) months after Respondent's initial enrollment unless the Board or its designee agrees in writing to an extension of that time.

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s),

Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation as determined by the program for the assessment and clinical education and evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

At the end of the evaluation, the program will submit a report to the Board or its designee which unequivocally states whether the Respondent has demonstrated the ability to practice safely and independently. Based on Respondent's performance on the clinical competence assessment, the program will advise the Board or its designee of its recommendation(s) for the scope and length of any additional educational or clinical training, evaluation or treatment for any medical condition or psychological condition, or anything else affecting Respondent's practice of medicine. Respondent shall comply with the program's recommendations.

Determination as to whether Respondent successfully completed the clinical competence assessment program is solely within the program's jurisdiction.

If Respondent fails to enroll, participate in, or successfully complete the clinical competence assessment program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. The Respondent shall not resume the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

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5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, legal reviews, and investigation, in the amount of $30,704.13 (thirty-thousand seven hundred four dollars and thirteen cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct and grounds for further disciplinary action.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall constitute unprofessional conduct and grounds for further disciplinary action.

The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

6. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-083708 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

7. FAILURE TO COMPLY. Any failure BY Respondent to comply with terms and conditions of the Stipulated Settlement and Disciplinary Order set forth above shall constitute unprofessional conduct and grounds for further disciplinary action.

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ACCEPTANCE

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

DATED: 11/6/24

DANIEL MARK VILLAROSA, M.D.
Respondent

I have read and fully discussed with Respondent Daniel Mark Villarosa, M.D. the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: 11/06/2024

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

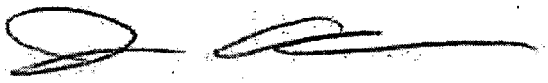
ENDORSEMENT

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

DATED: November 7, 2024

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Stip Settlement and Disc Order - MBC-Osteopathic.docx

Exhibit A

Accusation No. 800-2021-083708

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Daniel Mark Villarosa, M.D.** **18064 WIKA RD STE 102** **APPLE VALLEY CA 92307-2182** **Physician's and Surgeon's Certificate No. C 50281,** Respondent.	Case No. 800-2021-083708 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about July 1, 1999, the Medical Board issued Physician's and Surgeon's Certificate No. C 50281 to Daniel Mark Villarosa, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on August 31, 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 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:
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> (1) Have his or her license revoked upon order of the board.
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> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
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> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
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> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states:

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

(d) Incompetence.

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

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

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

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

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

8. Business and Professions Code section 125.3 states that:

(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.

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

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

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

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected his Physician's and Surgeon's Certificate No. C 50281 to disciplinary action under sections 2227 and 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

10. On or about September 29, 2016,[2] Patient A, a thirty (30) year-old female, presented to Respondent for her first prenatal visit. Respondent noted April 24, 2017, as the due date for the pregnancy.

11. At approximately 28 weeks, Patient A had an abnormal 1-hour Glucose tolerance test.[3] Patient A then underwent a 3-hour Glucose tolerance test,[4] which was also abnormal. Respondent failed to adequately and/or appropriately manage Patient A's gestational diabetes.

12. On or about April 19, 2017, at approximately 7:00 a.m., Patient A was admitted for induction,[5] due to macrosomia,[6] at 39 2/7 weeks. The induction was started with Pitocin,[7] but Patient A was not progressing, and Respondent instructed the nurses to turn the Pitocin off at 7:28 p.m. on the same day [April 19, 2017].

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[1] The patient herein is identified as Patient A in order to maintain patient confidentiality.

[2] Conduct occurring more than seven (7) years from the filing date of this Accusation is for informational purposes only and is not alleged as a basis for disciplinary action.

[3] The glucose challenge test, also called the one-hour glucose tolerance test, measures the body's response to sugar, called glucose.

[4] The glucose tolerance test, also called a three-hour glucose test, is a test which diagnoses gestational diabetes.

[5] Induction is the process of bringing on childbirth or abortion by artificial means, typically by the use of drugs.

[6] Macrosomia refers to growth beyond a specific threshold, regardless of gestational age.

[7] Pitocin is a synthetic hormone that can help induce labor.

13. On or about April 20, 2017, at around 12:40 a.m., Respondent placed Cervidil[8] in Patient A's vagina. Patient A's exam at that time was 2/50/-3 station.[9] Patient A continued to labor all day on April 20, 2017. The fetal strip during this time was category 1,[10] stable, but the contraction pattern was irregular, without reaching adequate contractions. At approximately 10:00 p.m., on the same day [April 20, 2017], Respondent ruptured Patient A's membranes. At that time, Patient A's cervical examination showed 2/50/-3 station. At approximately 11:00 p.m. on April 20, 2017, the fetal baseline[11] dropped to 90, but Patient A was receiving an epidural[12] at this time.

14. On or about April 21, 2017, at approximately 6:48 a.m., Respondent was called by the nursing team, due to concerns with the fetal monitoring strip. At this time, Patient A had been induced for 48 hours. At 7:07 a.m., on the same day [April 21, 2017], Respondent was at the bedside of Patient A, reviewing the fetal strip. Respondent instructed the nurses to have Patient A start pushing for an attempt at a vaginal delivery.

15. On or about April 21, 2017, at approximately 12:25 a.m., the fetal monitoring strip had started deteriorating. From 12:25 a.m. to 12:40 a.m., there were variable decelerations, then a 1 minute bradycardia[13] at 12:49 a.m. Patient A was still in a very irregular contraction pattern. At 1:14 a.m., there was a late deceleration and at 1:36 a.m. a 2 minute bradycardia. At 2:06 a.m.,

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[8] Cervidil is a medication delivered through a vaginal insert that assists with labor by softening the cervix and preparing it for birth.

[9] 2 cm 50 effaced means the cervix is 50 percent effaced, about 2 cm long, halfway to becoming short and thin enough to allow your baby to pass through the uterus and into the vagina. -3 station is when the head of the fetus is above the pelvis.

[10] Category 1 is defined as a baseline rate of 110 to 160 beats per minute, a moderate baseline fetal heart rate (FHR) variability (amplitude 6 to 25 bpm), accelerations and early decelerations may be either present or absent, and no late or variable decelerations.

[11] Baseline fetal heart rate is the average fetal heart rate (FHR) rounded to increments of 5 beats per minute during a 10-minute segment, excluding periodic or episodic changes, periods of marked variability, or baseline segments that differ by more than 25 beats per minute.

[12] An epidural provides anesthesia that creates a band of numbness from bellybutton to upper legs.

[13] Bradycardia is slower-than-expected heart rate, generally beating fewer than 60 beats per minute.

there was another variable deceleration, a late deceleration at 2:23 a.m. and more variable decelerations at 2:30 a.m. and at 2:32 a.m. From 3:21 a.m. to 3:30 a.m., there were repetitive deep variable decelerations. From 3:32 a.m. to 3:40 a.m., the strip is not readable. There were multiple variable decelerations from 3:44 a.m. to 3:56 a.m., and more multiple variable decelerations from 4:18 a.m. to 4:38 a.m. From 4:38 a.m. to 4:47 a.m., there were multiple repetitive variable decelerations that continued to 5:04 a.m. Starting at 5:04 a.m., the fetal strip was hypervariable with a 1 minute bradycardia at 5:10 a.m. At 5:32 a.m., there was a 1½ minute bradycardia with variable decelerations at 5:35 a.m. and 5:36 a.m. The beat to beat variability was slightly better here, but the overall fetal monitoring strip was not reassuring at this point. At 6:11 a.m., the fetal monitoring strip became more concerning. There were multiple late decelerations from 6:11 a.m. to 6:27 a.m., and repetitive deep variable decelerations from 6:27 a.m. to 6:36 a.m. From 6:38 a.m. to 6:44 a.m., there were repetitive deep late decelerations, which continued to 7:18 a.m. At 7:21 a.m., there was a large, deep bradycardia for 5 minutes. At 7:42 a.m., Respondent was at Patient A's bedside, placed a fetal scalp electrode, and was pushing with Patient A [for a vaginal delivery]. From 7:48 a.m. to 7:52 a.m., there was a terminal bradycardia and Respondent called for a cesarean section[14] at 7:52 a.m. At 7:57 a.m., Patient A was taken to the operating room and delivered the baby at 8:16 a.m. The newborn had Apgars of 0/1/4/6/7. The birthweight was 3855 gms and the initial cord blood gas was 6.79. The newborn was resuscitated and eventually transferred to Pomona Valley Medical Center.

16. Respondent unjustifiably delayed performing a cesarean section on Patient A, despite multiple indications, including, but not limited to: breech presentation,[15] fetal distress, fetal intolerance of labor, failure to progress once in active labor, eclampsia,[16] placenta previa,[17]

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[14] Cesarean section, C-section, or Cesarean birth is the surgical removal of a baby through a cut made in the mother's abdomen and uterus.

[15] Breech presentation refers to the fetus in the longitudinal lie with the buttocks or lower extremity entering the pelvis first.

[16] Eclampisa refers to seizures that occur during a woman's pregnancy or shortly after giving birth.

[17] Placenta previa refers to when the placenta covers the opening in the mother's cervix.

placental abruption,[18] and umbilical cord prolapse.[19]

17. Respondent committed gross negligence in his care and treatment of Patient A, including, but not limited to:

a) Respondent delayed in calling for an emergency cesarean section.

SECOND CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

18. Respondent has subjected his Physician's and Surgeon's Certificate No. C 50281 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in his care and treatment of Patient A, as more particularly alleged in paragraphs 9 through 17, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

19. Respondent has further subjected his Physician's and Surgeon's Certificate No. C 50281 to disciplinary action under sections 2227 and 2234 of the Code, in that Respondent has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 9 through 18, above, which are hereby incorporated by reference as if fully set forth herein.

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[18] Placental abruption refers to a serious problem during pregnancy that involves the placenta, the organ that brings oxygen and nutrients to the baby.

[19] Umbilical cord prolapse occurs when the umbilical cord comes out of the cervix before the baby.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate No. C 50281, issued to Respondent Daniel Mark Villarosa, M.D.;

2. Revoking, suspending or denying approval of Respondent Daniel Mark Villarosa, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent Daniel Mark Villarosa, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: MAR 2 7 2024

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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