

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

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

**Howard Chung Hao Jen, M.D.**

**Case No.: 800-2022-088584**

**Physician's and Surgeon's  
Certificate No. A 100000**

**Respondent.**

**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on July 21, 2025.**

**IT IS SO ORDERED: June 19, 2025.**

**MEDICAL BOARD OF CALIFORNIA**

*Michelle A. Bholat, MD*

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**Michelle A. Bholat, M.D. , Chair  
Panel A**

1 ROB BONTA  
2 Attorney General of California  
3 JUDITH T. ALVARADO  
4 Supervising Deputy Attorney General  
5 VLADIMIR SHALKEVICH  
6 Deputy Attorney General  
7 State Bar No. 173955  
8 300 So. Spring Street, Suite 1702  
9 Los Angeles, CA 90013  
10 Telephone: (213) 269-6538  
11 Facsimile: (916) 731-2117  
12 E-mail: Vladimir.Shalkevich@doj.ca.gov  
13 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:

Case No. 800-2022-088584

**HOWARD CHUNG HAO JEN, M.D.**  
10833 Le Conte Avenue  
Box 709818  
Los Angeles, CA 90095-0001

OAH No. 2024110463

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

**Physician's and Surgeon's Certificate**  
**No. A 100000,**

Respondent.

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 Vladimir Shalkevich, Deputy Attorney General.

2. Respondent Howard Chung Hao Jen, M.D. (Respondent) is represented in this proceeding by attorney Carolyn Lindholm, whose address is: Bonne Bridges, Mueller, O'Keefe & Nichols, 355 South Grand Avenue, Suite 1750, Los Angeles, California 90071-1562.

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1       3. On or about May 9, 2007, the Board issued Physician's and Surgeon's Certificate No.  
2 A 100000 to Howard Chung Hao Jen, M.D. (Respondent). The Physician's and Surgeon's  
3 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
4 No. 800-2022-088584, and will expire on December 31, 2026, unless renewed.

## **JURISDICTION**

6       4.     Accusation No. 800-2022-088584 was filed before the Board and is currently pending  
7 against Respondent. The Accusation and all other statutorily required documents were properly  
8 served on Respondent on June 13, 2024. Respondent timely filed his Notice of Defense  
9 contesting the Accusation.

10       5. A copy of Accusation No. 800-2022-088584 is attached as exhibit A and incorporated  
11      herein by reference.

## **ADVISEMENT AND WAIVERS**

13       6.    Respondent has carefully read, fully discussed with counsel, and understands the  
14 charges and allegations in Accusation No. 800-2022-088584. Respondent has also carefully read,  
15 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
16 Disciplinary Order.

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

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

## CULPABILITY

26       9. Respondent understands and agrees that the charges and allegations in Accusation  
27 No. 800-2022-088584, if proven at a hearing, constitute cause for imposing discipline upon his  
28 Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a *prima facie* case for the charges in the Accusation No. 800-2022-088584, a true and correct copy of which is attached hereto as Exhibit A. Respondent hereby gives up his right to contest those charges, and agrees that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 100000 to disciplinary action.

11. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and agrees to be bound by the Board's probationary terms 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. 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 agreement of the parties in this above-entitled matter.

14. 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. 800-2022-088584 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.

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

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 100000 issued to Respondent HOWARD CHUNG HAO JEN, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for five (5) years on the following terms and conditions:

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

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later

1 than 15 calendar days after the effective date of the Decision, whichever is later.

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

7       The program shall consist of a comprehensive assessment of Respondent's physical and  
8 mental health and the six general domains of clinical competence as defined by the Accreditation  
9 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to  
10 Respondent's current or intended area of practice. The program shall take into account data  
11 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
12 Accusation(s), and any other information that the Board or its designee deems relevant. The  
13 program shall require Respondent's on-site participation as determined by the program for the  
14 assessment and clinical education and evaluation. Respondent shall pay all expenses associated  
15 with the clinical competence assessment program.

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

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

25       If Respondent fails to enroll, participate in, or successfully complete the clinical  
26 competence assessment program within the designated time period, Respondent shall receive a  
27 notification from the Board or its designee to cease the practice of medicine within three (3)  
28 calendar days after being so notified. The Respondent shall not resume the practice of medicine

1 until enrollment or participation in the outstanding portions of the clinical competence assessment  
2 program have been completed. If the Respondent did not successfully complete the clinical  
3 competence assessment program, the Respondent shall not resume the practice of medicine until a  
4 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
5 cessation of practice shall not apply to the reduction of the probationary time period.

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

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

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

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

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

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

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

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

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

1 calendar days.

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

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

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

9 7. **INVESTIGATION/ENFORCEMENT COST RECOVERY**. Respondent is hereby  
10 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of  
11 \$18,500.00 (eighteen thousand five hundred dollars). Costs shall be payable to the Medical  
12 Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

24 9. **GENERAL PROBATION REQUIREMENTS**.

25 **Compliance with Probation Unit**

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

27 **Address Changes**

28 Respondent shall, at all times, keep the Board informed of Respondent's business and

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

5 Place of Practice

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

9 License Renewal

10 Respondent shall maintain a current and renewed California physician's and surgeon's  
11 license.

12 Travel or Residence Outside California

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

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

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

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

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

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

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

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

15 Periods of non-practice for a Respondent residing outside of California will relieve  
16 Respondent of the responsibility to comply with the probationary terms and conditions with the  
17 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
18 General Probation Requirements; Quarterly Declarations.

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

25 13. **VIOLATION OF PROBATION.** Failure to fully comply with any term or condition  
26 of probation is a violation of probation. If Respondent violates probation in any respect, the  
27 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
28 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke

Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

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

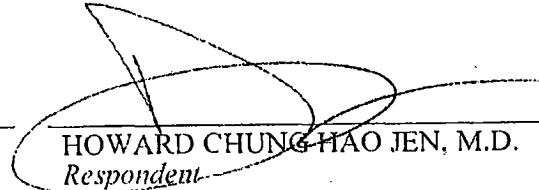
16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2022-088584 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.

## **ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Carolyn Lindholm. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and

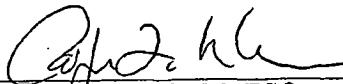
1 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
2 Decision and Order of the Medical Board of California.

3  
4 DATED: 5/11/2025

  
HOWARD CHUNG HAO JEN, M.D.  
*Respondent*

5  
6 I have read and fully discussed with Respondent Howard Chung Hao Jen, M.D. the terms  
7 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary  
8 Order. I approve its form and content.

9  
10 DATED: 5/11/2025

  
CAROLYN LINDHOLM, ESQ.  
*Attorney for Respondent*

11  
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**ENDORSEMENT**

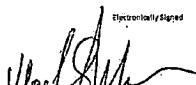
13  
14 The foregoing Stipulated Settlement and Disciplinary Order is hereby respectfully  
15 submitted for consideration by the Medical Board of California.

16

DATED: May 1, 2025

Respectfully submitted,

17  
18 ROB BONTA  
19 Attorney General of California  
JUDITH T. ALVARADO  
20 Supervising Deputy Attorney General

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VLADIMIR SHALKEVICH  
23 Deputy Attorney General  
24 *Attorneys for Complainant*

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26 LA2024601335  
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**Exhibit A**

**Accusation No. 800-2022-088584**

1 ROB BONTA  
2 Attorney General of California  
3 ROBERT MCKIM BELL  
4 Supervising Deputy Attorney General  
5 VLADIMIR SHALKEVICH  
6 Deputy Attorney General  
7 State Bar No. 173955  
8 300 So. Spring Street, Suite 1702  
9 Los Angeles, CA 90013  
10 Telephone: (213) 269-6538  
11 Facsimile: (916) 731-2117  
12 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:

Case No. 800-2022-088584

**Howard Chung Hao Jen, M.D.**  
10833 Le Conte Avenue  
Box 709818  
Los Angeles, CA 90095-0001

**ACCUSATION**

**Physician's and Surgeon's Certificate**  
No. A 100000,

Respondent.

**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 May 9, 2007, the Medical Board issued Physician's and Surgeon's Certificate Number A 100000 to Howard Chung Hao Jen, 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 December 31, 2024, unless renewed.

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## **JURISDICTION**

3. Section 2220 of the Code states:

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

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

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

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

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:

(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,

1 continuing education activities, and cost reimbursement associated therewith that are  
2 agreed to with the board and successfully completed by the licensee, or other matters  
3 made confidential or privileged by existing law, is deemed public, and shall be made  
4 available to the public by the board pursuant to Section 803.1.

5. Section 2234 of the Code, states:

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

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

11 (b) Gross negligence.

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

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

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

24 (d) Incompetence.

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

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

29 (g) The failure by a certificate holder, in the absence of good cause, to attend  
30 and participate in an interview by the board no later than 30 calendar days after being  
31 notified by the board. This subdivision shall only apply to a certificate holder who is  
32 the subject of an investigation by the board.

33 (h) Any action of the licensee, or another person acting on behalf of the  
34 licensee, intended to cause their patient or their patient's authorized representative to  
35 rescind consent to release the patient's medical records to the board or the  
36 Department of Consumer Affairs, Health Quality Investigation Unit.

37 (i) Dissuading, intimidating, or tampering with a patient, witness, or any person  
38 in an attempt to prevent them from reporting or testifying about a licensee.

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## COST RECOVERY

2       6. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
3 administrative law judge to direct a licensee found to have committed a violation or violations of  
4 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
5 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
6 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
7 included in a stipulated settlement.

## **FACTUAL ALLEGATIONS**

9       7. On May 18, 2022, the Board received a mandatory Report of Settlement of a  
10 malpractice action, submitted on behalf of Respondent, pursuant to Business and Professions  
11 Code section 801.01, which informed the Board of a medical malpractice settlement for an  
12 alleged loss of a kidney suffered by a minor during an appendectomy performed by Respondent.  
13 The Board investigated the Report of Settlement and discovered the following:

14       8. Patient 1<sup>1</sup>, a six-year old boy, was brought to the emergency room of Northridge  
15      Hospital Medical Center on September 8, 2020. He was complaining of right lower quadrant pain  
16      and an episode of vomiting.

17        9. An abdominal ultrasound was performed in the emergency room, but it was  
18 inconclusive.

19        10. A CT scan of the abdomen was performed and the resulting report described Patient  
20        1's gastrointestinal tract to contain "a marked dilatation of the vertically oriented retrocecal  
21        appendix, measuring up to 19 mm on coronal image 30, beyond the level of a large 14 mm  
22        proximal appendicolith. Some air was seen within the distal appendiceal lumen, with located at  
23        the subhepatic level. There was surrounding periappendiceal fat stranding with small amounts of  
24        free fluid extending from the subhepatic space into the right lower quadrant, without a loculated  
25        drainable collection seen."

26

28 1 The patient is designated by a number for privacy reasons. Respondent is aware of the patient's identity.

1       11. These CT scan "findings are consistent with acute appendicitis, and involving the  
2 retrocecal appendix which is vertically oriented, and tip at the level of the sub hepatic space.  
3 There is a large proximal appendicolith present, along with small amounts of free fluid from the  
4 subhepatic space inferiorly into the right lower quadrant and minimally within the pelvis, without  
5 loculated drainable fluid collection or free air .... Scattered air filled small and large bowel loops,  
6 several which are mildly prominent, without definite transition, favoring a mild ileus in this  
7 setting."

8       12. Patient 1 was diagnosed with acute appendicitis, admitted to the hospital, and referred  
9 to Respondent for surgery.

10      13. Several hours later, on September 8, 2020, Respondent took Patient 1 to the operating  
11 room for laparoscopic appendectomy. During this procedure, Respondent committed a number of  
12 surgical errors, which resulted in a loss of Patient 1's right kidney.

13      14. Respondent's operative report described what occurred during surgery as follows:  
14      " After informed consent was obtained from family, patient was brought to the operating room  
15 and placed supine on the operating table. General endotracheal anesthesia was induced. Time out  
16 was performed according to Northridge Hospital protocol. Preoperative antibiotics was  
17 administered.

18      " His abdomen was prepped and draped in the standard fashion. A supraumbilical skin  
19 incision was made and dissection carried down using cautery to the fascia. The peritoneal cavity  
20 was entered bluntly with mosquito clamp. 12mm trocar was inserted and abdomen was  
21 insufflated with CO2 to 12 mmhg. Laparoscope was inserted and peritoneal inspected. There  
22 were significant inflammation in the RLQ. There was no inadvertent injuries associated with the  
23 entry. We then placed two working 5mm trocars in the LLQ and pelvis.

24      " The cecum was identified in the RLQ. There was diffuse inflammatory response to the  
25 peritoneum. The cecum was mobilized off the retroperitoneal attachments in order to identify the  
26 appendix. It was difficult to identify the appendix. In retrospect, due to the complete fusion of the  
27 appendix to the cecum, making it difficulty [sic] to distinguish the two structures carefully. So

28

1 proceeding up the colon in the retroperitoneum, a hard, tubular structure was identified. Effort  
2 was the [sic] clear the lateral attachments off this structure. This was mistakenly taken to be an  
3 inflamed and distended appendix, corresponding to the CT findings, but in fact, it was the right  
4 kidney that was unrecognized at the time. Once the lateral dissection was done to free up this  
5 structure, we started our medial dissection. We encountered arterial bleeding from dissection  
6 using the hook cautery, therefore Ligasure was used to achieve hemostasis. I thought we were  
7 dissecting the meso appendix, but in retrospect, this was the hilum of the right kidney. At this  
8 time, I noticed a tubular structure running inferiorly from this area into the pelvis that appears to  
9 be the right ureter. Once this was identified, we quickly aborted laparoscopy and converted to an  
10 open procedure.

11 "Trocars withdrawn, midline laparotomy was made. I also called [Dr. K] of Urology for  
12 assistance. Once the laparotomy incision was made, Bookwalter retractor was placed and I was  
13 able to expose the cecum. At this time, I identified the appendicolith and the appendix that was  
14 completely fused with the cecum and that I realized we were dissecting the right kidney. The  
15 appendix was resected after freeing up the circumferential attachments to the cecum and using  
16 GIA stapler, transected at the base. The meso appendix was resected with Ligasure device.

17 "Dr. [K] was able to come to the room and assist in evaluating the situation and attempted  
18 renal salvage. Please refer to his portion of the operative report, but in short, we identified the  
19 distal transected end of the ureter and tacked it with a suture. While going proximally, we were  
20 unable to identify a clear cut edge of the proximal ureter. Tracing all the way back to the hilum,  
21 we were still unable to identify a clear proximal end. We injected Indigo carmine to try to identify  
22 the drainage from the right kidney, but after several hours, we were still unable to identify the  
23 proximal end. We dissected into the right hilum of the kidney, but still unable to identify the  
24 ureteral edge.

25 "Along with the difficulty identifying the right ureteral proximal transection end, we  
26 noticed that the right kidney was getting ischemic. The right renal perfusion was compromised at  
27 the onset of the laparotomy as the inferior pole and upper pole of the kidney was dusky. The  
28 perihilar region appears to be pink and perfused. [sic] but as the operation went on, the right renal

1 parachyma turn [sic] more purple and ischemic appearing. The middle portion of the right kidney  
2 was no longer pink. There were only minimal dopplerable arterial signal in the right renal hilum.  
3 We asked anesthesia to inject a dose of Heparin bolus and mannitol to try to flush the right renal  
4 arterial system but was unsuccessful. After another 30 minutes after these interventions, the right  
5 kidney appears frankly dusky and ischemic. It has become unsalvageable.”

## **FIRST CAUSE FOR DISCIPLINE**

### **(Gross Negligence)**

8       15. Respondent Howard Chung-Hao Jen, M.D. is subject to disciplinary action under  
9 section 2234, subdivision (b), of the Code, in that he was grossly negligent in the care and  
10 treatment of Patient 1. The circumstances are as follows:

16. Allegations of paragraphs 8 through 14 are incorporated herein by reference.

17. Respondent's failure to convert the surgery to an open procedure when he had difficulty identifying Patient 1's anatomy during laparoscopic appendectomy was an extreme departure from the standard of care.

15. 18. Respondent mistakenly severed and/or obliterated Patient 1's ureter and renal artery  
16. during laparoscopic appendectomy, leading to the loss of Patient 1's right kidney, which was an  
17. extreme departure from the standard of care.

## **SECOND CAUSE FOR DISCIPLINE.**

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

20       19. Respondent Howard Chung Hao Jen, M.D. is subject to disciplinary action under  
21 section 2234, subdivision (c), of the Code, in that he committed repeated negligent acts in the care  
22 and treatment of Patient 1. The circumstances are as follows:

23 20. The allegations of the First Cause for Discipline are incorporated herein by reference.

## PRAYER

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

27 1. Revoking or suspending Physician's and Surgeon's Certificate Number A. 100000,  
28 issued to respondent, Howard Chung Hao Jen, M.D.;

- 1        2. Revoking, suspending or denying approval of respondent, Howard Chung Hao Jen,  
2 M.D.'s authority to supervise physician assistants and advanced practice nurses;
- 3        3. Ordering respondent Howard Chung Hao Jen, M.D., to pay the Board the costs of the  
4 investigation and enforcement of this case, and if placed on probation, the costs of probation  
5 monitoring; and
- 6        4. Taking such other and further action as deemed necessary and proper.

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

7

JUN 13 2024

8 | DATED:

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

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