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

In the Matter of the Accusation Against: **GREGORY KING, D.P.M.** **35400 Bob Hope Drive, Suite 211** **Rancho Mirage, CA 92270** **Doctor of Podiatric Medicine License No. 3942,** Respondent.	Case No. 500-2022-001328 **ACCUSATION**

PARTIES

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

2. On or about July 1, 1994, the Podiatric Medical Board (Board) issued Doctor of Podiatric Medicine License No. 3942 to Gregory King, D.P.M. (Respondent). The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2025, 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 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.
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> 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.

5. 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.
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> (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.

6. 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:
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> (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.

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7. 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.

8. Section 2415 of the Code states, in pertinent part:

(a) Any...doctor of podiatric medicine...who as a sole proprietor, or in a partnership, group, or professional corporation, desires to practice under any name that would otherwise be a violation of Section 2285 may practice under that name if the proprietor, partnership, group, or corporation obtains and maintains in current status a fictitious-name permit issued by...the California Board of Podiatric Medicine under the provisions of this section.

...

9. Section 2285 of the Code states, in pertinent part:

The use of any fictitious, false, or assumed name, or any name other than his or her own by a licensee either alone, in conjunction with a partnership or group, or as the name of a professional corporation, in any public communication, advertisement, sign, or announcement of his or her practice without a fictitious name permit obtained pursuant to Section 2415 constitutes unprofessional conduct. ...

COST RECOVERY

10. Section 2497.5 of the Code states, in pertinent part:

(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.

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(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.

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

11. Respondent has subjected his Doctor of Podiatric Medicine License No. 3942 to disciplinary action under sections 2497, 2222, and 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

12. In or around 1996, Respondent began practicing podiatry at his solo practice general podiatry clinic called, "Imperial Foot and Ankle Specialists, Inc."

13. On or about February 13, 2017, Respondent obtained a fictitious name permit for "Imperial Foot and Ankle Specialists, Inc." The fictitious name permit expired on or about February 28, 2023, and has not been renewed.

14. On or about April 14, 2022, Patient A, a then fifty-nine-year-old male, presented to Respondent at "Imperial Foot and Ankle Specialists, Inc.," with complaints of a decubitus ulcer on his right foot for eight months. Patient A described the pain as constant, dull, shooting, throbbing, and tingling. Patient A rated his pain 6 out of 10. Patient A informed Respondent that he does not heal well because of formed calluses, and that he had his right big toe amputated approximately six months prior. Patient A had a complicated medical history including, but not limited to, neuropathy, arthritis, hyperlipidemia, circulation problems, heart disease, stroke, vascular disease, and chronic obstructive pulmonary disease. Patient A admitted to being a daily

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[1] To protect the privacy of the patient involved, the patient's name has not been included in this pleading. Respondent is aware of the identity of the patient referred to herein.

smoker and was taking various medications including carvedilol[2] and clopidogrel.[3] Upon exam, Patient A's dorsalis pedis pulse measured 2/4 bilaterally, posterior tibial pulse measured 2/4 bilaterally, and capillary fill time was 2 seconds bilaterally. Respondent noted an ulcer to the plantar right foot with moderate drainage that measured 1.1 cm wide, 1.1 cm long, and 0.2 cm deep. The ulcer thickness was full and there were no signs of infection to the right foot. Respondent debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and non-viable tissue was debrided to bleeding tissue. At the conclusion of the visit, Respondent ordered x-rays for Patient A's right foot, and diagnosed Patient A with peripheral neuropathy from two strokes and a non-pressure chronic ulcer of the right foot. Respondent did not at this time, or any time thereafter, request or obtain treatment records related to Patient A's prior right big toe amputation.

15. On or about May 2, 2022, Patient A obtained x-rays that revealed an acute fracture of the proximal phalanx of the second toe on the right foot.

16. On or about May 19, 2022, Patient A presented to Respondent for his x-ray results and for wound care. Respondent's documented physical exam revealed the exact same findings as the April 14, 2022, visit, including the measurements of the ulcer to the plantar right foot. Respondent again debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and non-viable tissue was debrided to bleeding tissue. At the conclusion of the visit, Respondent added an additional diagnosis of a nondisplaced fracture of the proximal phalanx of the right 2nd toe, and recommended "surgery." Respondent did not at this time, or any time thereafter, request or obtain surgical clearance from Patient A's primary care provider.

17. On or about May 26, 2022, Patient A presented to Respondent for a preoperative visit for "right foot surgery." Respondent's physical exam revealed the exact same findings as the April 14, 2022, visit, including the measurements of the ulcer to the plantar right foot.

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[2] Carvedilol is a beta blocker medication used to treat high blood pressure and heart failure. It is a dangerous drug pursuant to section 4022 of the Code.

[3] Clopidogrel (brand name Plavix) is a blood thinning medication used to prevent stroke, heart attack, and other heart problems. It is a dangerous drug pursuant to section 4022 of the Code.

Respondent again debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and non-viable tissue was debrided to bleeding tissue. At the conclusion of the visit, Respondent added an additional diagnosis of hammer toe to the right foot 2nd toe, and Patient A's "surgery" was scheduled for June 3, 2022.

18. On or about June 3, 2022, Patient A presented to Desert Regional Medical Center for his scheduled surgery with Respondent. Patient A complained of his right second toe being bent and getting worse, and wanting surgery to straighten the second toe and to have his right small toe removed because it was out of joint and he did not want a problem. On exam, Respondent noted a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint. On that date, Respondent performed a hammertoe correction to Patient A's right second digit, an amputation to Patient A's right fifth digit until the metatarsophalangeal joint, and a partial excision of bone to Patient A's fifth metatarsal head on the right foot.

19. On or about June 9, 2022, Patient A presented to Respondent for a postoperative visit. Respondent's documented physical exam revealed the exact same findings as the April 14, 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot. Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint. Respondent changed Patient A's wound dressings and recommended a follow-up in one week for stitches removal.

20. On or about June 16, 2022, Patient A presented to Respondent for stitches removal. Respondent's documented physical exam revealed the exact same findings as the April 14, 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot. Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint. Respondent removed Patient A's stitches and recommended a follow-up in two weeks.

21. On or about June 30, 2022, Patient A presented to Respondent for a postoperative visit. Respondent's documented physical exam revealed the exact same findings as the April 14, 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot. Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint. Respondent noted dehiscence along the right 5th metatarsal, but did not document this finding in Patient A's chart. Respondent again debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and non-viable tissue was debrided to bleeding tissue. At the conclusion of the visit, Respondent recommended a follow-up in two weeks.

22. On or about July 14, 2022, Patient A presented to Respondent for a postoperative visit. Respondent's documented physical exam revealed the exact same findings as the April 14, 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot. Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint. Respondent again debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and non-viable tissue was debrided to bleeding tissue. Respondent ordered a wound vac and wound supplies, instructed Patient A to change his bandages twice each day for 90 days, and recommended a follow-up in two weeks.

23. On or about July 21, 2022, Respondent ordered home health for wound care for Patient A's right foot.

24. On or about August 10, 2022, a home health nurse evaluated Patient A and noted an increase in edema, decrease in sensation, and pain. The nurse notified Respondent's office and was told Patient A has an appointment with Respondent the following day.

25. On or about August 11, 2022, Patient A presented to Respondent for a postoperative visit with complaints that the bone on his right second toe was showing through the wound. Patient A also complained of pain and requested pain medication. Patient A informed

Respondent that he learned that his heart is functioning at 30% and his cardiologist wants him to have a quadruple bypass very soon. This information was not documented in Patient A's chart and Respondent made no effort to contact Patient A's cardiologist or to refer Patient A to a vascular surgeon at that time or any time thereafter. Respondent's documented physical exam revealed the exact same findings as the April 14, 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot. Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint. Respondent performed a bone debridement procedure on Patient A's second toe, but did not document this procedure in Patient A's medical record, and did not obtain a culture of the bone or send it to pathology. Respondent prescribed Patient A Bactrim,[4] Norco,[5] and Santyl,[6] and recommended a follow-up in one week.

26. On or about August 15, 2022, a home health nurse evaluated Patient A and noted an increase in edema, prolonged cap refill, bone fragments found within the wound, increased maceration around the wound, and little to no sensation to touch or pressure. The nurse contacted Respondent's office with no response.

27. On or about August 15, 2022, Patient A presented to the emergency department with complaints of right foot pain. A physical exam revealed Patient A's right 2nd toe with an open wound with healing tissue and a right lateral foot open healing wound approximately 6 cm with some granulation tissue, and cap refill diminished. Imaging revealed possible osteomyelitis of the fifth metatarsal amputation site, and possible osteomyelitis and osseous erosion and a fracture to

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[4] Bactrim (brand name for trimethoprim/sulfamethoxazole) is an antibiotic used to treat or prevent infections, and a dangerous drug pursuant to section 4022 of the Code.

[5] Norco (brand name for hydrocodone/acetaminophen combination) is a Schedule III controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat pain.

[6] Santyl (brand name for collagenase) is a topical medication used to help clean and remove dead tissue from long-lasting skin wounds (ulcers) and severe burns. It is a dangerous drug pursuant to section 4022 of the Code.

the base of the second proximal phalanx. Patient A was admitted to the hospital for debridement and possible amputation.

28. On or about August 16, 2022, Respondent underwent a bilateral arterial duplex ultrasound that revealed severe vascular disease changes below the knee bilaterally. Respondent was diagnosed with multiple ischemic ulcer of the right foot with severe peripheral arterial disease and osteomyelitis of the second and fifth toes. On that same date, Patient A underwent a right below-knee amputation.

29. Respondent committed gross negligence in his care and treatment of Patient A, which included, but was not limited to, failing to recognize acute limb ischemia and failing to take appropriate action for co-management and care for this urgent condition.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

30. Respondent has further subjected his Doctor of Podiatric Medicine License No. 3942 to disciplinary action under sections 2497, 2222, and 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and treatment of Patient A, as more particularly alleged hereinafter:

A. Paragraphs 11 through 29, above, are hereby realleged and incorporated by this reference as if fully set forth herein;

B. Performing a clean surgical procedure on the same foot adjacent to a procedure addressing a contaminated or infected wound; and

C. Failing to maintain adequate and accurate records.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

31. Respondent has further subjected his Doctor of Podiatric Medicine License No. 3942 to disciplinary action under sections 2497, 2222, and 2266, of the Code, in that Respondent failed to maintain adequate and accurate records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs 11 through 29, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(Use of a Fictitious Name Without A Fictitious Name Permit)

32. Respondent has further subjected his Doctor of Podiatric Medicine License No. 3942 to disciplinary action under sections 2497, 2222, and 2415, and 2285, of the Code, in that Respondent practiced podiatry under the name, "Imperial Foot and Ankle Specialists, Inc.," without a valid fictitious-name permit obtained pursuant to Section 2415, as more particularly alleged in paragraphs 11 through 29, above, which are hereby incorporated by reference and realleged as if fully set forth herein.

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 Doctor of Podiatric Medicine License No. 3942 issued to Respondent Gregory King, D.P.M.;

2. Ordering Respondent Gregory King, D.P.M., 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 and if placed on probation, the costs of probation monitoring; and,

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

DATED: JUN 20 2025

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

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