

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

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

**Henry Rick Tseng, D.P.M**

**Doctor of Podiatric Medicine  
Certificate No. E- 4127**

**Case No. 500-2023-001442**

**Respondent.**

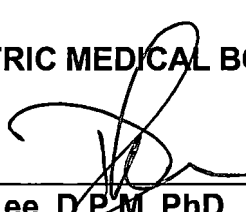
**DECISION**

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

**This Decision shall become effective at 5:00 p.m. on JUL 25 2025.**

**IT IS SO ORDERED JUN 26 2025.**

**PODIATRIC MEDICAL BOARD**

  
\_\_\_\_\_  
**Daniel Lee, D.P.M., PhD  
Board President**

1 ROB BONTA  
Attorney General of California  
2 TESSA HEUNIS  
Supervising Deputy Attorney General  
3 MARSHA E. BARR-FERNANDEZ  
Deputy Attorney General  
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7 *Attorneys for Complainant*

8 **BEFORE THE**  
**PODIATRIC MEDICAL BOARD**  
9 **DEPARTMENT OF CONSUMER AFFAIRS**  
10 **STATE OF CALIFORNIA**

11 In the Matter of the Accusation Against:

Case No. 500-2023-001442

12 **HENRY RICK TSENG, D.P.M.**  
2707 E. Valley Boulevard, Suite 303  
13 West Covina, CA 91792

OAH No. 2024110175

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

14 **Doctor of Podiatric Medicine License**  
15 **No. E-4127,**

16 **Respondent.**

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

19 **PARTIES**

20 1. Brian Naslund (Complainant) is the Executive Officer of the Podiatric Medical Board  
21 (Board). He brought this action solely in his official capacity and is represented in this matter by  
22 Rob Bonta, Attorney General of the State of California, by Marsha E. Barr-Fernandez, Deputy  
23 Attorney General.

24 2. Respondent Henry Rick Tseng, D.P.M. (Respondent) is represented in this  
25 proceeding by attorney Harmon Levine, Esq., whose address is: 12100 Wilshire Boulevard, Suite  
26 400, Los Angeles, CA 90025.

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3. On or about February 11, 1998, the Board issued Doctor of Podiatric Medicine License No. E-4127 to Henry Rick Tseng, D.P.M. (Respondent). The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought in Accusation No. 500-2023-001442, and will expire on September 30, 2025, unless renewed.

## JURISDICTION

4. On October 9, 2024, Accusation No. 500-2023-001442 was filed before the Board and is currently pending against Respondent. A true and correct copy of the Accusation and all other statutorily required documents were properly served on Respondent on October 9, 2024. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 500-2023-001442 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

6. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations in Accusation No. 500-2023-001442. Respondent has also carefully read, fully discussed with 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. Having the benefit of counsel, Respondent voluntarily, knowingly, and intelligently waives and gives up each and every right set forth above.

## CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 500-2023-001442, if proven at a hearing, constitute cause for imposing discipline upon his Doctor of Podiatric Medicine License.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that his Doctor of Podiatric Medicine License is subject to discipline, and he 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 Podiatric Medical Board. Respondent understands and agrees that counsel for Complainant and the staff of the Podiatric Medical Board 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 the above-entitled matter.

14. 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.

15. In consideration of the foregoing admissions and stipulations, the parties agree that the Board may, without further notice or formal proceeding, issue and enter the following Disciplinary Order:

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1           3.    ETHICS COURSE. Within 60 days of the effective date of this Decision,  
2 Respondent shall enroll in a course in ethics, at Respondent's expense, approved in advance by  
3 the Board or its designee. Failure to successfully complete the course during the first year is a  
4 violation of probation.

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

9           Respondent shall submit a certification of successful completion to the Board or its  
10 designee not later than 15 calendar days after the effective date of the Decision.

11          4.    MONITORING – BILLING. Within 30 days of the effective date of this Decision,  
12 the entire practice shall be monitored, including but not limited to the following: medical records,  
13 charting, pre and postoperative evaluations, and all surgical procedures, and billing records.

14          The Board shall immediately, within the exercise of reasonable discretion, appoint a doctor  
15 of podiatric medicine from its panel of medical consultants or panel of expert reviewers as the  
16 monitor.

17          The monitor shall provide quarterly reports to the Board or its designee which include an  
18 evaluation of Respondent's performance, indicating whether Respondent's practices are within  
19 the standards of practice of podiatric billing.

20          The Board or its designee shall determine the frequency and practice areas to be monitored.  
21 Such monitoring shall be required during the entire period of probation. The Board or its  
22 designee may at its sole discretion also require prior approval by the monitor of any medical or  
23 surgical procedures engaged in by the Respondent. The Respondent shall pay all costs of such  
24 monitoring and shall otherwise comply with all requirements of his or her contract with the  
25 monitor. If the monitor terminates the contract, or is no longer available, the Board or its  
26 designee shall appoint a new monitor immediately. Respondent shall not practice at any time  
27 during the probation until the Respondent provides a copy of the contract with the current monitor  
28 to the probation investigator and such contract is approved by the Board.

Respondent shall provide access to the practice monitor of Respondent's patient records and such monitor shall be permitted to make direct contact with any patients treated or cared for by Respondent and to discuss any matters related to Respondent's care and treatment of those patients. Respondent shall obtain any necessary patient releases to enable the monitor to review records and to make direct contact with patients. Respondent shall execute a release authorizing the monitor to provide to the Board or its designee any relevant information. If the practice monitor deems it necessary to directly contact any patient, and thus require the disclosure of such patient's identity, Respondent shall notify the patient that the patient's identity has been requested pursuant to the Decision. This notification shall be signed and dated by each patient prior to the commencement or continuation of any examination or treatment of each patient by Respondent and a copy of such notification shall be maintained in each patient's file. The notifications signed by Respondent's patients shall be subject to inspection and copying by the Board or its designee at any time during the period of probation that Respondent is required to comply with this condition. The practice monitor will sign a confidentiality agreement requiring him or her to keep all patient information regarding Respondent's patients in complete confidence, except as otherwise required by the Board or its designee.

Failure to maintain all records, or to make all appropriate records available for immediate inspection and copying on the premises, or to comply with this condition as outlined above, is a violation of probation.

In lieu of a monitor, Respondent may participate in the professional enhancement program offered by the Physician Assessment and Clinical Education Program at the University of California, San Diego School of Medicine, that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

5. NOTIFICATION. Prior to engaging in the practice of medicine, the Respondent shall provide a true copy of the Decision(s) and Accusation(s) to the Chief of Staff or the Chief Executive Officer at every hospital where privileges or membership are extended to Respondent,

1 at any other facility where Respondent engages in the practice of podiatric medicine, including all  
2 physician and locum tenens registries or other similar agencies, and to the Chief Executive  
3 Officer at every insurance carrier which extends malpractice insurance coverage to Respondent.  
4 Respondent shall submit proof of compliance to the Division or its designee within 15 calendar  
5 days.

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

7 6. PHYSICIAN ASSISTANTS. Prior to receiving assistance from a physician assistant,  
8 Respondent must notify the supervising physician of the terms and conditions of his probation.

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

12 8. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
13 under penalty of perjury on forms provided by the Board, stating whether there has been  
14 compliance with all the conditions of probation. Respondent shall submit quarterly declarations  
15 not later than 10 calendar days after the end of the preceding quarter.

16 9. PROBATION COMPLIANCE UNIT. Respondent shall comply with the Board's  
17 probation unit. Respondent shall, at all times, keep the Board informed of Respondent's business  
18 and residence addresses. Changes of such addresses shall be immediately communicated in  
19 writing to the Board or its designee. Under no circumstances shall a post office box serve as an  
20 address of record, except as allowed by Business and Professions Code section 2021(b).

21 Respondent shall not engage in the practice of podiatric medicine in Respondent's place of  
22 residence. Respondent shall maintain a current and renewed California doctor of podiatric  
23 medicine's license.

24 Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
25 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than 30  
26 calendar days.

27 10. INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
28 available in person for interviews either at Respondent's place of business or at the probation unit



office with the Board or its designee, upon request, at various intervals and either with or without notice throughout the term of probation.

11. RESIDING OR PRACTICING OUT-OF-STATE. In the event Respondent should leave the State of California to reside or to practice, Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of departure and return. Non-practice is defined as any period of time exceeding 30 calendar days in which Respondent is not engaging in any activities defined in section 2472 of the Business and Professions Code.

All time spent in an intensive training program outside the State of California which has been approved by the Board or its designee shall be considered as time spent in the practice of medicine within the State. A Board-ordered suspension of practice shall not be considered as a period of non-practice. Periods of temporary or permanent residence or practice outside California will not apply to the reduction of the probationary term. Periods of temporary or permanent residence or practice outside California will relieve Respondent of the responsibility to comply with the probationary terms and conditions, with the exception of this condition, and the following terms and conditions of probation: Obey All Law; Probation Unit Compliance; and Cost Recovery.

Respondent's license shall be automatically cancelled if Respondent's periods of temporary or permanent residence or practice outside California totals two years. However, Respondent's license shall not be cancelled as long as Respondent is residing and practicing podiatric medicine in another state of the United States and is on active probation with the medical licensing authority of that state, in which case the two-year period shall begin on the date probation is completed or terminated in that state.

12. FAILURE TO PRACTICE PODIATRIC MEDICINE - CALIFORNIA RESIDENT.

In the event the Respondent resides in the State of California and for any reason Respondent stops practicing podiatric medicine in California, Respondent shall notify the Board or its designee in writing within 30 calendar days prior to the dates of non-practice and return to practice. Any period of non-practice within California as defined in this condition will not apply to the reduction of the probationary term and does not relieve Respondent of the responsibility to

1 comply with the terms and conditions of probation. Non-practice is defined as any period of time  
2 exceeding thirty calendar days in which Respondent is not engaging in any activities defined in  
3 section 2472 of the Business and Professions Code.

4 All time spent in an intensive training program which has been approved by the Board or its  
5 designee shall be considered time spent in the practice of medicine. For purposes of this  
6 condition, non-practice due to a Board-ordered suspension or in compliance with any other  
7 condition of probation shall not be considered a period of non-practice.

8 Respondent's license shall be automatically cancelled if Respondent resides in California  
9 and for a total of two years, fails to engage in California in any of the activities described in  
10 Business and Professions Code section 2472.

11 13. COMPLETION OF PROBATION. Respondent shall comply with all financial  
12 obligations (e.g., cost recovery, restitution, probation costs) not later than 30 calendar days prior  
13 to the completion of probation. Upon successful completion of probation, Respondent's  
14 certificate will be fully restored.

15 14. VIOLATION OF PROBATION. If Respondent violates probation in any respect, the  
16 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
17 carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is  
18 filed against Respondent during probation, the Board shall have continuing jurisdiction until the  
19 matter is final, the period of probation shall be extended until the matter is final, and no petition  
20 for modification of penalty shall be considered while there is an accusation or petition to revoke  
21 probation pending against Respondent.

22 15. COST RECOVERY. Within 90 calendar days from the effective date of the Decision  
23 or other period agreed to by the Board or its designee, Respondent shall reimburse the Board the  
24 amount of \$18,017.00 for its investigative and prosecution costs. The filing of bankruptcy or  
25 period of non-practice by Respondent shall not relieve the Respondent of his obligation to  
26 reimburse the Board for its costs.

27 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
28 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy

the terms and conditions of probation, Respondent may request the voluntary surrender of Respondent's license. The Board reserves the right to evaluate the Respondent's request and to exercise its discretion whether 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 podiatric medicine. Respondent will no longer be subject to the terms and conditions of probation and the surrender of Respondent's license shall be deemed disciplinary action. If Respondent re-applies for a doctor of podiatric medicine license, the application shall be treated as a petition for reinstatement of a revoked certificate.

17. 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 Board of Podiatric Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal year. Failure to pay costs within 30 calendar days of this date is a violation of probation.

18. NOTICE TO EMPLOYEES. Respondent shall, upon or before the effective date of this Decision, post or circulate a notice which actually recites the offenses for which Respondent has been disciplined and the terms and conditions of probation to all employees involved in his practice. Within fifteen (15) days of the effective date of this Decision, Respondent shall cause his/her employees to report to the Board in writing, acknowledging the employees have read the Accusation and Decision in the case and understand Respondent's terms and conditions of probation.

19. CHANGES OF EMPLOYMENT. Respondent shall notify the Board in writing, through the assigned probation officer, of any and all changes of employment, location, and address within thirty (30) days of such change.

20. COMPLIANCE WITH REQUIRED CONTINUING MEDICAL EDUCATION. Respondent shall submit satisfactory proof biennially to the Board of compliance with the requirement to complete fifty hours of approved continuing medical education and meet continuing competence requirements for re-licensure during each two (2) year renewal period.

21. FUTURE ADMISSIONS CLAUSE. If Respondent should petition for early termination or modification of probation, or if an Accusation and/or Petition to Revoke Probation is filed against the Respondent before the Board, or Respondent should ever apply or reapply for a new license or certification, and/or file a petition for reinstatement of a license, before the Board or any other health care licensing action agency in the State of California, all of the charges and allegations contained in the Accusation No. 500-2023-001442 shall be deemed to be true, correct and fully admitted by Respondent for the purpose of any Statement of Issues or any disciplinary proceeding seeking to deny, restrict, or revoke licensure or any petition proceeding seeking to reinstate licensure or modify probation.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Harmon Levine, Esq. I fully understand the stipulation and the effect it will have on my Doctor of Podiatric Medicine License. Having the benefit of counsel, I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Podiatric Medical Board.

DATED: 5/23/25

  
HENRY RICK TSENG, D.P.M.  
Respondent

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

DATED: 5/23/25

  
HARMON LEVINE, ESQ.  
Attorney for Respondent

**ENDORSEMENT**

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

DATED: May 23, 2025

Respectfully submitted,

ROB BONTA  
Attorney General of California  
TESSA HEUNIS  
Supervising Deputy Attorney General



MARSHA E. BARR-FERNANDEZ  
Deputy Attorney General  
*Attorneys for Complainant*

LA2024604156

**Exhibit A**

**Accusation No. 500-2023-001442**

1 ROB BONTA  
Attorney General of California  
2 JUDITH T. ALVARADO  
Supervising Deputy Attorney General  
3 MARSHA E. BARR-FERNANDEZ  
Deputy Attorney General  
4 State Bar No. 200896  
300 South Spring Street, Suite 1702  
5 Los Angeles, CA 90013  
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6 Facsimile: (916) 731-2117  
*Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 500-2023-001442

13 **HENRY RICK TSENG, D.P.M.**  
2707 E. Valley Boulevard, Suite 303  
West Covina, CA 91792

**ACCUSATION**

14 **Doctor of Podiatric Medicine License No.**  
15 **E-4127,**

16 Respondent.

17 **PARTIES**

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

20 2. On or about February 11, 1998, the Board issued Podiatrist License Number E-4127  
21 to Henry Rick Tseng, D.P.M. (Respondent). The Podiatrist License was in full force and effect at  
22 all times relevant to the charges brought herein and will expire on September 30, 2025, unless  
23 renewed.

24 **JURISDICTION**

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

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1           4.    Section 2222 of the Code states:

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

10          The California Board of Podiatric Medicine may order the denial of an  
11          application or issue a certificate subject to conditions as set forth in Section 2221, or  
12          order the revocation, suspension, or other restriction of, or the modification of that  
13          penalty, and the reinstatement of any certificate of a doctor of podiatric medicine  
14          within its authority as granted by this chapter and in conjunction with the  
15          administrative hearing procedures established pursuant to Sections 11371, 11372,  
16          11373, and 11529 of the Government Code. For these purposes, the California Board  
17          of Podiatric Medicine shall exercise the powers granted and be governed by the  
18          procedures set forth in this chapter.

19           5.    Section 2227 of the Code states:

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

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

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

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

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

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

                (b) Any matter heard pursuant to subdivision (a), except for warning letters,  
                medical review or advisory conferences, professional competency examinations,  
                continuing education activities, and cost reimbursement associated therewith that are  
                agreed to with the board and successfully completed by the licensee, or other matters  
                made confidential or privileged by existing law, is deemed public, and shall be made  
                available to the public by the board pursuant to Section 803.1.

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1           6.     Section 2228 of the Code states:

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

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

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

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

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

19           7.     Section 2497 of the Code states:

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

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

#### STATUTORY PROVISIONS

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

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

9 (d) Incompetence.

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

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

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

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

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

24 9. Section 2261 of the Code states:

25 Knowingly making or signing any certificate or other document directly or indirectly  
26 related to the practice of medicine or podiatry which falsely represents the existence or  
27 nonexistence of a state of facts, constitutes unprofessional conduct.

28 10. 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 for at least seven years after the last  
date of a service to a patient constitutes unprofessional conduct.

### COST RECOVERY

11. Section 2497.5 of the Code states:

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

(b) The costs to be assessed shall be fixed by the administrative law judge and  
shall not be increased by the board unless the board does not adopt a proposed

1 decision and in making its own decision finds grounds for increasing the costs to be  
2 assessed, not to exceed the actual and reasonable costs of the investigation and  
3 prosecution of the case.

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

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

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

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

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

#### 22 FACTUAL ALLEGATIONS

23 12. Patient 1<sup>1</sup> was 36 years old when she presented to Respondent for examination and  
24 treatment. Patient 1 maintains that she saw Respondent on only one occasion, but Patient 1's chart  
25 maintained by Respondent contains office visit notes for two (2) visits.

#### 26 Office Note Dated December 11, 2021.

27 13. Per a handwritten office note dated December 11, 2021, Patient 1 presented with a  
28 chief complaint of an ingrown nail on her right toe and calluses on the bottom of her right foot.  
Patient 1 reported the ingrown toenail and calluses on the bottom of her right foot had been present  
for one year. Patient 1 reported that there was no history of diabetes mellitus, pus, blood, or  
trauma.

14. Respondent documented a physical examination of Patient 1. Respondent  
recorded a dorsalis pedis (DP) pulse (an arterial pulse which can be felt on top of the foot in front  
of the ankle) and a posterior tibial (PT) pulse (an arterial pulse which can be felt behind the inner

<sup>1</sup> 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 herein.

prominence of the ankle) of 2 out of 4. Respondent did not indicate whether this finding referred to the pulses of the right foot only or pulses of both the right and left feet. Respondent did not record the capillary refill time.

15. Respondent documented a finding of tinea pedis (a fungal skin infection commonly known as athlete's foot) on the bottom of Patient 1's foot. Respondent did not document whether the tinea pedis was found on one or both of Patient 1's feet.

16. Respondent did not record any examination findings regarding the calluses.

17. Respondent did not document skin temperature.

18. Respondent noted muscle strength of 5/5, normal joint range of motion, normal gait, and a normal neurologic examination (normal sensation and reflexes).

19. Respondent documented that he performed a partial nail avulsion (a surgical procedure during which the healthcare provider cuts the nail along the edge that is growing into the skin and removes it). Respondent sent the toenail specimen to a pathology lab for evaluation. Respondent did not author a procedure note, a record or operation, or otherwise document the partial nail avulsion in the record.

20. During Respondent's interview with the Board, Respondent stated that he did not use anesthesia during the nail avulsion of the right hallux (right big toe) and that he removed about 80% of the nail margin during the avulsion on December 11, 2021.

21. Respondent billed Patient 1's medical insurance for the visit. As is required, Respondent used CPT codes to bill the insurance. CPT stands for Current Procedural Terminology. CPT codes are used to reflect testing, procedures, evaluations, and other services provided to a client or patient in the healthcare field. CPT modifiers are two characters (letter or numbers) appended to a CPT code. They are used to provide additional information or adjust care descriptions about the medical procedure, service, or supply involved without changing the meaning of the code. CPT modifiers may describe various aspects of the procedure, such as multiple procedures, necessity, or location.

22. When Respondent billed Patient 1's insurance company for the partial nail avulsion, Respondent billed using CPT Code 11730 with TA modifier. When billing CPT Code

1 11730, local anesthetic is considered inclusive to the procedure. The TA modifier indicates the  
2 nail avulsion was performed on the great toe of the left foot. There is no documentation in the  
3 record that indicates that Patient 1 had complaints relating to the great toe of the left foot on  
4 December 11, 2021.

5 23. Patient 1 stated that Respondent trimmed all ten of her toenails at the time of the  
6 visit of December 11, 2021. Toenail debridement involves the significant reduction in the  
7 thickness and length of the nail. The office note does not reflect any documentation of toenail  
8 trimming or toenail debridement on that date. Respondent billed Patient 1's insurance company  
9 for toenail debridement using CPT Code 11721, which is the code for debridement of six (6) or  
10 more toenails by any method.

11 24. Respondent also billed CPT Code 11055 for Patient 1's visit of December 11,  
12 2021. CPT Code 11055 is a code use to describe the paring or cutting of a single benign  
13 hyperkeratotic lesion, such as a corn or callus. This procedure is performed by a healthcare  
14 provider using surgical instruments, like a scalpel or curette, to remove the lesion. There is no  
15 documentation in Patient 1's office visit note of December 11, 2021, that indicates Respondent  
16 performed any callus removal procedure on Patient 1 on that date.

17 25. Respondent dispensed to Patient 1 a medicated gel ointment to address the tinea  
18 pedis and recommended to Patient 1 the use of over-the-counter orthotics (Superfeet) and more  
19 comfortable footwear, such as New Balance tennis shoes and Oofos sandals. In addition,  
20 Respondent ordered blood work and recommended Patient 1 undergo a vascular evaluation. A  
21 vascular ultrasound was performed on that date in Respondent's office by a technician from  
22 Diasound Services, Inc. Respondent did not document the clinical indication for ordering the  
23 blood work or recommending the vascular evaluation.

24 26. The report of the ultrasound performed on December 11, 2021, became available  
25 on or about December 15, 2021. The report indicated that there was "no evidence of DVT," (deep  
26 vein thrombosis or blood clot), "no abnormalities noted," and that the testing on the arteries of  
27 both lower extremities was indicative of normal blood flow with no stenotic lesions.

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1           27.     The surgical pathology report of the examination of the nail plate from the partial  
2 nail avulsion performed on December 11, 2021, became available on or about December 22, 2021.  
3 It indicated that the specimen examined was "without evidence of fungal organism," and that "no  
4 fungal elements were seen with microscopy."

5 **Office Note Dated January 22, 2022.**

6           28.     Patient 1's chart includes an office note dated January 22, 2022. On that note,  
7 Respondent documented DP and PT pulses of 2 out of 4, a capillary refill time of less than 3  
8 seconds, and edema of 2 out of 4. The location of the edema is not noted.

9           29.     Respondent's documented findings on examination of Patient 1's toenails include,  
10 but is not limited to, "ingrown," "fungal," "discolored," "long," "odorous," "thick," and "brittle."  
11 Respondent notes calluses are "painful with walking" and "painful to the touch." Respondent did  
12 not document the appearance, location, or size of the calluses.

13           30.     Respondent's assessment includes "painful onychomycosis" (fungal infection of  
14 the nail plate, nail bed, or both), "painful onychocryptosis" (ingrown toenail), "painful abscess" (a  
15 mass filled with pus caused by infection), "painful nucleated IPK" (intractable plantar keratomas or  
16 calluses), and "painful feet." Respondent's plan was to "debride painful nails," "debride painful  
17 IPK's (sic)" (removal of calluses usually by scraping with a scalpel), "I&D (incision and drainage)  
18 abscess," and "nail avulsion" (nail removal). Respondent did not record any information  
19 regarding the appearance, location, or size of the abscess. Respondent did not author procedure  
20 notes, records of operation, or otherwise make any entry in the record documenting the incision  
21 and drainage of the abscess, the debridement of the toenails and calluses, or the removal of the  
22 toenail.

23           31.     Respondent noted that Patient 1 was to continue "meds," but did not specify what  
24 medications she was taking or was to continue.

25           32.     When Respondent billed Patient 1's insurance company for the nail avulsion  
26 purportedly performed on January 22, 2022, Respondent again billed using CPT Code 11730 with  
27 TA modifier. The TA modifier indicates the nail avulsion was performed on the great toe of the

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1 left foot. There is no documentation in the record that indicates that Patient 1 had complaints  
2 relating to the great toe of the left foot on January 22, 2022.

3 33. The office note does not reflect any documentation of toenail trimming or toenail  
4 debridement on January 22, 2022. Respondent billed Patient 1's insurance company for toenail  
5 debridement using CPT Code 11721.

6 34. Patient 1 subsequently received a billing statement and/or an explanation of  
7 benefits statement outlining charges totaling over \$600.00 for treatment purportedly provided by  
8 Respondent on December 11, 2021, and January 22, 2022.

9 **The Summary of Care Dated August 18, 2023.**

10 35. On or about August 18, 2023, Respondent authored a Summary of Care for Patient  
11 1 setting forth the treatment rendered on December 11, 2021, and January 22, 2022. The summary  
12 of the two visits authored eighteen (18) months after the purported last visit of Patient 1 with  
13 Respondent was more detailed and included information that was either different than what was  
14 recorded in the office visit notes or was new information that was not included in the office visit  
15 notes.

16 **FIRST CAUSE FOR DISCIPLINE**

17 **(Gross Negligence)**

18 36. Respondent's license is subject to disciplinary action under section 2234,  
19 subdivision (b) of the Code in that Respondent was grossly negligent in the care and treatment of  
20 one patient. The circumstances are as follows:

21 37. Paragraphs 12 through 35 are incorporated by reference as though fully set forth  
22 herein.

23 38. The standard of care for medical record keeping is to provide comprehensive chart  
24 notes that may easily be interpreted by another medical practitioner if necessary, so that patient  
25 care is not compromised if the originator of the notes is not available and for clarification of  
26 treatment rationale, findings, interpretation of tests and treatment plans. In Patient 1's case,  
27 Respondent's documentation was mostly illegible and did not include relevant and/or sufficient  
28 clinical information to clarify treatment rationale, findings, interpretation of tests, or treatment

1 plans, or to justify treatment provided and treatment recommendations. For example,  
2 Respondent's documentation did not include, among other things, the location, size, and  
3 appearance of significant skin findings, such as tinea pedis, calluses, or abscesses; details  
4 regarding the vascular and neurologic findings, including skin temperature and color, and whether  
5 findings were unilateral or bilateral. Respondent did not author and/or include procedure notes  
6 for surgical procedures performed, including but not limited to, nail avulsions, nail and callus  
7 debridement, and incision and drainage of abscesses. Respondent's note also did not include  
8 information justifying the referral for a vascular evaluation or the order for blood tests.  
9 Respondent's failure to provide comprehensive and/or legible chart notes that may be easily  
10 interpreted by another medical practitioner, if necessary, to avoid compromising the future care  
11 and treatment of the patient constitutes an extreme departure from the standard of care.

12 39. The standard of care requires health care providers to bill accurately for services  
13 and treatment that were justified and/or medically necessary and delivered. Failure to do so may  
14 constitute falsification of patient services and is a major disruptor in the healthcare system  
15 because it results in payments for patient services that were not provided. This adversely affects  
16 multiple aspects of the healthcare system and can result in patient harm by depriving patients of  
17 potentially necessary treatment, particularly when there are limited resources or limits on the  
18 number of covered services. When the CPT 11730 is billed to an insurance company it is  
19 inherent in the code that local anesthesia is required, except in those cases where there is  
20 documentation that the patient is neuropathic. In addition, a procedure note, a report of operation,  
21 or at least a descriptive paragraph documenting the administration of local anesthesia and the  
22 details of the procedure is required to be recorded in the medical record. In Patient 1's care and  
23 treatment, Respondent's billing for CPT 11730 was not supported by his documentation. This  
24 constitutes an extreme departure from the standard of care.

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1 **SECOND CAUSE FOR DISCIPLINE**

2 **(Repeated Negligent Acts)**

3 40. Respondent's license is subject to disciplinary action under section 2234,  
4 subdivision (c) of the Code in that Respondent provided negligent care and treatment to Patient 1.  
5 The circumstances are as follows:

6 41. The facts and allegations set forth in the First Cause for Discipline are  
7 incorporated by reference as if fully set forth.

8 42. Each of the alleged acts of gross negligence set forth in the First Cause for  
9 Discipline, above, is also a negligent act.

10 **THIRD CAUSE FOR DISCIPLINE**

11 **(Failure to Maintain Adequate and Accurate Records)**

12 43. Respondent's license is subject to disciplinary action under section 2266 of the  
13 Code in that Respondent failed to maintain adequate and accurate medical records relating to the  
14 care and treatment he provided to Patient 1. The circumstances are as follows:

15 44. The facts and allegations set forth in the First and Second Causes for Discipline  
16 are realleged herein as if fully set forth.

17 **FOURTH CAUSE FOR DISCIPLINE**

18 **(False Representations)**

19 45. Respondent is subject to disciplinary action under section 2261 of the Code in that  
20 Respondent made false representations with respect to the care and treatment provided to Patient  
21 1. The circumstances are as follows:

22 46. The facts and allegations in the First, Second, and Third Causes for Discipline are  
23 incorporated herein as if fully set forth.

24 **FIFTH CAUSE FOR DISCIPLINE**

25 **(Unprofessional Conduct)**

26 47. Respondent is subject to disciplinary action under section 2234, subdivision (a), of  
27 the Code in that Respondent engaged in unprofessional conduct. The circumstances are as  
28 follows:

1 48. The facts and allegations in the First, Second, Third, and Fourth Causes for  
2 Discipline are incorporated herein as if fully set forth.

3 **DISCIPLINE CONSIDERATIONS**

4 49. To determine the degree of discipline, if any, to be imposed on Respondent,  
5 Complainant alleges that on or about April 5, 2004, in a prior disciplinary action titled *In the*  
6 *Matter of the Accusation Against Henry Rick Tseng, D.P.M.* before the Podiatric Medical Board,  
7 in Case Number 1B-2001-121809, Respondent's license was revoked, the revocation stayed and  
8 placed on three (3) years' probation with certain terms and conditions, for unauthorized practice  
9 beyond the scope of his license with respect to his care and treatment of five patients. That  
10 decision is now final.

11 **PRAYER**

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

14 1. Revoking or suspending Doctor of Podiatric Medicine License Number E-4127,  
15 issued to Respondent Henry Rick Tseng, D.P.M.;

16 2. Ordering Respondent Henry Rick Tseng, D.P.M. to pay the Podiatric Medical Board  
17 the reasonable costs of the investigation and enforcement of this case, pursuant to Business and  
18 Professions Code section 2497.5;

19 3. If placed on probation, ordering Respondent Henry Rick Tseng, D.P.M. to pay the  
20 Podiatric Medical Board the costs of probation monitoring; and,

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

22  
23 DATED: OCT 09 2024

24   
25 BRIAN NASLUND  
26 Executive Officer  
Podiatric Medical Board  
Department of Consumer Affairs  
State of California  
Complainant

27 LA2024604156