

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

In the Matter of the Accusation Against:

Eric Chaoko Hu, M.D.

**Physician's & Surgeon's
Certificate No. A 84577**

Case No. 800-2023-094813

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 October 3, 2025.

IT IS SO ORDERED: September 3, 2025.

MEDICAL BOARD OF CALIFORNIA



**Veling Tsai, M.D., Vice Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
Deputy Attorney General
4 State Bar No. 179733
300 South Spring Street, Suite 1702
5 Los Angeles, CA 90013
Telephone: (213) 269-6475
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E-mail: Rebecca.Smith@doj.ca.gov
7 *Attorneys for Complainant*

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

11 In the Matter of the Accusation Against:

Case No. 800-2023-094813

12 **ERIC CHAOKO HU, M.D.**
13 **713 West Duarte Road, Suite G173**
Arcadia, CA 91007-7564

OAH No. 2024120178

14 **Physician's and Surgeon's Certificate**
15 **No. A 84577,**

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

16 Respondent.

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

20 **PARTIES**

21 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Rob Bonta, Attorney General of the State of California, by Rebecca L. Smith, Deputy
24 Attorney General.

25 2. Eric Chaoko Hu, M.D. (Respondent) is represented in this proceeding by attorney
26 Raymond J. McMahon, whose address is 5440 Trabuco Road, Irvine, California 92620.

27 3. On or about September 10, 2003, the Board issued Physician's and Surgeon's
28 Certificate No. A 84577 to Respondent. That license was in full force and effect at all times

1 relevant to the charges brought in Accusation No. 800-2023-094813, and will expire on June 30,
2 2027, unless renewed.

3 JURISDICTION

4 4. Accusation No. 800-2023-094813 was filed before the Board, and is currently
5 pending against Respondent. The Accusation and all other statutorily required documents were
6 properly served on Respondent on November 18, 2024. Respondent timely filed his Notice of
7 Defense contesting the Accusation.

8 5. A copy of Accusation No. 800-2023-094813 is attached as Exhibit A and
9 incorporated herein by reference.

10 ADVISEMENT AND WAIVERS

11 6. Respondent has carefully read, fully discussed with counsel, and understands the
12 charges and allegations in Accusation No. 800-2023-094813. Respondent has also carefully read,
13 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and
14 Disciplinary Order.

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

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

23 CULPABILITY

24 9. Respondent understands and agrees that the charges and allegations in Accusation
25 No. 800-2023-094813, if proven at a hearing, constitute cause for imposing discipline upon his
26 Physician's and Surgeon's Certificate.

27 10. Respondent does not contest that, at an administrative hearing, Complainant could
28 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-

2023-094813, a true and correct copy of which is attached hereto as Exhibit A, and that he has thereby subjected his Physician's and Surgeon's Certificate, No. A 84577 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 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. 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 opportunity to be heard by the Respondent, issue and enter the following Disciplinary Order:

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1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 84577 issued
3 to Respondent Eric Chaoko Hu, M.D. is Publicly Reprimanded pursuant to California Business
4 and Professions Code section 2227, subdivision (a)(4). This Public Reprimand, which is issued
5 in connection with Respondent's care and treatment of Patient 1, as set forth in Accusation No.
6 800-2023-094813, is as follows:

7 You committed acts constituting negligence in violation of Business and
8 Professions Code sections 2234, subdivision (c) and 2266, with respect to
9 your post-operative care and treatment of a single patient in 2022, as set
10 forth in Accusation No. 800-2023-094813.

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

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

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

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1 If Respondent fails to enroll, participate in, or successfully complete the medical record
2 keeping course within the designated time period, Respondent shall receive a notification from
3 the Board or its designee to cease the practice of medicine within three (3) calendar days after
4 being so notified. Respondent shall not resume the practice of medicine until enrollment or
5 participation in the medical record keeping course has been completed. Failure to successfully
6 complete the medical record keeping course outlined above shall constitute unprofessional
7 conduct and is grounds for further disciplinary action.

8 **B. INVESTIGATION/ENFORCEMENT COST RECOVERY.** Respondent is hereby
9 ordered to reimburse the Board its costs of investigation and enforcement, in the amount of
10 \$26,790.00 (Twenty-Six Thousand Seven Hundred Ninety Dollars and No Cents), payable within
11 sixty (60) calendar days of the effective date of this Decision. Costs shall be payable to the
12 Medical Board of California. Failure to pay such costs shall constitute unprofessional conduct
13 and is grounds for further disciplinary action.

14 Any and all requests for a payment plan shall be submitted in writing by Respondent to the
15 Board.

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

18 **C. FUTURE ADMISSIONS CLAUSE.** If Respondent should ever apply or reapply for
19 a new license or certification, or petition for reinstatement of a license, by any other health care
20 licensing action agency in the State of California, all of the charges and allegations contained in
21 Accusation No. 800-2023-094813 shall be deemed to be true, correct, and admitted by
22 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
23 restrict license. Respondent further agrees that if an Accusation is ever filed against him before
24 the Board, all of the charges and allegations contained in the Accusation No. 800-2023-094813
25 shall be deemed true, correct, and fully admitted by Respondent for purposes of any such
26 proceeding or any other licensing proceeding involving Respondent, before the Board.

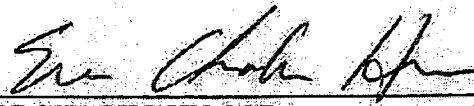
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1 ACCEPTANCE

2 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
3 discussed it with my attorney, Raymond J. McMahon. I understand the stipulation and the effect
4 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement
5 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
6 Decision and Order of the Medical Board of California.

7
8 DATED: 6/2/2025


9 ERIC CHAOKO HU, M.D.
Respondent

10 I have read and fully discussed with Respondent Eric Chaoko Hu, M.D. the terms and
11 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
12 I approve its form and content.

13
14 DATED: June 2, 2025


15 RAYMOND J. MCMAHON
16 Attorney for Respondent

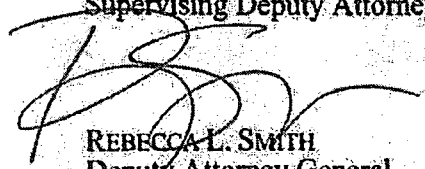
17 ENDORSEMENT

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

20
21 DATED: June 2, 2025

Respectfully submitted,

22 ROB BONTA
23 Attorney General of California
24 JUDITH T. ALVARADO
25 Supervising Deputy Attorney General


26 REBECCA L. SMITH
27 Deputy Attorney General
Attorneys for Complainant

28 LA2024604843/67658654

Exhibit A

Accusation No. 800-2023-094813

1 ROB BONTA
Attorney General of California
2 JUDITH T. ALVARADO
Supervising Deputy Attorney General
3 REBECCA L. SMITH
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11 In the Matter of the Accusation Against:

Case No. 800-2023-094813

12 **ERIC CHAOKO HU, M.D.**
13 **713 W. Duarte Road, Suite G-173**
Arcadia, CA 91007-7564

A C C U S A T I O N

14 **Physician's and Surgeon's Certificate**
15 **No. A 84577,**

16 Respondent.

17 **PARTIES**

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

21 2. On or about September 10, 2003, the Medical Board issued Physician's and Surgeon's
22 Certificate Number A 84577 to Eric Chaoko Hu, M.D. (Respondent). That license was in full
23 force and effect at all times relevant to the charges brought herein and will expire on June 30,
24 2025, unless renewed.

25 **JURISDICTION**

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

1 4. Section 2004 of the Code states:

2 The board shall have the responsibility for the following:

3 (a) The enforcement of the disciplinary and criminal provisions of the Medical
4 Practice Act.

5 (b) The administration and hearing of disciplinary actions.

6 (c) Carrying out disciplinary actions appropriate to findings made by a panel or
an administrative law judge.

7 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
8 of disciplinary actions.

9 (e) Reviewing the quality of medical practice carried out by physician and
surgeon certificate holders under the jurisdiction of the board.

10 (f) Approving undergraduate and graduate medical education programs.

11 (g) Approving clinical clerkship and special programs and hospitals for the
12 programs in subdivision (f).

13 (h) Issuing licenses and certificates under the board's jurisdiction.

14 (i) Administering the board's continuing medical education program.

15 5. Section 2220 of the Code states:

16 Except as otherwise provided by law, the board may take action against all
17 persons guilty of violating this chapter. The board shall enforce and administer this
18 article as to physician and surgeon certificate holders, including those who hold
19 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:

20 (a) Investigating complaints from the public, from other licensees, from health
21 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
22 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
23 shall otherwise provide timely disposition of the reports received pursuant to Section
805 and Section 805.01.

24 (b) Investigating the circumstances of practice of any physician and surgeon
25 where there have been any judgments, settlements, or arbitration awards requiring the
26 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
27 respect to any claim that injury or damage was proximately caused by the physician's
and surgeon's error, negligence, or omission.

28 (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.

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licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

(d) Incompetence.

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

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

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

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

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

8. 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.

COST RECOVERY

9. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board

1 may reduce or eliminate the cost award, or remand to the administrative law judge if
2 the proposed decision fails to make a finding on costs requested pursuant to
3 subdivision (a).

4 (e) If an order for recovery of costs is made and timely payment is not made as
5 directed in the board's decision, the board may enforce the order for repayment in any
6 appropriate court. This right of enforcement shall be in addition to any other rights
7 the board may have as to any licensee to pay costs.

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

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

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

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

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

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

26 **FIRST CAUSE FOR DISCIPLINE**

27 **(Repeated Acts of Negligence)**

28 10. Respondent is subject to disciplinary action under Code section 2234, subdivision (c),
in that he engaged in repeated acts of negligence in the care and treatment of Patient 1.¹ The
circumstances are as follows:

11. On or about April 22, 2022, Patient 1, a then 45-year-old female patient, presented to
Respondent, a plastic surgeon at the Advanced Surgical Institute,² for a body contouring
consultation. With respect to Patient 1's social history, it was noted that she smokes 3 to 5
cigarettes a day. Patient 1 was interested in an abdominoplasty, liposuction, and gluteal
augmentation. Respondent recommended liposuction of Patient 1's abdomen and back with fat

¹ For privacy purposes, the patient in this Accusation is referred to as Patient 1.

² Advanced Surgical Institute was both a clinic and outpatient surgical center.

1 transfer to the buttocks. Respondent recommended having the abdominoplasty performed later at
2 the second stage, after the buttocks healed. Respondent noted that he explained the risk of the
3 procedure, and recommended that Patient 1 cease smoking for four weeks prior to surgery.

4 12. On May 11, 2022, Patient 1 was seen by Respondent's patient coordinator, K.M. At
5 the time of Respondent's interview with the Board on June 26, 2024, Respondent explained that
6 K.M. is his "consultant" who reviews the informed consent documentation, explains where to
7 have laboratory orders fulfilled, and discusses pricing with his patients. K.M. does not have a
8 medical background. At Patient 1's visit with K.M., Patient 1 signed the consent forms relative to
9 the June 17, 2022 procedure to be performed by Respondent. In addition, Patient 1 signed a
10 smoking and plastic surgery form which set forth that K.M. discussed the importance of complete
11 smoking cessation four weeks prior to surgery and after surgery with Patient 1 and that Patient 1's
12 urine will be tested the day of surgery to rule out the use of nicotine/marijuana/vaping products.

13 13. On May 31, 2022, a medical Clearance History and Physical was performed by Dr.
14 A.C. Dr. A.C. noted that Patient 1 was "low risk" for surgery.

15 14. On Friday, June 17, 2022, Patient 1 presented to the Advanced Surgical Institute for
16 her Pre-Operative Assessment. It was noted that Patient 1 ceased smoking two weeks ago. A
17 urine test for nicotine was not performed. That same day, Patient 1 underwent Vaser assisted
18 liposuction of the abdomen, flanks, arms, upper and lower back as well as fat transfer to the
19 buttocks and hips, performed by Respondent. Respondent noted that approximately 1,000 cc of
20 harvest fat was transferred to each buttock into different planes (superficial intramuscular,
21 subfascial, and subcutaneous) to augment and improve contour on the buttocks and hips. No
22 complications were noted during surgery.

23 15. After surgery, Patient 1 was taken to the Post Anesthesia Care Unit (PACU). Patient
24 1's urinary catheter was removed in the PACU; however, she was subsequently unable to void
25 and Respondent ordered the insertion of a new urinary catheter, to be removed at the time of the
26 patient's first post-operative appointment. Patient 1 was discharged to her sister. PACU nursing
27 notes reflect that "discharge instructions were explained to Patient 1's sister. Written instructions
28 were given to Patient 1 advising her to not change the wound care dressings until she is seen in

1 the first post-operative visit the next day, that she may exchange or reinforce the absorbent pads if
2 they become saturated, and that she may experience moderate to large amounts of pinkish
3 drainage from the incision sites for 24-48 hours. Patient 1 was also instructed to notify
4 Respondent's office of any "temperature over 100F." Patient 1's post-operative appointment was
5 scheduled for Monday, June 20, 2022.

6 16. Patient 1 stated that she had her neighbor, a home health nurse, remove her urinary
7 catheter over the weekend. Patient 1 also changed her bandages over the weekend because they
8 were saturated.

9 17. Patient 1 presented to Respondent's office on Monday, June 20, 2022. Patient 1 was
10 seen by V.G., Respondent's medical assistant. V.G. noted that Patient 1 was "doing well, no sign
11 of fever or infection." V.G. removed Patient 1's Ace bandage, placed her in a compression
12 garment and instructed her to return in one week. Respondent did not see Patient 1 at the time of
13 the June 20, 2022 visit with V.G. Respondent co-signed the note and also documented: "Post-op
14 day number 3 – stable. Swelling and pain as expected. Continue garment and antibiotic. Follow-
15 up one week" Respondent did not date his note.³

16 18. On June 22, 2022, Patient 1 contacted K.M., Respondent's patient coordinator, via e-
17 mail, complaining of increased pain in her buttocks and running out of pain medication. K.M.
18 responded via email, "I spoke with V.G. about it so we put in a refill for 28 pills."

19 19. On June 25, 2022, Patient 1 complained to K.M., via e-mail, that she had a
20 temperature of 101.8. K.M. responded via e-mail that "low grade fever is pretty common," and
21 advised Patient 1 to take Tylenol.

22 20. On June 29, 2022, Patient 1 emailed K.M. that she had "so much pain" in her butt,
23 daily chills and fever, and that food tastes "salty." K.M. replied by email that body temperature
24 fluctuations are part of the "healing process," and warned Patient 1 that she may be coming down
25 with Covid since K.M.'s husband had noted similar taste changes when he contracted Covid.

26 ³ At the time of Respondent's interview with the Board on June 26, 2024, Respondent stated that a
27 physician or physician assistant was available during the June 20, 2020 visit. The patient may not have
28 seen the physician or physician assistant, as "they will just come peek at her - - make sure everything
looked good and they just leave." The physician or physician assistant would not sign off on the medical
assistant's progress note. It would be left to Respondent to sign off on the note.

1 21. Patient 1 returned to Respondent's office on July 1, 2022. At the time of
2 Respondent's interview with the Board on June 26, 2024, Respondent stated that he was not
3 aware of the issues that Patient 1 had between the June 20, 2022 and July 1, 2022 visits. He
4 stated that Patient 1 did not call him personally and if V.G. or K.M. had communicated with him
5 that Patient 1 had issues, Respondent would have seen the patient as soon as possible.

6 22. At the time of Patient 1's July 1, 2022 visit, Respondent noted that Patient 1 said that
7 she had a temperature up to 103 degrees. Respondent noted mild to moderate swelling and "no
8 appreciable abscess or redness or fluctuance" in Patient 1's buttocks. Respondent prescribed
9 antibiotics Augmentin and Levaquin for "stronger coverage." Respondent noted that he advised
10 Patient 1 to "go to nearby ER" if she worsened.

11 23. On July 2, 2022, Patient 1 presented to the emergency department at P.C. Hospital
12 with complaints of a fever. Patient 1 exhibited multiple signs of cellulitis and early phlegmon
13 development on the right hip and left hip. Respondent was notified of Patient 1's presentation
14 and recommended that the patient be transferred to a facility where there is a plastic surgery team
15 available to help deal with her complications. Respondent requested that Patient 1 be transferred
16 to H.M. Hospital where he had privileges and could take care of Patient 1. There were no beds
17 available at H.M. Hospital. Respondent texted a plastic surgery colleague, Dr. S.D., and
18 requested that Patient 1 be transferred to P.V. Hospital under Dr. S.D.'s care. Dr. S.D. agreed to
19 accept Patient 1 as a patient at P.V. Hospital. That same day, Patient 1 was transferred from P.C.
20 Hospital to P.V. Hospital for a higher level of care.

21 24. At P.V. Hospital Patient 1 was diagnosed with sepsis, cellulitis, and gluteal abscess
22 and placed on intravenous antibiotics. Dr. S.D. performed an incision and drainage procedure of
23 the gluteal abscess on July 3, 2022. Cultures revealed *Bacteroides fragilis* from both sides of the
24 buttocks. Patient 1 was discharged from P.V. Hospital on July 7, 2022. Home health nursing
25 visits were ordered for daily wound care assessment, treatment, and dressing changes. Patient 1
26 was instructed to follow up with Respondent in one week.

27 25. On July 6, 2022, Respondent sent a text to Patient 1 and asked if she was feeling
28 better. Patient 1 responded that she was "[n]ot good at all."

1 26. On July 9, 2022, Patient 1 texted Respondent that she was in pain and that the Norco
2 was not working. Patient 1 described her pain as a 10 and she had a low-grade fever. Respondent
3 responded that "[K.M.] already sent the med for u." Respondent also advised Patient 1 to take
4 Motrin 400 mg three times a day to help with inflammation.

5 27. On July 15, 2022, Patient 1 was seen by Respondent. Patient 1 was noted to be doing
6 okay and complaining of pain. Respondent examined the incision on her buttock and noted some
7 purulence, "but not much." Respondent irrigated Patient 1's wounds with triple antibiotic
8 solution and recommended daily dressing changes. Respondent prescribed Tramadol and a
9 lidocaine patch for pain relief. Patient 1 was instructed to return to see Respondent in one week.

10 28. On July 22, 2022, Patient 1 was seen by Respondent for complaints of increased pain
11 in her right buttock. Respondent noted fluctuance in the right inferior gluteal area. Respondent
12 performed an incision and drainage under local anesthesia. Respondent did not document any
13 informed consent discussion with the patient regarding the incision and drainage procedure.
14 Patient 1 did not sign a consent for the incision and drainage procedure. Respondent noted that
15 200 ml of cloudy fluid was obtained from the incision and drainage procedure.⁴ The wound was
16 irrigated and dressed. Patient 1 was instructed to continue oral antibiotics and daily wound
17 dressing changed by home health. Patient 1 was instructed to return to see Respondent in
18 approximately 1 week.

19 29. On August 8, 2022, Respondent noted that he expected to see Patient 1 and they had
20 communicated over text. Patient 1 did not show up for her visit. Respondent did not provide any
21 further care and treatment of Patient 1. Patient 1 continued with home health services until
22 August 22, 2022, at which time her wounds were healed.

23 30. The standard of care requires that medical care and advice be provided to patients
24 only by licensed health care personnel.

25 31. After surgery, Patient 1 communicated with Respondent's patient coordinator, K.M.,
26 who had no medical training or licensure. Patient 1 described chills and fever, and increasing
27 pain. K.M. responded that low grade fever and pain are normal during healing, and advised

28 ⁴ Culture of the fluid subsequently revealed no growth of bacteria.

1 Patient 1 to take Tylenol. Patient 1's fever of 101.8 was not "low-grade." Respondent should
2 have been immediately notified and Patient 1 instructed to return to the clinic for an evaluation.

3 32. Respondent failed to ensure that his patient coordinator did not provide medical
4 advice to Patient 1. This is a simple departure from the standard of care.

5 33. The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a
6 national legislation that provides data privacy and security provisions for safeguarding medical
7 information. All communication with patients should be through a HIPAA-compliant portal.
8 Text messaging with a patient is not considered HIPAA-compliant.

9 34. Respondent engaged in text messaging with Patient 1 regarding her symptoms and
10 care. Respondent's use of text messaging to communicate with Patient 1 is a simple departure
11 from the standard of care.

12 35. The standard of care requires that medical notes should be signed, timed, and dated
13 by the provider of services. Co-signed notes should be timed and dated.

14 36. Patient 1 had her first post-operative visit on June 20, 2022, where she was seen only
15 by a medical assistant. Respondent co-signed the note after the fact, but did not time or date his
16 signature, making it appear that he was present for the visit and examined the patient.

17 37. Respondent's failure to appropriately date and time a post-visit co-signature is a
18 simple departure from the standard of care.

19 38. The standard of care requires that a physician document a patient's consent for a
20 procedure, such as an incision and drainage procedure, prior to performing the procedure.

21 39. Respondent performed an incision and drainage of a right gluteal fluctuance on July
22 22, 2022. There was no signed consent form for this procedure in Patient 1's medical record.
23 Respondent's failure to obtain a signed consent form for the incision and drainage procedure is a
24 simple departure from the standard of care.

25 **SECOND CAUSE FOR DISCIPLINE**

26 **(Failure to Maintain Adequate and Accurate Medical Records)**

27 40. Respondent is subject to disciplinary action under Code section 2266 in that he failed
28 to maintain adequate and accurate records for Patient 1. The circumstances are as follows:

1 41. The allegations in the First Cause for Discipline above are incorporated herein by
2 reference as if fully set forth.

3 42. Patient 1 had her first post-operative visit on June 20, 2022, where she was seen only
4 by a medical assistant. Respondent failed to appropriately date and time his post-visit co-
5 signature for Patient 1's June 20, 2022 post-operative visit with Respondent's medical assistant.

6 43. Respondent performed an incision and drainage of a right gluteal fluctuance on July
7 22, 2022 without documenting the patient's consent for the procedure.

8 **PRAYER**

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

11 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 84577,
12 issued to Respondent Eric Chaoko Hu, M.D.;

13 2. Revoking, suspending or denying approval of Respondent Eric Chaoko Hu, M.D.'s
14 authority to supervise physician assistants and advanced practice nurses;

15 3. Ordering Respondent Eric Chaoko Hu, M.D., to pay the Board the costs of the
16 investigation and enforcement of this case, and if placed on probation, the costs of probation
17 monitoring; and

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

19
20 DATED: NOV 18 2024

21 
22 REJI VARGHESE
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant
28

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