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

In the Matter of the Accusation Against: John Young Lee, M.D. Physician's and Surgeon's Certificate No. A 112929 Respondent.	Case No.: 800-2023-098141

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 February 13, 2026.

IT IS SO ORDERED: January 14, 2026.

MEDICAL BOARD OF CALIFORNIA

MD.

Veling Tsai, M.D., Chair
Panel A

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
LATRICE R. HEMPHILL
Deputy Attorney General
State Bar No. 285973
California Department of Justice
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6198
Facsimile: (916) 731-2117
E-mail: latrice.hemphill@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **JOHN YOUNG LEE, M.D.** **421 E Merced Avenue** **West Covina, CA 91790** **Physician's and Surgeon's Certificate No. A 112929,** Respondent.	Case No. 800-2023-098141 OAH No. 2025051151 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

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

2. Respondent John Young Lee, M.D. (Respondent) is represented in this proceeding by attorney Raymond L. Blessey, whose address is: Reback McAndrews & Blessey, LLP, 1230 Rosecrans Avenue, Suite 450, Manhattan Beach, CA 90266-2436.

3. On or about June 25, 2010, the Board issued Physician's and Surgeon's Certificate No. A 112929 to John Young Lee, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2023-098141, and will expire on September 30, 2027, unless renewed.

JURISDICTION

4. Accusation No. 800-2023-098141 was filed before the Board and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on March 25, 2025. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2023-098141 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2023-098141. Respondent has also carefully read, fully discussed with his counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

9. Respondent acknowledges the fact that, if adopted by the Board, the Board will report this Stipulated Settlement and Disciplinary Order to the National Practitioner Data Bank (NPDB) and Federation of State Medical Boards (FSMB) and publicly post such enforcement action, and Respondent hereby waives any and all objections thereto.

CULPABILITY

10. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2023-098141, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate.

11. Respondent does not contest that, at an administrative hearing, complainant could establish a prima facie case with respect to the charges and allegations in Accusation No. 800-2023-098141, 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 112929 to disciplinary action.

12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to discipline and agrees to be bound by the Board's probationary terms as set forth in the Disciplinary Order below.

CONTINGENCY

13. 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.

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

15. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him before the Board, all of the charges and allegations contained in Accusation No. 800-2023-098141 shall be

deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

16. 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.

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 112929 issued to Respondent John Young Lee, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for one (1) year on the following terms and conditions:

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

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

The program shall consist of a comprehensive assessment of Respondent's physical and

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

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

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

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

///

///

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

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

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

5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $18,789.00 (eighteen thousand seven hundred eighty-nine dollars and zero cents). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

7. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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.

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

///

///

9. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

Periods of non-practice for a Respondent residing outside of 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 Laws; General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or Controlled Substances; and Biological Fluid Testing.

///

///

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

11. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation, the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

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

14. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2023-098141 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

ACCEPTANCE

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

DATED: 11/14/25

JOHN YOUNG LEE, M.D.
Respondent

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

DATED: 11/19/25

RAYMOND L. BLESSEY
Attorney for Respondent

///

///

///

///

///

///

///

ENDORSEMENT

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

DATED: November 20, 2025

Respectfully submitted,

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General

LATRICE R. HEMPHILL
Deputy Attorney General
Attorneys for Complainant

LA2025600116
68048369.docx

Exhibit A

Accusation No. 800-2023-098141

ROB BONTA
Attorney General of California
JUDITH T. ALVARADO
Supervising Deputy Attorney General
LATRICE R. HEMPHILL
Deputy Attorney General
State Bar No. 285973
300 So. Spring Street, Suite 1702
Los Angeles, CA 90013
Telephone: (213) 269-6198
Facsimile: (916) 731-2117
E-mail: latrice.hemphill@doj.ca.gov
Attorneys for Complainant

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

In the Matter of the Accusation Against: **JOHN YOUNG LEE, M.D.** **421 E Merced Avenue** **West Covina, CA 91790** **Physician's and Surgeon's Certificate No. A 112929,** Respondent.	Case No. 800-2023-098141 **ACCUSATION**

PARTIES

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

2. On or about June 25, 2010, the Medical Board issued Physician's and Surgeon's Certificate Number A 112929 to John Young Lee, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on September 30, 2025, unless renewed.

///

///

///

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 2004 of the Code states:

> The board shall have the responsibility for the following:
>
> (a) The enforcement of the disciplinary and criminal provisions of the Medical Practice Act.
>
> (b) The administration and hearing of disciplinary actions.
>
> (c) Carrying out disciplinary actions appropriate to findings made by a panel or an administrative law judge.
>
> (d) Suspending, revoking, or otherwise limiting certificates after the conclusion of disciplinary actions.
>
> (e) Reviewing the quality of medical practice carried out by physician and surgeon certificate holders under the jurisdiction of the board.
>
> (f) Approving undergraduate and graduate medical education programs.
>
> (g) Approving clinical clerkship and special programs and hospitals for the programs in subdivision (f).
>
> (h) Issuing licenses and certificates under the board's jurisdiction.
>
> (i) Administering the board's continuing medical education program.

5. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.

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

(b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, 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.

STATUTORY PROVISIONS

6. Section 2234 of the Code states:

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

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

(b) Gross negligence.

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

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

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

(d) Incompetence.

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

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

(g) The failure by a certificate holder, in the absence of good cause, to attend and participate in an interview by the board 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.

COST RECOVERY

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

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

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

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

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

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

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

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

DEFINITIONS

8. Hepatic steatosis, also known as fatty liver disease, is an increased buildup of fat in the liver. Metabolic conditions, such as obesity and type 2 diabetes, and heavy alcohol use are risk factors.

9. Cysto-ureteroscopy with lithotripsy is a minimally invasive procedure used to break kidney stones that remain stuck in the ureter by directly applying a laser beam to the stone.

10. Cystoscopy with litholapaxy is a procedure to break up and remove bladder stones.

11. Cystoscopy with stent placement is a procedure in which a stent is placed inside the ureter to help urine drain from the kidney into the bladder, using a cystoscope.

12. Renal extracorporeal shock wave lithotripsy (ESWL) is a procedure used to destroy calculus (kidney stones) in the kidney and ureters.

13. Renoscopy/ureteroscopy is a procedure in which a small scope is passed into the kidney and urinary tract to locate and remove stones.

14. Transurethral resection of bladder tumor (TURBT) is a procedure used to diagnose and treat bladder cancer. A surgeon removes the tumor using a cystoscope to find the tumor in the bladder and cut it out.

15. A paracentesis is a medical procedure where fluid is removed from the abdominal cavity using a needle inserted through the abdominal wall.

16. Intraperitoneal perforation of the bladder is a tear in the bladder wall that allows urine to leak into the abdominal cavity. This can cause pelvic pain and visible blood in the urine. This injury generally requires surgical care.

17. Cystography/cystogram is an imaging test that can help diagnose problems in the bladder. The provider will insert a thin tube, known as a urinary catheter, and inject contrast dye into the bladder in order to see the bladder more clearly. The provider will then take x-rays of the bladder to visualize and examine.

///

FACTUAL ALLEGATIONS

18. Respondent is a board-certified urologist who works for the Covina Valley Urologic Medical Group in West Covina, California.

19. Patient A,[1] a then 73-year-old man, was hospitalized at San Dimas Community Hospital (San Dimas) on or about June 8, 2019, due to flank pain and a complicated urinary tract infection. Following a computed tomography (CT) scan of the abdomen and pelvis, it was determined that Patient A's prostate gland was enlarged, he had renal stones in the urinary bladder, and was suffering from hepatic steatosis, among other maladies. Attending physicians also noted that Patient A's right kidney was surgically absent.

20. After admission to San Dimas, physicians noted that Patient A had an elevated serum creatinine level[2] of 2.18 milligrams/deciliter (mg/dL). During his admission, Patient A's creatinine peaked at 2.62 mg/dL. Patient A was seen by San Dimas urologists, who gave him intravenous fluids and antibiotics, which helped his creatinine levels to improve. On or about June 11, 2019, physicians noted a decreased creatinine level of 1.96 mg/dL.

21. San Dimas urologists elected not to place a ureteral stent[3] during Patient A's admission.

22. Patient A was discharged from San Dimas on or about June 11, 2019, with instruction to follow up with Respondent for outpatient surgical intervention.

23. On or about June 19, 2019, Patient A presented to Respondent for renal calculi, also known as kidney stones. Respondent examined Patient A and noted that Patient A had a 2 mm left ureteral stone and a 3-centimeter (cm) bladder stone. Following his examination and review of Patient A's prior medical records, Respondent planned to perform the following procedures: cysto-ureteroscopy with lithotripsy, cystoscopy with litholapaxy, cystoscopy with stent placement, and renal extracorporeal shock wave lithotripsy (ESWL).

---

[1] The patient is identified as Patient A in this Accusation to protect his privacy.

[2] Serum creatinine is a chemical compound left over from energy-producing processes in the muscles. Healthy kidneys filter creatinine out of the blood and exits your body as a waste product in urine. For adult men, the typical range for serum creatinine is 0.74 to 1.35 mg/dL. A higher than normal serum creatinine result may mean the kidneys are not working well.

[3] A ureteral stent is a thin tube inserted into the ureter to prevent or treat obstruction and help urine pass from a kidney into the bladder.

24. On or about June 25, 2019, Patient A was admitted at Queen of the Valley Hospital in West Covina, California for surgery. Informed consent was documented by physician assistant, C.P., and was co-signed by Respondent. Respondent's operative report indicated the following:

A. Patient A was intubated with general anesthesia, laid on his back, and given preoperative antibiotics.

B. A cysto-urethroscope was assembled and inserted into Patient A's bladder. Respondent noted that there was a very large lateral lobe occlusion with a very large prostate with severe inflammation. Eventually, Respondent was able to get to the opening of the left ureter and the center of the left kidney, using fluoroscopic guidance.

C. Respondent noted that he saw a lower kidney stone that was radiopaque. Respondent also noted there was a small bladder tumor, as well as a large bladder calculus (stone).

D. Next, Respondent was able to perform renoscopy/ureteroscopy and successfully ablated one large renal stone. Respondent did not identify any additional stones, tumors, or foreign bodies down the length of the ureter.

E. Respondent placed a ureteral stent into the bladder. He then assembled a resectoscope[4] and placed it directly into the bladder. Respondent was able to identify the bladder tumor. He performed a TURBT in the area and did not notice any other large tumors. A piece of the bladder tumor and renal calculus was sent for pathologic analysis.

F. Subsequently, Respondent performed laser lithotripsy in the area. Respondent noted that the visible stone was very large and very difficult to access. Ultimately, Respondent was able to fragment the majority of the stone, but there was a smaller fragment that he was unable to access given the limited visualization.

G. After removing the resectoscope, Respondent noted that there was what appeared to be abdominal distention. Consequently, he called an interventional radiologist, who performed a beside paracentesis of approximately 1200 ml of fluid.

///

[4] A resectoscope is a thin, tube-like instrument used to remove tissue from inside the body. It has a light and a lens for viewing. It also has a tool that uses an electric current to cut, remove, or destroy tissue and control bleeding.

H. Patient A was then transferred to a recovery room to complete a subsequent workup, undergo a possible CT scan, and for intervention for his possible intra-abdominal ascites.[5]

25. A post-anesthesia evaluation noted that, at the end of the operation, Patient A's abdomen was distended and tense. The interventional radiologist was consulted and, around 5:00 p.m., the radiologist performed ultrasound-guided drainage. The paracentesis removed 700 cubic centimeters (cc) of abdominal fluid from the right and 200 cc of fluid from the left.

26. Around 10:18 p.m., on or about June 25, 2019, a CT scan was obtained of Patient A's abdomen, which revealed a small amount of ascites around the spleen, liver, and lower right abdomen. There was a questionable amount of free air within the abdomen as well.

27. Patient A was transferred to the intensive care unit (ICU). Shortly after his arrival to the ICU, Patient A's blood pressure dropped, he became bradycardic[6] and lost pulses. A code blue[7] was called in the ICU, and after 45 minutes, Patient A was pronounced deceased.

28. The final pathology report revealed a low grade non-invasive urothelial carcinoma,[8] and confirmed the kidney stones.

CAUSE FOR DISCIPLINE

(Gross Negligence)

29. Respondent John Young Lee, M.D. is subject to disciplinary action under Code section 2234, subdivision (b), in that he was grossly negligent in his care and treatment of Patient A. The circumstances are as follows:

30. Complainant hereby re-alleges the facts set forth in paragraphs 18 through 28, above, as though fully set forth.

///

---

[5] Ascites occurs when fluid collects in spaces in your abdomen. Ascites causes belly pain, swelling, nausea, vomiting, and other problems.

[6] Bradycardia is a condition where the heart rate is abnormally slow.

[7] A code blue in the ICU typically means a patient is experiencing a life-threatening medical emergency and is in need of immediate intervention with CPR and advanced life support measures.

[8] A non-invasive urothelial carcinoma is a type of bladder cancer where the cancerous cells are confined to the inner lining of the bladder and have not spread beyond the bladder wall.

31. Intraperitoneal bladder perforation should be suspected in a patient with a distended abdomen after a surgical procedure such as a cystolithopaxy or a TURBT. A practitioner can determine whether a rupture is extraperitoneal and intraperitoneal with imaging tests, such as a cystogram. When an intraperitoneal rupture is suspected, the standard of care requires an immediate exploratory laparotomy[9] to confirm the rupture. The standard of care further requires that the bladder injury be repaired via open surgical exploration and watertight two-layer bladder closure. Specifically, repair would require that the abdomen be prepped, an incision made below the belly button, and the site of the bladder rupture be identified and closed with sutures in two layers – the innermost layer of the body's mucous membranes and then the seromuscular layer. A Foley catheter is placed and fluid is instilled to ensure the repair is water tight.

32. Generally, TURBT should not be done before cystolithopaxy since a cystolithopaxy consists of intermittent manual irrigation, using liters of irrigant, which can blow out the already weakened bladder wall.

33. Following Patient A's surgery, the CT scan showed that there was free air in Patient A's abdomen and fluid around the bowel, liver, and spleen. It was apparent that Patient A suffered an intraperitoneal bladder rupture. It was unclear whether the bladder rupture occurred due to the cystolithopaxy or the TURBT, or a combination of the two.

34. Nonetheless, Respondent should have performed a cystogram after he noticed Patient A's abdomen was acutely distended. The necessary equipment, specifically a C-arm,[10] was already in the surgery room and Patient A was still intubated. Had a cystogram been performed, a bladder repair could have been performed, which likely would have prevented the subsequent demise of Patient A.

35. During his interview with the Board, Respondent stated that a bladder repair could not have been done because it would have caused the cancer to spread. This is incorrect and misguided. Respondent had already removed the bladder tumor and any free-floating cancer cells

[9] An exploratory laparotomy is a surgery to open up the abdomen in order to find the cause of problems that other testing could not diagnose, and/or to address abdominal injuries that need emergent care.

[10] A C-arm is a medical imaging device based on x-ray technology. It is a type of fluoroscopy system that is mobile and can be maneuvered around the patient during surgery.

were irrigated out. Additionally, the rupture itself would have already leaked potential cancer cells into the abdomen. As such, closing the injured bladder would do nothing to spread the cancer. Further, the cancer was a tiny low-grade tumor and not a tremendous threat for spreading. Ultimately, had the cystogram been completed, Patient A likely would have survived.

36. Respondent's failure to perform a cystogram and repair the intraperitoneal bladder rupture is an extreme departure from the standard of care.

PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number A 112929, issued to Respondent John Young Lee, M.D.;

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

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

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

DATED: MAR 25 2025

for

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

LA2025600116
67382090.docx