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

In the Matter of the Accusation Against: David W. Chang, M.D. Physician's and Surgeon's Certificate No. G 74257 Respondent.	Case No.: 800-2018-040060

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 September 16, 2022.

IT IS SO ORDERED: August 18, 2022.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
GREG W. CHAMBERS
Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **DAVID W. CHANG, M.D.** **14911 National Ave. Suite 6** **Los Gatos CA 95032-2632** **Physician's and Surgeon's License No. G 74257** Respondent.	Case No. 800-2018-040060 OAH No. 2021090028 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

In the interest of a prompt and speedy settlement of this matter, consistent with the public interest and the responsibility of the Medical Board of California of the Department of Consumer Affairs, the parties hereby agree to the following Stipulated Settlement and Disciplinary Order which will be submitted to the Board for approval and adoption as the final disposition of the Accusation.

PARTIES

1. William Prasifka (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 Greg W. Chambers, Deputy Attorney General.

2. Respondent David W. Chang, M.D. (Respondent) is represented in this proceeding by attorney Bradford J. Hinshaw, Esq., whose address is: 12901 Saratoga Ave., Saratoga, CA 95070.

3. On or about June 9, 1992, the Board issued Physician's and Surgeon's License No. G 74257 to Respondent. The Physician's and Surgeon's License was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2018-040060, and will expire on October 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2018-040060 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 October 16, 2020. Respondent timely filed his Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2018-040060 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. 800-2018-040060. 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.

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2018-040060, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's License.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the Accusation, and that Respondent hereby gives up his right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if the Board ever petitions for revocation of probation, all of the charges and allegations contained in Accusation No. 800-2018-040060, a true and correct copy of which is attached hereto as Exhibit A, shall be deemed true, correct, and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

12. Respondent agrees that his Physician's and Surgeon's License, No. G 74257, 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

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. 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. 800-2018-040060 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.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's License No. G 74257 issued to Respondent DAVID W. CHANG, M.D. is revoked. However, the revocations are stayed and Respondent is placed on probation for thirty-five (35) months 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. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in

advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

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

5. 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.

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's 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. 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 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. 800-2018-040060 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, Bradford J. Hinshaw, Esq. I understand the stipulation and the effect it will have on my Physician's and Surgeon's License. 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: 2/10/22

DAVID W. CHANG, M.D.
Respondent

I have read and fully discussed with Respondent David W. Chang, 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: 2-10-22

BRADFORD J. HINSHAW, ESQ.
Attorney for Respondent

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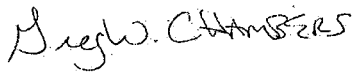
ENDORSEMENT

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

DATED: 2/10/2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General



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

In the Matter of the Accusation Against:	Case No. 800-2018-040060
DAVID W. CHANG, M.D. **14911 National Ave. Suite 6** **Los Gatos CA 95032-2632** **Physician's and Surgeon's License No. G 74257,** Respondent.	**ACCUSATION**

PARTIES

1. William Prasifka (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 June 9, 1992, the Medical Board issued Physician's and Surgeon's License Number G 74257 to David W. Chang, M.D. (Respondent). The Physician's and Surgeon's License was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2021, unless renewed.

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JURISDICTION

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

4. Section 2004 of the Code states, in pertinent part:

"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.

". . . ."

5. Section 2220 of the Code states:

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

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

shall otherwise provide timely disposition of the reports received pursuant to Section 805 and Section 805.01.

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

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

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. This subdivision shall only apply to a certificate holder who is the subject of an investigation by the board.

7. Section 2266 of the Code states: "The failure of a physician and surgeon to maintain adequate and accurate records relating to the provision of services to their patients constitutes unprofessional conduct."

FACTUAL ALLEGATIONS

8. At all times relevant to this matter, Respondent was licensed and practicing medicine in California. Respondent provided vascular surgery services to patients through his private practice.

9. On July 27, 2017, Patient 1[1] underwent a vascular procedure at Respondent's office. Patient 1 had a notable medical history, which was known to Respondent.[2]

10. Dr. Chang performed right superficial femoral and popliteal artery atherectomy and angioplasty. Imaging from the procedure suggests that it was performed under ultrasound guidance in Dr. Chang's office-based lab.[3]

11. Dr. Chang performed an antegrade right superficial femoral artery access, rather than the common femoral artery. Once the procedure was completed, the right femoral sheath was removed and manual pressure and an assistive compressor device were used in an effort to

[1] Numbers are used to protect patient privacy. Respondent may learn the name of the patient through the discovery process.

[2] Previous abdominal aortic aneurysm and left hypogastric artery aneurysm open repair and concurrent left femoral endarterectomy. Additionally, Patient 1 had a history of atrial fibrillation, hypercholesterolemia, hypertension, lumbar disc degeneration with two prior spinal operations.

[3] There are no documents or evidence suggesting that the procedure was performed under fluoroscopy or with intravascular ultrasound.

establish hemostasis, which failed.[4] Patient 1, who was not provided conscious sedation or anesthesia for the procedure, was unable to remain still and flat on the table due to a history of lumbar pathology and spine surgery. Respondent left the facility to attend to another patient, and an ambulance was then called to transport Patient 1 to the emergency department of the local hospital.

12. Upon arrival at the hospital, Patient 1 was found to have tachycardia[5] with a hemoglobin count of 7.4.[6] Respondent evaluated Patient 1 in the emergency department and a right superficial femoral artery pseudoaneurysm[7] was diagnosed by ultrasound. Respondent performed an ultrasound guided thrombin[8] injection with closure of the pseudoaneurysm.

13. Approximately one hour and forty minutes after arriving at the emergency department, Patient 1 was discharged from the hospital without written aftercare instructions even though Patient 1 was known to have cardiac disease, had tachycardia, and a hemoglobin count of 7.4 in the emergency department of that hospital.

14. On July 31, 2017, an ambulance again delivered Patient 1 to the emergency department of the hospital, this time with a hemoglobin count of 5.2 after he was apparently doing light gardening in his yard. Patient 1 was transfused with blood products for an emergent operation performed by Respondent, who evacuated the hematoma and repaired the right superficial femoral artery. However, in the course of the procedure a needle was lost in Patient 1's right groin area. A subsequent procedure was performed on August 3, 2017, in order to retrieve the lost needle.

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[4] Respondent's employee wrote in the medical records that at the direction of Respondent she informed Patient 1 to halt the use of Xarelto one day prior to the scheduled procedure. Respondent claims that he spoke to the Patient 1 on the phone and told him to stop Xarelto two days prior to the surgery. There is no documentation to support this claim. Xarelto is a blood thinner.

[5] A condition that makes the heart beat more than 100 times a minute.

[6] The normal range for hemoglobin is 13.5 to 17.5 grams per deciliter for men, and 12.0 to 15.5 grams per deciliter for women. Lower hemoglobin levels may cause the person to develop anemia.

[7] This occurs when a blood vessel wall is injured and the leaking blood collects in the surrounding tissue. It is sometimes called a false aneurysm.

[8] A serine protease that plays a physiological role in regulating hemostasis and maintaining blood coagulation.

15. With regard to the events of the initial July 27, 2017 procedure, Respondent's medical records for Patient 1 fail to document that the risks and benefits, or alternative to that procedure, were discussed with Patient 1; fail to note that Respondent considered and offered a right common femoral endarterectomy as a preferred initial treatment for a patient known to have severe right common femoral artery disease; fail to document the preoperative and postoperative diagnosis for Patient 1; fail to detail how the initial procedure was performed and fail to interpret the angiographic or ultrasound findings; fail to record Patient 1's disposition, including the fact that hemostasis was not achieved; and fail to note any baseline laboratory tests, such as serum hemoglobin and platelet count, or for renal function. Additionally, the records fail to document how the emergency room procedure was performed at the hospital on July 27, 2017, including how much thrombin was injected into Patient 1.

FIRST CAUSE FOR DISCIPLINE

(Unprofessional Conduct – Gross Negligence/Repeated Negligent Acts)

16. Paragraphs 8 through 15 are incorporated by reference as if fully set forth.

17. Respondent David W. Chang, M.D. is subject to disciplinary action pursuant to section 2234 and/or 2234(b) and/or 2234(c) in that Respondent engaged in unprofessional conduct and was grossly negligent, and/or repeatedly negligent, in his care and treatment of Patient 1.

18. Respondent failed to inform Patient 1 to stop the use of Xarelto 48 hours prior to the initial endovascular procedure on July 27, 2017; failed to order and document baseline laboratory tests prior to the initial procedure; failed to document informed consent, or preoperative and postoperative diagnosis for the initial July 27, 2017 procedure; failed to use sedation during the course of an endovascular procedure on a patient with known lumbar spine pathology and prior spine surgery; failed to consider and offer right common femoral endarterectomy as a preferred initial treatment for a patient known to have severe right common femoral artery disease; failed to use angiography or intravascular ultrasound for the initial procedure; accessed the superficial femoral artery when manual compression was used for hemostasis, rather than the common femoral artery; failed to document how the emergency room procedure was performed, including

how much thrombin was injected into Patient 1; and discharged Patient 1 from the emergency department of the hospital on July 27, 2017, knowing that the patient had peripheral vascular disease, recent bleeding and anemia.

SECOND CAUSE FOR DISCIPLINE

(Failure to Keep Accurate and Adequate Records)

19. Paragraphs 8 through 15 are incorporated by reference as if fully set forth.

20. Respondent David W. Chang, M.D. is subject to disciplinary action pursuant to section 2266 in that Respondent failed to keep accurate and adequate medical records of his care and treatment of Patient 1.

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:

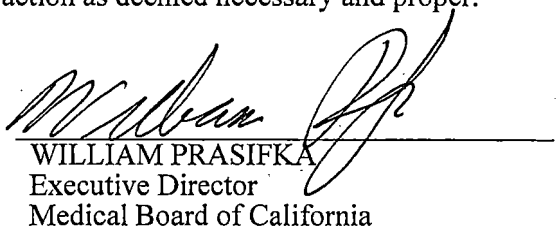
1. Revoking or suspending Physician's and Surgeon's License Number G 74257, issued to David W. Chang, M.D.;

2. Revoking, suspending or denying approval of David W. Chang, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering David W. Chang, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED: OCT 16 2020



WILLIAM PRASIFKA
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant