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

In the Matter of the Accusation Against:	)	
	)	
JAZMIN LIU, D.P.M.	)	Case No. 500-2015-000174
	)	
Doctor of Podiatric Medicine	)	
License No. E 4931	)	
	)	
Respondent.	)	
	)	

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand is hereby adopted by the Board of Podiatric Medicine, Department of Consumer Affairs, State of California, as its Decision in this matter.

This Decision shall become effective at 5:00 p.m. on December 27, 2018.

IT IS SO ORDERED: November 27, 2018.

BOARD OF PODIATRIC MEDICINE

By: Michael A. Zapf, D.P.M., Chair

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **JAZMIN S. LIU, DPM** 2521 Michelle Drive Tustin, CA 92780 **Podiatrist License No. 4931** Respondent.	Case No. 500-2015-000174 OAH No. 2018040562 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER FOR PUBLIC REPRIMAND**

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

PARTIES

1. Brian Naslund (Complainant) is the Executive Officer of the Board of Podiatric Medicine (Board). He brought this action solely in his official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Keith C. Shaw, Deputy Attorney General.

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2. Respondent Jazmin S. Liu, DPM, is represented in this proceeding by attorney Paul Spackman, Esq., whose address is 28441 Highridge Road, Suite 201, Rolling Hills Estates, CA 90274.

3. On or about February 23, 2011, the Board issued Podiatrist License No. 4931 to Jazmin S. Liu, DPM (Respondent). The Podiatrist License was in full force and effect at all times relevant to the charges brought in Accusation No. 500-2015-000174, and will expire on February 28, 2019, unless renewed.

JURISDICTION

4. Accusation No. 500-2015-000174 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 February 8, 2018. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 500-2015-000174 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. 500-2015-000174. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reprimand.

7. Respondent is fully aware of her 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 her; the right to present evidence and to testify on her 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. 500-2015-000174, if proven at a hearing, constitute cause for imposing discipline upon her Podiatrist License.

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

11. Respondent agrees that her Podiatrist License is subject to discipline and she agrees to be bound by the Board's imposition of discipline as set forth in the Disciplinary Order below.

CONTINGENCY

12. This stipulation shall be subject to approval by the Board of Podiatric Medicine. Respondent understands and agrees that counsel for Complainant and the staff of the Board of Podiatric Medicine may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her 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 for Public Reprimand 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. The parties understand and agree that Portable Document Format (PDF) and facsimile copies of this Stipulated Settlement and Disciplinary Order for Public Reprimand, including PDF and facsimile signatures thereto, shall have the same force and effect as the originals.

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

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DISCIPLINARY ORDER

1. **PUBLIC REPRIMAND** IT IS HEREBY ORDERED that Jazmin S. Liu, DPM, Podiatrist License No. 4931, shall be and hereby is publicly reprimanded pursuant to California Business and Professions Code section 2227, subdivision (a)(4). This public reprimand is issued in connection with allegations that Respondent negligently performed a bunionectomy on two separate patients, as set forth in Accusation No. 500-2015-000174.

2. **EDUCATION COURSE** Within 60 calendar days of the effective date of this Decision, 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. 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 participate in and successfully complete the classroom component of the course(s) not later than nine months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course(s) within one year of enrollment.

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(s), or not later than 15 calendar days after the effective date of the Decision, whichever is later.

3. **CLINICAL TRAINING PROGRAM** Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a clinical training or educational program equivalent to the Physician Assessment and Clinical Education Program (PACE) offered at the University of California - San Diego School of Medicine ("Program"). Respondent shall successfully complete the program not later than six 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 program comprised of a two-day assessment of Respondent's physical and mental health; basic clinical and communication

skills common to all clinicians; and medical knowledge, skill and judgment pertaining to respondent's specialty or sub-specialty; and at minimum, a 40 hour program of clinical education in the area of practice in which respondent was alleged to be deficient and which takes into account data obtained from the assessment, Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. Respondent shall pay all expenses associated with the clinical training program.

Based on Respondent's performance and test results in the assessment and clinical education, 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, treatment for any medical condition, treatment for any psychological condition, or anything else affecting Respondent's practice of podiatric medicine. Respondent shall comply with Program recommendations.

At the completion of any additional educational or clinical training, Respondent shall submit to and pass an examination. The Program's determination whether or not Respondent passed the examination or successfully completed the Program shall be binding.

If Respondent fails to enroll, participate in, or successfully complete the Program within the designated time period, Respondent shall receive a notification from the Board or its designee to cease the practice of podiatric medicine within three calendar days after being so notified. Respondent shall not resume the practice of podiatric medicine until enrollment or participation in the outstanding portions of the Program have been completed. If Respondent did not successfully complete the Program, Respondent shall not resume the practice of podiatric medicine until a final decision has been rendered on the Accusation.

4. **COST RECOVERY** Respondent shall reimburse the Board in the amount of $15,579.00 for its investigative and prosecution costs. Respondent shall pay these costs within one year from the effective date of the Decision, or other period agreed to by the Board or its designee. The filing of bankruptcy or period of non-practice by Respondent shall not relieve Respondent of her obligation to reimburse the Board for its costs.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reprimand and have fully discussed it with my attorney, Paul Spackman, Esq. I understand the stipulation and the effect it will have on my Podiatrist License. I enter into this Stipulated Settlement and Disciplinary Order for Public Reprimand voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Podiatric Medicine.

DATED: 10/25/18

JAZMIN S. LIU, DPM
Respondent

I have read and fully discussed with Respondent Jazmin S. Liu, DPM the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reprimand. I approve its form and content.

DATED: 10/25/18

PAUL SPACKMAN, ESQ.
Attorney for Respondent

ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reprimand is hereby respectfully submitted for consideration by the Board of Podiatric Medicine.

Dated: 10/25/18

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General

KEITH C. SHAW
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 500-2015-000174

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO February 8 2018
BY R. Fitzwater ANALYST

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **JAZMIN S. LIU, DPM** **2521 Michelle Drive** **Tustin, CA 92780** **Podiatrist License No. E4931** Respondent.	Case No. 500-2015-000174 **ACCUSATION**

Complainant alleges:

PARTIES

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

2. On or about February 23, 2011, the Board of Podiatric Medicine issued Podiatrist License Number E4931 to Jazmin S. Liu, DPM (Respondent). The Podiatrist License was in full force and effect at all times relevant to the charges brought herein and will expire on February 28, 2019, unless renewed.

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JURISDICTION

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

4. Section 2222 of the Code states:

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

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

5. Section 2497 of the Code states:

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

"(b) The board may hear all matters, including but not limited to, any contested case or may assign any such matters to an administrative law judge. The proceedings shall be held in accordance with Section 2230. If a contested case is heard by the board itself, the

administrative law judge who presided at the hearing shall be present during the board's consideration of the case and shall assist and advise the board."

6. Section 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."

7. Section 2234 of the Code states, in pertinent part:

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

"(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.

"..."

COST RECOVERY

8. Section 2497.5 of the Code states:

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

"(b) The costs to be assessed shall be fixed by the administrative law judge and shall not be increased by the board unless the board does not adopt a proposed decision and in making its own decision finds grounds for increasing the costs to be

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assessed, not to exceed the actual and reasonable costs of the investigation and prosecution of the case.

"...

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

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

9. Respondent has subjected her Podiatrist License No. E4931 to disciplinary action under sections 2497, 2222, 2227 and 2234, subdivision (b), of the Code, in that Respondent committed gross negligence in her care and treatment of Patient A,[1] as more particularly alleged hereinafter:

10. On or about July 23, 2012, Respondent commenced providing podiatric care to Patient A, a female patient then 59 years old. Patient A complained of a painful bunion on her left foot. Following an initial physical examination and a review of the patient's x-rays, Respondent diagnosed Patient A with a left foot bunion, and discussed treatment options, including surgery. At some point after this appointment, Patient A decided to undergo a left foot distal metatarsal bunionectomy.

11. On or about February 4, 2013, Respondent performed a distal first metatarsal chevron osteotomy with single 3-0 cannulated screw fixation placed dorsal to plantar proximal on Patient A's left foot. Initial postoperative x-rays showed the hallux (great toe) in a varus[2] position. Prior to discharge, Respondent provided Patient A with post-surgical instructions that included but not limited to, keeping the dressings clean and dry, ice and elevate the foot, limit activities, and wear postoperative shoes at all times.

12. On or about February 11, 2013, Patient A was seen by Respondent for her first post-operative evaluation, and reported being compliant with all post-surgical instructions. The

[1] To protect the privacy of all patients involved, patient names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

[2] Hallux varus is a deformity of the great toe joint where the hallux is deviated medially (towards the midline of the body) away from the first metatarsal bone.

radiology report from x-rays taken that day noted, "Persistent medial deviation of the great toe and the metatarsal phalangeal joint." Following a physical examination and a review of the patient's x-rays, Respondent noted small wound dehiscence at the distal incision, and recommended the patient continue to use surgical shoe, ice and elevate the foot, and to limit activities.

13. On or about February 18, 2013, Patient A was seen by Respondent for another post-operative evaluation, and reported being compliant with all post-surgical instructions. Following a physical examination, Respondent noted mild hyperkeratosis over the distal surgical wound, the hallux to be in rectus position, and recommended the patient return in one week for suture removal.

14. On or about February 25, 2013, Patient A was seen by Respondent for suture removal, and reported being compliant with all post-surgical recommendations. Following a physical examination, Respondent noted the wound had healed and the hallux to be in rectus position.

15. On or about February 28, 2013, Patient A called into Respondent's office and reported that her great toe was turning outward again since Respondent removed the bandages at the prior appointment.

16. On or about March 1, 2013, Patient A was seen by Respondent for an evaluation, with complaints of the hallux deviating medially, and mild pain at the plantar first metatarsal head with ambulation. Following a physical examination and a review of the patient's x-rays, Respondent noted a lateral displacement of the first metatarsal head, and the hallux in varus position. Respondent recommended the patient undergo a second surgery to correct the evident hallux varus deformity.

17. On or about March 5, 2013, Respondent performed an interval revision first metatarsal osteotomy on Patient A's left foot. During this procedure Respondent removed the previous screw and replaced it with two 0.045 K-wires, placed in close proximity, parallel to each other to maintain the correction. Respondent buried the K-wires to ensure they would maintain permanent placement. Prior to discharge, Respondent provided Patient A with post-surgical

instructions that included, but were not limited to, keeping the dressings clean and dry, ice and elevate the foot, limit activities, and wear postoperative shoes at all times.

18. On or about March 11, 2013, Patient A was seen by Respondent for a post-surgical evaluation, and reported being compliant with all post-surgical instructions. Following a physical examination and a review of the patient's x-rays, Respondent noted the hallux to be in rectus position.

19. On or about March 18, 2013, Patient A was seen by Respondent for suture removal, and reported being compliant with all post-surgical instructions. Following a physical examination, Respondent noted the hallux to be in rectus position.

20. On or about April 15, 2013, Patient A was seen by Respondent for a post-surgical evaluation, and reported being compliant with all post-surgical instructions. Following a physical examination, Respondent noted the hallux to be in a slight varus position.

21. On or about April 18, 2013, Patient A called into Respondent's office and reported a lump in her foot at the location of her surgery that was causing her severe pain.

22. On or about April 22, 2013, Patient A was seen by Respondent for an evaluation, with continued complaints of pain, and reports of blood at the wound site where the K-wire was noted to be backing out. No additional x-rays were ordered or reviewed at this time. Following a physical examination, Respondent noted the hallux to be in a slight varus position, and removed the K-wire that had retracted through the patient's skin.

23. On or about April 29, 2013, Patient A returned for a post-surgical evaluation, with complaints of pain with ambulation. No additional x-rays were ordered or reviewed at this time. Following a physical examination, Respondent noted the hallux to still be in a slight varus position.

24. On or about May 20, 2013, Patient A was seen by Respondent for a post-surgical evaluation, with continued complaints of pain with ambulation. No additional x-rays were ordered or reviewed at this time. Following a physical examination, Respondent noted the hallux to still be in a slight varus position.

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25. On or about January 16, 2014, Patient A was seen by Respondent for an evaluation, with continued complaints of pain. Respondent reviewed x-rays taken on or about December 19, 2013, that revealed the hallux medially dislocated from the first metatarsal. Following a physical examination, Respondent noted the hallux to still be in a varus position.

26. On or about April 23, 2013, Patient A continued to be in pain and was seen by J.E., D.P.M., who subsequently removed the second K-wire that had also retracted.

27. Respondent committed gross negligence in her care and treatment of patient A, which included, but was not limited to, the following:

A. Improperly placing the capital segment during Patient A's first surgery on or about February 4, 2013, resulting in a negative intermetatarsal angle and exposing the medial sesamoid;

B. Failing to achieve complete fixation of the capital segment with two 0.45 K-wires placed parallel in close proximity during Patient A's second surgery on or about March 5, 2013.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

28. Respondent has further subjected her Podiatrist License No. E4931 to disciplinary action under sections 2497, 2222, 2227 and 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in her care and treatment of patients A and B, as more particularly alleged hereinafter:

29. On or about November 17, 2011, Respondent commenced providing podiatric care to Patient B, a female patient then 46 years old. Patient B had a history of a prior right bunionectomy, and presented with complaints of pain and development of lateral deviation of the right hallux one year prior. Following an initial physical examination and a review of the patient's x-rays, Respondent noted very small sesamoids, and a mild to moderate hallux valgus. Respondent discussed treatment options, including surgery. At some point after this appointment, Patient B decided to undergo surgery.

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30. On or about June 28, 2012, Respondent performed a modified lapidus bunionectomy and lengthening of the extensor halluces longus tendon on Patient B's right foot. The procedure was performed utilizing hardware consisting of a plate and screws to maintain the fusion site at the first metatarsocuneiform joint of the right foot. During the surgery, Respondent noted the hallux was dorsiflexed, so she lengthened the extensor halluces longus to bring the toe down. Prior to discharge, Respondent provided Patient B with post-surgical instructions that included but not limited to, keeping the cast dry, elevate and ice the foot, and walk with crutches only.

31. On or about July 6, 2012, Patient B was seen by Respondent for her first post-operative evaluation, and reported being compliant with all post-surgical instructions.

32. On or about July 13, 2012, Patient B was seen by Respondent for suture removal, and reported being compliant with all post-surgical instructions.

33. On or about August 13, 2012, Patient B was seen by Respondent for a post-operative evaluation, and reported being compliant with all post-surgical instructions. X-rays taken that day revealed, in part, "Mild degenerative changes at the first metatarsal phalangeal joint and interfrontal joints of the toes. Possible mild periarticular erosion with overhanging edge along the distal medial margin of the first metatarsal suspicious for gout arthritis."

34. On or about September 17, 2012, Patient B was seen by Respondent for the last time for a post-surgical evaluation, with complaints of pain on plantar metatarsal, and the hallux not touching the ground. Following a physical examination, Respondent noted the bunion had been corrected, but the hallux to be in a dorsiflexed position. Respondent discussed treatment options, including surgery.

35. Sometime after her last appointment with Respondent, Patient B sought multiple second opinions from other podiatrists due to the hallux not touching the ground, and continued complaints of significant pain restricting her from walking or standing.

36. On or about December 20, 2012, Patient B underwent a corrective surgery by an orthopedic surgeon, J.C., M.D. (Dr. J.C.), which included fusing of the first metatarsophalangeal joint and freeing up the extensor halluces longus tendon and nerve. Intraoperatively, Dr. J.C.

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noted the dorsal half of the cartilage on the first metatarsal head had been worn away secondary to the dorsiflexed position of the hallux and was contributing to the patient's pain.

37. Respondent committed repeated negligent acts in her care and treatment of patients A and B, which included but were not limited to, the following:

A. Paragraphs 9 through 27, above, are hereby incorporated by reference and realleged as if fully set forth herein.

B. Performing a modified lapidus bunionectomy on Patient B instead of utilizing another surgical technique.

C. Excessively plantar flexing the first metatarsal during Patient B's surgery on or about June 28, 2012.

THIRD CAUSE FOR DISCIPLINE

(Incompetence)

38. Respondent has further subjected her Podiatrist License No. E4931 to disciplinary action under sections 2497, 2222, 2227 and 2234, subdivision (d), of the Code, in that she demonstrated incompetence in her care and treatment of patients A and B, as more particularly alleged in paragraphs 9 through 37, above, which are hereby realleged and incorporated by this reference as if fully set forth herein.

PRAYER

WHEREFORE, complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Podiatric Medicine issue a decision:

1. Revoking or suspending Podiatrist License Number E4931, issued to Respondent Jazmin S. Liu, D.P.M.;

2. Ordering Respondent Jazmin S. Liu, D.P.M., to pay the Board of Podiatric Medicine the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 2497.5; and,

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

DATED: February 8, 2018

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