

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

In the Matter of the  
Accusation Against:

Gregory King, D.P.M

Doctor of Podiatric Medicine  
Certificate No. 3942

Case No. 500-2022-001328

Respondent.

DECISION

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

This Decision shall become effective at 5:00 p.m. on March 23, 2026.

IT IS SO ORDERED February 20, 2026.

PODIATRIC MEDICAL BOARD



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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
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8 *Attorneys for Complainant*

10 **BEFORE THE**  
11 **PODIATRIC MEDICAL BOARD**  
12 **DEPARTMENT OF CONSUMER AFFAIRS**  
13 **STATE OF CALIFORNIA**

14 In the Matter of the Accusation Against:

15 **GREGORY KING, D.P.M.**  
16 **35400 Bob Hope Drive, Suite 211**  
17 **Rancho Mirage, CA 92270**

18 **Doctor of Podiatric Medicine License**  
19 **No. 3942,**

20 Respondent.

Case No. 500-2022-001328

OAH No. 2025080140

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. Brian Naslund (Complainant) is the Executive Officer of the Podiatric Medical Board  
25 (Board). He brought this action solely in his official capacity and is represented in this matter by  
26 Rob Bonta, Attorney General of the State of California, by Karolyn M. Westfall, Deputy Attorney  
27 General.

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1 **CULPABILITY**

2 8. Respondent admits that at an administrative hearing, Complainant could establish a  
3 *prima facie* case with respect to the charges and allegations contained in Accusation No. 500-  
4 2022-001328, a copy of which is attached hereto as Exhibit A, and that he has thereby subjected  
5 his Doctor of Podiatric Medicine License No. 3942 to disciplinary action.

6 9. Respondent agrees that his Doctor of Podiatric Medicine License is subject to  
7 discipline and agrees to be bound by the Board's imposition of discipline and probationary terms  
8 as set forth in the Disciplinary Order below.

9 **CONTINGENCY**

10 10. This stipulation shall be subject to approval by the Podiatric Medical Board.  
11 Respondent understands and agrees that counsel for Complainant and the staff of the Podiatric  
12 Medical Board may communicate directly with the Board regarding this stipulation and  
13 settlement, without notice to or participation by Respondent or his counsel. By signing the  
14 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek  
15 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
16 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
17 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
18 action between the parties, and the Board shall not be disqualified from further action by having  
19 considered this matter.

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

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

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

1 **DISCIPLINARY ORDER**

2 IT IS HEREBY ORDERED that Doctor of Podiatric Medicine License No. 3942 issued to  
3 Respondent Gregory King, D.P.M., is revoked. However, the revocation is stayed and  
4 Respondent is placed on probation for three (3) years from the effective date of the Decision on  
5 the following terms and conditions:

6 1. **EDUCATION COURSE** Within 60 days of the effective date of this Decision, and  
7 on an annual basis thereafter, Respondent shall submit to the Board or its designee for its prior  
8 approval educational program(s) or course(s) which shall not be less than 25 hours per year, for  
9 each year of probation. The educational program(s) or course(s) shall be aimed at correcting any  
10 areas of deficient practice or knowledge and shall be Category I certified, or Board approved and  
11 limited to classroom, conference, or seminar settings. The educational program(s) or course(s)  
12 shall be at Respondent's expense and shall be in addition to the Continuing Medical Education  
13 (CME) requirements, which must be scientific in nature, for renewal of licensure. Following the  
14 completion of each course, the Board or its designee may administer an examination to test  
15 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 50  
16 hours of CME of which 25 hours were in satisfaction of this condition.

17 2. **MEDICAL RECORD KEEPING COURSE** Within 60 calendar days of the effective  
18 date of this Decision, Respondent shall enroll in a course in medical record keeping, at  
19 Respondent's expense, approved in advance by the Board or its designee. Failure to successfully  
20 complete the course during the first 6 months of probation is a violation of probation.

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

26 Respondent shall submit a certification of successful completion to the Board or its  
27 designee not later than 15 calendar days after successfully completing the course, or not later than  
28 15 calendar days after the effective date of the Decision, whichever is later.

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

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

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

11          4.    NOTIFICATION Prior to engaging in the practice of medicine, Respondent shall  
12 provide a true copy of the Decision and Accusation to the Chief of Staff or the Chief Executive  
13 Officer at every hospital where privileges or membership are extended to Respondent, at any  
14 other facility where Respondent engages in the practice of podiatric medicine, including all  
15 physician and locum tenens registries or other similar agencies, and to the Chief Executive  
16 Officer at every insurance carrier which extends malpractice insurance coverage to Respondent.  
17 Respondent shall submit proof of compliance to the Division or its designee within 15 calendar  
18 days.

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

20          5.    PHYSICIAN ASSISTANTS Prior to receiving assistance from a physician assistant,  
21 Respondent must notify the supervising physician of the terms and conditions of his/her  
22 probation.

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

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

1 not later than 10 calendar days after the end of the preceding quarter.

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

7 Respondent shall not engage in the practice of podiatric medicine in Respondent's place of  
8 residence. Respondent shall maintain a current and renewed California doctor of podiatric  
9 medicine's license.

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

13 9. INTERVIEW WITH THE BOARD OR ITS DESIGNEE Respondent shall be  
14 available in person for interviews either at Respondent's place of business or at the probation unit  
15 office with the Board or its designee, upon request, at various intervals and either with or without  
16 notice throughout the term of probation.

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

22 All time spent in an intensive training program outside the State of California which has  
23 been approved by the Board or its designee shall be considered as time spent in the practice of  
24 medicine within the State. A Board-ordered suspension of practice shall not be considered as a  
25 period of non-practice. Periods of temporary or permanent residence or practice outside  
26 California will not apply to the reduction of the probationary term. Periods of temporary or  
27 permanent residence or practice outside California will relieve Respondent of the responsibility to  
28 comply with the probationary terms and conditions, with the exception of this condition, and the

1 following terms and conditions of probation: Obey All Law; Probation Unit Compliance; and  
2 Cost Recovery.

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

9 11. FAILURE TO PRACTICE PODIATRIC MEDICINE - CALIFORNIA RESIDENT

10 In the event Respondent resides in the State of California and for any reason Respondent stops  
11 practicing podiatric medicine in California, Respondent shall notify the Board or its designee in  
12 writing within 30 calendar days prior to the dates of non-practice and return to practice. Any  
13 period of non-practice within California as defined in this condition will not apply to the  
14 reduction of the probationary term and does not relieve Respondent of the responsibility to  
15 comply with the terms and conditions of probation. Non-practice is defined as any period of time  
16 exceeding thirty calendar days in which Respondent is not engaging in any activities defined in  
17 section 2472 of the Business and Professions Code.

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

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

25 12. COMPLETION OF PROBATION Respondent shall comply with all financial  
26 obligations (e.g., cost recovery, restitution, probation costs) not later than 120 calendar days prior  
27 to the completion of probation. Upon successful completion of probation, Respondent's  
28 certificate will be fully restored.

1           13. VIOLATION OF PROBATION If Respondent violates probation in any respect, the  
2 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
3 carry out the disciplinary order that was stayed. If an accusation or petition to revoke probation is  
4 filed against Respondent during probation, the Board shall have continuing jurisdiction until the  
5 matter is final, the period of probation shall be extended until the matter is final, and no petition  
6 for modification of penalty shall be considered while there is an accusation or petition to revoke  
7 probation pending against Respondent.

8           14. COST RECOVERY Within 90 calendar days from the effective date of the Decision  
9 or other period agreed to by the Board or its designee, Respondent shall reimburse the Board the  
10 amount of \$26,235.00 (twenty-six thousand two hundred thirty-five dollars and zero cents) for its  
11 investigative and prosecution costs. The filing of bankruptcy or period of non-practice by  
12 Respondent shall not relieve Respondent of his obligation to reimburse the Board for its costs.

13           15. LICENSE SURRENDER Following the effective date of this Decision, if  
14 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
15 the terms and conditions of probation, Respondent may request the voluntary surrender of  
16 Respondent's license. The Board reserves the right to evaluate Respondent's request and to  
17 exercise its discretion whether to grant the request or to take any other action deemed appropriate  
18 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
19 shall within 15 calendar days deliver respondent's wallet and wall certificate to the Board or its  
20 designee, and Respondent shall no longer practice podiatric medicine. Respondent will no longer  
21 be subject to the terms and conditions of probation and the surrender of Respondent's license  
22 shall be deemed disciplinary action. If Respondent re-applies for a podiatric medical license, the  
23 application shall be treated as a petition for reinstatement of a revoked certificate.

24           16. PROBATION MONITORING COSTS Respondent shall pay the costs associated  
25 with probation monitoring each and every year of probation as designated by the Board, which  
26 may be adjusted on an annual basis. Such costs shall be payable to the Board of Podiatric  
27 Medicine and delivered to the Board or its designee within 60 days after the start of the new fiscal  
28 year. Failure to pay costs within 30 calendar days of this date is a violation of probation.

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

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

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

15           20. FUTURE ADMISSIONS CLAUSE: If Respondent should petition for early  
16 termination or modification of probation, or if an Accusation and/or Petition to Revoke Probation  
17 is filed against the Respondent before the Board, or Respondent should ever apply or reapply for  
18 a new license or certification, and/or file a petition for reinstatement of a license, before the Board  
19 or any other health care licensing action agency in the State of California, all of the charges and  
20 allegations contained in the Accusation No. 500-2022-001328 shall be deemed to be true, correct,  
21 and fully admitted by Respondent for the purpose of any Statement of Issues or any disciplinary  
22 proceeding seeking to deny, restrict, or revoke licensure or any petition proceeding seeking to  
23 reinstate licensure or modify probation.

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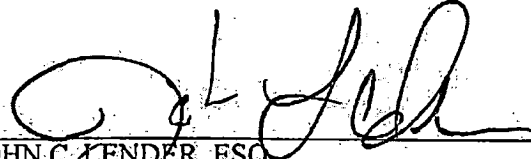
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**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, John C. Lender, Esq. I understand the stipulation and the effect it will have on my Doctor of Podiatric Medicine 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 Podiatric Medical Board.

DATED: 1-6-2026   
GREGORY KING, D.P.M.  
*Respondent*

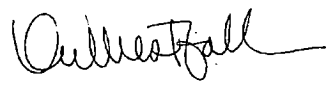
I have read and fully discussed with Respondent Gregory King, D.P.M., the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order. I approve its form and content.

DATED: January 6, 2026   
JOHN C. LENDER, ESQ.  
*Attorney for Respondent*

**ENDORSEMENT**

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

DATED: 1/6/26

Respectfully submitted,  
ROB BONTA  
Attorney General of California  
ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
  
KAROLYN M. WESTFALL  
Deputy Attorney General  
*Attorneys for Complainant*

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**Exhibit A**

**Accusation No. 500-2022-001328**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KAROLYN M. WESTFALL  
Deputy Attorney General  
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6 Facsimile: (916) 732-7920  
E-mail: [Karolyn.Westfall@doj.ca.gov](mailto:Karolyn.Westfall@doj.ca.gov)

7 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:

Case No. 500-2022-001328

14 **GREGORY KING, D.P.M.**  
15 **35400 Bob Hope Drive, Suite 211**  
**Rancho Mirage, CA 92270**

**ACCUSATION**

16 **Doctor of Podiatric Medicine License**  
17 **No. 3942,**

Respondent.

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**PARTIES**

1. Brian Naslund (Complainant) brings this Accusation solely in his official capacity as the Executive Officer of the Podiatric Medical Board, Department of Consumer Affairs.
2. On or about July 1, 1994, the Podiatric Medical Board (Board) issued Doctor of Podiatric Medicine License No. 3942 to Gregory King, D.P.M. (Respondent). The Doctor of Podiatric Medicine License was in full force and effect at all times relevant to the charges brought herein and will expire on October 31, 2025, unless renewed.

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

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

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

13 ...

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

17 8. Section 2415 of the Code states, in pertinent part:

18 (a) Any...doctor of podiatric medicine...who as a sole proprietor, or in a  
19 partnership, group, or professional corporation, desires to practice under any name  
20 that would otherwise be a violation of Section 2285 may practice under that name if  
21 the proprietor, partnership, group, or corporation obtains and maintains in current  
22 status a fictitious-name permit issued by...the California Board of Podiatric Medicine  
23 under the provisions of this section.

24 ...

25 -9. Section 2285 of the Code states, in pertinent part:

26 The use of any fictitious, false, or assumed name, or any name other than his or her  
27 own by a licensee either alone, in conjunction with a partnership or group, or as the name of  
28 a professional corporation, in any public communication, advertisement, sign, or  
announcement of his or her practice without a fictitious name permit obtained pursuant to  
Section 2415 constitutes unprofessional conduct. ...

### COST RECOVERY

10. Section 2497.5 of the Code states, in pertinent part:

(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.

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1 (b) The costs to be assessed shall be fixed by the administrative law judge and  
2 shall not be increased by the board unless the board does not adopt a proposed  
3 decision and in making its own decision finds grounds for increasing the costs to be  
4 assessed, not to exceed the actual and reasonable costs of the investigation and  
5 prosecution of the case.

6  
7 **FIRST CAUSE FOR DISCIPLINE**

8 **(Gross Negligence)**

9 11. Respondent has subjected his Doctor of Podiatric Medicine License No. 3942 to  
10 disciplinary action under sections 2497, 2222, and 2234, subdivision (b), of the Code, in that  
11 Respondent committed gross negligence in his care and treatment of Patient A,<sup>1</sup> as more  
12 particularly alleged hereinafter:

13 12. In or around 1996, Respondent began practicing podiatry at his solo practice general  
14 podiatry clinic called, "Imperial Foot and Ankle Specialists, Inc."

15 13. On or about February 13, 2017, Respondent obtained a fictitious name permit for  
16 "Imperial Foot and Ankle Specialists, Inc." The fictitious name permit expired on or about  
17 February 28, 2023, and has not been renewed.

18 14. On or about April 14, 2022, Patient A, a then fifty-nine-year-old male, presented to  
19 Respondent at "Imperial Foot and Ankle Specialists, Inc.," with complaints of a decubitus ulcer  
20 on his right foot for eight months. Patient A described the pain as constant, dull, shooting,  
21 throbbing, and tingling. Patient A rated his pain 6 out of 10. Patient A informed Respondent that  
22 he does not heal well because of formed calluses, and that he had his right big toe amputated  
23 approximately six months prior. Patient A had a complicated medical history including, but not  
24 limited to, neuropathy, arthritis, hyperlipidemia, circulation problems, heart disease, stroke,  
25 vascular disease, and chronic obstructive pulmonary disease. Patient A admitted to being a daily

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<sup>1</sup> To protect the privacy of the patient involved, the patient's name has not been included  
in this pleading. Respondent is aware of the identity of the patient referred to herein.

1 smoker and was taking various medications including carvedilol<sup>2</sup> and clopidogrel.<sup>3</sup> Upon exam,  
2 Patient A's dorsalis pedis pulse measured 2/4 bilaterally, posterior tibial pulse measured 2/4  
3 bilaterally, and capillary fill time was 2 seconds bilaterally. Respondent noted an ulcer to the  
4 plantar right foot with moderate drainage that measured 1.1 cm wide, 1.1 cm long, and 0.2 cm  
5 deep. The ulcer thickness was full and there were no signs of infection to the right foot.  
6 Respondent debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and non-  
7 viable tissue was debrided to bleeding tissue. At the conclusion of the visit, Respondent ordered  
8 x-rays for Patient A's right foot, and diagnosed Patient A with peripheral neuropathy from two  
9 strokes and a non-pressure chronic ulcer of the right foot. Respondent did not at this time, or any  
10 time thereafter, request or obtain treatment records related to Patient A's prior right big toe  
11 amputation.

12 15. On or about May 2, 2022, Patient A obtained x-rays that revealed an acute fracture of  
13 the proximal phalanx of the second toe on the right foot.

14 16. On or about May 19, 2022, Patient A presented to Respondent for his x-ray results  
15 and for wound care. Respondent's documented physical exam revealed the exact same findings  
16 as the April 14, 2022, visit, including the measurements of the ulcer to the plantar right foot.  
17 Respondent again debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and  
18 non-viable tissue was debrided to bleeding tissue. At the conclusion of the visit, Respondent  
19 added an additional diagnosis of a nondisplaced fracture of the proximal phalanx of the right 2nd  
20 toe, and recommended "surgery." Respondent did not at this time, or any time thereafter, request  
21 or obtain surgical clearance from Patient A's primary care provider.

22 17. On or about May 26, 2022, Patient A presented to Respondent for a preoperative visit  
23 for "right foot surgery." Respondent's physical exam revealed the exact same findings as the  
24 April 14, 2022, visit, including the measurements of the ulcer to the plantar right foot.

25  
26 <sup>2</sup> Carvedilol is a beta blocker medication used to treat high blood pressure and heart  
failure. It is a dangerous drug pursuant to section 4022 of the Code.

27 <sup>3</sup> Clopidogrel (brand name Plavix) is a blood thinning medication used to prevent stroke,  
28 heart attack, and other heart problems. It is a dangerous drug pursuant to section 4022 of the  
Code.

1 Respondent again debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and  
2 non-viable tissue was debrided to bleeding tissue. At the conclusion of the visit, Respondent  
3 added an additional diagnosis of hammer toe to the right foot 2nd toe, and Patient A's "surgery"  
4 was scheduled for June 3, 2022.

5 18. On or about June 3, 2022, Patient A presented to Desert Regional Medical Center for  
6 his scheduled surgery with Respondent. Patient A complained of his right second toe being bent  
7 and getting worse, and wanting surgery to straighten the second toe and to have his right small toe  
8 removed because it was out of joint and he did not want a problem. On exam, Respondent noted  
9 a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth  
10 metatarsal head, and a rigid contracture of the right second toe at the PIP joint. On that date,  
11 Respondent performed a hammertoe correction to Patient A's right second digit, an amputation to  
12 Patient A's right fifth digit until the metatarsophalangeal joint, and a partial excision of bone to  
13 Patient A's fifth metatarsal head on the right foot.

14 19. On or about June 9, 2022, Patient A presented to Respondent for a postoperative  
15 visit. Respondent's documented physical exam revealed the exact same findings as the April 14,  
16 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot.  
17 Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings  
18 revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the  
19 plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint.  
20 Respondent changed Patient A's wound dressings and recommended a follow-up in one week for  
21 stitches removal.

22 20. On or about June 16, 2022, Patient A presented to Respondent for stitches removal.  
23 Respondent's documented physical exam revealed the exact same findings as the April 14, 2022,  
24 visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot. Despite  
25 his surgery on or about June 3, 2022, Respondent's documented physical exam findings revealed  
26 a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the plantar fifth  
27 metatarsal head, and a rigid contracture of the right second toe at the PIP joint. Respondent  
28 removed Patient A's stitches and recommended a follow-up in two weeks.

1           21. On or about June 30, 2022, Patient A presented to Respondent for a postoperative  
2 visit. Respondent's documented physical exam revealed the exact same findings as the April 14,  
3 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot.  
4 Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings  
5 revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the  
6 plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint.  
7 Respondent noted dehiscence along the right 5th metatarsal, but did not document this finding in  
8 Patient A's chart. Respondent again debrided the ulcer to the subcutaneous tissue level, and all  
9 hyperkeratotic and non-viable tissue was debrided to bleeding tissue. At the conclusion of the  
10 visit, Respondent recommended a follow-up in two weeks.

11           22. On or about July 14, 2022, Patient A presented to Respondent for a postoperative  
12 visit. Respondent's documented physical exam revealed the exact same findings as the April 14,  
13 2022, visit, regarding the foot pulses and measurements of the ulcer to the plantar right foot.  
14 Despite his surgery on or about June 3, 2022, Respondent's documented physical exam findings  
15 revealed a dislocation to the right fifth digit at the MTP joint, a loss of normal fat pad to the  
16 plantar fifth metatarsal head, and a rigid contracture of the right second toe at the PIP joint.  
17 Respondent again debrided the ulcer to the subcutaneous tissue level, and all hyperkeratotic and  
18 non-viable tissue was debrided to bleeding tissue. Respondent ordered a wound vac and wound  
19 supplies, instructed Patient A to change his bandages twice each day for 90 days, and  
20 recommended a follow-up in two weeks.

21           23. On or about July 21, 2022, Respondent ordered home health for wound care for  
22 Patient A's right foot.

23           24. On or about August 10, 2022, a home health nurse evaluated Patient A and noted an  
24 increase in edema, decrease in sensation, and pain. The nurse notified Respondent's office and  
25 was told Patient A has an appointment with Respondent the following day.

26           25. On or about August 11, 2022, Patient A presented to Respondent for a postoperative  
27 visit with complaints that the bone on his right second toe was showing through the wound.  
28 Patient A also complained of pain and requested pain medication. Patient A informed

1 Respondent that he learned that his heart is functioning at 30% and his cardiologist wants him to  
2 have a quadruple bypass very soon. This information was not documented in Patient A's chart  
3 and Respondent made no effort to contact Patient A's cardiologist or to refer Patient A to a  
4 vascular surgeon at that time or any time thereafter. Respondent's documented physical exam  
5 revealed the exact same findings as the April 14, 2022, visit, regarding the foot pulses and  
6 measurements of the ulcer to the plantar right foot. Despite his surgery on or about June 3, 2022,  
7 Respondent's documented physical exam findings revealed a dislocation to the right fifth digit at  
8 the MTP joint, a loss of normal fat pad to the plantar fifth metatarsal head, and a rigid contracture  
9 of the right second toe at the PIP joint. Respondent performed a bone debridement procedure on  
10 Patient A's second toe, but did not document this procedure in Patient A's medical record, and  
11 did not obtain a culture of the bone or send it to pathology. Respondent prescribed Patient A  
12 Bactrim,<sup>4</sup> Norco,<sup>5</sup> and Santyl,<sup>6</sup> and recommended a follow-up in one week.

13 26. On or about August 15, 2022, a home health nurse evaluated Patient A and noted an  
14 increase in edema, prolonged cap refill, bone fragments found within the wound, increased  
15 maceration around the wound, and little to no sensation to touch or pressure. The nurse contacted  
16 Respondent's office with no response.

17 27. On or about August 15, 2022, Patient A presented to the emergency department with  
18 complaints of right foot pain. A physical exam revealed Patient A's right 2nd toe with an open  
19 wound with healing tissue and a right lateral foot open healing wound approximately 6 cm with  
20 some granulation tissue, and cap refill diminished. Imaging revealed possible osteomyelitis of the  
21 fifth metatarsal amputation site, and possible osteomyelitis and osseous erosion and a fracture to

22 ///

23 <sup>4</sup> Bactrim (brand name for trimethoprim/sulfamethoxazole) is an antibiotic used to treat or  
24 prevent infections, and a dangerous drug pursuant to section 4022 of the Code.

25 <sup>5</sup> Norco (brand name for hydrocodone/acetaminophen combination) is a Schedule III  
26 controlled substance pursuant to Health and Safety Code section 11056, subdivision (e), and a  
dangerous drug pursuant to section 4022 of the Code. It is an opioid medication used to treat  
pain.

27 <sup>6</sup> Santyl (brand name for collagenase) is a topical medication used to help clean and  
28 remove dead tissue from long-lasting skin wounds (ulcers) and severe burns. It is a dangerous  
drug pursuant to section 4022 of the Code.

1 the base of the second proximal phalanx. Patient A was admitted to the hospital for debridement  
2 and possible amputation.

3 28. On or about August 16, 2022, Respondent underwent a bilateral arterial duplex  
4 ultrasound that revealed severe vascular disease changes below the knee bilaterally. Respondent  
5 was diagnosed with multiple ischemic ulcer of the right foot with severe peripheral arterial  
6 disease and osteomyelitis of the second and fifth toes. On that same date, Patient A underwent a  
7 right below-knee amputation.

8 29. Respondent committed gross negligence in his care and treatment of Patient A, which  
9 included, but was not limited to, failing to recognize acute limb ischemia and failing to take  
10 appropriate action for co-management and care for this urgent condition.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **(Repeated Negligent Acts)**

13 30. Respondent has further subjected his Doctor of Podiatric Medicine License No. 3942  
14 to disciplinary action under sections 2497, 2222, and 2234, subdivision (c), of the Code, in that  
15 Respondent committed repeated negligent acts in his care and treatment of Patient A, as more  
16 particularly alleged hereinafter:

- 17 A. Paragraphs 11 through 29, above, are hereby realleged and incorporated by this  
18 reference as if fully set forth herein;
- 19 B. Performing a clean surgical procedure on the same foot adjacent to a procedure  
20 addressing a contaminated or infected wound; and
- 21 C. Failing to maintain adequate and accurate records.

22 **THIRD CAUSE FOR DISCIPLINE**

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

24 31. Respondent has further subjected his Doctor of Podiatric Medicine License No. 3942  
25 to disciplinary action under sections 2497, 2222, and 2266, of the Code, in that Respondent failed  
26 to maintain adequate and accurate records regarding his care and treatment of Patient A, as more  
27 particularly alleged in paragraphs 11 through 29, above, which are hereby incorporated by  
28 reference and realleged as if fully set forth herein.

1 **FOURTH CAUSE FOR DISCIPLINE**

2 **(Use of a Fictitious Name Without A Fictitious Name Permit)**

3 32. Respondent has further subjected his Doctor of Podiatric Medicine License No. 3942  
4 to disciplinary action under sections 2497, 2222, and 2415, and 2285, of the Code, in that  
5 Respondent practiced podiatry under the name, "Imperial Foot and Ankle Specialists, Inc.,"  
6 without a valid fictitious-name permit obtained pursuant to Section 2415, as more particularly  
7 alleged in paragraphs 11 through 29, above, which are hereby incorporated by reference and  
8 realleged as if fully set forth herein.

9 **PRAYER**


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

12 1. Revoking or suspending Doctor of Podiatric Medicine License No. 3942 issued to  
13 Respondent Gregory King, D.P.M.;

14 2. Ordering Respondent Gregory King, D.P.M., to pay the Podiatric Medical Board the  
15 reasonable costs of the investigation and enforcement of this case, pursuant to Business and  
16 Professions Code section 2497.5 and if placed on probation, the costs of probation monitoring;  
17 and,

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

19  
20 DATED: JUN 20 2025

21   
22 BRIAN NASLUND  
23 Executive Officer  
24 Podiatric Medical Board  
25 Department of Consumer Affairs  
26 State of California  
27 *Complainant*

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