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

12 In the Matter of the Accusation Against:

Case No. 1A-2017-229

13 **GEORGE HUANG CHI KU, L.Ac.**
14 **21117 East Valley View Drive**
Walnut, CA 91789
15 **Acupuncturist License No. AC 11602,**

ACCUSATION

16 Respondent.

17
18
19 **PARTIES**

20 1. Benjamin Bodea (Complainant) brings this Accusation solely in his official
21 capacity as the Executive Officer of the Acupuncture Board, Department of Consumer
22 Affairs.

23 2. On or about February 23, 2007, the Acupuncture Board issued Acupuncturist
24 License Number AC 11602 to George Huang Chi Ku, L.Ac. (Respondent). The
25 Acupuncturist License was in full force and effect at all times relevant to the charges
26 brought herein and will expire on May 31, 2022, unless renewed.

27 **JURISDICTION**

28 3. This Accusation is brought before the Acupuncture Board (Board), Department

1 of Consumer Affairs, under the authority of the following laws. All section references are
2 to the Business and Professions Code (Code) unless otherwise indicated.

3 **STATUTORY PROVISIONS**

4 4. Section 4928.1 of the Code states:

5 Protection of the public shall be the highest priority for the Acupuncture Board
6 in exercising its licensing, regulatory, and disciplinary functions. Whenever the
7 protection of the public is inconsistent with other interests sought to be promoted, the
8 protection of the public shall be paramount.

9 5. Section 4927, of the Code states:

10 As used in this chapter, unless the context otherwise requires:

11 ...

12 (d) "Acupuncture" means the stimulation of a certain point or points on or near
13 the surface of the body by the insertion of needles to prevent or modify the perception
14 of pain or to normalize physiological functions, including pain control for the
15 treatment of certain diseases or dysfunctions of the body and includes the techniques
16 of electroacupuncture, cupping, and moxibustion.

17 6. Section 4955 of the Code states, in pertinent part:

18 The board may deny, suspend, or revoke, or impose probationary conditions
19 upon, the license of any acupuncturist who is guilty of unprofessional conduct.

20 Unprofessional conduct shall include, but not be limited to, the following:

21 ...

22 (d) Aiding or abetting in, or violating or conspiring in, directly or indirectly, the
23 violation of the terms of this chapter or any regulation adopted by the board pursuant
24 to this chapter.

25 ...

26 (i) Any action or conduct that would have warranted the denial of the
27 acupuncture license.

28 7. Section 4955.1 of the Code states:

The board may deny, suspend, revoke, or impose probationary conditions upon
the license of any acupuncturist if he or she is guilty of committing a fraudulent act
including, but not be limited to, any of the following:

...

(b) Committing a fraudulent or dishonest act as an acupuncturist.

(c) Committing any act involving dishonesty or corruption with respect to the

1 qualifications, functions, or duties of an acupuncturist.

2 (d) Altering or modifying the medical record of any person, with fraudulent
3 intent, or creating any false medical record.

4 (e) Failing to maintain adequate and accurate records relating to the provision
5 of services to their patients.

6 8. Section 4955.2 of the Code states:

7 The board may deny, suspend, revoke, or impose probationary conditions upon
8 the license of any acupuncturist if he or she is guilty of committing any one of the
9 following:

10 (a) gross negligence

11 (b) Repeated negligent acts.

12 ...

13 9. Section 726 of the Code states, in pertinent part:

14 (a) The commission of any act of sexual abuse, misconduct, or relations with a
15 patient, client, or customer constitutes unprofessional conduct and grounds for
16 disciplinary action for any person licensed under this division or under any initiative
17 act referred to in this division.

18 ...

19 10. Section 810 of the Code states, in pertinent part:

20 (a) It shall constitute unprofessional conduct and grounds for disciplinary
21 action, including suspension or revocation of a license or certificate, for a health care
22 professional to do any of the following in connection with his or her professional
23 activities:

24 (1) Knowingly present or cause to be presented any false or fraudulent claim for
25 the payment of a loss under a contract of insurance.

26 (2) Knowingly prepare, make, or subscribe any writing, with intent to present or
27 use the same, or to allow it to be presented or used in support of any false or
28 fraudulent claim.

(b) It shall constitute cause for revocation or suspension of a license or
certificate for a health care professional to engage in any conduct prohibited under
Section 1871.4 of the Insurance Code or Section 549 or 550 of the Penal Code.

...

...

...

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11. California Code of Regulations, title 16, section 1399.453, states:

An acupuncturist shall keep complete and accurate records on each patient who is given acupuncture treatment, including progress made as a result of the acupuncture treatments.

12. California Code of Regulations, title 16, section 1399.469.3, states:

(a) A licensed acupuncturist engaged in the practice of acupuncture shall provide notice to each patient of the fact that the acupuncturist is licensed and regulated by the California Acupuncture Board. This notice must be posted at each of the practice locations the licensee provides services. The notice shall include the following statement and information:

“NOTICE TO CONSUMERS

Acupuncturists are licensed and regulated by the California Acupuncture Board

(916) 515-5200

<http://www.acupuncture.ca.gov/>”

(b) The notice required by this section shall be provided by prominently posting the notice in a conspicuous location accessible to public view on the premises where the acupuncturist provides the licensed services, in which case the notice shall be at least 48-point type font.

COST RECOVERY

13. Section 4959 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 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 in any event be increased by the board. When the board does not adopt a proposed decision and remands the case to an administrative law judge, the administrative law judge shall not increase the amount of any costs assessed in the proposed decision.

(c) When the payment directed in the board’s order for payment of costs is not made by the licensee, the board may enforce the order for payment in the superior court in the county where the administrative hearing was held. This right of enforcement shall be in addition to any other rights the board may have as to any licensee directed to pay costs.

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

(e) All costs recovered under this section shall be considered a reimbursement

1 for costs incurred and shall be deposited in the Acupuncture Fund.

2 **DEFINITIONS**

3 14. “Yang Qi” In Traditional Chinese Medicine [TCM] Qi is energy in the very broadest
4 sense possible. Qi is universal and embraces all manifestations of energy, from the most material
5 aspects of energy (such as the earth beneath your feet, your computer, and flesh and blood) to
6 the most immaterial aspects (light, movement, heat, nerve impulses, thought, and emotion). A
7 healthy (and happy) human being is a dynamic but harmonious mixture of all the aspects of Qi
8 that make up who we are. Qi is in a state of continuous flux, transforming endlessly from one
9 aspect of Qi into another. It is neither created nor is it ever destroyed; it simply changes in its
10 manifestation. Yin and yang are terms used to describe relative opposite qualities or
11 manifestations of Qi. Yin refers to aspects or manifestations of Qi that are relatively material,
12 substantial, condensing, solid, heavy, descending, cold, moist, cooling, dark, passive and
13 quiescent. Yang refers to aspects or manifestations of Qi that are relatively immaterial,
14 amorphous, expanding, hollow, light, ascending, hot, dry, warming, bright, aggressive, and
15 active.

16 15. Frozen shoulder, also known as adhesive capsulitis, is a condition characterized by
17 stiffness and pain in the shoulder joint. In TCM, frozen shoulder is called “Fifties Shoulder”
18 because it often affects people over age 50 when their energy is declining through a weakening of
19 yang qi. According to TCM theory water in the body can congeal into dampness which stagnates
20 in the shoulder joint. Frozen shoulder usually starts with inflammation of the tendons in the joint,
21 or inflammation of the joint itself. There is a complex network of muscles and bone at the
22 shoulder, because of the wide range of movements which the arms constantly have to perform.
23 Movement becomes extremely painful in a frozen shoulder, if not impossible, but it is important
24 to try to keep the joint moving, otherwise the stiffness and pain will worsen and can result in
25 permanent damage.

26 16. Knee pain in TCM is associated with bi syndrome, which has 4 causes: wind,
27 dampness, cold and heat. A practitioner needs to identify a cause and treat it accordingly.

28 17. Bursitis is the painful swelling of bursae which are fluid-filled sacs that cushion the

1 tendons, ligaments, and muscles. Bursae work normally by helping the tendons, ligaments, and
2 muscles glide smoothly over bone. However, when the bursae are swollen, the area around them
3 becomes very tender and painful. Trochanteric bursitis is swelling affecting the bursae of the hip.
4 In TCM a bursitis diagnosis is caused by inflammation of the tendon, ligament or muscle and can
5 also be a sprain or strain. An acupuncture practitioner need to distinguish it from the chief
6 complaint by tongue, pulse, symptom, physical exam and treat accordingly by basically
7 distinguishing it into excessive or deficient type.

8 18. Tui-Na (pronounced twee naw), literally means pinch and pull and refers to a wide
9 range of TCM therapeutic massage and body work. Tui-Na is not generally used for pleasure and
10 relaxation, but rather as a treatment to address specific patterns of disharmony.

11 **FACTUAL SUMMARY**

12 19. On or about November 12, 2017, the Board received a complaint from Patient 1¹
13 regarding Respondent which alleged that Respondent had committed sexual misconduct. The
14 Board initiated an investigation of the events underlying this complaint.

15 20. The investigation into the complaint was conducted by a Department of Consumer
16 Affairs, Division of Investigations, Investigation and Enforcement Unit investigator (Investigator)
17 who confirmed that Respondent was a licensed acupuncturist at all times during the time of the
18 events referred to in the complaint.

19 21. During the investigation the Investigator spoke with Patient 1 who stated she was
20 seeing a physical therapist for her “frozen” left shoulder but the physical therapy was not helping
21 her and the physical therapist recommended that she try acupuncture treatments.

22 22. Patient 1 has two male friends who spoke highly of Respondent’s acupuncture skills
23 and referred her to Respondent for acupuncture for her “frozen” shoulder. Patient 1 had been
24 treated with acupuncture 15 to 20 years previously and knew that acupuncture did not provide
25 immediate relief and could require several visits to feel some improvement. Before deciding to
26 see Respondent Patient 1 checked with Respondent and determined that he did take her insurance.

27 _____
28 ¹ The names of the patients and/or witnesses are anonymized to protect their privacy rights. The names will
be provided to Respondent upon written request for discovery.

1 23. Respondent's office was in a medical building and he did not have any employees.
2 Respondents office contained two small beds, a bench, two gongs, and a small desk. There was
3 no changing room in his office. During Patient 1's first visit Respondent confirmed that he did
4 treat patients for "frozen" shoulder.

5 24. Prior to Patient 1's first treatment she provided Respondent with her insurance
6 information and he told her there would be a \$15.00 co-pay for each visit. Respondent never had
7 Patient 1 fill out any insurance paperwork. The one time Patient 1 requested a receipt Respondent
8 wrote her it on a post-it note. Patient 1 told the Investigator she did not recall ever signing a
9 consent form for Respondent.

10 25. Respondent's treated Patient 1 with acupuncture during her first visit and she
11 experienced some relief which did not last. Patient 1 continued to see Respondent because she
12 knew that it would take time for her to receive lasting relief. Patient 1 told the Investigator that
13 Respondent was the only person who had been able to help her with her "frozen" shoulder, and
14 that Respondent was very good at what he did.

15 26. Patient 1 told the Investigator that Respondent treated her 40 to 50 time over
16 approximately one year with the majority of the treatments occurring during the first year.
17 Respondent had medical records for only three of Patient 1's visits. Patient 1's purported
18 signatures on those medical records do not match Patient 1's signature on copies of checks she
19 provided to the Investigator for comparison. Patient 1 stated she did not sign any forms which
20 were provided by Respondent.

21 27. Patient 1 was periodically uncomfortable during some of her treatments with
22 Respondent. Patient 1 is from China and Respondent is from Taiwan and Patient 1 stated
23 Respondent behaved as though he was from a different culture. Patient 1 told the Investigator
24 that Respondent did have medical gowns in his office but never offered Patient 1 a gown. Patient
25 1 told the Investigator that she did wear tank tops or low cut dresses for her treatment but when
26 she told Respondent she needed to change her clothes prior to treatment Respondent just stood
27 there while she changed her clothes. Patient 1 used the bathroom to change her clothes several
28 times during the period Respondent treated her.

1 28. During the first year of treatment Respondent told Patient 1 to face the wall to stretch
2 by placing her hands above her head on the wall. Respondent stood behind Patient 1 and then
3 placed his hands on the back of her hands which were on the wall. As he did this Respondent
4 stood so close to Patient 1 she could feel his chest against her back.

5 29. Patient 1 told the Investigator that she has seen both male and female physical
6 therapists who have touched her during portions of stretching exercises. Patient 1 did not
7 experience emotional or mental discomfort with the touching which occurred during those
8 physical therapy sessions. Although Respondent's behavior made her uncomfortable Patient 1
9 thought Respondent's behavior might have been because their culture did not value personal
10 space the way the American culture does.

11 30. Respondent first treated Patient 1 with acupuncture and then added Tui-Na. Patient 1
12 continued to feel better and noticed positive results from Respondent's treatments.

13 31. Respondent and Patient 1 usually talked throughout Patient 1's treatments. Prior to
14 beginning treatment with Respondent Patient 1 had suffered a miscarriage. During a conversation
15 with Respondent Patient 1 related this experience and mentioned that she was seeing physicians
16 for fertility treatment. Respondent's reaction to these disclosures was to make comments such as,
17 "Maybe you just have too much sex." Respondent treated Patient 1 several times for fertility.

18 32. Patient 1 told the Investigator that there was a change in Respondent's attitude after
19 she discussed her fertility issues with him.

20 33. Thereafter, during Patient 1's second year of treatment Respondent required Patient 1
21 to remove her shirt during treatments and sometimes told her she did not need to wear her bra
22 during her acupuncture treatments. Respondent began to make comments about Patient 1's
23 breasts.

24 34. During one of her sessions, Patient 1 had trouble reaching the bra clasp in the back
25 and Respondent offered to help. Respondent then seemed to apply Tui-Na below Patient 1's left
26 armpit and above her floating ribs around her bra line. Respondent said that he had not unclasped
27 a bra in a long time.

28 35. Respondent put needles into Patient 1's rotator muscle around her left shoulder joint

1 and then pressed Patient 1's breasts with his fingers while she was laying on the treatment table.
2 Respondent told Patient 1 he could tell her breasts were real, and that he had a patient who had
3 "fake breasts" and he could tell the difference. Respondent told Patient 1 he knew that her breasts
4 were real because fake breasts do not move. Respondent then said his wife and daughter had
5 taken a long trip.

6 36. Patient 1 did not say anything to Respondent about this incident because she thought
7 she might have been overly sensitive to what had occurred. Although she was uncomfortable
8 about Respondent's comments and behavior during her treatments Patient 1 continued to treat
9 with Respondent because both her shoulder and her hip bursitis were improving.

10 37. Patient 1's last appointment with Respondent was in August 2017. At that
11 appointment Patient 1 asked Respondent to treat the bursitis in her hips. During this visit she was
12 wearing a dress, underwear, and no bra.

13 38. Respondent instructed Patient 1 to lay face up on the treatment table and pull her
14 dress up. Respondent pressed his fingers around Patient 1's left breast. Respondent told Patient 1
15 he was going to work on her hip.

16 39. Respondent then used one hand to lift her underwear. Respondent placed his other
17 ungloved hand inside of her underwear. Respondent rubbed his entire hand back and forth on
18 Patient 1's pubic area and stared at her underwear. Patient 1 watched Respondent as he did this.
19 Respondent eventually removed his hand and did not say anything.

20 40. Patient 1 told her husband, a friend, and her new acupuncturist what occurred during
21 her last visit to Respondent on August 16, 2017. Patient 1's acupuncturist told Patient 1 that if
22 Patient 1 did not report Respondent to the Acupuncture Board she would make a report.

23 41. On May 21, 2018, the Investigator went to Respondent's business *Acupuncture*
24 *Master Clinic* at 2705 South Diamond Bar Boulevard, Suite 208, Diamond Bar, California. There
25 was a sign over Suite 208 which stated *Acupuncture Master*. The door was locked and no one
26 responded to the Investigator's knocks. The Investigator phoned Respondent who agreed to meet
27 with the Investigator the next day at his acupuncture office.

28 42. On May 22, 2018, the Investigator went to Respondent's acupuncture office and met

1 Respondent who was identified by his California Driver's license. Respondent did not have his
2 current acupuncture license nor did he have a current acupuncture license posted in his business.
3 Respondent also did not have a "Notice to Consumer" posted. The Investigator told Respondent
4 that he was required to have a current license and that it was a violation of California Code of
5 Regulations section 1399.469.3, subdivision (a), not to have a "Notice to Consumer" posted in his
6 business.

7 43. During his visit to Respondent's business the Investigator provided Respondent with
8 a subpoena for Patient 1's records. At that time Respondent stated Patient 1 was a good customer
9 of his who had been referred to him and who he had seen for a year. Respondent stated Patient 1
10 had referred someone to him for acupuncture treatment. Respondent said he had seen Patient 1
11 every two weeks for treatment for "shoulder popping" and limited movement. Although he did
12 not remember doing acupuncture or treatment on Patient 1's hip he did say that his patients
13 occasionally requested that he work on a body part other than what they were being seen for and
14 he tried to accommodate his patients' requests. Respondent remembered that Patient 1 was
15 stressed about trying to have a baby and asked him to provide fertility treatments but he said he
16 did not offer fertility treatment.

17 44. Respondent repeatedly stated Patient 1 had been a good patient and said she had paid
18 out of pocket for her last three treatments because her insurance would not cover the treatments
19 but that there were no billing disputes with Patient 1.

20 45. On June 7, 2018, the Investigator received Patient 1's records from Respondent for
21 June 24, 2016, July 23, 2017, and July 27, 2017. The Investigator noted that Patient 1's signature
22 in Respondent's records was written in block letters whereas the signatures in checks provided to
23 the Investigator for comparison were written in cursive writing. The Investigator also noted
24 Patient 1's records included an Acupuncture and Tui-Na consent form.

25 46. Respondent's medical records show Patient 1's chief complaints were "frozen"
26 shoulder left side for approximately seven years and knee pain for approximately five years. The
27 medical records for June 24, 2016, show acupuncture treatment points, but do not indicate either
28 the treatment time or the treatment plan. The acupuncture records for July 23, 2017, and July 27,

1 2017, do not indicate any acupuncture treatment points and no length of treatment time.

2 47. Respondent provided only three medical records for Patient 1 although both Patient 1
3 and Respondent stated Respondent treated Patient 1 on more than two occasions. Respondent's
4 records included two signatures purportedly made by Patient 1. Patient 1 did not sign any forms
5 for Respondent. Respondent submitted 33 insurance claims for reimbursement for treatment to
6 Patient 1's insurance carrier.

7 48. On June 13, 2018, Patient 1 and the Investigator spoke during which conversation
8 Patient 1 told the investigator Respondent had texted her twice. Patient 1 did not respond to the
9 texts and after the second text blocked Respondent's number. In the texts Respondent said he had
10 received a visit from an investigator, and Respondent asked Patient 1 why she had made a
11 complaint against him. Respondent stated for the past three years he had had a surveillance
12 camera in his office and Patient 1's visits were recorded. Respondent asked Patient 1 to take her
13 case back.

14 49. Respondent also treated Patient 1's husband, Patient 2. Respondent initially provided
15 only two medical records for Patient 2 and both Patient 2 and Respondent stated Respondent
16 treated Patient 2 on two occasions. The signature lines on Respondent's medical records for
17 Patient 2 are blank.

18 50. On June 20, 2018, Patient 2 and the Investigator spoke by phone and the Investigator
19 received by email Patient 2's signed Authorization for Release of Medical Records form for his
20 treatment records from Respondent.

21 51. On July 3, 2018, Respondent sent Patient 2's medical records to the Investigator
22 dated October 29, 2016, and December 17, 2016. Respondent's medical records for Patient 2
23 reflected Patient 2's chief complaint was finger "jammed" on the right side for approximately
24 three months, low back pain on the right side for approximately three weeks, and a thumb injury
25 on the right side for approximately nine months.

26 52. Patient 2 told the investigator Respondent treated him twice for lower back pain.
27 Patient 2 did not remember signing any paperwork, or filling out any questionnaires.

28 53. Respondent billed Patient 2's insurance for 20 acupuncture treatments. One of these

1 claims was denied. The Investigator determined that Respondent received \$455.77 from Patient
2 2's insurance company for 17 acupuncture treatments which did not occur. Respondent admitted
3 to the Investigator that he billed Patient 2 for acupuncture treatment he did not provide.

4 **STANDARD OF CARE**

5 54. The standard of care in the community regarding an acupuncturist's behavior requires
6 that the acupuncturist not touch a patient's intimate body parts.

7 55. The standard of care in the community regarding an acupuncturist's use of Tui-Na
8 requires the practitioner not to touch the patient's breasts.

9 56. The standard of care in the community regarding an acupuncturist's use of Tui-Na
10 requires the practitioner not to touch the patient's pubic area.

11 57. The standard of care in the community regarding an acupuncturist's behavior requires
12 the practitioner to keep records of all patient visits.

13 58. The standard of care in the community regarding an acupuncturist's behavior requires
14 the practitioner to keep accurate records of all treatments performed.

15 59. The standard of care in the community regarding an acupuncturist's behavior requires
16 the practitioner to keep complete, accurate records of the patient's informed consent for all
17 treatments.

18 60. The standard of care in the community regarding an acupuncturist's behavior
19 requires the practitioner not to commit fraudulent acts when they submit billings for payment of
20 health care benefits for acupuncture services and treatments.

21 61. The standard of care in the community regarding an acupuncturist's behavior requires
22 the practitioner not to use false materials when they submit billings for payment of health care
23 benefits acupuncture services and treatments.

24 62. The standard of care in the community regarding an acupuncturist's behavior requires
25 the practitioner to submit accurate billing for acupuncture services and treatments.

26 63. The standard of care in the community regarding an acupuncturist's behavior requires
27 the practitioner to keep accurate records which include a treatment plan.

28 64. The standard of care in the community regarding an acupuncturist's behavior requires

1 the practitioner to obtain consent for treatment from the patient.

2 65. The standard of care in the community regarding an acupuncturist's behavior requires
3 the practitioner to only touch the patient when such touch is required by the treatment.

4 66. The standard of care in the community regarding an acupuncturist's behavior requires
5 the practitioner to not comment on the patient's intimate matters.

6 67. The standard of care in the community requires that an acupuncturist post a notice to
7 consumers in each practice location.

8 **FIRST CAUSE FOR DISCIPLINE**

9 (Sexual Abuse and Misconduct with a Patient)

10 68. Respondent is subject to disciplinary action under section 726 of the Code in that he
11 committed acts of sexual abuse and misconduct against Patient 1 while she was under his
12 professional care and treatment. The circumstances are as follows:

13 69. Respondent engaged in sexual abuse and misconduct as specified above in paragraphs
14 35 through 39, inclusive, which are incorporated herein by reference as if fully set forth.

15 70. Respondent engaged in sexual abuse and misconduct when he touched intimate body
16 parts of Patient 1.

17 71. Respondent engaged in sexual abuse and misconduct during Tui-Na when he touched
18 Patient 1's breasts.

19 72. Respondent engaged in sexual abuse and misconduct during Tui-Na when he touched
20 Patient 1's pubic area.

21 73. Respondent's acts and/or omissions as set forth in paragraphs 35 through 39 and
22 paragraphs 70 through 72 above, whether proven individually, jointly, or in any combination
23 thereof, constitute sexual abuse and misconduct, pursuant to section 726, of the Code. Therefore,
24 cause for discipline exists.

25 **SECOND CAUSE FOR DISCIPLINE**

26 (Gross Negligence)

27 74. Respondent is subject to disciplinary action under 4955.2, subsection (a), of the Code
28 in that he was grossly negligent in his care and treatment of Patient 1 and Patient 2. The

1 circumstances are as follows:

2 75. Complainant refers to, and by reference incorporates herein, paragraphs 20 through
3 53, inclusive, above.

4 76. Respondent was grossly negligent when he touched intimate body parts of Patient 1.

5 77. Respondent was grossly negligent during Tui-Na when he touched Patient 1's breasts.

6 78. Respondent was grossly negligent during Tui-Na when he touched Patient 1's pubic
7 area.

8 79. Respondent was grossly negligent when he failed to keep records of all of Patient 1's
9 visits.

10 80. Respondent was grossly negligent when he failed to keep accurate records of all
11 treatments performed on Patient 1.

12 81. Respondent was grossly negligent when he failed keep complete, accurate records of
13 Patient 1's and Patient 2's informed consent for all treatments.

14 82. Respondent was grossly negligent when he committed fraudulent acts when he
15 submitted billings for payment of health care benefits for acupuncture services and treatments for
16 Patient 2.

17 83. Respondent was grossly negligent when he used false materials when he submitted
18 billings for payment of health care benefits acupuncture services and treatments for Patient 2.

19 84. Respondent was grossly negligent when he failed to submit accurate billing for
20 acupuncture services and treatments for Patient 2.

21 85. Respondent's acts and/or omissions as set forth in paragraphs 20 through 53 and
22 paragraphs 75 through 84 above, whether proven individually, jointly, or in any combination
23 thereof, constitute gross negligence, pursuant to section 4955.2, subdivision (a), of the Code.
24 Therefore, cause for discipline exists.

25 **THIRD CAUSE FOR DISCIPLINE**

26 (Repeated Negligent Acts)

27 86. Respondent is subject to disciplinary action under section 4955.2, subdivision (b), of
28 the Code in that he was negligent in his care and treatment of Patient 1 and Patient 2. The

1 circumstances are as follows:

2 87. The allegations of the Second Cause for Discipline are incorporated herein by
3 reference as if fully set forth.

4 88. Respondent's acts and/or omissions as set forth in paragraphs 20 through 53 and
5 paragraphs 75 through 83 above, whether proven individually, jointly, or in any combination
6 thereof, constitute repeated negligent acts, pursuant to section 4955.2, subdivision (b), of the
7 Code. Therefore, cause for discipline exists.

8 **FOURTH CAUSE FOR DISCIPLINE**

9 (Insurance Fraud)

10 Respondent is subject to disciplinary action under section 4955, generally, and subdivision
11 (i), and section 810, subdivisions (a)(1) and (2), of the Code, in that he knowingly presented or
12 caused to be presented any false or fraudulent claim for the payment of a loss under a contract of
13 insurance and/or he knowingly prepared, made, or subscribed any writing, with intent to present
14 or use the same, or to allow it to be presented or used in support of any false or fraudulent claim
15 thereby committing insurance fraud in his care and treatment of Patient 1 and 2. The
16 circumstances are as follows:

17 89. Complainant refers to, and by reference incorporates herein, paragraphs 20 through 53,
18 inclusive, above.

19 90. Respondent's acts and/or omissions as set forth in paragraphs 20 through 53, whether
20 proven individually, jointly, or in any combination thereof, constitute insurance fraud, pursuant to
21 section 4955, generally, and subdivision (i), and section 810, subdivisions (a)(1) and (2), of the
22 Code. Therefore, cause for discipline exists.

23 **FIFTH CAUSE FOR DISCIPLINE**

24 (Unprofessional Conduct)

25 91. Respondent is subject to disciplinary action under Code section 4955, generally, in
26 that he committed unprofessional conduct in his care and treatment of Patient 1 and Patient 2.
27 The circumstances are as follows:

28 92. Complainant refers to, and by reference incorporates herein paragraphs 20 through

1 53, inclusive, above.

2 93. Respondent's acts and/or omissions as set forth in paragraphs 20 through 90 above,
3 whether proven individually, jointly, or in any combination thereof, constitute unprofessional
4 conduct, pursuant to Code section 4955, generally. Therefore, cause for discipline exists.

5 **PRAYER**

6 **WHEREFORE**, Complainant requests that a hearing be held on the matters herein alleged,
7 and that following the hearing, the Acupuncture Board issue a decision:

8 1. Revoking or suspending Acupuncturist License Number AC 11602, issued to George
9 Huang Chi Ku, L.Ac.;

10 2. Ordering George Huang Chi Ku, L.Ac. to pay the Acupuncture Board the reasonable
11 costs of the investigation and enforcement of this case, pursuant to Business and Professions
12 Code section 4959;

13 3. If placed on probation, ordering him to pay to the Acupuncture Board the costs of
14 probation monitoring, and;

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

16
17
18 DATED: December 31, 2020

Original signed by: _____
19 BENJAMIN BODEA
Executive Officer
20 Acupuncture Board
Department of Consumer Affairs
21 State of California
Complainant

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23 LA2020602072
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