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

12 In the Matter of the Accusation Against:

Case No. 1A-2018-68

13 **DEOK SANG YU, L.AC.**
14 **1100 W. Shaw Avenue, Suite 118**
Fresno, CA 93711
15 **Licensed Acupuncturist No. AC 12562**

ACCUSATION

16 Respondent.

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18 **PARTIES**

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

21 2. On or about September 5, 2008, the Acupuncture Board issued Licensed
22 Acupuncturist Number AC 12562 to Deok Sang Yu, L.Ac. (Respondent). The License was in full
23 force and effect at all times relevant to the charges brought herein and will expire on January 31,
24 2022, unless renewed.

25 **JURISDICTION**

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

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4. Section 4928 provides in part:

(a) The Acupuncture Board, which consists of seven members, shall enforce and administer this chapter [the Acupuncture Licensure Act]. . . .

5. Section 4928.1 states:

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

STATUTORY PROVISIONS

6. Sexual misconduct with a patient is provided in Section 726 of the Code, which states:

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

(b) This section shall not apply to consensual sexual contact between a licensee and his or her spouse or person in an equivalent domestic relationship when that licensee provides medical treatment, to his or her spouse or person in an equivalent domestic relationship.

7. Discipline for unprofessional conduct is provided in Section 4955, which states:

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

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

[(P)] . . . [(P)]

(l) the failure to notify the board of the use of any false, assumed, or fictitious name other than the name under which the licensee is licensed as an individual to practice acupuncture.

8. Section 4955.2 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 any one of the following:

- (a) Gross negligence.
- (b) Repeated negligent acts.
- (c) Incompetence.

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1 **COST RECOVERY**

2 9. Section 4959 states:

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

7 (b) The costs to be assessed shall be fixed by the administrative law judge and shall
8 not in any event be increased by the board. When the board does not adopt a proposed
9 decision and remands the case to an administrative law judge, the administrative law
10 judge shall not increase the amount of any costs assessed in the proposed decision.

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

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

18 (e) All costs recovered under this section shall be considered a reimbursement for
19 costs incurred and shall be deposited in the Acupuncture Fund.

20 10. Section 125.3, subdivision (a) states:

21 Except as otherwise provided by law, in any order issued in resolution of a
22 disciplinary proceeding before any board within the department . . . , upon request of
23 the entity bringing the proceeding, the administrative law judge may direct a licensee
24 found to have committed a violation or violations of the licensing act to pay a sum not
25 to exceed the reasonable costs of the investigation and enforcement of the case.

26 **FACTUAL ALLEGATIONS**

27 11. At all times relevant to this Accusation, Respondent worked at a hospital in Clovis,
28 California.

1 **12. CIRCUMSTANCES RELATED TO PATIENT A**

2 a) Patient A works at the hospital where she received acupuncture treatments from
3 Respondent. She was hesitant to be interviewed or to discuss the matter out of fear
4 of retaliation and losing her job, but agreed in order to prevent other women from
5 going through the same experience with Respondent. She suffers from
6 fibromyalgia, scoliosis, degenerative disc disease, and nerve damage.

7 b) Patient A’s first acupuncture treatment occurred on June 15, 2016, and after
8 receiving treatment from him approximately 17 times, her last appointment occurred

1 on September 26, 2017. Her primary care physician referred her to the hospital's in-
2 house acupuncturist, Respondent.

3 c) After providing acupuncture treatments, Respondent massaged Patient A's shoulders,
4 back, upper buttocks/lumbosacral area, and occasionally her legs. Respondent
5 would unhook Patient A's bra prior to providing the massage, and would re-hook it
6 when he finished. Patient A thought it was normal to have massages as a part of her
7 acupuncture treatment, but described Respondent's massages as "rough" and unlike
8 any other she had ever received. She stated that it felt like Respondent was trying to
9 push her through the table and she experienced bruising after her treatments. She
10 did not know whether the bruising occurred from the massage or acupuncture
11 treatment. After speaking with other friends who also received acupuncture, Patient
12 A learned that massage was not typically a part of acupuncture treatment. Her new
13 female acupuncturist does not perform massage, and does not require her to remove
14 her pants for treatment.

15 d) On September 26, 2017, Patient A experienced a "flare-up" of her condition and
16 called Respondent's office seeking immediate treatment, inquiring whether
17 Respondent had any cancellations that day. The office assistant informed her of a
18 4:30 p.m. cancellation and scheduled her for that time.

19 e) When Patient A arrived for her treatment, the office assistant obtained her vitals and
20 placed her in a room. When Patient A was alone, Respondent opened the door,
21 looked in the room, "glared" at her, and then closed the door; he did not enter or say
22 anything. Respondent later entered the room, continuing to glare at Patient A and
23 asked her why she was there. Patient A explained her medical condition and current
24 "flare-up." Respondent stared at her "angrily" and said, "I'm the doctor, you're the
25 patient." He "gritted" his teeth and yelled at her saying, "I decide who is on my
26 schedule." Patient A began to cry because Respondent was yelling at her; she
27 described herself as "bawling."
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- 1 f) Patient A told Respondent that she no longer wanted acupuncture treatment and
2 Respondent replied, “No,” and said she was going to get her treatment and
3 commanded her to lay back down on the table. He put his hand on the door jamb,
4 temporarily preventing her from leaving. Patient A repeated that she did not want
5 acupuncture treatment and that she wanted to go home. She stated that she did not
6 want to see him for acupuncture treatment anymore. Respondent’s hand was on the
7 door and his body was blocking her path to leave the room. Patient A was scared
8 because Respondent is a large man, approximately six feet, two inches tall. Patient
9 A reached for her clothing, and as she did, Respondent grabbed for her clothing too,
10 getting her socks. Patient A felt that Respondent was not going to leave the room,
11 or let her leave the room, so she put her clothes on in front of him as he stood there
12 blocking the door. Eventually, Respondent moved away from the door and allowed
13 Patient A to leave. Patient A recalled she told Respondent three different times that
14 she wanted to leave, but she could not get around him blocking the door.
- 15 g) Patient A ran to her vehicle and experienced a panic attack. She continues to have
16 anxiety about the situation and has discussed it with her primary care physician who
17 encouraged her to speak up and “have a voice.” She considered contacting law
18 enforcement, but never did. There was no documentation in the medical records
19 indicating that Respondent provided Patient A with a massage.

20 **13. CIRCUMSTANCES RELATED TO PATIENT B**

- 21 a) Patient B was referred to Respondent for acupuncture treatment in or around
22 November of 2017; she received acupuncture treatment from Respondent twice.
23 She suffered from migraine headaches and received three treatments from
24 Respondent.
- 25 b) During her first treatment on November 17, 2017, Respondent made inappropriate
26 comments to Patient B. Respondent told her that she was “beautiful” and “pretty.”
27 He stated that he could not believe her age, and thought she looked like she was 30-
28 years-old. He inquired her about her ethnicity. Respondent told her that she should

1 go home and take a long, hot bubble bath, drink some wine and turn on “sexy
2 music.” Respondent then asked her what she was doing during the holidays. He
3 told her that he lived alone with his cat and was lonesome. Respondent asked
4 Patient B what she did on the weekends; Patient B thought Respondent was trying to
5 “feel her out” and hit on her. She was “disgusted” by his comments.

6 c) During her last treatment on November 22, 2017, the office assistant obtained her
7 blood pressure, placed her in a room, and provided her a gown; she was instructed to
8 leave on her bra. During her prior treatment, Patient B wore a tank top and was not
9 asked to wear a gown. Respondent asked Patient B to lift up her tank top prior to
10 him placing needles in her back. While placing needles in her upper back,
11 Respondent requested permission to unhook her bra and she agreed. After
12 Respondent removed the needles, he provided her with a massage, but did not
13 request permission first. Patient B called the main line for the hospital and
14 complained about Respondent’s conduct. There was no documentation in the
15 medical records indicating that Respondent provided Patient B with a massage.

16 **14. CIRCUMSTANCES RELATED TO PATIENT C**

17 a) Patient C had her first appointment with Respondent on May 14, 2015, after being
18 referred by her primary care physician. She suffered from neck, shoulder, and lower
19 back pain from a vehicular accident and also suffered from fibromyalgia. Patient C
20 had previously seen an acupuncturist and it helped relieve her pain. Her additional
21 appointments with Respondent for acupuncture treatment occurred on June 18,
22 2015, and July 22, 2015. She canceled her August 19, 2015, appointment because
23 she felt uncomfortable with him.

24 b) During treatment, Respondent made inappropriate comments to Patient C. He
25 mentioned that her hair was black and he liked black hair. Respondent asked if she
26 had children; when she responded that she had one adult son, Respondent stated that
27 her body did not look like she had children. That comment made Patient C feel
28 “gross” because she realized that Respondent was “checking out her body.”

1 Respondent called Patient C “tiny, cute, well put-together, and busty.” Respondent
2 also complained about his wife, saying she was fat and did not take care of herself,
3 and he wished his wife looked like Patient C. Respondent also asked Patient C if
4 she liked movies and asked if she would like to go to the movies with him.

5 c) At the end of the acupuncture treatment, Respondent asked Patient C if she would
6 like a massage. Patient C had previously received massages and agreed.

7 Respondent then tucked a towel into the top of her panties, which made her
8 uncomfortable. While massaging Patient C, Respondent touched a portion of her
9 left breast and touched the inner portion of her thigh, three to four inches away from
10 her vagina, for one or two seconds. Patient C felt that Respondent knew this made
11 her uncomfortable because when she tensed up, he told her to relax. When
12 Respondent was done massaging Patient C, he patted her buttocks and said, “Ok
13 mommy, you’re done.”

14 d) During one treatment, Patient C was prone on the table with her hands on the table
15 and her palms facing up. Respondent placed his penis on her open hand, resting his
16 genitals there for two to four seconds. Patient C was in shock and she moved her
17 hand away from his groin area. She could not determine whether Respondent was
18 aroused based on feeling his penis. After this appointment, Patient C returned to
19 Respondent for treatment one last time, but told him that she did not have time for a
20 massage.

21 e) Respondent’s behavior continued to bother Patient C for years, so she filed a
22 complaint with the hospital in 2017. She never reported Respondent to law
23 enforcement. There was no documentation in the medical records indicating that
24 Respondent provided Patient C with a massage.

25 **15. CIRCUMSTANCES RELATED TO PATIENT D**

26 a) On December 6, 2017, Respondent provided Patient D with her first acupuncture
27 treatment for pain and stiffness in her upper back and neck. She described
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1 Respondent as “socially awkward.” Patient D was told to leave her bra on and to
2 lay prone on the table. She left her pants, and top on, with only her back exposed.

3 b) During treatment, Respondent was very complimentary, telling her that she was “so
4 beautiful.” She felt embarrassed because she was in a “vulnerable state.” Patient D
5 stated that she was a grandmother and Respondent replied that he would have never
6 guessed that she was a grandmother. During the treatment, Patient D’s nose was
7 “stuffy,” and Respondent commented that she “sounded cute.” When Respondent
8 removed one of the acupuncture needles, Patient D began to bleed and Respondent
9 stated, “You’re even cute when you bleed.”

10 c) Respondent unhooked Patient D’s bra and stated, “See, I can unhook it with one
11 hand.” Patient D felt that Respondent did violate her trust based on his comments
12 made during treatment. There was no documentation in the medical records
13 indicating that Respondent provided Patient D with a massage.

14 **16. CIRCUMSTANCES RELATED TO PATIENT E**

15 a) Patient E suffered from migraines and neck pain and requested a referral to an
16 acupuncturist. She was sent to Respondent, even though she specifically requested
17 a female because she had been the victim of a sexual assault several months before.
18 She acquiesced when the hospital informed her that Respondent was the only
19 acupuncturist on staff in the area. It was her first experience with acupuncture.

20 b) Patient E arrived for her first appointment in the summer of 2017, wearing a dress.
21 She was explaining the location of her neck pain when Respondent commented that
22 her husband should rub her neck and shoulders for her. She responded, “Oh, I’m
23 not married.” Respondent then commented on her appearance, stating how
24 beautiful she was and how he could not believe a woman like her was single.
25 Respondent told her that he was “looking for love” and stated that he was “drawn”
26 to her. Patient E thought his comments were inappropriate, but thanked him
27 anyway and tried to dismiss it due to cultural differences.

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- 1 c) Respondent began his treatment by telling Patient E to get undressed and lay face
2 down on the table. She asked if there was a gown for her to put on. He responded
3 that she did not need one and she could just lay face down on the table. Patient E
4 insisted that she wanted a gown and Respondent grabbed one and said, “don’t put it
5 on, just lie on top of it.” Patient E thought that was strange. Respondent left the
6 room while Patient E pulled the top part of her dress down around her waist, feeling
7 more comfortable having the lower half of her body covered with her dress.
- 8 d) Respondent returned and continued to comment on her appearance while inserting
9 the needles. When he returned later to remove the needles, Respondent began
10 massaging her neck and shoulders, commenting that because she did not have
11 anybody, he would give her a massage. After her appointment, Patient E texted her
12 coworker immediately commenting that she thought Respondent was
13 inappropriately “hitting on her,” and that she was unsure if acupuncturists had the
14 same rules of decorum when interacting with patients.
- 15 e) Respondent never again asked Patient E to remove her all her clothes and lie down,
16 instead he routinely gave her a gown and told her not to put it on, but to just lay on
17 top of it. After a couple of appointments, Patient E told Respondent it hurt to lay on
18 her stomach, so he allowed her to keep her shirt on and lay on her side. She was
19 less “intimidated” when she had her shirt on.
- 20 f) Patient E returned to Respondent for more acupuncture treatments and Respondent’s
21 compliments increased. Respondent told her, “If you were my lady, I would follow
22 you around and just make sure you never wanted for anything. [Y]ou would never
23 be in pain. I would take care of you.” He also stated “your eyes are so beautiful”
24 and “you are so beautiful.” Patient E observed that Respondent knew his comments
25 made her uncomfortable because at each appointment he would say, “Oh, I should
26 stop, I’m making you uncomfortable.” Patient E stated that Respondent’s behavior
27 and comments were the most inappropriate when she was most vulnerable, covered
28 in needles and unable to move. Sometimes, Respondent would leave the room after

1 inserting the needles for five or ten minutes and come back and say, “Oh, I just
2 don’t want to leave you, I want to stay here with you all day,” or “Did you miss me?
3 I want to stay in here with you. I don’t want to see any other patients.”

4 g) At each appointment, Respondent massaged her neck and shoulders. Patient E
5 noticed a pattern, that after every appointment, Respondent’s massages were getting
6 “more and more lingering in his touch and it didn’t feel right.” Respondent was
7 giggly and flirtatious the entire time. After every appointment, Patient E considered
8 not returning, but would then question her sanity thinking that she was “reading too
9 much into it,” and end up dismissing her discomfort. Patient E’s migraines were
10 negatively impacting her work attendance, and acupuncture was providing her with
11 much needed relief, making her afraid to stop. Patient E repeatedly considered
12 informing the hospital about Respondent’s behavior, but was afraid she would be
13 forced to see an acupuncture provider outside of her treatment plan, which she could
14 not financially afford.

15 h) In October of 2017, during her final appointment with Respondent, he “went too
16 far,” and Patient E discontinued her treatment. She was approved for only one
17 acupuncture treatment per month, but found it to be insufficient for her medical
18 conditions. Respondent told her that all she needed to do was ask for appointments
19 and he would see her more, but not to tell the hospital because he would get into
20 trouble. Patient E was confused and inquired of Respondent whether she could have
21 more appointments with him. Respondent replied that she could not have any more
22 appointments with Kaiser, and that he did not have his own private practice, but he
23 would be willing to treat Patient E at her home or at his home. Patient E was silent.
24 Respondent stated that he just wanted to take care of her and make her happy and
25 the thought of her being in pain upset him and he would do anything to help her.
26 Patient E stated that she did not think that it was a good idea. Respondent stated
27 that they could “exchange services” as he had some friends with a medical practice
28 who needed office help, so maybe he could give them her phone number and she

1 could help them, and in exchange he could help her with treatments. Patient E was
2 not sure what Respondent meant by “exchange services,” but felt “incredibly
3 uncomfortable.” Respondent asked Patient E if he could call her after hours and she
4 responded that she did not want to give out her phone number. Respondent grabbed
5 a chart and began to read a phone number from it. Patient E told Respondent that
6 the phone number he read was not hers, and Respondent laughed and said, “Oh it’s
7 my other patient. You just have me so worked up. I don’t know if it’s your
8 beautiful eyes or the fact that we are the same age.” Patient E was again silent and
9 decided that she would never return to Respondent for treatment again.

- 10 i) Patient E became “more and more infuriated that [Respondent] was getting away
11 with predatory behavior and violating his patients’ well-being,” and feared that he
12 was doing the same thing to other women. She reported him to the hospital.
- 13 j) Within one to two weeks of filing the complaint, Respondent sent Patient E a text
14 message saying that he was no longer working at the hospital and wanted her to
15 come see him at his new practice. Patient E never gave Respondent her phone
16 number nor any of her personal information. Patient E felt that was a breach of her
17 patient confidentiality and that Respondent “not only violated [her] sense of security
18 in his office, but then he violated [her] sense of security outside of his practice,”
19 because he had her personal information and would know that she had made a
20 complaint about him. Patient E felt that Respondent was a “great acupuncturist in
21 his technical approach,” however he is a “predator,” who “gets women in a
22 vulnerable position in his office in the hopes of receiving pain relief, and then [he]
23 preys on them.” Patient E explained, “You’re lying face down, topless, with your
24 body covered in needles, and it’s an incredibly vulnerable feeling. . . . I believe
25 [Respondent] saw someone who was emotionally weak and preyed on that
26 weakness continually pushing the envelope at each appointment to see how much he
27 could get away with.” Patient E described her treatment with Respondent as
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1 “humiliating.” There was no documentation in the medical records indicating that
2 Respondent provided Patient E with a massage.

3 17. In an investigatory interview, Respondent stated that he has never done “any of the
4 things brought up in the complaints with intent.” He explained that he commonly compliments
5 patients as “beautiful” and “handsome,” as a means to “break the ice.” He stated in retrospect, he
6 understands how his patients could have misinterpreted that “gesture” and thought that he was
7 “expressing interest in them.” Respondent explained that English is not his first language and
8 there might be a “culture barrier” as well. When asked whether Respondent compliments older
9 women by saying that they are beautiful, he did not respond. The hospital did not receive any
10 complaints regarding Respondent complimenting older women or men.

11 18. During his interview with investigators, Respondent stated the hospital informed him
12 that Patient A had complained about his bedside manner. He responded that he had observed
13 Patient A attempting to make an appointment with his office assistant and stated that was not the
14 “normal way” to schedule an appointment. Respondent claimed that at the time of the
15 appointment, he informed Patient A that she needed to speak with him first if she thought she
16 needed additional treatment, and then he would speak to his office assistant about scheduling her
17 appointment. Respondent stated that Patient A became angry as he was explaining this process
18 and she left. Respondent was wearing a gown, which she removed and threw at him. Respondent
19 claimed that Patient A threw her clothes at him too, but he turned his head and looked away
20 because it was “not proper” for him to see her in her undergarments. Respondent stated he tried
21 to calm her down, but eventually he just walked out the room. He denied doing anything to
22 prevent her from leaving. Respondent denied picking up her clothing. Respondent stated the
23 hospital placed him on probation for five days due to the incident considering he had no prior
24 disciplinary issues.

25 19. In addition, Respondent failed to notify the Board that he was practicing acupuncture
26 under an assumed name, in violation of section 4955, subdivision (l). Respondent’s name used
27 on his official acupuncture license is “Deok Sang Yu.” However, Respondent used the name
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1 “Charles Yu” on his website. Respondent admitted that he is the individual business owner of
2 Acupuncture and Wellness by Charles Yu, but Charles is not his legal name.

3 **FIRST CAUSE FOR DISCIPLINE**

4 **(Sexual Misconduct)**

5 20. Respondent is subject to disciplinary action under Code section 726 in that he
6 committed acts of sexual abuse and misconduct with four patients (Patient B, Patient C, Patient
7 D, and Patient E). The commission of any act of sexual abuse, misconduct, or relations with a
8 patient or client constitutes unprofessional conduct and is grounds for disciplinary action for any
9 licensed person. The facts and circumstances are alleged in paragraphs 11 through 18 and are
10 incorporated as if fully set forth. Additional circumstances are as follows:

- 11 a) Respondent committed sexual abuse, misconduct, and/or relations with a patient
12 and/or unprofessional conduct when he: repeatedly commented on Patient B’s
13 appearance and physique; questioned her relationship status; made inappropriate
14 comments about her taking a hot bubble bath, drinking wine, and listening to sexy
15 music; and questioned her about her weekend schedule. Such behavior is an
16 extreme departure from the standard of care. Respondent also committed an
17 extreme departure from the standard of care when he failed to properly and
18 sufficiently cover his half-naked patients during treatment.
- 19 b) Respondent committed sexual abuse, misconduct, and/or relations with a patient
20 and/or unprofessional conduct when he: placed his penis onto her open palm for
21 three to four seconds; groped Patient C’s breast and the inner portion of her thigh
22 (three to four inches away from her vaginal area) during a massage; tucked a towel
23 into her panty line thereby pulling her panties away from her body; and patted her
24 buttock at the end of the massage calling her “mommy;” repeatedly commented on
25 her appearance and physique; and made inappropriate comments regarding them
26 attending a movie together. Such behavior is an extreme departure from the
27 standard of care.
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1 c) Respondent committed sexual abuse, misconduct, and/or relations with a patient
2 and/or unprofessional conduct when he commented on Patient D’s appearance and
3 physique, and unhooked her bra while commenting that he did so with one hand.

4 Such behavior is an extreme departure from the standard of care.

5 d) Respondent committed sexual abuse, misconduct, and/or relations with a patient
6 and/or unprofessional conduct when he: repeatedly commented on Patient E’s
7 appearance and physique; made inappropriate comments about her marriage status;
8 told her not to utilize a gown or covering; provided massages that grew increasingly
9 lingering in his touching of her; offered to “exchange services;” offered to provide
10 treatment at her home or his home; and took her contact information from her
11 medical chart without her permission; Such behavior is an extreme departure from
12 the standard of care.

13 **SECOND CAUSE FOR DISCIPLINE**

14 **(Gross Negligence)**

15 21. Respondent is subject to disciplinary action under Code section 4955.2, subdivision
16 (a), in that he committed acts amounting to gross negligence with five patients (Patient A, Patient
17 B, Patient C, Patient D, and Patient E). The facts and circumstances are alleged in paragraphs 11
18 through 20 and are incorporated here by reference as if fully set forth. Additional circumstances
19 are as follows:

20 a) Respondent committed unprofessional conduct when he: hooked and unhooked
21 Patient A’s bra without consent, acting aggressively by refused to leave the room
22 while Patient A was partially unclothed and attempting to leave; yelled at a patient
23 regarding his schedule and his authority in being a doctor; and physically blocked
24 the door preventing her desired departure. Such behavior is an extreme departure
25 from the standard of care.

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THIRD CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

22. Respondent is subject to disciplinary action under Code section 4955.2, subdivision (b), in that he committed acts amounting to repeated negligence with five patients (Patient A, Patient B, Patient C, Patient D, and Patient E). The facts and circumstances are alleged in paragraphs 11 through 21 and are incorporated here by reference as if fully set forth.

FOURTH CAUSE FOR DISCIPLINE

(Unprofessional Conduct)

23. Respondent is subject to disciplinary action under Code section 4955 in that he committed unprofessional conduct with five patients (Patient A, Patient B, Patient C, Patient D, and Patient E). The facts and circumstances are alleged in paragraphs 11 through 21 and are incorporated here by reference as if fully set forth.

FIFTH CAUSE FOR DISCIPLINE

(Failure to Notify the Board of Use of a Fictitious Name)

24. Respondent is subject to disciplinary action under Code section 4955, subdivision (l), in that he committed unprofessional conduct with Patient A. The facts and circumstances are alleged in paragraph 19 and is incorporated here by reference as if fully set forth.

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PRAYER

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

1. Revoking or suspending Licensed Acupuncturist Number AC 12562, issued to Deok Sang Yu, L.Ac.;

2. Ordering Deok Sang Yu, L.Ac. to pay the Acupuncture Board the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 4959; and,

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

DATED: August 18, 2020

Original Signature on File
BENJAMIN BODEA
Executive Officer
Acupuncture Board
Department of Consumer Affairs
State of California
Complainant

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