

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

In the Matter of the Accusation  
Against:

Enrico Uro Balcos, M.D.

Physician's and Surgeon's  
Certificate No. A 63363

Respondent.

Case No.: 800-2020-073481

DECISION

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

This Decision shall become effective at 5:00 p.m. on August 18, 2023.

IT IS SO ORDERED: July 20, 2023.

MEDICAL BOARD OF CALIFORNIA



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

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KEITH C. SHAW  
Deputy Attorney General  
4 State Bar No. 227029  
600 West Broadway, Suite 1800  
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6 San Diego, CA 92186-5266  
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8 *Attorneys for Complainant*

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

In the Matter of the Accusation Against:  
  
**ENRICO URO BALCOS, M.D.**  
**1125 E. 17th Street, Suite N153**  
**Santa Ana, CA 92701-2201**  
  
Physician's and Surgeon's Certificate No.  
A 63363  
  
Respondent.

Case No. 800-2020-073481  
  
OAH No. 2023010879  
  
**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

**PARTIES**

1. William Prasifka (Complainant) was the Executive Director of the Medical Board of California (Board) and brought this action solely in his official capacity. Reji Varghese is presently the Interim Executive Director of the Medical Board of California and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Keith C. Shaw, Deputy Attorney General.

1 2. Respondent Enrico Uro Balcos, M.D. (Respondent) is represented in this proceeding  
2 by attorney Mark B. Guterman, Esq., whose address is: 701 North Brand Boulevard, Suite 600,  
3 Glendale, CA 91203.

4 3. On or about August 29, 1997, the Board issued Physician's and Surgeon's Certificate  
5 No. A 63363 to Enrico Uro Balcos, M.D. (Respondent). The Physician's and Surgeon's  
6 Certificate was in full force and effect at all times relevant to the charges brought in Accusation  
7 No. 800-2020-073481, and will expire on December 31, 2024, unless renewed.

### 8 JURISDICTION

9 4. Accusation No. 800-2020-073481 was filed before the Board, and is currently  
10 pending against Respondent. The Accusation and all other statutorily required documents were  
11 properly served on Respondent on December 23, 2022. Respondent timely filed his Notice of  
12 Defense contesting the Accusation.

13 5. A copy of Accusation No. 800-2020-073481 is attached as Exhibit A and  
14 incorporated herein by reference.

### 15 ADVISEMENT AND WAIVERS

16 6. Respondent has carefully read, fully discussed with counsel, and understands the  
17 charges and allegations in Accusation No. 800-2020-073481. Respondent has also carefully read,  
18 fully discussed with his counsel, and understands the effects of this Stipulated Settlement and  
19 Disciplinary Order.

20 7. Respondent is fully aware of his legal rights in this matter, including the right to a  
21 hearing on the charges and allegations in the Accusation; the right to confront and cross-examine  
22 the witnesses against him; the right to present evidence and to testify on his own behalf; the right  
23 to the issuance of subpoenas to compel the attendance of witnesses and the production of  
24 documents; the right to reconsideration and court review of an adverse decision; and all other  
25 rights accorded by the California Administrative Procedure Act and other applicable laws.

26 8. Respondent voluntarily, knowingly, and intelligently waives and gives up each and  
27 every right set forth above.

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1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 800-2020-073481, if proven at a hearing, constitute cause for imposing discipline upon his  
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent gives up his right to contest that, at a hearing, Complainant  
7 could establish a *prima facie* case with respect to the charges and allegations contained in the  
8 Accusation.

9 11. Respondent agrees that if he ever petitions for early termination or modification of  
10 probation, or if an accusation and/or petition to revoke probation is filed against him before the  
11 Medical Board of California, all of the charges and allegations contained in Accusation No.  
12 800-2020-073481 shall be deemed true, correct and fully admitted by Respondent for purposes  
13 of any such proceeding or any other licensing proceeding involving Respondent in the State of  
14 California.

15 12. Respondent agrees that his Physician's and Surgeon's Certificate is subject to  
16 discipline and he agrees to be bound by the Board's probationary terms as set forth in the  
17 Disciplinary Order below.

18 **RESERVATION**

19 13. The admissions made by Respondent herein are only for the purposes of this  
20 proceeding, or any other proceedings in which the Medical Board of California or other  
21 professional licensing agency is involved, and shall not be admissible in any other criminal or  
22 civil proceeding.

23 **CONTINGENCY**

24 14. This stipulation shall be subject to approval by the Medical Board of California.  
25 Respondent understands and agrees that counsel for Complainant and the staff of the Medical  
26 Board of California may communicate directly with the Board regarding this stipulation and  
27 settlement, without notice to or participation by Respondent or his counsel. By signing the  
28 stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek

1 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails  
2 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary  
3 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal  
4 action between the parties, and the Board shall not be disqualified from further action by having  
5 considered this matter.

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

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

12 **DISCIPLINARY ORDER**

13 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63363 issued  
14 to Respondent Enrico Uro Balcos M.D., is revoked. However, the revocation is stayed and  
15 Respondent is placed on probation for four (4) years from the effective date of the Decision on  
16 the following terms and conditions:

17 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
18 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
19 for its prior approval educational program(s) or course(s) which shall not be less than 20 hours  
20 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
21 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
22 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
23 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
24 completion of each course, the Board or its designee may administer an examination to test  
25 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 20  
26 hours of CME in satisfaction of this condition.

27 2. **PRESCRIBING PRACTICES COURSE.** Within 60 calendar days of the effective  
28 date of this Decision, Respondent shall enroll in a course in prescribing practices approved in

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

8 A prescribing practices course taken after the acts that gave rise to the charges in the  
9 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
10 or its designee, be accepted towards the fulfillment of this condition if the course would have  
11 been approved by the Board or its designee had the course been taken after the effective date of  
12 this Decision. Respondent shall submit a certification of successful completion to the Board or its  
13 designee not later than 15 calendar days after successfully completing the course, or not later than  
14 15 calendar days after the effective date of the Decision, whichever is later.

15 3. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective  
16 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
17 advance by the Board or its designee. Respondent shall provide the approved course provider  
18 with any information and documents that the approved course provider may deem pertinent.  
19 Respondent shall participate in and successfully complete the classroom component of the course  
20 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
21 complete any other component of the course within one (1) year of enrollment. The medical  
22 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
23 Medical Education (CME) requirements for renewal of licensure.

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

1 Respondent shall submit a certification of successful completion to the Board or its  
2 designee not later than 15 calendar days after successfully completing the course, or not later than  
3 15 calendar days after the effective date of the Decision, whichever is later.

4 4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of  
5 the effective date of this Decision, Respondent shall enroll in a professionalism program, that  
6 meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1.  
7 Respondent shall participate in and successfully complete that program. Respondent shall  
8 provide any information and documents that the program may deem pertinent. Respondent shall  
9 successfully complete the classroom component of the program not later than six (6) months after  
10 Respondent's initial enrollment, and the longitudinal component of the program not later than the  
11 time specified by the program, but no later than one (1) year after attending the classroom  
12 component. The professionalism program shall be at Respondent's expense and shall be in  
13 addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

14 A professionalism program taken after the acts that gave rise to the charges in the  
15 Accusation, but prior to the effective date of the Decision may, in the sole discretion of the Board  
16 or its designee, be accepted towards the fulfillment of this condition if the program would have  
17 been approved by the Board or its designee had the program been taken after the effective date of  
18 this Decision. Respondent shall submit a certification of successful completion to the Board or its  
19 designee not later than 15 calendar days after successfully completing the program or not later  
20 than 15 calendar days after the effective date of the Decision, whichever is later.

21 5. CLINICAL COMPETENCE ASSESSMENT PROGRAM. Within 60 calendar days  
22 of the effective date of this Decision, Respondent shall enroll in a clinical competence assessment  
23 program approved in advance by the Board or its designee. Respondent shall successfully  
24 complete the program not later than six (6) months after Respondent's initial enrollment unless  
25 the Board or its designee agrees in writing to an extension of that time.

26 The program shall consist of a comprehensive assessment of Respondent's physical and  
27 mental health and the six general domains of clinical competence as defined by the Accreditation  
28 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to

1 Respondent's current or intended area of practice. The program shall take into account data  
2 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),  
3 Accusation(s), and any other information that the Board or its designee deems relevant. The  
4 program shall require Respondent's on-site participation for a minimum of three (3) and no more  
5 than five (5) days as determined by the program for the assessment and clinical education  
6 evaluation. Respondent shall pay all expenses associated with the clinical competence  
7 assessment program.

8 At the end of the evaluation, the program will submit a report to the Board or its designee  
9 which unequivocally states whether the Respondent has demonstrated the ability to practice  
10 safely and independently. Based on Respondent's performance on the clinical competence  
11 assessment, the program will advise the Board or its designee of its recommendation(s) for the  
12 scope and length of any additional educational or clinical training, evaluation or treatment for any  
13 medical condition or psychological condition, or anything else affecting Respondent's practice of  
14 medicine. Respondent shall comply with the program's recommendations.

15 Determination as to whether Respondent successfully completed the clinical competence  
16 assessment program is solely within the program's jurisdiction.

17 If Respondent fails to enroll, participate in, or successfully complete the clinical  
18 competence assessment program within the designated time period, Respondent shall receive a  
19 notification from the Board or its designee to cease the practice of medicine within three (3)  
20 calendar days after being so notified. Respondent shall not resume the practice of medicine until  
21 enrollment or participation in the outstanding portions of the clinical competence assessment  
22 program have been completed. If Respondent did not successfully complete the clinical  
23 competence assessment program, Respondent shall not resume the practice of medicine until a  
24 final decision has been rendered on the accusation and/or a petition to revoke probation. The  
25 cessation of practice shall not apply to the reduction of the probationary time period.

26 6. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
27 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
28 Chief Executive Officer at every hospital where privileges or membership are extended to



1 Respondent, at any other facility where Respondent engages in the practice of medicine,  
2 including all physician and locum tenens registries or other similar agencies, and to the Chief  
3 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
4 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
5 calendar days.

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

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

10 8. OBEY ALL LAWS. Respondent shall obey all federal, state and local laws, all rules  
11 governing the practice of medicine in California and remain in full compliance with any court  
12 ordered criminal probation, payments, and other orders.

13 9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
14 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
15 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena  
16 enforcement, as applicable, in the amount of \$16,106.00 (sixteen thousand one hundred and six  
17 dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs  
18 shall be considered a violation of probation.

19 Payment must be made in full within 30 calendar days of the effective date of the Order, or  
20 by a payment plan approved by the Medical Board of California. Any and all requests for a  
21 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with  
22 the payment plan shall be considered a violation of probation.

23 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
24 repay investigation and enforcement costs, including expert review costs.

25 10. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
26 under penalty of perjury on forms provided by the Board, stating whether there has been  
27 compliance with all the conditions of probation. Respondent shall submit quarterly declarations  
28 not later than 10 calendar days after the end of the preceding quarter.

1           11.   GENERAL PROBATION REQUIREMENTS.

2           Compliance with Probation Unit

3           Respondent shall comply with the Board's probation unit.

4           Address Changes

5           Respondent shall, at all times, keep the Board informed of Respondent's business and  
6 residence addresses, email address (if available), and telephone number. Changes of such  
7 addresses shall be immediately communicated in writing to the Board or its designee. Under no  
8 circumstances shall a post office box serve as an address of record, except as allowed by Business  
9 and Professions Code section 2021, subdivision (b).

10          Place of Practice

11          Respondent shall not engage in the practice of medicine in Respondent's or patient's place  
12 of residence, unless the patient resides in a skilled nursing facility or other similar licensed  
13 facility.

14          License Renewal

15          Respondent shall maintain a current and renewed California physician's and surgeon's  
16 license.

17          Travel or Residence Outside California

18          Respondent shall immediately inform the Board or its designee, in writing, of travel to any  
19 areas outside the jurisdiction of California which lasts, or is contemplated to last, more than thirty  
20 (30) calendar days.

21          In the event Respondent should leave the State of California to reside or to practice  
22 Respondent shall notify the Board or its designee in writing 30 calendar days prior to the dates of  
23 departure and return.

24          12.   INTERVIEW WITH THE BOARD OR ITS DESIGNEE. Respondent shall be  
25 available in person upon request for interviews either at Respondent's place of business or at the  
26 probation unit office, with or without prior notice throughout the term of probation.

27          13.   NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or  
28 its designee in writing within 15 calendar days of any periods of non-practice lasting more than

1 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is  
2 defined as any period of time Respondent is not practicing medicine as defined in Business and  
3 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct  
4 patient care, clinical activity or teaching, or other activity as approved by the Board. If  
5 Respondent resides in California and is considered to be in non-practice, Respondent shall  
6 comply with all terms and conditions of probation. All time spent in an intensive training  
7 program which has been approved by the Board or its designee shall not be considered non-  
8 practice and does not relieve Respondent from complying with all the terms and conditions of  
9 probation. Practicing medicine in another state of the United States or Federal jurisdiction while  
10 on probation with the medical licensing authority of that state or jurisdiction shall not be  
11 considered non-practice. A Board-ordered suspension of practice shall not be considered as a  
12 period of non-practice.

13 In the event Respondent's period of non-practice while on probation exceeds 18 calendar  
14 months, Respondent shall successfully complete the Federation of State Medical Board's Special  
15 Purpose Examination, or, at the Board's discretion, a clinical competence assessment program  
16 that meets the criteria of Condition 18 of the current version of the Board's "Manual of Model  
17 Disciplinary Orders and Disciplinary Guidelines" prior to resuming the practice of medicine.

18 Respondent's period of non-practice while on probation shall not exceed two (2) years.

19 Periods of non-practice will not apply to the reduction of the probationary term.

20 Periods of non-practice for a Respondent residing outside of California will relieve  
21 Respondent of the responsibility to comply with the probationary terms and conditions with the  
22 exception of this condition and the following terms and conditions of probation: Obey All Laws;  
23 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or  
24 Controlled Substances; and Biological Fluid Testing..

25 14. COMPLETION OF PROBATION. Respondent shall comply with all financial  
26 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the  
27 completion of probation. This term does not include cost recovery, which is due within 30  
28 calendar days of the effective date of the Order, or by a payment plan approved by the Medical

1 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate  
2 shall be fully restored.

3 15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition  
4 of probation is a violation of probation. If Respondent violates probation in any respect, the  
5 Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and  
6 carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation,  
7 or an Interim Suspension Order is filed against Respondent during probation, the Board shall have  
8 continuing jurisdiction until the matter is final, and the period of probation shall be extended until  
9 the matter is final.

10 16. LICENSE SURRENDER. Following the effective date of this Decision, if  
11 Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy  
12 the terms and conditions of probation, Respondent may request to surrender his license. The  
13 Board reserves the right to evaluate Respondent's request and to exercise its discretion in  
14 determining whether or not to grant the request, or to take any other action deemed appropriate  
15 and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent  
16 shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its  
17 designee and Respondent shall no longer practice medicine. Respondent will no longer be subject  
18 to the terms and conditions of probation. If Respondent re-applies for a medical license, the  
19 application shall be treated as a petition for reinstatement of a revoked certificate.

20 17. PROBATION MONITORING COSTS. Respondent shall pay the costs associated  
21 with probation monitoring each and every year of probation, as designated by the Board, which  
22 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of  
23 California and delivered to the Board or its designee no later than January 31 of each calendar  
24 year.

25 18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for  
26 a new license or certification, or petition for reinstatement of a license, by any other health care  
27 licensing action agency in the State of California, all of the charges and allegations contained in  
28 Accusation No. 800-2020-073481 shall be deemed to be true, correct, and admitted by

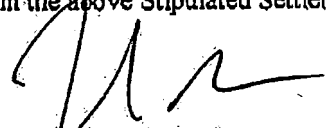
1 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or  
2 restrict license.

3 ACCEPTANCE

4 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully  
5 discussed it with my attorney, Mark B. Guterman, Esq. I understand the stipulation and the effect  
6 it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement  
7 and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the  
8 Decision and Order of the Medical Board of California.


9 DATED: 6/1/23  
10   
11 ENRICO URO BALCOS, M.D.  
12 *Respondent*

13 I have read and fully discussed with Respondent Enrico Uro Balcos, M.D., the terms and  
14 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.  
15 I approve its form and content.

16 DATED: 6/1/23  
17   
18 MARK B. GUTERMAN, ESQ.  
19 *Attorney for Respondent*

20 ENDORSEMENT

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

23 DATED: 6/1/23  
24 Respectfully submitted,  
25   
26 **ROB BONTA**  
27 **Attorney General of California**  
28 **ALEXANDRA M. ALVAREZ**  
**Supervising Deputy Attorney General**  
**KEITH C. SHAW**  
**Deputy Attorney General**  
**Attorneys for Complainant**

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**Exhibit A**

**Accusation No. 800-2020-073481**

1 ROB BONTA  
Attorney General of California  
2 ALEXANDRA M. ALVAREZ  
Supervising Deputy Attorney General  
3 KEITH C. SHAW  
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6 San Diego, CA 92186-5266  
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7 Facsimile: (619) 645-2012  
8 *Attorneys for Complainant*

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

14 In the Matter of the Accusation Against:  
15 **ENRICO URO BALCOS, M.D.**  
16 **1125 E 17th St., Ste. N153**  
**Santa Ana, CA 92701-2201**  
17 **Physician's and Surgeon's Certificate**  
18 **No. A 63363,**  
19 Respondent.

Case No. 800-2020-073481  
**A C C U S A T I O N**

20  
21 **PARTIES**

- 22 1. William Prasifka (Complainant) brings this Accusation solely in his official  
23 capacity as the Executive Director of the Medical Board of California, Department of  
24 Consumer Affairs (Board).  
25 2. On or about August 29, 1997, the Medical Board issued Physician's and Surgeon's  
26 Certificate No. A 63363 to Enrico Uro Balcos, M.D. (Respondent). The Physician's and  
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought  
28 herein and will expire on December 31, 2024, unless renewed.

**JURISDICTION**

1  
2       3.     This Accusation is brought before the Medical Board of California, Department of  
3 Consumer Affairs, under the authority of the following laws. All section references are to the  
4 Business and Professions Code (Code) unless otherwise indicated.

5       4.     Section 2227 of the Code authorizes the Board to discipline a licensee and obtain  
6 probation costs.

7       5.     Section 2228 of the Code authorizes the Board to discipline a licensee by placing  
8 them on probation.

9       6.     Section 2234 of the Code, states in part:

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

13       “(b) Gross negligence.

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

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

19       “(2) When the standard of care requires a change in the diagnosis, act, or omission that  
20 constitutes the negligent act described in paragraph (1), including, but not limited to, a  
21 reevaluation of the diagnosis or a change in treatment, and the licensee’s conduct departs from the  
22 applicable standard of care, each departure constitutes a separate and distinct breach of the  
23 standard of care.”

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

27       8.     Section 2229 of the Code states that the protection of the public shall be the highest  
28 priority for the Board in exercising their disciplinary authority. While attempts to rehabilitate a



1 licensee should be made when possible, Section 2229, subdivision (c), states that when  
2 rehabilitation and protection are inconsistent, protection shall be paramount.

3 **COST RECOVERY**

4 9. Section 125.3 of the Code provides, in pertinent part, that the Board may request the  
5 administrative law judge to direct a licensee found to have committed a violation or violations of  
6 the licensing act to pay a sum not to exceed the reasonable costs of the investigation and  
7 enforcement of the case, with failure of the licensee to comply subjecting the license to not being  
8 renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be  
9 included in a stipulated settlement.

10 **FIRST CAUSE FOR DISCIPLINE**

11 **(Gross Negligence)**

12 10. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined  
13 by section 2234, subdivision (b), of the Code, in that he committed gross negligence during his  
14 discharge of patients, as more particularly alleged hereinafter:

15 11. Respondent, a psychiatrist, treats patients at his private practice, as well as patients at  
16 inpatient hospital settings. In approximately April 2020, Respondent began discharging his  
17 existing patients<sup>1</sup> at his private practice in order to dedicate more of his time to inpatient  
18 treatment. Respondent discharged his patients by sending them termination letters that he would  
19 no longer be able to care for his patients and that no new appointments or follow-up appointments  
20 were being scheduled. Respondent indicated in the letters that he would only see patients with  
21 existing appointments and would also be providing a 90-day prescription for current medications.  
22 Absent from the letters were any resources or references where Respondent's patients could  
23 locate new providers or mental health services, nor did Respondent facilitate the transfer of care.  
24 Additionally, the discharge letters failed to contain directions for obtaining the patients' medical  
25 records, or what to do in the case of a crisis or emergency. Finally, the discharge letters were sent

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28 <sup>1</sup> Respondent's private practice consisted of approximately 50-60 patients in  
approximately April 2022; Respondent saw his last private patients in approximately July 2020.

1 via first class mail, not certified, and without any return receipt. As a result, Respondent had no  
2 way to verify his patients actually received these letters.

3 12. In an interview on or about June 23, 2022, Respondent was unable to state exactly  
4 how much notice he gave his patients of their discharge and time to find alternative care; only that  
5 his patients were given anywhere between 30-90 days of notice. Respondent also indicated that  
6 should his patients' new provider seek their medical records, his office would provide them  
7 immediately. However, Respondent indicated that he was not even sure that he had a working  
8 office phone number at the time of discharging his patients, and the primary means of  
9 communication was email.

10 13. Respondent committed gross negligence which included, but was not limited to, the  
11 following:

- 12 (a) Respondent inappropriately terminated the physician-patient  
13 relationship.

14 **SECOND CAUSE FOR DISCIPLINE**

15 **(Repeated Negligent Acts)**

16 14. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
17 defined by section 2234, subdivision (c), of the Code, in that he committed repeated negligent  
18 acts in his care and treatment of Patient A,<sup>2</sup> as more particularly alleged hereinafter:

19 15. Patient A, a then 23-year-old female, presented to the emergency department on or  
20 about November 3, 2020, with "hallucinations and suicidal statements" according to her  
21 boyfriend. Patient A reported being paranoid and tangential, and she admitted to using nitrous  
22 oxide. A urine drug screen also tested positive for THC. She had a history of suicide attempts.  
23 Patient A's boyfriend reported that Patient A had been using more nitrous oxide than normal, had  
24 insomnia, accused him of working for the FBI, and had a plan of cutting herself. Patient A was

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27 <sup>2</sup> The patient listed in this document is unnamed to protect her privacy. Respondent  
28 knows the name of the patient and can confirm her identity through discovery.

1 placed on a 5150 hold<sup>3</sup> for being a danger to herself. She was started on Zyprexa, an  
2 antipsychotic medication used to treat mental disorders.

3 16. Patient A was subsequently transferred to BHC Alhambra Hospital, where she was  
4 first evaluated by Respondent on or about November 4, 2020. Patient A confirmed she  
5 experienced hallucinations and paranoia. She indicated that she was being prescribed Zyprexa  
6 and Depakote (an anticonvulsant used to treat seizure disorders), but was worried about  
7 decompensation due to the side effects. Respondent diagnosed Patient A with bipolar disorder,  
8 depressed type. He noted that Patient A would be started on medications, but did not document  
9 which ones.

10 17. On or about November 5, 2020, Respondent evaluated Patient A. He noted that  
11 Patient A continued to be bizarre and disorganized. Respondent also noted that she required  
12 inpatient treatment, but did not note any specific medication prescribed. The following day,  
13 Respondent first noted that Patient A was being prescribed Latuda, an antipsychotic used to treat  
14 schizophrenia. On or about November 8, 2020, Respondent started lithium (a mood stabilizer  
15 used to treat mania), and continued Latuda.

16 18. On or about November 9, 2020, and November 10, 2020, Respondent did not note  
17 any medications following Patient A's evaluation, making it unclear if medications were  
18 continued at the same dose, increased, decreased, or discontinued. On or about November 11,  
19 2020, Respondent noted that Patient A was yelling and crying, and she required emergency  
20 medications. It was noted that she had failed Abilify (an antipsychotic), but was responsive to  
21 Thorazine (an antipsychotic). Respondent also noted that Seroquel (an antipsychotic) would be  
22 used to calm her down, along with Lamictal (an anticonvulsant). On or about November 13,  
23 2020, Patient A hit her head on the wall and slammed her fist on the wall. Seroquel was  
24 increased and Latuda was maintained.

25 19. On or about November 14, 2020, November 15, 2020, November 17, 2020, and  
26 November 18, 2020, Respondent again did not note any medications that Patient A was being

27 <sup>3</sup> Welfare and Institutions Code section 5150 allows an adult who is experiencing a mental  
28 health crisis to be involuntarily detained for a 72- hour psychiatric hospitalization when evaluated  
to be a danger to others, herself, or gravely disabled.

1 prescribed. On or about November 16, 2020, according to the Medication Administration  
2 Record, Patient A was started on Depakote; however, Respondent failed to document this  
3 medication.

4 20. On or about November 19, 2020, Respondent noted that Clozaril<sup>4</sup> would be started  
5 since other typical and atypical antipsychotics were unsuccessful in controlling Patient A's  
6 symptoms, but the dosage was missing. According to the Doctor's Order Sheet, Clozaril was  
7 started at 50 mg daily. The Medication Administration Record indicated that dosage was given to  
8 Patient A on or about November 20, 2020 and November 21, 2020. The following day,  
9 Respondent tripled the dosage of Clozaril to 150 mg daily.

10 21. On or about November 22, 2020, Respondent noted that Patient A was tearful and  
11 wandering aimlessly, and Clozaril would be titrated accordingly, but did not include the dosage of  
12 Clozaril. Respondent also noted that Depakote was an appropriate treatment "to prevent any  
13 untoward seizures that could be triggered by Clozaril." The following day, after Patient A was  
14 wandering impulsively, Respondent noted that "we will continue to titration of Clozaril," yet did  
15 not mention any specific doses. He also documented that lithium would be maintained, but did  
16 not state the lithium dosage.

17 22. On or about November 25, 2022, Respondent noted that he intended to titrate Clozaril  
18 between 200-300 mg per day. On or about November 27, 2020, Patient A had an unwitnessed  
19 fall. There was a physician note dated "10/27/20" that indicated Patient A had "psychomotor  
20 retardation," but the end of the note was dated "11/28/20." The note also indicated that Clozaril  
21 would be titrated further, but did not mention a specific dose.

22 23. On or about November 28, 2020, Patient A reported chest pain and was transferred to  
23 the San Gabriel Emergency Department. According to Respondent's discharge summary on the  
24 same date, Patient A was noted to have an altered mental state and sent to the emergency  
25 department. Patient A was initially taken to Greater El Monte Community Hospital, where she

26 <sup>4</sup> Clozaril (clozapine) is an antipsychotic medication used to treat severely ill patients with  
27 treatment-resistant schizophrenia. According to the Black Box Warning Label, seizures have  
28 been associated with the use of Clozaril and dose appears to be an important predictor of seizure,  
with a greater likelihood of seizures at higher doses. It is recommended to start Clozaril at 12.5 to  
25 mg daily, and the dosage can be increased in increments of 25-50 mg daily.

1 was diagnosed with a new onset seizure, then transferred to San Gabriel Hospital. The  
2 emergency department at San Gabriel Hospital noted that her presentation may have been due to a  
3 side effect from Clozaril or from psychosis due to nitrates. A follow-up physician note from a  
4 different provider on or about December 9, 2020, indicated that Patient A "had a Clozaril vs.  
5 Ativan withdrawal vs. nitrous oxide induced seizure."

6 24. Respondent committed repeated acts of negligence in his care and treatment of  
7 Patient A which included, but was not limited to, the following:

- 8 (a) Respondent prescribed Clozaril without appropriate dose titration;  
9 (b) Respondent failed to adequately document medication reconciliation  
10 that included an accurate, up-to-date medication list for each  
11 physician note.

12 **THIRD CAUSE FOR DISCIPLINE**

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

14 25. Respondent is further subject to disciplinary action under sections 2227 and 2234, as  
15 defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate  
16 records regarding his care and treatment of Patient A, as more particularly alleged in paragraphs  
17 14 through 24, above, which are hereby incorporated by reference and realleged as if fully set  
18 forth herein.

19 **PRAYER**

20 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,  
21 and that following the hearing, the Medical Board of California issue a decision:

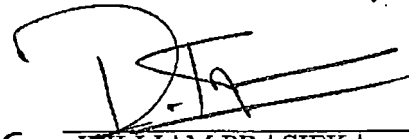
- 22 1. Revoking or suspending Physician's and Surgeon's Certificate No. A 63363, issued  
23 to Enrico Uro Balcos, M.D.;
- 24 2. Revoking, suspending or denying approval of Enrico Uro Balcos, M.D.'s authority to  
25 supervise physician assistants and advanced practice nurses;
- 26 3. Ordering Enrico Uro Balcos, M.D., to pay the Board the costs of the investigation and  
27 enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: DEC 23 2022



Reji Varghese  
Deputy Director

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

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