

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

In the Matter of the Accusation
Against:

Kevin Wayne Olson, M.D.

Physician's and Surgeon's
Certificate No. G 86467

Respondent.

Case No. 800-2020-066486

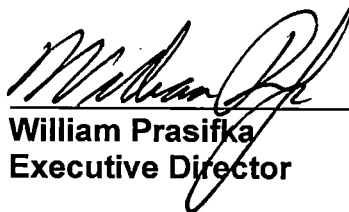
DECISION

The attached Stipulated Surrender of License 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 July 20, 2022.

IT IS SO ORDERED July 13, 2022.

MEDICAL BOARD OF CALIFORNIA



William Prasifka
Executive Director

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
Deputy Attorney General
4 State Bar No. 253172
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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:
**KEVIN WAYNE OLSON, M.D.
7736 LONE MOOR CIR
DALLAS, TX 75248-1713**
**Physician's and Surgeon's
Certificate No. G 86467**

Respondent.

Case No. 800-2020-066486

**STIPULATED SURRENDER OF
LICENSE AND DISCIPLINARY ORDER**

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

22 **PARTIES**

23 1. William Prasifka (Complainant) is the Executive Director of the Medical Board of
24 California (Board). He brought this action solely in his official capacity and is represented in this
25 matter by Rob Bonta, Attorney General of the State of California, by Jason J. Ahn, Deputy
26 Attorney General.

27 2. Kevin Wayne Olson, M.D. (Respondent) is representing himself in this proceeding
28 and has chosen not to exercise his right to be represented by counsel.

1 CULPABILITY

2 8. Respondent admits the truth of each and every charge and allegation in Accusation
3 No. 800-2020-066486, agrees that cause exists for discipline and hereby surrenders his
4 Physician's and Surgeon's Certificate No. G 86467 for the Board's formal acceptance.

5 9. Respondent understands that by signing this stipulation he enables the Board to issue
6 an order accepting the surrender of his Physician's and Surgeon's Certificate without further
7 process.

8 CONTINGENCY

9 11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent
10 part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . .
11 stipulation for surrender of a license."

12 12. This Stipulated Surrender of License and Disciplinary Order shall be subject to
13 approval of the Executive Director on behalf of the Medical Board. The parties agree that this
14 Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director
15 for his consideration in the above-entitled matter and, further, that the Executive Director shall have
16 a reasonable period of time in which to consider and act on this Stipulated Surrender of License
17 and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands
18 and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the
19 time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

20 13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall
21 be null and void and not binding upon the parties unless approved and adopted by the Executive
22 Director on behalf of the Board, except for this paragraph, which shall remain in full force and
23 effect. Respondent fully understands and agrees that in deciding whether or not to approve and
24 adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or
25 the Board may receive oral and written communications from its staff and/or the Attorney General's
26 Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the
27 Board, any member thereof, and/or any other person from future participation in this or any other
28 matter affecting or involving Respondent. In the event that the Executive Director on behalf of the

1 Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and
2 Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of
3 no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary
4 action by either party hereto. Respondent further agrees that should this Stipulated Surrender of
5 License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of
6 the Board, Respondent will assert no claim that the Executive Director, the Board, or any member
7 thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated
8 Surrender of License and Disciplinary Order or of any matter or matters related hereto.

9 **ADDITIONAL PROVISIONS**

10 14. This Stipulated Surrender and Disciplinary Order is intended by the parties herein
11 to be an integrated writing representing the complete, final, and exclusive embodiment of the
12 agreements of the parties in the above-entitled matter.

13 15. The parties agree that copies of this Stipulated Surrender and Disciplinary Order,
14 including copies of the signatures of the parties, may be used in lieu of original documents and
15 signatures and, further, that such copies shall have the same force and effect as originals.

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

19 **ORDER**

20 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 86467, issued
21 to Respondent Kevin Wayne Olson, M.D., is surrendered and accepted by the Board.

22 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the
23 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
24 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
25 of Respondent's license history with the Board.

26 2. Respondent shall lose all rights and privileges as a physician and surgeon in
27 California as of the effective date of the Board's Decision and Order.

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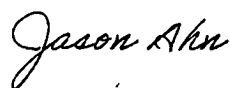
ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: July 6, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General



JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

SD2022800701
Stipulated Surrender of License and Order.docx

Exhibit A

Accusation No. 800-2020-066486

1 ROB BONTA
Attorney General of California
2 MATTHEW M. DAVIS
Supervising Deputy Attorney General
3 JASON J. AHN
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4 State Bar No. 253172
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8 *Attorneys for Complainant*

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

13 In the Matter of the Accusation Against:	Case No. 800-2020-066486
14 Kevin Wayne Olson, M.D.	A C C U S A T I O N
15 7736 LONE MOOR CIR	
16 DALLAS TX 75248-1713	
17 Physician's and Surgeon's	
18 Certificate No. G 86467,	
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Respondent.

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20 **PARTIES**

- 21 1. William Prasifka (Complainant) brings this Accusation solely in his official capacity
22 as the Executive Director of the Medical Board of California, Department of Consumer Affairs
23 (Board).
- 24 2. On or about April 5, 2002, the Medical Board issued Physician's and Surgeon's
25 Certificate No. G 86467 to Kevin Wayne Olson, M.D. (Respondent). The Physician's and
26 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on October 31, 2023, unless renewed.
28 *///*

JURISDICTION

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

5 4. Section 2227 of the Code states:

6 (a) A licensee whose matter has been heard by an administrative law judge of
7 the Medical Quality Hearing Panel as designated in Section 11371 of the Government
8 Code, or whose default has been entered, and who is found guilty, or who has entered
9 into a stipulation for disciplinary action with the board, may, in accordance with the
10 provisions of this chapter:

11 (1) Have his or her license revoked upon order of the board.

12 (2) Have his or her right to practice suspended for a period not to exceed one
13 year upon order of the board.

14 (3) Be placed on probation and be required to pay the costs of probation
15 monitoring upon order of the board.

16 (4) Be publicly reprimanded by the board. The public reprimand may include a
17 requirement that the licensee complete relevant educational courses approved by the
18 board.

19 (5) Have any other action taken in relation to discipline as part of an order of
20 probation, as the board or an administrative law judge may deem proper.

21 (b) Any matter heard pursuant to subdivision (a), except for warning letters,
22 medical review or advisory conferences, professional competency examinations,
23 continuing education activities, and cost reimbursement associated therewith that are
24 agreed to with the board and successfully completed by the licensee, or other matters
25 made confidential or privileged by existing law, is deemed public, and shall be made
26 available to the public by the board pursuant to Section 803.1.

27 5. Section 2234 of the Code, states:

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

(a) Violating or attempting to violate, directly or indirectly, assisting in or
abetting the violation of, or conspiring to violate any provision of this chapter.

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

1 appropriate for that negligent diagnosis of the patient shall constitute a single
2 negligent act.

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

8 "..."

9 6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain
10 adequate and accurate records relating to the provision of services to their patients constitutes
11 unprofessional conduct.

12 7. Unprofessional conduct under Business and Professions Code section 2234 is conduct
13 which breaches the rules or ethical code of the medical profession, or conduct which is
14 unbecoming a member in good standing of the medical profession, and which demonstrates an
15 unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564,
16 575.)

17 COST RECOVERY

18 8. Section 125.3 of the Code states:

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

(b) In the case of a disciplined licensee that is a corporation or a partnership, the
order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where
actual costs are not available, signed by the entity bringing the proceeding or its
designated representative shall be prima facie evidence of reasonable costs of
investigation and prosecution of the case. The costs shall include the amount of
investigative and enforcement costs up to the date of the hearing, including, but not
limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount
of reasonable costs of investigation and prosecution of the case when requested
pursuant to subdivision (a). The finding of the administrative law judge with regard to
costs shall not be reviewable by the board to increase the cost award. The board may
reduce or eliminate the cost award, or remand to the administrative law judge if the
proposed decision fails to make a finding on costs requested pursuant to subdivision
(a).

1 (e) If an order for recovery of costs is made and timely payment is not made as
2 directed in the board's decision, the board may enforce the order for repayment in any
3 appropriate court. This right of enforcement shall be in addition to any other rights
4 the board may have as to any licensee to pay costs.

5 (f) In any action for recovery of costs, proof of the board's decision shall be
6 conclusive proof of the validity of the order of payment and the terms for payment.

7 (g) (1) Except as provided in paragraph (2), the board shall not renew or
8 reinstate the license of any licensee who has failed to pay all of the costs ordered
9 under this section.

10 (2) Notwithstanding paragraph (1), the board may, in its discretion,
11 conditionally renew or reinstate for a maximum of one year the license of any
12 licensee who demonstrates financial hardship and who enters into a formal agreement
13 with the board to reimburse the board within that one-year period for the unpaid
14 costs.

15 (h) All costs recovered under this section shall be considered a reimbursement
16 for costs incurred and shall be deposited in the fund of the board recovering the costs
17 to be available upon appropriation by the Legislature.

18 (i) Nothing in this section shall preclude a board from including the recovery of
19 the costs of investigation and enforcement of a case in any stipulated settlement.

20 (j) This section does not apply to any board if a specific statutory provision in
21 that board's licensing act provides for recovery of costs in an administrative
22 disciplinary proceeding.

23 FIRST CAUSE FOR DISCIPLINE

24 (Gross Negligence)

25 7. Respondent has subjected his Physician's and Surgeon's Certificate No. G 86467 to
26 disciplinary action under section 2227 and 2234, subdivision (b), of the Code, in that he
27 committed gross negligence in his care and treatment of Patient A,¹ as more particularly alleged
28 hereinafter:

¹ The patient herein is identified as Patient A in order to maintain patient confidentiality.

1 8. On or about March 10, 2020 Patient A, a forty-six (46) year-old man with end-stage
2 renal disease² on hemodialysis³ presented for placement of a peritoneal dialysis catheter.⁴

3 Respondent provided anesthetic care to Patient A.

4 9. On or about March 10, 2020, Respondent proceeded with anesthesia of Patient A.
5 During the course of an hour and a half (1.5 hours), Respondent used typical agents, including,
6 but not limited to, fentanyl (250 micrograms). At the end of the surgery, Patient A sustained a
7 cardiac arrest. At that time, relaxant reversal had been administered and spontaneous ventilation
8 had been reestablished, although tidal volumes were low and end tidal CO₂ was high. Patient A
9 remained intubated and on 100% oxygen. Patient A was resuscitated and transported to Intensive
10 Care Unit (ICU), but did poorly, and medical care was compassionately withdrawn on March 16,
11 2020. Respondent failed to adequately ventilate Patient A, leading to Patient A suffering
12 hypoxemia, with cardiac arrest.

13 10. Respondent committed gross negligence in his care and treatment of Patient A which
14 included, but was not limited to, the following:

15 (a) Respondent failed to adequately ventilate Patient A.

16 **SECOND CAUSE FOR DISCIPLINE**

17 **(Repeated Negligent Acts)**

18 11. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
19 86467 to disciplinary action under sections 2227 and 2234, as defined by section 2234,
20 subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and
21 _____

22 ² End-Stage Renal Disease (ESRD) is a medical condition in which a person's kidneys
23 cease functioning on a permanent basis leading to the need for a regular course of longer term
dialysis or a kidney transplant to maintain life.

24 ³ Hemodialysis is a procedure where a dialysis machine and a special filter called an
25 artificial kidney, or a dialyzer, are used to clean your blood.

26 ⁴ Before a person can begin peritoneal dialysis (PD) treatments, he/she needs to have a
27 peritoneal dialysis catheter placed as an access for the removal of waste and toxins from his/her
28 body. A PD catheter, the only type of dialysis access used for PD, is placed through your
abdomen and into the peritoneal space through the peritoneal membrane – the thin membrane that
lines your abdominal wall.

1 treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged
2 herein.

3 **Patient A**

4 12. Paragraphs 7 through 10, above, are hereby incorporated by reference and
5 realleged as if fully set forth herein.

6 **Patient B**

7 13. On or about October 28, 2019, Patient B, an eighty-two (82) year-old woman
8 with colorectal carcinoma,⁵ presented for laparoscopic robotic colectomy⁶ for chronic
9 low-grade bowel obstruction. Patient B's comorbidities included atrial fibrillation,⁷
10 hypertension,⁸ chronic kidney disease, and generalized debilitation. Respondent provided
11 anesthetic care to Patient B.

12 14. At surgery, Patient B was found to have a locally advanced colorectal
13 carcinoma, which was not suspected pre-operatively. The tumor invaded multiple bowel
14 loops and the abdominal wall, necessitating extensive dissection. Ureteral injury
15 occurred, necessitating repair. All of this required over six (6) hours of anesthesia.
16 Anesthesia was accomplished with typical intravenous and inhaled agents, including, but
17 not limited to, five mg of midazolam⁹ and 450 micrograms of fentanyl.¹⁰ At the end of
18 the surgery, despite Patient B being cold, breathing poorly, and having consumed large
19 doses of fentanyl and midazolam in the course of six (6) hours of surgery, Respondent
20

21 ⁵ Colorectal carcinoma (colon cancer) is a cancer of the colon or rectum, located at the
digestive tract's lower end.

22 ⁶ Laparoscopic colectomy, also called minimally invasive colectomy, involves several
23 small incisions in your abdomen; the surgeon passes a tiny video camera through one incision and
special surgical tools through the other incisions.

24 ⁷ Atrial fibrillation is an irregular, often rapid heart rate that commonly causes poor blood
25 flow.

⁸ Hypertension refers to high blood pressure.

26 ⁹ Midazolam is a sedative, which can help patients feel relaxed or sleepy before surgery or
27 medical procedures.

28 ¹⁰ Fentanyl is a narcotic, which can be used to treat severe pain.

1 decided to extubate¹¹ Patient B. Patient B lasted about twenty (20) minutes in the
2 PACU,¹² before hypoventilation¹³ necessitated re-intubation. Patient B was extubated the
3 next day and made an otherwise uneventful recovery.

4 **Patient C**

5 15. On or about November 14, 2019, Patient C, an eighty-four (84) year-old
6 woman with recurrent colitis¹⁴ and a sigmoid stricture¹⁵ presented for a laparoscopic
7 robotic sigmoid colectomy. Patient C's comorbidities included adult-onset diabetes,
8 hypertension, obesity, and very mild renal insufficiency. Respondent provided anesthetic
9 care to Patient C.

10 16. Patient C underwent four (4) hours of anesthesia for a laparoscopic robotic
11 colectomy for ulcerative colitis. Anesthesia was accomplished with agents, including,
12 but not limited to, fentanyl (450 micrograms). At the conclusion of the surgery,
13 Respondent decided to extubate Patient C, despite tidal volumes of under 100 cc, a last
14 end-tidal CO2 of 63, and a last recorded temperature of 34.1 Celsius. Thereafter, Patient
15 C was sent to the PACU, but required re-intubation in the PACU about forty-five (45)
16 minutes later. Patient C was extubated the next morning, and had an otherwise
17 uneventful recovery.

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20 _____
21 ¹¹ Extubate means to remove a tube from a person or a body part.

22 ¹² PACU refers to Post-Anesthesia Care Unit; after receiving anesthesia for a surgery or
23 procedure, a patient is setn to the PACU to recover and wake up. The PACU is a critical care unit
24 where the patient's vital signs are closely observed, pain management begins, and fluids are
given.

25 ¹³ Hypoventilation refers to breathing that is too shallow or too slow to meet the needs of
the body.

26 ¹⁴ Colitis refers to an inflammatory reaction in the colon, often autoimmune or infectious.

27 ¹⁵ A colon stricture is a narrowing of the colon. Strictures can lead to bowel obstructions,
28 which affect your ability to have bowel movements.

1 **Patient D**

2 17. On or about January 3, 2020, Patient D, a sixty-one (61) year-old woman
3 with comorbidities of anal carcinoma (diagnosed in 2016), cervical HPV¹⁶ with
4 condylomata, S/P vulvectomy, obesity, COPD,¹⁷ and ongoing tobacco use, presented for
5 a robotic repair of a left quadrant ventral incisional hernia. Respondent provided
6 anesthetic care to Patient D. Anesthesia was accomplished using agents, including, but
7 not limited to, midazolam¹⁸ 2 mg, fentanyl 350 micrograms, sevoflurane,¹⁹ nitrous
8 oxide,²⁰ and rocuronium,²¹ over the course of approximately one hour and 45 minutes.
9 At the end of the procedure, relaxant was reversed with neostigmine,²² but measured
10 expired tidal volume was under 100 cc, end-tidal CO2 was over 60, temperature was 35.3
11 Celsius, and respirator rate was under ten. Respondent extubated Patient D, who then
12 required bag and mask ventilator support in PACU.

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17 _____
18 ¹⁶ Human papillomavirus infection (HPV) refers to an infection that causes warts in
19 various parts of the body, depending on the strain.

20 ¹⁷ Chronic obstructive pulmonary disease (COPD) is a group of lung diseases that block
21 airflow and make it difficult to breathe.

22 ¹⁸ Midazolam is a sedative, which can help patients feel relaxed or sleepy before surgery
23 or medical procedures.

24 ¹⁹ Sevoflurane (common brand Ultane) is an anesthetic, which can put patients to sleep
25 before surgery.

26 ²⁰ Nitrous oxide, commonly known as laughing as or happy gas, is a colorless, non-
27 flammable gas, which is used in medical and dental procedures as a sedative.

28 ²¹ Rocuronium is a paralytic, which can be used to relax muscles during surgery and
29 medical procedures.

²² Neostigmine can be used to reverse the effects of anesthesia.

1 **Patient E**

2 18. On or about January 16, 2020, Patient E, a sixty-nine (69) year-old man with
3 comorbidities, including, but not limited to, coronary artery disease with CABG²³ in 2005
4 and subsequent percutaneous coronary interventions²⁴ and stents, aortic stenosis²⁵ S/P
5 trans-femoral aortic valve replacement,²⁶ hypertension, adult onset diabetes, diastolic
6 congestive heart failure,²⁷ peripheral vascular disease,²⁸ moderate renal insufficiency, and
7 obstructive sleep apnea,²⁹ presented for a lumbar 4-5 decompression.³⁰ Respondent
8 provided anesthetic care to Patient E. Anesthesia was accomplished with agents,
9 including, but not limited to, fentanyl (350 micrograms). At the end of the surgery,
10 Respondent extubated Patient E, placed him on BiPAP,³¹ despite significant residual
11 concentrations of anesthetic agent, low spontaneous tidal volume, hypotension, and low
12 respiratory rate. Patient E was then transported to PACU. Recovery was uneventful and
13 Patient E was transferred to the [hospital] floor two hours later. More than twenty-four
14

15 ²³ Coronary artery bypass grafting (CABG) is a surgery in which a healthy blood vessel
16 taken from another part of the body is used to make a new path for blood around a blocked artery
leading to the heart.

17 ²⁴ Percutaneous coronary intervention is a non-surgical procedure used to treat narrowing
18 of the coronary arteries of the heart found in coronary artery disease.

19 ²⁵ Aortic stenosis refers to narrowing of the valve in the large blood vessel branching off
the heart (aorta).

20 ²⁶ Aortic valve replacement is a procedure whereby failing aortic valve of a patient's heart
21 is replaced with an artificial heart valve.

22 ²⁷ Diastolic heart failure refers to symptoms of heart failure in a patient with preserved left
ventricular function.

23 ²⁸ Peripheral vascular [artery] disease is a circulatory condition in which narrowed blood
24 vessels reduce blood flow to the limbs.

25 ²⁹ Obstructive sleep apnea is intermittent airflow blockage during sleep.

26 ³⁰ During a lumbar decompression back surgery, a small portion of the bone over the
27 nerve root and/or disc material from under the nerve root is removed to give the nerve root more
space and provide a better healing environment.

28 ³¹ Bipap is a type of ventilator, a ventilator that helps with breathing.

1 (24) hours later, Patient E sustained a bradycardic arrest,³² necessitating intubation and
2 CPR,³³ and urgent placement of a pacemaker.³⁴

3 19. Respondent committed repeated negligent acts in his care and treatment of
4 Patient A, Patient B, Patient C, Patient D, and Patient E.

5 20. Paragraphs 7 through 18, above, are hereby incorporated by reference and
6 realleged as if fully set forth herein.

7 (a) Respondent failed to adequately ventilate Patient A;

8 (b) Respondent extubated Patient B, when he should not have done so
9 under the circumstances;

10 (c) Respondent extubated Patient C, when he should not have done so
11 under the circumstances;

12 (d) Respondent extubated Patient D, when he should not have done so
13 under the circumstances; and

14 (e) Respondent extubated Patient E, when he should not have done so
15 under the circumstances.

16 **THIRD CAUSE FOR DISCIPLINE**

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

18 21. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
19 86467 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the
20 Code, in that he failed to maintain adequate and accurate records in his care and treatment of
21 Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in
22 paragraphs 7 through 20, above, which are hereby incorporated by reference and realleged as if
23 _____

24 ³² Bradycardic arrest (also known as bradycardia) is slower-than-expected heart rate,
25 generally beating fewer than 60 beats per minute.

26 ³³ Cardiopulmonary resuscitation (CPR) is a lifesaving technique that is useful in many
27 emergencies such as a heart attack or near drowning, in which someone's breathing or heartbeat
28 has stopped.

³⁴ Pacemaker is a small device that is placed (implanted) in the chest to help control the
28 heartbeat.

1 fully set forth herein.

2 **FOURTH CAUSE FOR DISCIPLINE**

3 **(General Unprofessional Conduct)**

4 22. Respondent has further subjected his Physician's and Surgeon's Certificate No. G
5 86467 to disciplinary action under sections 2227 and 2234 of the Code, in that he has engaged in
6 conduct which breaches the rules or ethical code of the medical profession, or conduct which is
7 unbecoming of a member in good standing of the medical profession, and which demonstrates an
8 unfitness to practice medicine, as more particularly alleged in paragraphs 7 through 21, above,
9 which are hereby incorporated by reference as if fully set forth herein.

10 **PRAYER**

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

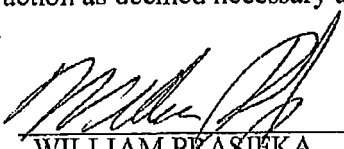
13 1. Revoking or suspending Physician's and Surgeon's Certificate No. G 86467, issued
14 to Respondent Kevin Wayne Olson, M.D.;

15 2. Revoking, suspending or denying approval of Respondent Kevin Wayne Olson,
16 M.D.'s authority to supervise physician assistants and advanced practice nurses;

17 3. Ordering Respondent Kevin Wayne Olson, M.D., to pay the Board the costs of the
18 investigation and enforcement of this case, and if placed on probation, the costs of probation
19 monitoring; and

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

21
22 DATED: MAY 06 2022

23 
24 WILLIAM PRASIFKA
25 Executive Director
26 Medical Board of California
27 Department of Consumer Affairs
28 State of California
Complainant