

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

In the Matter of the Accusation  
Against:

Lasha Kim Pierce, M.D.

Physician's and Surgeon's  
Certificate No. A 75116

Case No.: 800-2021-077178

Respondent.

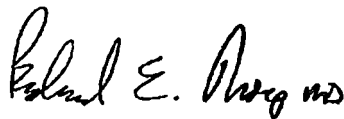
DECISION

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 October 20, 2023.

IT IS SO ORDERED: September 22, 2023.

MEDICAL BOARD OF CALIFORNIA



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Richard E. Thorp, Chair  
Panel B

1 ROB BONTA  
Attorney General of California  
2 MARY CAIN-SIMON  
Supervising Deputy Attorney General  
3 DAVID CARR  
Deputy Attorney General  
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7

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

12 In the Matter of the Accusation Against:

13 **LASHA KIM PIERCE, M.D.**

14 2615 Kingsland Ave.  
15 Oakland, CA 94619

16 Physician's and Surgeon's  
17 Certificate No. A 75116

18 Respondent.

Case No. 800-2021-077178

OAH No. 2023030103

**STIPULATED SETTLEMENT AND  
DISCIPLINARY ORDER**

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

23 **PARTIES**

24 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of  
25 California (Board). He brought this action solely in his official capacity and is represented in this  
26 matter by Rob Bonta, Attorney General of the State of California, by David Carr, Deputy  
27 Attorney General.  
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1 Board, all of the charges and allegations contained in Accusation No. 800-2021-077178 shall be  
2 deemed true, correct and fully admitted by Respondent for purposes of any such proceeding or  
3 any other licensing proceeding involving Respondent in the State of California.

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

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

10 **DISCIPLINARY ORDER**

11 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 75116 issued  
12 to Respondent Lasha Kim Pierce, M.D. is revoked. However, the revocation is stayed and  
13 Respondent is placed on probation for three (3) years on the following terms and conditions:

14 1. **EDUCATION COURSE.** Within 60 calendar days of the effective date of this  
15 Decision, and on an annual basis thereafter, Respondent shall submit to the Board or its designee  
16 for its prior approval educational program(s) or course(s) which shall not be less than 40 hours  
17 per year, for each year of probation. The educational program(s) or course(s) shall be aimed at  
18 correcting any areas of deficient practice or knowledge and shall be Category I certified. The  
19 educational program(s) or course(s) shall be at Respondent's expense and shall be in addition to  
20 the Continuing Medical Education (CME) requirements for renewal of licensure. Following the  
21 completion of each course, the Board or its designee may administer an examination to test  
22 Respondent's knowledge of the course. Respondent shall provide proof of attendance for 65  
23 hours of CME of which 40 hours were in satisfaction of this condition.

24 2. **MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the effective  
25 date of this Decision, Respondent shall enroll in a course in medical record keeping approved in  
26 advance by the Board or its designee. Respondent shall provide the approved course provider  
27 with any information and documents that the approved course provider may deem pertinent.  
28 Respondent shall participate in and successfully complete the classroom component of the course

1 not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully  
2 complete any other component of the course within one (1) year of enrollment. The medical  
3 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing  
4 Medical Education (CME) requirements for renewal of licensure.

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

10 Respondent shall submit a certification of successful completion to the Board or its  
11 designee not later than 15 calendar days after successfully completing the course, or not later than  
12 15 calendar days after the effective date of the Decision, whichever is later.

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

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

28 Respondent shall submit a certification of successful completion to the Board or its

1 designee not later than 15 calendar days after successfully completing the program or not later  
2 than 15 calendar days after the effective date of the Decision, whichever is later.

3 4. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in  
4 the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice  
5 where: 1) Respondent merely shares office space with another physician but is not affiliated for  
6 purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that  
7 location.

8 If Respondent fails to establish a practice with another physician or secure employment in  
9 an appropriate practice setting within 60 calendar days of the effective date of this Decision,  
10 Respondent shall receive a notification from the Board or its designee to cease the practice of  
11 medicine within three (3) calendar days after being so notified. The Respondent shall not resume  
12 practice until an appropriate practice setting is established.

13 If, during the course of the probation, the Respondent's practice setting changes and the  
14 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent  
15 shall notify the Board or its designee within five (5) calendar days of the practice setting change.  
16 If Respondent fails to establish a practice with another physician or secure employment in an  
17 appropriate practice setting within 60 calendar days of the practice setting change, Respondent  
18 shall receive a notification from the Board or its designee to cease the practice of medicine within  
19 three (3) calendar days after being so notified. The Respondent shall not resume practice until an  
20 appropriate practice setting is established.

21 5. During the ordered period of probation Respondent is prohibited from providing  
22 supervision to licensed midwives.

#### 23 STANDARD CONDITIONS

24 1. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the  
25 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the  
26 Chief Executive Officer at every hospital where privileges or membership are extended to  
27 Respondent, at any other facility where Respondent engages in the practice of medicine,  
28 including all physician and locum tenens registries or other similar agencies, and to the Chief

1 Executive Officer at every insurance carrier which extends malpractice insurance coverage to  
2 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15  
3 calendar days.

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

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

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

11 4. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby  
12 ordered to reimburse the Board its costs of investigation and enforcement, including, but not  
13 limited to, expert physician and legal reviews, investigation, as applicable, in the amount of  
14 \$11,000.00 (Eleven Thousand Dollars). Costs shall be payable to the Medical Board of  
15 California. Failure to pay such costs shall be considered a violation of probation.

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

20 The filing of bankruptcy by respondent shall not relieve respondent of the responsibility to  
21 repay investigation and enforcement costs.

22 5. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations  
23 under penalty of perjury on forms provided by the Board, stating whether there has been  
24 compliance with all the conditions of probation.

25 Respondent shall submit quarterly declarations not later than 10 calendar days after the end  
26 of the preceding quarter.

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1           6.    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 of 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          7.    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          8.    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 Boards'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 9. 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 10. 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 11. 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 or her license.  
13 The 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 12. 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 13. 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. 800-2021-077178 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.


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**ACCEPTANCE**

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Thomas E. Still. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 7/5/23   
LASHA KIM PIERCE, M.D.  
*Respondent*

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

DATED: July 5, 2023   
THOMAS E. STILL, ESQ.  
*Attorney for Respondent*

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**ENDORSEMENT**

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

DATED: 7/31/2023

Respectfully submitted,

ROB BONTA  
Attorney General of California  
MARY CAIN-SIMON  
Supervising Deputy Attorney General

*Greg W. Chambers, SDAG*

DAVID CARR  
Deputy Attorney General  
*Attorneys for Complainant*

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

12 In the Matter of the Accusation Against:

Case No. 800-2021-077178

13 **LASHA KIM PIERCE, M.D.**  
2615 Kingsland Ave.  
14 Oakland, CA 94619

**ACCUSATION**

15 **Physician's and Surgeon's**  
Certificate No. A 75116,

16 Respondent.  
17

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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 June 15, 2001, the Board issued Physician's and Surgeon's Certificate  
25 Number A 75116 to Lasha Kim Pierce, M.D. (Respondent). The Physician's and Surgeon's  
26 Certificate was in full force and effect at all times relevant to the charges brought herein and will  
27 expire on September 30, 2022, unless renewed.

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JURISDICTION

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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 2001.1 of the Code makes public protection the Board's highest priority.

6       5.    Section 2227 of the Code states:

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

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

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

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

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

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

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

28       6.    Section 2234 of the Code states:

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

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

9 (d) Incompetence.

10 (e) The commission of any act involving dishonesty or corruption that is  
11 substantially related to the qualifications, functions, or duties of a physician and  
12 surgeon.

13 (f) Any action or conduct that would have warranted the denial of a certificate.

14 (g) The failure by a certificate holder, in the absence of good cause, to attend  
15 and participate in an interview by the board. This subdivision shall only apply to a  
16 certificate holder who is the subject of an investigation by the board."

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

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

25 9. The incidents described herein occurred in Marin County and Alameda County,  
26 California.

27 **FIRST CAUSE FOR DISCIPLINE**

28 **(Gross Negligence/Repeated Negligent Acts)**

10. Respondent Lasha Kim Pierce, M.D. is subject to disciplinary action for  
unprofessional conduct under sections 2234(b) and/or 2234(c) of the Code in that her conduct in



1 Patient One's<sup>1</sup> case included departures from the standard of care constituting gross negligence  
2 and/or repeated negligent acts. The circumstances are as follows:

3 11. Patient One visited the Marin City Health and Wellness Center (MCHWC) on  
4 January 16, 2018, and inquired about midwifery care. Patient One was then 37 years old and at  
5 approximately her 30th week of pregnancy. At that January 16<sup>th</sup> visit, Patient One underwent a  
6 client health assessment by a non-physician member of the MCHWC staff. The resulting  
7 "Prenatal Risk Assessment" information sheet in her medical record indicates that Patient One  
8 was assigned a pregnancy risk factor total of 3 points, solely for a prior cesarean section.  
9 Although it was noted on the form that Patient One was 40 pounds heavier than the upper  
10 boundary for her height, no additional risk points were assigned to this factor. Staff at the  
11 MCHWC submitted a request for Patient One's medical records to the Kaiser facility at which  
12 Patient One had received obstetrical care for prior pregnancies and early pre-natal care for her  
13 current pregnancy.

14 12. Respondent, a physician board-certified in obstetrics and gynecology, was retained by  
15 MCHWC as the physician consultant to review patient care, including the pre-natal care provided  
16 by the licensed midwife employed by MCHWC. Respondent informed Board investigators at  
17 her July 12, 2021, interview that she would go to MCHWC at approximately two week intervals  
18 to review charts and that she would also meet with the licensed midwife as needed. Respondent  
19 told Board investigators that her review of the pre-natal care by the midwife MCHWC included  
20 making the clinical determination as to whether the subject patient was appropriate for midwifery  
21 care.

22 13. Patient One returned to MCHWC on February 6, 2018, and underwent a combined  
23 assessment of suitability for midwife care; neither the midwife nor Respondent saw Patient One  
24 at this visit. No additional risk factors other than the prior caesarian section were noted in the  
25 record for this visit. A second request was sent to Kaiser for the patient's medical records, which  
26 were received soon thereafter. On February 12, 2018, Respondent met with the midwife and  
27

28 <sup>1</sup> The patient is identified herein as Patient One to preserve patient confidentiality. The patient's full name will be provided to Respondent upon request.

1 reviewed Patient One's Kaiser and MCHWC records. The Kaiser records revealed Patient One's  
2 history of preeclampsia, failed induction of labor, and a primary low-transverse cesarean section  
3 in a prior pregnancy. Chart notes from Respondent's review of the records with the midwife  
4 indicate that no additional pregnancy risk points were assigned to augment the initial 3-point risk  
5 factor determination for Patient One that was made initially on January 16, 2018. Respondent  
6 approved Patient One for midwifery care at MCHWC. At no point in Patient One's pre-natal  
7 course did Respondent recommend to the attending midwife that Patient One be seen by an  
8 obstetrician, nor did Respondent make such a referral directly.

9 14. On February 27, 2018, Patient One, at 36 weeks' gestation, first saw the licensed  
10 midwife at MCHWC. Fetal heart tones (FHT) and the patient's blood pressure were recorded as  
11 normal. Fundal height was recorded as 36 cm and a breech presentation confirmed by bedside  
12 ultrasound. Patient One was given a management plan to help evert the breech presentation. No  
13 laboratory sample was obtained from Patient One to test for Group B Streptococcus at this 36  
14 week gestation visit. The licensed midwife later told Board investigators that the Group B  
15 Streptococcus test should have been performed at this 36-week visit, but "it was missed." In her  
16 interview, Respondent told Board investigators that a Group B Streptococcus test would normally  
17 be performed between 35 and 37 weeks' gestation. In Respondent's chart entries made on March  
18 12, 2018, Respondent notes that Patient One was then at 37 6/7 weeks' gestation and that  
19 Respondent had reviewed Patient One's chart including "outside prenatal records and labs."  
20 Respondent continued to recommend routine pre-natal care. These entries were evidently made  
21 after a chart review only; Respondent did not see Patient One. Respondent's chart entries did not  
22 include any clinically significant detail as to the patient's history, physical examination findings,  
23 assessment, or recommendations beyond "routine prenatal care," nor did Respondent correct the  
24 medical record as to Patient One's assessed risk factors.

25 15. Patient One returned to MCHWC and was seen by her midwife again two weeks  
26 later, on March 15, 2018. Blood pressure readings and FHT were recorded as normal and the  
27 fundal height was recorded to be 39 cm. On March 20, 2018, the midwife saw Patient One at  
28 MCHWC for her third prenatal appointment, at 39 weeks gestation. Patient One reported no

1 problems; her blood pressure and the FHT were again recorded as normal. Fundal height was  
2 documented as being 39 cm, the same measurement as the preceding visit. A sample for Group B  
3 Streptococcus testing—the first such test administered in her pre-natal course--was taken at this  
4 visit. Respondent's chart entries dated March 28, 2018, note that she reviewed Patient One's  
5 chart, that Patient One was at 40 1/7 weeks gestation, that the fetus was in vertex position, and  
6 that the result of the Group B Streptococcus test was pending. Respondent recommended  
7 continued routine pre-natal care and non-stress tests of the fetal heart rate to begin at 41 weeks'  
8 gestation. Respondent did not see Patient One at the time of her chart entries on March 28, 2018.

9 16. At approximately 7:00 p.m. that evening, March 28, 2018, Patient One reached her  
10 midwife to report fluid leakage. The midwife told Patient One to go to MCHWC; Patient One  
11 arrived at the clinic about 8:30 p.m. The patient's blood pressure was documented as 132/88 and  
12 the fetal heart rate was 144 bpm. Cervical examination showed Patient One to be dilated to 2 cm,  
13 with 50% effacement in vertex presentation at a -3 station, ruptured membranes, and the presence  
14 of thin meconium. The midwife proposed to Patient One that they wait two hours in anticipation  
15 of progress in labor and if no progress was made then Patient One would be transferred to a  
16 hospital for a higher level of care.

17 17. The midwife's labor notes in the chart state that at 12:15 a.m., a repeat cervical  
18 examination established that Patient One was still at 50% effacement and meconium-stained  
19 amniotic fluid was still present. At 12:49 a.m., the midwife spoke with the charge nurse at the  
20 Obstetrics Department of the Kaiser Hospital in San Leandro, stating that Patient One was being  
21 transferred for hospital labor care because of fetal distress. Upon arrival at Kaiser San Leandro,  
22 immediate examination of Patient One revealed no fetal heartbeat. Post-mortem examination  
23 found fetal death in utero, resulting from a "multifactorial cascade" of factors, including fetal  
24 growth restriction, placental insufficiency, meconium-induced necrosis, and amniotic infection by  
25 Group B Streptococcus.

26 18. Respondent Lasha Kim Pierce, M.D., has subjected her license to disciplinary action  
27 for unprofessional conduct in that her failure to ensure accurate assessment of Patient One's  
28 obstetrical risk factors before recommending routine pre-natal midwifery care was a departure

1 from the standard of care constituting either gross negligence in violation of section 2234(b) of  
2 the Code or, in conjunction with the other departures alleged herein, repeated negligent acts in  
3 violation of section 2234(c) of the Code.

4 **SECOND CAUSE FOR DISCIPLINE**

5 **(Gross Negligence/Repeated Negligent Acts)**

6 19. The allegations of paragraphs 11-17 above are incorporated by reference as if set out  
7 in full. Respondent Lasha Kim Pierce, M.D. is subject to disciplinary action for unprofessional  
8 conduct in that the protracted time intervals at which she reviewed the pre-natal care afforded  
9 Patient One by the licensed midwife at MCHWC were clinically inappropriate and insufficient to  
10 monitor this midwifery patient's pre-natal status and was a departure from the standard of care  
11 constituting either gross negligence in violation of section 2234(b) of the Code or, in conjunction  
12 with the other departures alleged herein, repeated negligent acts in violation of section 2234(c) of  
13 the Code.

14 **THIRD CAUSE FOR DISCIPLINE**

15 **(Gross Negligence/Repeated Negligent Acts)**

16 20. The allegations of paragraphs 11-17 above are incorporated by reference as if set out  
17 in full. Respondent Lasha Kim Pierce, M.D. is subject to disciplinary action for unprofessional  
18 conduct in that her failure to effectively consult with the attending midwife and communicate the  
19 appropriate pre-natal care needed in Patient One's case was a departure from the standard of care  
20 constituting either gross negligence in violation of section 2234(b) of the Code or, in conjunction  
21 with the other departures alleged herein, repeated negligent acts in violation of section 2234(c) of  
22 the Code.

23 **FOURTH CAUSE FOR DISCIPLINE**

24 **(Gross Negligence/Repeated Negligent Acts)**

25 21. The allegations of paragraphs 11-17 above are incorporated by reference as if set out  
26 in full. Respondent Lasha Kim Pierce, M.D. is subject to disciplinary action for unprofessional  
27 conduct in that Respondent's failure to ensure Patient One was seen by an obstetrician in her pre-  
28 natal course was a departure from the standard of care constituting either gross negligence in

1 violation of section 2234(b) of the Code or, in conjunction with the other departures alleged  
2 herein, repeated negligent acts in violation of section 2234(c) of the Code.

3 **FIFTH CAUSE FOR DISCIPLINE**

4 **(Failure to Maintain Adequate and Accurate Medical Records)**

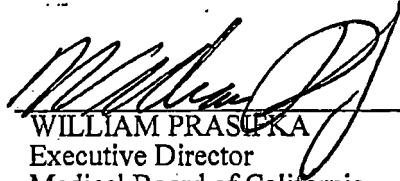
5 22. The allegations of paragraphs 11-17 above are incorporated by reference as if set out  
6 in full. Respondent Lasha Kim Pierce, M.D. is subject to disciplinary action for unprofessional  
7 conduct in that Respondent's failure to maintain adequate and accurate medical records in Patient  
8 One's case was a violation of section 2266 of the Code.

9  
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 Number A 75116,  
14 issued to Respondent Lasha Kim Pierce, M.D.;
- 15 2. Revoking, suspending or denying approval of Respondent Lasha Kim Pierce, M.D.'s  
16 authority to supervise physician assistants and advanced practice nurses;
- 17 3. Ordering Respondent Lasha Kim Pierce, 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: JAN 31 2022

  
\_\_\_\_\_  
WILLIAM PRASICKA  
Executive Director  
Medical Board of California  
Department of Consumer Affairs  
State of California  
*Complainant*

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