

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

In the Matter of the Accusation
Against:

Kaitlin Varady McKee, M.D.

Physician's and Surgeon's
Certificate No. C 140067

Case No.: 800-2020-068329

Respondent.

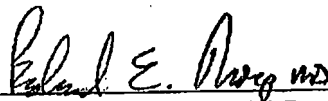
DECISION

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 December 29, 2023.

IT IS SO ORDERED: November 30, 2023.

MEDICAL BOARD OF CALIFORNIA



Richard E. Thorp, M.D. Chair
Panel B

1 ROB BONTA
Attorney General of California
2 ALEXANDRA M. ALVAREZ
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8
9 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:
13 **KAITLIN VARADY MCKEE, M.D.**
14 **Family Medicine Department**
15 **1 Quality Drive**
Vacaville, CA 95688
16 **Physician's and Surgeon's Certificate No.**
C 140067
17 **Respondent.**

Case No. 800-2020-068329
OAH No. 2023020257

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

19
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. Reji Varghese (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 Jannsen Tan, Deputy
26 Attorney General.

1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2020-068329, if proven at a hearing, constitute cause for imposing discipline upon her
4 Physician's and Surgeon's Certificate.

5 10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case
6 or factual basis for the charges in the Accusation, and that Respondent hereby gives up her right
7 to contest those charges.

8 11. Respondent does not contest that, at an administrative hearing, complainant could
9 establish a prima facie case with respect to the charges and allegations in Accusation No. 800-
10 2020-068329, a true and correct copy of which is attached hereto as Exhibit A, and that she has
11 thereby subjected her Physician's and Surgeon's Certificate, No. C 140067 to disciplinary action.

12 12. Respondent agrees that her Physician's and Surgeon's Certificate is subject to
13 discipline and she agrees to be bound by the Board's probationary terms as set forth in the
14 Disciplinary Order below.

15 RESERVATION

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

20 CONTINGENCY

21 14. This stipulation shall be subject to approval by the Medical Board of California.
22 Respondent understands and agrees that counsel for Complainant and the staff of the Medical
23 Board of California may communicate directly with the Board regarding this stipulation and
24 settlement, without notice to or participation by Respondent or her counsel. By signing the
25 stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek
26 to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails
27 to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary
28 Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal

1 action between the parties, and the Board shall not be disqualified from further action by having
2 considered this matter.

3 15. Respondent agrees that if she ever petitions for early termination or modification of
4 probation, or if an accusation and/or petition to revoke probation is filed against her before the
5 Board, all of the charges and allegations contained in Accusation No. 800-2020-068329 shall be
6 deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any
7 other licensing proceeding involving Respondent in the State of California.

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

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

14 **DISCIPLINARY ORDER**

15 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. C 140067
16 issued to Respondent Kaitlin Varady McKee, M.D., is revoked. However, the revocation is
17 stayed and Respondent is placed on probation for one (1) year from the effective date of the
18 Decision on the following terms and conditions:

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

1 2. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the
2 Respondent shall provide a true copy of this Decision and Accusation to the Chief of Staff or the
3 Chief Executive Officer at every hospital where privileges or membership are extended to
4 Respondent, at any other facility where Respondent engages in the practice of medicine,
5 including all physician and locum tenens registries or other similar agencies, and to the Chief
6 Executive Officer at every insurance carrier which extends malpractice insurance coverage to
7 Respondent. Respondent shall submit proof of compliance to the Board or its designee within 15
8 calendar days.

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

10 3. SUPERVISION OF PHYSICIAN ASSISTANTS AND ADVANCED PRACTICE
11 NURSES. During probation, Respondent is prohibited from supervising physician assistants and
12 advanced practice nurses.

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

16 5. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby
17 ordered to reimburse the Board its costs of investigation and enforcement, including, but not
18 limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena
19 enforcement, as applicable, in the amount of \$15,250 (fifteen thousand two hundred fifty dollars).
20 Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be
21 considered a violation of probation.

22 Payment must be made in full within 360 calendar days of the effective date of the Order,
23 or by a payment plan approved by the Medical Board of California. Any and all requests for a
24 payment plan shall be submitted in writing by respondent to the Board. Failure to comply with
25 the payment plan shall be considered a violation of probation.

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

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1 6. QUARTERLY DECLARATIONS. Respondent shall submit quarterly declarations
2 under penalty of perjury on forms provided by the Board, stating whether there has been
3 compliance with all the conditions of probation.

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

6 7. GENERAL PROBATION REQUIREMENTS.

7 Compliance with Probation Unit

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

9 Address Changes

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

15 Place of Practice

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

19 License Renewal

20 Respondent shall maintain a current and renewed California physician's and surgeon's
21 license.

22 Travel or Residence Outside California

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

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

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

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

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

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

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

25 Periods of non-practice for a Respondent residing outside of California will relieve
26 Respondent of the responsibility to comply with the probationary terms and conditions with the
27 exception of this condition and the following terms and conditions of probation: Obey All Laws;

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1 General Probation Requirements; Quarterly Declarations; Abstain from the Use of Alcohol and/or
2 Controlled Substances; and Biological Fluid Testing..

3 10. COMPLETION OF PROBATION. Respondent shall comply with all financial
4 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
5 completion of probation. This term does not include cost recovery, which is due within 30
6 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
7 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
8 shall be fully restored.

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

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

26 13. PROBATION MONITORING COSTS. Respondent shall pay the costs associated
27 with probation monitoring each and every year of probation, as designated by the Board, which
28 may be adjusted on an annual basis. Such costs shall be payable to the Medical Board of

1 California and delivered to the Board or its designee no later than January 31 of each calendar
2 year.

3 14. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
4 a new license or certification, or petition for reinstatement of a license, by any other health care
5 licensing action agency in the State of California, all of the charges and allegations contained in
6 Accusation No. 800-2020-068329 shall be deemed to be true, correct, and admitted by
7 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
8 restrict license.

9 ACCEPTANCE

10 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
11 discussed it with my attorney, Ann H. Larson, Esq. I understand the stipulation and the effect it
12 will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Settlement and
13 Disciplinary Order voluntarily, knowingly, and intelligently, and agree to be bound by the
14 Decision and Order of the Medical Board of California.

15
16 DATED: 9/7/23

K McKee
KAITLIN VARADY MCKEE, M.D.
Respondent

17
18 I have read and fully discussed with Respondent Kaitlin Varady McKee, M.D., the terms
19 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
20 Order. I approve its form and content.

21 DATED: 9/11/2023

Ann H Larson
ANN H. LARSON, 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: 9/11/2023

Respectfully submitted,

ROB BONTA
Attorney General of California
ALEXANDRA M. ALVAREZ
Supervising Deputy Attorney General



JANNSEN TAN
Deputy Attorney General
Attorneys for Complainant

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MEDICAL BOARD OF CALIFORNIA
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11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2020-068329

13 **Kaitlin Varady McKee, M.D.**
14 **Family Medicine Department**
15 **1 Quality Drive**
Vacaville, CA 95688

ACCUSATION

16 **Physician's and Surgeon's Certificate**
17 **No. C 140067,**

Respondent.

18
19
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 January 5, 2016, the Medical Board issued Physician's and Surgeon's
25 Certificate Number C 140067 to Kaitlin Varady McKee, M.D. (Respondent). The Physician's
26 and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
27 herein and will expire on January 31, 2024, unless renewed.

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1 **JURISDICTION**

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 **STATUTORY PROVISIONS**

28 5. Section 2234 of the Code¹, 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.

¹ Business and Professions Code Section 2234 was amended in January 1, 2020. All
allegations in this Accusation occurred prior to January 1, 2020. The prior version of Section
2234 was effective January 1, 2014 to December 31, 2019.

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

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

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

13 (d) Incompetence.

14 (e) The commission of any act involving dishonesty or corruption which is
15 substantially related to the qualifications, functions, or duties of a physician and
16 surgeon.

17 (f) Any action or conduct which would have warranted the denial of a
18 certificate.

19 (g) The practice of medicine from this state into another state or country
20 without meeting the legal requirements of that state or country for the practice of
21 medicine. Section 2314 shall not apply to this subdivision. This subdivision shall
22 become operative upon the implementation of the proposed registration program
23 described in Section 2052.5

24 (h) The repeated failure by a certificate holder, in the absence of good cause, to
25 attend and participate in an interview by the board. This subdivision shall only apply
26 to a certificate holder who is the subject of an investigation by the board.

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

COST RECOVERY

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

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FIRST CAUSE FOR DISCIPLINE
(Gross Negligence)

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3 8. Respondent's license is subject to disciplinary action under section 2234, subdivision
4 (b), of the Code, in that she committed gross negligence in the care and treatment of Patient A².
5 The circumstances are as follows:

6 9. Respondent is a physician and surgeon, board certified in family medicine, who at all
7 times relevant to the charges brought herein practiced medicine under The Permanente Medical
8 Group, Vacaville, CA.

9 10. On or about November 8, 2016, Patient A was seen by Dr. K, D.O., for migraines and
10 chest cold symptoms. Patient A was, at the time of the visit, a 45-year-old female who reported
11 migraine headaches for the prior two weeks and was seen in Fontana Emergency Room on
12 October 22, 2016 for numbness in hands and was told she "may have had a mini-stroke." Dr. K
13 noted that Patient A's migraines are relieved with Norco and had associated symptoms of
14 photophobia and nausea. Dr. K documented that Patient A also had a chest cold for 3 days and
15 "felt like her chest was going to explode." Patient A also reported cough, runny nose, sweating,
16 but no fever or sore throat. Dr. K noted that Patient A was currently smoking, did not drink, but
17 documented yes to drug use. Patient A's outpatient prescriptions prior to the visit were Norco,
18 Mirena IUD, lisinopril and metformin.

19 11. Patient A's labs from July 2, 2016 show cholesterol level at 232, LDL cholesterol at
20 140, and hemoglobin A1C at 7.5%. Dr. K noted Patient A's blood pressure was 144/46, pulse 88,
21 weight 231 lbs, BMI of 45. In the assessment and plan, Dr. K noted "ACUTE LOWER
22 RESPIRATORY INFECTION (primary encounter diagnosis)" and "bilateral crackles on
23 auscultation, will treat as pneumonia." Dr. K ordered x-rays and provided an albuterol inhaler
24 and antibiotics. Dr. K also ordered anti-nausea medication and naproxen for Patient A's
25 migraines. Dr. K ordered an EKG, an echocardiogram, labs, and advised a follow-up with Patient
26 A's primary care provider, because of Patient A's history of stroke.

27
28 ² Patient names are redacted to protect privacy.

1 12. Dr. K documented that Patient A had severe obesity with a BMI greater than or equal
2 to 40. She advised Patient A to undergo a sleep study. Patient A was advised but declined
3 counselling on nicotine dependence. Dr. K documented that Patient A had gone from prediabetes
4 to diabetes and needed follow-up with primary care. Dr. K noted that Patient A also needed
5 Vitamin D supplementation. Dr. K documented that "the nature of presenting problem is high
6 risk given differential and treatment and high risk given comorbid conditions." Dr. K noted that
7 risk, benefits, and ER precautions were discussed. Patient A was screened for and tested positive
8 for depression. Dr. K advised follow-up in one week.

9 13. On or about November 16, 2016, Respondent left a telephone message with her office
10 staff to contact Patient A because Patient A needed to establish care, and that Patient A recently
11 saw Dr. K and there were several issues Dr. K wanted Respondent do follow-up on.

12 14. On or about November 22, 2016, Respondent saw Patient A to establish care.
13 Respondent documented that Patient A had migraines that resolved and did not have headaches in
14 the past month. Patient A reported that her migraines "started after being in a casino with
15 flashing lights, and then had numbness associated with this." Respondent documented a history
16 of cerebrovascular accident per CT scan done in the ER on October 22, 2016. Respondent copied
17 the results of the CT scan on to her notes. The CT Scan report found:

18 "Low-density tubular-appearing tract coursing from the right frontal horn through the
19 caudate head and into the basal ganglia. This may represent an infarct of indeterminate age. Low-
20 density lesion in the right basal ganglia may represent an old lacunar infarct. There are
21 hypodensities seen in a periventricular distribution..."

22 The CT Scan impression was:

23 "Low-density tubular-appearing lesion coursing from the right frontal horn through the
24 caudate head and into the basal ganglia. This may represent an infarct of indeterminate age."

25 "Additional low-density lesion in the right basal ganglia may represent an old lacunar
26 infarct."

27 "If there is high clinical suspicion for an acute infarct MRI with DWI sequences are more
28 sensitive."

1 15. Respondent documented that Patient A was obese and had lost weight since July 2016
2 when labs were done. She noted diabetes with A1C of 7.5%. She noted Vitamin D deficiency,
3 anxiety due to marital issues, skin moles, and history of drug use. Patient A's blood pressure was
4 134/84. She advised Patient A to attend diabetes class. Patient A also wanted to bring her
5 diabetes under control using diet control. She advised Patient A to start 50,000 units of Vitamin
6 D for her Vitamin D deficiency.

7 16. Under the history of CVA portion of the progress note, Respondent documented
8 "CVA ??? Unsure if this 2/2 migraine. See above CT results. If any changes, consider MRI
9 brain, but will treat migraines for now." Respondent documented that Patient A's migraines
10 improved secondary to stress and noted "CPM". Respondent documented that Patient A declined
11 prescriptions and will follow-up with psychiatry/counselor. Respondent also noted that Patient
12 A's hypertension was controlled.

13 17. In her summary of care dated August 7, 2020, Respondent admitted that she focused
14 on the "chronic microvascular changes" finding in the CT scan and failed to fully appreciate the
15 possibility of a recent and an old stroke. She wrote that she should have guided Patient A toward
16 a greater focus on cerebrovascular disease risk modification. She suspected that Patient A's
17 normal neurological examination, her young age, and the diagnosis reached after the ER
18 evaluation all contributed to her not appreciating Patient A's cerebrovascular disease risk.

19 18. On or about November 30, 2016, Patient A presented to the ER with left sided
20 weakness since the prior day. While Patient A was at work, she got up from her chair and noticed
21 her left leg felt weak, and felt off balance. By the end of the day, she had weakness in her left arm
22 as well. The ER doctor noted that Patient A had some confusion and difficulty finding words.
23 Patient A noted that the morning she came into the ER, she felt nauseous and had difficulty
24 walking in a straight line. Patient A denied sensory deficit, slurred words, headaches, fever or
25 vomiting. The ER doctor noted that Patient A had been seen on October 22, 2016 for left arm
26 weakness with CT scan showing lesions in right frontal horn through caudate head into basal
27 ganglia. He also noted that Patient A had not had an MRI.

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1 19. In the physical examination portion of the note, the ER provider noted that Patient A
2 had normal strength, and no cranial nerve deficit or sensory deficit. She had abnormal gait and
3 subtle decreased grip in left hand, limp to left leg and partial foot drop, and was unable to tandem
4 gait. Under the ER course, the ER provider states MRI result likely CVA but possibly
5 demyelinating process as well. They requested admission for additional imaging. ER diagnosis
6 was an ischemic stroke with coma. In the ER, Patient A's blood pressure ranged from 154/77 to
7 188/95. Patient A's random glucose was as high as 275 mg/dl. Patient A's history noted
8 hypertension, history of stroke with unspecified residual deficits, Vitamin D deficiency and
9 diabetes type 2. Social history noted former smoker, ½ pack a day for 6 years. Patient A's
10 hemoglobin A1C was 7.5%.

11 20. In the discharge summary, Patient A was started on a statin, aspirin, and had further
12 imaging of her head, neck, and heart. No vascular pathology was found. The discharge summary
13 also noted that Patient A had worsening weakness in her left side, and a repeat CT scan showed
14 slight evolution of existing stroke but no new stroke was found. Patient A was advised to have
15 additional testing as ordered and follow-up with cardiology lab in 30 days. Patient A was also
16 advised to follow-up with her primary care provider, Respondent.

17 21. On or about December 27, 2016, Respondent saw Patient A for a follow-up on her
18 hospitalization. Respondent noted that Patient A was discharged on December 22, 2016 for
19 CVA. She documented that Patient A's blood pressure was managed with lisinopril and Norvasc.
20 She documented that Patient A's diabetes was managed with Glucophage and diet. She
21 documented that Patient A will have a follow-up ultrasound for thyroid module and will follow-up
22 for cardiac event monitor. She also noted that Patient A is on high dose statin Lipitor 40 mg and
23 she will follow-up on Vitamin D levels and start Prozac for depression. Patient A's blood pressure
24 was 149/80. Respondent also noted in the physical exam portion of the progress note that Patient
25 A's upper and lower extremities showed weakness. She documented that she had a discussion
26 with Patient A about controlling risk factors. Respondent documented that Patient A's blood
27 pressure was not at goal, although she noted that Patient A had a home health nurse coming in the
28 next week and they would recheck her blood pressure. If Patient A's blood pressure was still

1 high, Respondent would consider increasing amlodipine. Respondent documented that Patient
2 A's blood glucose was finally controlled, although it appeared that Respondent was relying on
3 Patient A's fasting blood glucose. However, Patient A's most recent A1C was elevated at 9.0%.

4 22. On or about December 29, 2016, the home health nurse reported that Patient A's
5 blood pressure was 180/102. On or about December 20, 2016, Respondent left a message to
6 increase amlodipine to 5 mg. On or about December 30, 2016, Respondent left a message that
7 Patient A's ultrasound showed a nodule, and that she was going to refer Patient A to
8 endocrinology.

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

11 A. Respondent failed to initiate or fully advise Patient A, a high risk patient, regarding
12 several treatment or preventative measures to reduce the risk of cardiovascular event. Respondent
13 failed to offer high intensity statin therapy appropriate for Patient A's high risk level. Respondent
14 failed to offer more intensive glycemic control in an effort to achieve A1C levels of 6.5 to 7.0%.
15 Respondent failed to advise Patient A that more intensive glucose lower therapy would reduce
16 Patient A's risk of complications secondary to diabetes in the post CVA scenario. Respondent also
17 failed to offer an anti-platelet agent (i.e. aspirin), that could have reduced Patient A's risk of
18 stroke. This should have been at least discussed with Patient A as a preventative measure in the
19 context of Patient A's most recent brain CT scan.

20 B. Respondent failed to appreciate that additional assessment, including MRI, and other
21 imaging, such as angiograms, were necessary since Patient A presented with sufficient evidence
22 that further assessment of cerebrovascular disease was necessary.

23 PRAYER

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

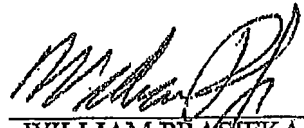
26 1. Revoking or suspending Physician's and Surgeon's Certificate Number C 140067,
27 issued to Kaitlin Varady McKee, M.D.;

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2. Revoking, suspending or denying approval of Kaitlin Varady McKee, M.D.'s authority to supervise physician assistants and advanced practice nurses;
3. Ordering Kaitlin Varady McKee, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring;
4. Taking such other and further action as deemed necessary and proper.

DATED: SEP 21 2022



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

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