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

In the Matter of the Accusation Against: Katherine Amelia Overton, M.D. Physician's and Surgeon's Certificate No. G 54757 Respondent.	Case No.: 800-2021-075973

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 January 30, 2025.

IT IS SO ORDERED: December 31, 2024.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
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Supervising Deputy Attorney General
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **KATHERINE AMELIA OVERTON, M.D.** **Family Health Care Network** **305 E. Center Ave.** **Visalia, CA 93291-6331** **Physician's and Surgeon's Certificate No. G 54757** Respondent.	Case No. 800-2021-075973 OAH No. 2024060026 **STIPULATED SETTLEMENT AND DISCIPLINARY ORDER**

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

PARTIES

1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Ryan J. Yates, Deputy Attorney General.

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2. Respondent Katherine Amelia Overton, M.D. (Respondent) is represented in this proceeding by attorney Gillian E. Friedman, whose address is:

2121 Avenue of the Stars, Suite 800
Los Angeles, CA 90067

3. On or about May 13, 1985, the Board issued Physician's and Surgeon's Certificate No. G 54757 to Katherine Amelia Overton, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-075973, and will expire on December 31, 2024, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-075973 was filed before the Board, and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on February 28, 2024. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2021-075973 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

6. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-075973. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-075973, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case or factual basis with respect to the charges and allegations in Accusation No. 800-2021-075973, a true and correct copy of which is attached hereto as Exhibit A, and that Respondent hereby gives up her right to contest those charges and she has thereby subjected her Physician's and Surgeon's Certificate, No. G 54757 to disciplinary action.

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

CONTINGENCY

12. This stipulation shall be subject to approval by the Medical Board of California. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Board regarding this stipulation and settlement, without notice to or participation by Respondent or her counsel. By signing the stipulation, Respondent understands and agrees that she may not withdraw her agreement or seek to rescind the stipulation prior to the time the Board considers and acts upon it. If the Board fails to adopt this stipulation as its Decision and Order, the Stipulated Settlement and Disciplinary Order shall be of no force or effect, except for this paragraph, it shall be inadmissible in any legal action between the parties, and the Board shall not be disqualified from further action by having considered this matter.

13. This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreement of the parties in this above entitled matter.

14. Respondent agrees that if she ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against her before the

Board, all of the charges and allegations contained in Accusation No. 800-2021-075973 shall be deemed true, correct and fully admitted by respondent for purposes of any such proceeding or any other licensing proceeding involving Respondent in the State of California.

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

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

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 54757 issued to Respondent KATHERINE AMELIA OVERTON, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

2. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem

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

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

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

3. PATIENT COMMUNICATION COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in patient communication approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent. Respondent shall successfully complete the course within one (1) year of enrollment. The course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

4. MEDICAL EVALUATION AND TREATMENT. Within 30 calendar days of the effective date of this Decision, and on a periodic basis thereafter as may be required by the Board or its designee, Respondent shall undergo a medical evaluation and, if deemed necessary, a neuropsychological evaluation, by a Board-appointed physician and/or mental health practitioner, who shall consider any information provided by the Board or designee and any other information the evaluating physician deems relevant and shall furnish a medical report to the Board or its designee. Respondent shall provide the evaluating physician with any information and documentation that the evaluating physician may deem pertinent.

Following the evaluation, Respondent shall comply with all restrictions or conditions recommended by the evaluating physician within 15 calendar days after being notified by the Board or its designee. If Respondent is required by the Board or its designee to undergo medical treatment, Respondent shall within 30 calendar days of the requirement notice, submit to the Board or its designee for prior approval the name and qualifications of a California licensed treating physician of Respondent's choice. Upon approval of the treating physician, Respondent shall within 15 calendar days undertake medical treatment and shall continue such treatment until further notice from the Board or its designee.

The treating physician shall consider any information provided by the Board or its designee or any other information the treating physician may deem pertinent prior to commencement of treatment. Respondent shall have the treating physician submit quarterly reports to the Board or its designee indicating whether or not the Respondent is capable of practicing medicine safely. Respondent shall provide the Board or its designee with any and all medical records pertaining to treatment that the Board or its designee deems necessary.

If, prior to the completion of probation, Respondent is found to be physically incapable of resuming the practice of medicine without restrictions, the Board shall retain continuing jurisdiction over Respondent's license and the period of probation shall be extended until the Board determines that Respondent is physically capable of resuming the practice of medicine without restrictions. Respondent shall pay the cost of the medical evaluation(s) and treatment.

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5. MONITORING - PRACTICE/BILLING. Within 30 calendar days of the effective date of this Decision, Respondent shall submit to the Board or its designee for prior approval as a practice monitor(s), the name and qualifications of one or more licensed physicians and surgeons whose licenses are valid and in good standing, and who are preferably American Board of Medical Specialties (ABMS) certified. A monitor shall have no prior or current business or personal relationship with Respondent, or other relationship that could reasonably be expected to compromise the ability of the monitor to render fair and unbiased reports to the Board, including but not limited to any form of bartering, shall be in Respondent's field of practice, and must agree to serve as Respondent's monitor. Respondent shall pay all monitoring costs.

The Board or its designee shall provide the approved monitor with copies of the Decision(s) and Accusation(s), and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision(s), Accusation(s), and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision(s) and Accusation(s), fully understands the role of a monitor, and agrees or disagrees with the proposed monitoring plan. If the monitor disagrees with the proposed monitoring plan, the monitor shall submit a revised monitoring plan with the signed statement for approval by the Board or its designee.

Within 60 calendar days of the effective date of this Decision, and continuing throughout probation, Respondent's practice shall be monitored by the approved monitor. Respondent shall make all records available for immediate inspection and copying on the premises by the monitor at all times during business hours and shall retain the records for the entire term of probation.

If Respondent fails to obtain approval of a monitor within 60 calendar days of the effective date of this Decision, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a monitor is approved to provide monitoring responsibility.

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine

safely, billing appropriately or both. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

If the monitor resigns or is no longer available, Respondent shall, within 5 calendar days of such resignation or unavailability, submit to the Board or its designee, for prior approval, the name and qualifications of a replacement monitor who will be assuming that responsibility within 15 calendar days. If Respondent fails to obtain approval of a replacement monitor within 60 calendar days of the resignation or unavailability of the monitor, Respondent shall receive a notification from the Board or its designee to cease the practice of medicine within three (3) calendar days after being so notified. Respondent shall cease the practice of medicine until a replacement monitor is approved and assumes monitoring responsibility.

In lieu of a monitor, Respondent may participate in a professional enhancement program approved in advance by the Board or its designee that includes, at minimum, quarterly chart review, semi-annual practice assessment, and semi-annual review of professional growth and education. Respondent shall participate in the professional enhancement program at Respondent's expense during the term of probation.

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

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

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

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

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, including, but not limited to, expert review, amended accusations, legal reviews, investigation(s), and subpoena enforcement, as applicable, in the amount of $53,408.00 (fifty-three thousand four hundred and eight dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

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

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

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

Respondent shall, at all times, keep the Board informed of Respondent's business and residence addresses, email address (if available), and telephone number. Changes of such addresses shall be immediately communicated in writing to the Board or its designee. Under no

circumstances shall a post office box serve as an address of record, except as allowed by Business and Professions Code section 2021, subdivision (b).

Place of Practice

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

License Renewal

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

Travel or Residence Outside California

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

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

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

13. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or its designee in writing within 15 calendar days of any periods of non-practice lasting more than 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is defined as any period of time Respondent is not practicing medicine as defined in Business and Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct patient care, clinical activity or teaching, or other activity as approved by the Board. If Respondent resides in California and is considered to be in non-practice, Respondent shall comply with all terms and conditions of probation. All time spent in an intensive training program which has been approved by the Board or its designee shall not be considered non-

practice and does not relieve Respondent from complying with all the terms and conditions of probation. Practicing medicine in another state of the United States or Federal jurisdiction while on probation with the medical licensing authority of that state or jurisdiction shall not be considered non-practice. A Board-ordered suspension of practice shall not be considered as a period of non-practice.

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

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

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

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

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

15. VIOLATION OF PROBATION. Failure to fully comply with any term or condition of probation is a violation of probation. If Respondent violates probation in any respect, the Board, after giving Respondent notice and the opportunity to be heard, may revoke probation and carry out the disciplinary order that was stayed. If an Accusation, or Petition to Revoke Probation, or an Interim Suspension Order is filed against Respondent during probation,

the Board shall have continuing jurisdiction until the matter is final, and the period of probation shall be extended until the matter is final.

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

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

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2021-075973 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or 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, Gillian E. Friedman. 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: 10-25-24

KATHERINE AMELIA OVERTON, M.D.
Respondent

I have read and fully discussed with Respondent Katherine Amelia Overton, 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: October 28, 2024

GILLIAN E. FRIEDMAN
Attorney for Respondent

ENDORSEMENT

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

DATED: _____

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Gillian E. Friedman. 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: _____

KATHERINE AMELIA OVERTON, M.D.
Respondent

I have read and fully discussed with Respondent Katherine Amelia Overton, 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: _____

GILLIAN E. FRIEDMAN
Attorney for Respondent

ENDORSEMENT

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

DATED: 10/28/24

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVE DIEHL
Supervising Deputy Attorney General
Ryan Yates

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2021-075973

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Attorney General of California
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **Katherine Amelia Overton, M.D.** **Family Health Care Network** **305 E. Center Ave.** **Visalia, CA 93291-6331** **Physician's and Surgeon's Certificate No. G 54757,** Respondent.	Case No. 800-2021-075973 **ACCUSATION**

PARTIES

1. Reji Varghese (Complainant) brings this Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On or about May 13, 1985, the Medical Board issued Physician's and Surgeon's Certificate Number G 54757 to Katherine Amelia Overton, M.D. (Respondent). The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought herein and will expire on December 31, 2024, unless renewed.

JURISDICTION

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

4. Section 2227 of the Code states:

> (a) A licensee whose matter has been heard by an administrative law judge of the Medical Quality Hearing Panel as designated in Section 11371 of the Government Code, or whose default has been entered, and who is found guilty, or who has entered into a stipulation for disciplinary action with the board, may, in accordance with the provisions of this chapter:
>
> (1) Have his or her license revoked upon order of the board.
>
> (2) Have his or her right to practice suspended for a period not to exceed one year upon order of the board.
>
> (3) Be placed on probation and be required to pay the costs of probation monitoring upon order of the board.
>
> (4) Be publicly reprimanded by the board. The public reprimand may include a requirement that the licensee complete relevant educational courses approved by the board.
>
> (5) Have any other action taken in relation to discipline as part of an order of probation, as the board or an administrative law judge may deem proper.
>
> (b) Any matter heard pursuant to subdivision (a), except for warning letters, medical review or advisory conferences, professional competency examinations, continuing education activities, and cost reimbursement associated therewith that are agreed to with the board and successfully completed by the licensee, or other matters made confidential or privileged by existing law, is deemed public, and shall be made available to the public by the board pursuant to Section 803.1.

STATUTORY PROVISIONS

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

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

(d) Incompetence.

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

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

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

6. Section 2266 of the Code states: The failure of a physician and surgeon to maintain 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.

FACTUAL ALLEGATIONS

8. On or about July 13, 2020, in the late afternoon/early evening, Patient A,[1] a 5 foot tall, 26 year old female, weighing 177 lbs., who was 40.6 weeks pregnant, presented to the hospital and was admitted by a physician other than Respondent for induction of labor. Patient A was given medication to soften her cervix to allow the baby to pass through the birth canal during

[1] The patient's name is redacted to protect her privacy.

delivery. Initial fetal heart rate tracing (FHRT) was reassuring.[2] Patient A's vital signs were stable and she tested positive for Group B streptococcus (GBS). Patient A was treated appropriately for GBS with prophylactic antibiotics during her induction.

9. Approximately every thirty minutes between at or about 6:00 p.m. and at or about 1:30 a.m., the FHRT was reassuring with normal baseline, moderate variability, and positive accelerations.[3] At or about 2:28 a.m., Patient A was dilated to approximately 2 cm. At or about 3:00 a.m., the FHRT showed minimal variability and late decelerations.[4] At or about 3:30 a.m., the FHRT showed moderate variability and positive accelerations. At or about 4:00 a.m. to at or about 5:00 a.m., the FHRT showed minimal variability but with positive accelerations. At or about 5:02 a.m., Patient A was dilated to approximately 3 cm. At or about 5:30 a.m., to at or about 6:00 a.m., the FHRT showed moderate variability and positive accelerations. At or about 6:09 a.m., an epidural was placed and oxytocin was given variously thereafter.

10. On or about July 14, 2020, at or about 7:00 a.m., Respondent, an obstetrician/gynecologist (OB/GYN), assumed care of Patient A.

11. At or about 7:31 a.m., Patient A was dilated to approximately 4 cm. At or about 7:30 a.m., to at or about 8:00 a.m., the FHRT showed moderate variability and positive accelerations. At or about 9:30 a.m., to at or about 11:30 a.m., the FHRT showed moderate variability and

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[2] Reassuring fetal heart rate tracing indicates that the fetal heart rate is stable and within normal limits of 120-160 beats per minute. Non-reassuring fetal heart rate occurs when a fetus experiences distress and has changes in heart rate, movement or signs of oxygen deprivation before or during labor.

[3] Accelerations may occur at different times throughout labor and delivery and are a sign that the fetus has an adequate supply of oxygen.

[4] Deceleration occurs when the FHR temporarily slows during labor. Three types of deceleration may occur: early, late, and variable. While early decelerations are usually normal, late and variable decelerations can point to a problem. Early deceleration describes the symmetrical decreases and return-to-normal of the fetal heart rate that is linked to uterine contractions. The decrease in heart rate occurs gradually. Late decelerations (a drop in the fetal heart rate after uterine contractions) are caused by a decrease in the placental blood flow. This results in insufficient oxygen supply to the fetus (uteroplacental insufficiency). Late decelerations may indicate that a fetus has high levels of acid in the blood (a condition called impending fetal academia), which is often caused by a lack of oxygen. A variable deceleration is a very quick decrease in fetal heart rate of 15 bpm or more, that lasts at least 15 seconds (but can last up to two minutes) before the heart rate returns to baseline. The onset of fetal slow heart rate, as well as the duration of the decelerations, varies with uterine contractions. Variable decelerations can be a sign that the umbilical cord is compressed. When this happens, the baby may not be getting enough oxygen or other nutrients.

positive accelerations. At or about 12:53 p.m., Patient A was dilated to approximately 5-6 cm. At or about 2:03 p.m., the FHRT showed minimal variability and variable decelerations. At or about 2:05 p.m., Patient A was dilated to approximately 7 cm. At or about 4:36 p.m., Patient A was dilated to 8 cm and her membranes spontaneously ruptured and nursing staff documented the presence of thick meconium.[5] At or about 4:55 p.m., an intrauterine pressure catheter (IUPC)[6] was placed. At or about 5:00 p.m., the FHRT showed variable decelerations. At or about 6:22 p.m., Patient A remained dilated to approximately 8 cm. At or about 6:24 p.m., the IUPC was replaced.

12. At or about 6:48 p.m., Respondent was at Patient A's bedside, but did not enter any clinical or progress notes in Patient A's chart. This was the only time Respondent saw Patient A. During this visit, Respondent did not check Patient A's cervix or examine Patient A. Respondent merely looked at Patient A and told Patient A that she was too short and obese to deliver vaginally, that she had a protracted labor, and would need a Cesarean section. Respondent did not discuss anything about the FHRT and fetal status with Patient A. At or about 6:53 p.m., Respondent ordered amnioinfusion.[7] After Respondent left her room, Patient A asked nursing staff to be reassigned to another physician.

13. At or about 7:00 p.m., another physician was contacted to take over Patient A's care. Respondent did not relay any information to or discuss Patient A's condition with the other physician who took over Patient A's care. At or about 7:30 p.m., the FHRT showed late decelerations. At or about 7:42 p.m., the other physician arrived at Patient A's bedside and took over her care. At or about 7:54 p.m. Patient A's cervix was fully dilated. At or about 8:00 p.m., the FHRT showed moderate variability and positive accelerations and nursing staff documented that Patient A was actively pushing. At or about 10:24 p.m., Patient A's baby was born via a

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[5] Meconium is a newborn's first bowel movement. It is sticky, thick, and dark green and is made up of cells, protein, fats, and intestinal secretions, like bile. Babies typically pass meconium in the first few hours and days after being born.

[6] An intrauterine pressure catheter is a device placed into the amniotic space during labor in order to measure the strength of uterine contractions.

[7] Amnioinfusion refers to the instillation of fluid into the amniotic cavity. The rationale is that augmenting amniotic fluid volume may decrease or eliminate problems associated with a severe reduction or absence of amniotic fluid, such as severe variable decelerations during labor.

normal spontaneous vaginal delivery. The length of the first stage of Patient A's labor was approximately 12.38 hours. The length of the second stage of Patient A's labor was approximately 2.5 hours. The final, third stage, of Patient A's labor lasted approximately 4 minutes. The length of all three stages of Patient A's labor were within the normal limits.

14. Because of the FHRT's variable decelerations, the Neonatal Intensive Care Unit (NICU) team was called and arrived at approximately 2 minutes of the baby's life. The baby was pale, limp and unresponsive, but his heart rate increased to 100 with stimulation and one minute of positive pressure ventilating. However, he remained unresponsive so was intubated, suctioned for removal of a small amount of meconium, and then was re-intubated and bagged. The infant's color improved, but he remained limp, with decreased muscle tone, and so was transported to the NICU. The baby was ultimately transferred to the local children's hospital for higher level of care because of moderate hypoxic ischemic encephalopathy,[8] metabolic acidosis,[9] perinatal asphyxia,[10] respiratory failure, thrombocytopenia,[11] and meconium aspiration.[12] He was treated with hypothermia therapy[13] and discharged home on or about July 24, 2020.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

15. Respondent is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that she engaged in act(s) or omission(s) amounting to gross negligence. The circumstances are set forth in paragraphs 8 through 14, above which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

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[8] Neonatal hypoxic-ischemic encephalopathy (HIE) is a type of brain damage. It's caused by a lack of oxygen to the brain before or shortly after birth.

[9] Metabolic acidosis occurs when acid builds up in the body.

[10] Perinatal asphyxia is a lack of blood flow or gas exchange to or from the fetus in the period immediately before, during, or after the birth process.

[11] Thrombocytopenia is a condition in which the platelets (also called thrombocytes) are low in number, which can result in bleeding problems. Platelets are a type of blood cell that are important for helping blood to clot.

[12] Meconium aspiration syndrome occurs when a newborn breathes a mixture of meconium and amniotic fluid into the lungs around the time of delivery. Meconium aspiration syndrome, a leading cause of severe illness and death in the newborn, occurs in about 5 percent to 10 percent of births.

[13] Hypothermia therapy takes 72 hours and is administered to prevent or reduce brain damage through cooling the brain or whole body of a newborn

16. The standard of care for an OB/GYN in labor management is employing effective communication and respectful maternity care, in which care is provided to all women in a manner that maintains their dignity, privacy and confidentiality, ensures freedom from harm and mistreatment, and enables informed choice and continuous support during labor and childbirth. In addition, practicing evidence-based medicine, including proper interpretation of FHRT and management of abnormal tracings, is a critical component of labor management. Management of intrapartum FHRT (e.g. recurrent variable decelerations accompanied by minimal or moderate baseline variability) requires evaluation, continued surveillance, initiation of appropriate corrective measures when indicated, and reevaluation. Once identified, these tracings may require more frequent evaluation, documentation, and continued surveillance.

17. Respondent failed to adequately manage Patient A's labor. For example, Respondent only saw Patient A once, at 6:48 p.m., despite taking over her care at 7:00 a.m., at which time Respondent failed to properly assess Patient A by performing a cervical check and examination, failed to acknowledge and manage the concerning FHRTs, determined that Patient A had a protracted labor when in fact the length of all 3 stages fell within the normal limits, and summarily recommended a Cesarean section because of Patient A's height and weight. Respondent's failure to adequately manage Patient A's labor constitutes gross negligence.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

18. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that she committed repeated acts of negligence. The circumstances are set forth in paragraphs 8 through 17, above which are incorporated here by reference as if fully set forth. Additional circumstances are as follows:

19. The standard of care requires effective communication by the entire obstetric team for the exchange of concise and relevant information. Because obstetrics is one of the higher-risk clinical areas in patient safety perspectives, employing a communication protocol to standardize the information exchange among obstetric caregivers is required. SBAR (the acronym for situation, background, assessment, and recommendation), an evidence-based communication

protocol for framing conversations, is most commonly used. Respondent's failure to communicate any information about Patient A to the physician who assumed care for Patient A after Respondent constitutes negligence.

20. The standard of care requires adequate and accurate documentation in the medical records for patient safety and quality of care. Respondent's failure to document any of her involvement in Patient A's care and treatment, including any interpretation and management plan of the periodic concerning FHR tracings in the context of thick meconium and rising FHRT baseline and the rationale for offering a Cesarean section, in Patient A's chart constitutes negligence.

THIRD CAUSE FOR DISCIPLINE

(Failure to Keep Adequate and Accurate Records)

21. Respondent is subject to disciplinary action under section 2234 and section 2266 of the Code, in that she failed to maintain adequate and accurate medical records. The circumstances are set forth in paragraphs 8 through 14 and 19 through 20, above which are incorporated here by reference as if fully set forth.

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PRAYER

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

1. Revoking or suspending Physician's and Surgeon's Certificate Number G 54757, issued to Respondent, Katherine Amelia Overton, M.D.;

2. Revoking, suspending or denying approval of Respondent, Katherine Amelia Overton, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Respondent, Katherine Amelia Overton, 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; and

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

DATED: FEB 28 2024

REJI VARGHESE
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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