

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

**In the Matter of the Accusation
Against:**

Molly Keshia Estes, M.D.

**Physician's and Surgeon's
Certificate No. A 131934**

Case No.: 800-2021-080488

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 May 9, 2025.

IT IS SO ORDERED: April 10, 2025.

MEDICAL BOARD OF CALIFORNIA

Michelle A. Bholat, MD

**Michelle A. Bholat, M.D., Chair
Panel A**

1 ROB BONTA
Attorney General of California
2 EDWARD KIM
Supervising Deputy Attorney General
3 CHRISTINE FRIAR WALTON
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8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

11 In the Matter of the Accusation Against:

12 **MOLLY KESHIA ESTES, M.D.**
13 **211 E. Ontario St., Suite 200**
Chicago, IL 60611-3284

14 **Physician's and Surgeon's Certificate**
15 **No. A 131934,**

16 Respondent.

Case No. 800-2021-080488

OAH No. 2024060055

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER

17
18 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
19 entitled proceedings that the following matters are true:

20 **PARTIES**

21 1. Reji Varghese (Complainant) is the Executive Director of the Medical Board of
22 California (Board). He brought this action solely in his official capacity and is represented in this
23 matter by Rob Bonta, Attorney General of the State of California, by Christine Friar Walton,
24 Deputy Attorney General.

25 2. Respondent Molly Keshia Estes, M.D. (Respondent) is represented in this proceeding
26 by attorneys Dennis K. Ames and Poge Henderson of La Follette Johnson DeHaas Fesler &
27 Ames, located at 2677 North Main Street, Suite 901, Santa Ana, California 92705-6632.

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3. On or about August 1, 2014, the Board issued Physician's and Surgeon's Certificate No. A 131934 to Respondent. That Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in Accusation No. 800-2021-080488, and will expire on May 31, 2026, unless renewed.

JURISDICTION

4. Accusation No. 800-2021-080488 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 March 1, 2024. Respondent timely filed her Notice of Defense contesting the Accusation. A true and correct copy of Accusation No. 800-2021-080488 is attached as Exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 800-2021-080488. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

6. 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.

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

CULPABILITY

8. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2021-080488, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate. Respondent hereby gives up her right to contest those charges and allegations.

9. Respondent does not contest that, at an administrative hearing, Complainant could establish a *prima facie* case with respect to the charges and allegations contained in Accusation No. 800-2021-080488 and that she has thereby subjected her Physician's and Surgeon's Certificate No. A 131934 to disciplinary action.

10. 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

11. 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.

12. 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.

13. 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. 800-2021-080488 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.

14. 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.

15. 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. A 131934 issued to Respondent Molly Keshia Estes, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for thirty-five (35) months 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.

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

6 Respondent shall submit a certification of successful completion to the Board or its
7 designee not later than 15 calendar days after successfully completing the course, or not later than
8 15 calendar days after the effective date of the Decision, whichever is later.

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

14 The program shall consist of a comprehensive assessment of Respondent's physical and
15 mental health and the six general domains of clinical competence as defined by the Accreditation
16 Council on Graduate Medical Education and American Board of Medical Specialties pertaining to
17 Respondent's current or intended area of practice. The program shall take into account data
18 obtained from the pre-assessment, self-report forms and interview, and the Decision(s),
19 Accusation(s), and any other information that the Board or its designee deems relevant. The
20 program shall require Respondent's on-site participation as determined by the program for the
21 assessment and clinical education and evaluation. Respondent shall pay all expenses associated
22 with the clinical competence assessment program.

23 At the end of the evaluation, the program will submit a report to the Board or its designee
24 which unequivocally states whether the Respondent has demonstrated the ability to practice
25 safely and independently. Based on Respondent's performance on the clinical competence
26 assessment, the program will advise the Board or its designee of its recommendation(s) for the
27 scope and length of any additional educational or clinical training, evaluation or treatment for any
28 medical condition or psychological condition, or anything else affecting Respondent's practice of

1 medicine. Respondent shall comply with the program's recommendations.

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

4 If Respondent fails to enroll, participate in, or successfully complete the clinical
5 competence assessment program within the designated time period, Respondent shall receive a
6 notification from the Board or its designee to cease the practice of medicine within three (3)
7 calendar days after being so notified. The Respondent shall not resume the practice of medicine
8 until enrollment or participation in the outstanding portions of the clinical competence assessment
9 program have been completed. If the Respondent did not successfully complete the clinical
10 competence assessment program, the Respondent shall not resume the practice of medicine until a
11 final decision has been rendered on the accusation and/or a petition to revoke probation. The
12 cessation of practice shall not apply to the reduction of the probationary time period.

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

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

23 If, during the course of the probation, the Respondent's practice setting changes and the
24 Respondent is no longer practicing in a setting in compliance with this Decision, the Respondent
25 shall notify the Board or its designee within five (5) calendar days of the practice setting change.
26 If Respondent fails to establish a practice with another physician or secure employment in an
27 appropriate practice setting within 60 calendar days of the practice setting change, Respondent
28 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. The Respondent shall not resume practice until an appropriate practice setting is established.

5. 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.

6. 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.

7. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement in the amount of \$31,170.19 (Thirty-one thousand one hundred seventy dollars and nineteen cents). 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.

8. 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.

9. 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.

10. 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.

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

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

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

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

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

27 12. COMPLETION OF PROBATION. Respondent shall comply with all financial
28 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the

1 completion of probation. This term does not include cost recovery, which is due within 30
2 calendar days of the effective date of the Order, or by a payment plan approved by the Medical
3 Board and timely satisfied. Upon successful completion of probation, Respondent's certificate
4 shall be fully restored.

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

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

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

27 16. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for
28 a new license or certification, or petition for reinstatement of a license, by any other health care

1 licensing action agency in the State of California, all of the charges and allegations contained in
2 Accusation No. 800-2021-080488 shall be deemed to be true, correct, and admitted by
3 Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or
4 restrict license.

5 **ACCEPTANCE**


6 I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully
7 discussed it with my attorneys, Dennis K. Ames and Pogey Henderson. I understand the
8 stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this
9 Stipulated Settlement and Disciplinary Order voluntarily, knowingly, and intelligently, and agree
10 to be bound by the Decision and Order of the Medical Board of California.

11 DATED: 12/17/24

12 
13 MOLLY KESHIA ESTES, M.D.
14 Respondent

15 I have read and fully discussed with Respondent Molly Keshia Estes, M.D. the terms and
16 conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order.
17 I approve its form and content.

18 DATED: 12/17/24

19 
20 DENNIS K. AMES
21 POGEY HENDERSON
22 Attorney for Respondent

23 **ENDORSEMENT**

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

26 DATED: _____

27 Respectfully submitted,

28 ROB BONTA
Attorney General of California
EDWARD KIM
Supervising Deputy Attorney General

Christine Friar
Walton

Digitally signed by Christine Friar
Walton
Date: 2024.12.17 15:14:37 -08'00'

CHRISTINE FRIAR WALTON
Deputy Attorney General
Attorneys for Complainant

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

11 In the Matter of the Accusation Against:

Case No. 800-2021-080488

12 Molly Keshia Estes, M.D.
13 11234 Anderson Street, Suite A-108
14 Loma Linda, CA 92354-2804

A C C U S A T I O N

15 Physician's and Surgeon's Certificate
16 No. A131934,

Respondent.

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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 August 1, 2014, the Board issued Physician's and Surgeon's Certificate Number A131934 to Molly Keshia Estes, 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 May 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.

1 4. Section 2004 of the Code states:

2 The board shall have the responsibility for the following:

3 (a) The enforcement of the disciplinary and criminal provisions of the Medical
4 Practice Act.

5 (b) The administration and hearing of disciplinary actions.

6 (c) Carrying out disciplinary actions appropriate to findings made by a panel or
an administrative law judge.

7 (d) Suspending, revoking, or otherwise limiting certificates after the conclusion
8 of disciplinary actions.

9 (e) Reviewing the quality of medical practice carried out by physician and
surgeon certificate holders under the jurisdiction of the board.

10 (f) Approving undergraduate and graduate medical education programs.

11 (g) Approving clinical clerkship and special programs and hospitals for the
12 programs in subdivision (f).

13 (h) Issuing licenses and certificates under the board's jurisdiction.

14 (i) Administering the board's continuing medical education program.

15 5. Section 2220 of the Code states:

16 Except as otherwise provided by law, the board may take action against all
17 persons guilty of violating this chapter. The board shall enforce and administer this
18 article as to physician and surgeon certificate holders, including those who hold
19 certificates that do not permit them to practice medicine, such as, but not limited to,
retired, inactive, or disabled status certificate holders, and the board shall have all the
powers granted in this chapter for these purposes including, but not limited to:

20 (a) Investigating complaints from the public, from other licensees, from health
21 care facilities, or from the board that a physician and surgeon may be guilty of
22 unprofessional conduct. The board shall investigate the circumstances underlying a
23 report received pursuant to Section 805 or 805.01 within 30 days to determine if an
interim suspension order or temporary restraining order should be issued. The board
shall otherwise provide timely disposition of the reports received pursuant to Section
805 and Section 805.01.

24 (b) Investigating the circumstances of practice of any physician and surgeon
25 where there have been any judgments, settlements, or arbitration awards requiring the
26 physician and surgeon or his or her professional liability insurer to pay an amount in
damages in excess of a cumulative total of thirty thousand dollars (\$30,000) with
respect to any claim that injury or damage was proximately caused by the physician's
and surgeon's error, negligence, or omission.

27 (c) Investigating the nature and causes of injuries from cases which shall be
28 reported of a high number of judgments, settlements, or arbitration awards against a
physician and surgeon.

1 6. Section 2227 of the Code states:

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

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

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

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

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

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

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

23 STATUTORY PROVISIONS

24 7. Section 2234 of the Code, states:

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

28 (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.

...

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

....

8. 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

9. 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.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

10. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by section 2334, subdivision (b), of the Code, in that Respondent committed gross negligence in connection with her care and treatment of Patient A,¹ as more particularly alleged hereinafter:

11. On or about September 15, 2021, Patient A, a 29-year-old female, while exercising at the gym with her husband, began suffering from chest pressure, dizziness, vision loss in her right eye, difficulty concentrating, and nauseousness. Patient A's husband called 911 and emergency medical services (EMS) responded to their apartment complex gym at 1945 hours (7:45 p.m.) and checked Patient A's vitals and measured her blood pressure at 62/34 (hypotensive). EMS then

¹ The patient's actual name is not used in this Accusation to maintain patient confidentiality. The patient's identity is known to Respondent or will be disclosed to Respondent upon a duly issued request for discovery and in accordance with Government Code section 11507.6.

1 transported Patient A to the emergency department (ED) of a local medical center for treatment
2 and provided fluids to her en route. EMS documented that Patient A suffered a "near syncopal"²
3 episode (primary impression) and chest pain-suspected cardiac event (secondary impression).

4 12. On or about July 15, 2021, at approximately 2034 hours (8:34 p.m.), Respondent (as
5 the attending physician) treated Patient A upon admission to the ED where she was assisted by a
6 resident physician and at least one registered nurse (RN). At 2100 hours (9:00 p.m.), one of the
7 RNs documented that Patient A was "in after near syncopal episode," with the patient reporting
8 "a headache, nausea and vomiting, and fatigue," and "also stat[ing] vision is more blurry than
9 normal." Respondent conducted a physical exam which was documented as normal. Orders were
10 placed for, among other things, laboratory testing which included a complete blood count, a
11 comprehensive metabolic panel, prothrombin time, partial thromboplastin time, thyroid studies
12 (TSH/free T4), and a pregnancy test; and an EKG was ordered. "The [patient's] initial vitals
13 [were] remarkable for hypotension" with a documented blood pressure of 88/39.³ Respondent's
14 ED Provider Note failed to list near syncope, vomiting, fatigue or blurry vision as presenting
15 symptoms.⁴ Patient A was treated with two boluses of lactated ringers solution (each bolus
16 consisted of one liter of 4 mg of IV ondansetron, and 30 mg of IV ketorolac). No formal imaging
17 studies were ordered other than a bedside point of care ultrasound performed by the resident
18 physician, the results of which were not documented. The EKG was documented as normal sinus

19 ² Loss of consciousness due to low blood pressure.

20 ³ According to Patient A and her husband, when her blood pressure was first reported, and
21 was noted to be hypotensive, Respondent reported that it was a "machine error." The husband
22 then requested her blood pressure be taken manually which confirmed that the abnormally low
23 blood pressure reading (hypotension) was not the result of a "machine error." During the course
24 of the Board's investigation, Respondent was interviewed by a Department of Consumer Affairs,
25 Health Quality Investigation Unit (HQIU) investigator and district medical consultant (DMC).
26 As part of her interview, Respondent acknowledged that a manual blood pressure was conducted
27 in addition to the cuff blood pressure measurement. There was no documentation about the
28 husband requesting that the patient's blood pressure be taken manually or that a manual blood
pressure was taken to check the validity of the cuff blood pressure.

25 ⁴ Respondent's ED Provider Note written at 2136 hours (9:36 p.m.) stated, in pertinent
26 part, "Chief Complaint: Headache [¶] [Patient A] is a 29 [year old] female with past medical
27 history of Graves' disease complaining of headache. [¶] Per the [patient] today she was working
28 out at the gym doing leg presses and after finishing she felt lightheaded and nauseous. She now
presents here because she then had onset of headache that is right sided, throbbing, constant. She
has a history of ocular migraines and states this headache is similar to previous migraines."

1 rhythm with a prolonged QT interval. Respondent documented that the laboratory studies were
2 not clinically significant.

3 ~~13. On or about July 16, 2021, an ED RN documented that Respondent was at Patient A's~~
4 bedside at 0146 hours (1:46 a.m.). There is no documentation of the bedside visit in
5 Respondent's ED Provider notes.⁵ One of the ED RN's also documented that "[u]pon
6 discharging [the patient], [the patient] requested to speak to MD." The resident physician was
7 notified and documented as being "at bedside" with Patient A at approximately 0158 hours (1:58
8 a.m.). No further details were documented as to what was discussed at this bedside visit.
9 Patient A's blood pressure at or near the time of her discharge was 96/31, her blood pressure was
10 documented as "improved" in Respondent's ED Provider Notes when, in fact, it had declined,⁶
11 and Patient A's symptoms were documented as improved, and her condition was documented as
12 stable. The "Medical Decision Making" portion of Respondent's ED Provider Notes failed to
13 adequately document her reasoning in regard to the severe hypotension and her decision to
14 discharge the patient home. Respondent's clinical impressions at the time of discharge were
15 documented as nausea and acute non-intractable headache. According to Patient A, at or around
16 the time of discharge, she was still feeling weak and dizzy, her blood pressure was still low, and
17 she asked to be kept overnight, but her request was denied. Patient A was discharged from the
18 emergency department at 2:15 a.m.

19 14. On or about July 16, 2021, after being discharged from the ED, Patient A returned to
20 her residence, where her symptoms persisted. According to Patient A, a few hours later, she and
21 her husband went to an urgent care center because they were concerned about her persistent and
22 unresolved symptoms, where after observation and testing, she was diagnosed with an aortic

23
24 ⁵ During the course of her interview with the HQUI investigator and DMC, Respondent
25 stated, among other things, that she had a "final conversation with the patient and her husband"
before Patient A was discharged.

26 ⁶ The initial blood pressure measurement of 88/39 equates to a mean arterial pressure
27 (MAP) of 55 mg Hg. The final blood pressure measurement of 96/31 equates to a MAP of 53 mg
28 at time of discharge. Patient A's mean arterial pressure and hypotension actually worsened
during the course of her ED admission. There are no other blood pressure measurements
documented for Patient A that were taken during her ED admission.

1 dissection (tear of the inner lining of the aorta) which required emergent open heart surgery.

2 15. On or about July 17, 2021, Patient A had emergency surgery to address her acute type
3 ~~A aortic dissection and severe aortic valve regurgitation.~~

4 16. Respondent committed gross negligence (and incompetence) in connection with her
5 care and treatment of Patient A, including⁷, when she failed to properly manage Patient A's
6 undifferentiated hypotension, including when she found that Patient A's blood pressure had
7 improved when it had actually declined; failed to consider, work up, and/or rule out critical
8 diagnoses in a patient with hypotension, chest pain, near syncope, dizziness and blurred vision;
9 and failed to adequately consider the patient and her husband's complaints that Patient A still felt
10 weak and unwell at the time of her discharge.

11 **SECOND CAUSE FOR DISCIPLINE**

12 **(Repeated Negligent Acts)**

13 17. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
14 defined by section 2334, subdivision (c), of the Code, in that Respondent committed repeated
15 negligent acts in connection with her care and treatment of Patient A. The circumstances are as
16 follows:

17 18. The allegations of the First Cause for Discipline are incorporated by reference as if
18 fully set forth herein.

19 19. The acts and/or omissions by Respondent set forth in the First Cause for Discipline
20 and in paragraph 20 below, with respect to Patient A, either collectively or in any component or
21 combination thereof, constitute repeated negligent acts.

22 20. Respondent committed negligence when she failed to maintain adequate and/or
23 accurate medical records in connection with her care and treatment of Patient A, including when
24 she failed to adequately document the history of Patient A's presenting illness; failed to
25 adequately document that Patient A had suffered near syncope, chest pains, low blood pressure,
26 fatigue and blurred vision; incorrectly documented that there was no syncope or weakness as part
27 of the review of symptoms; failed to document Patient A's husband's request for a manual blood

28 ⁷ When used herein, "including" means including, without limitation.

1 pressure measurement and/or that a manual blood pressure measurement was taken; failed to
2 document Respondent's alleged discussion with Patient A regarding her acute symptomatic
3 hypotension; and failed to adequately document her reasoning in regard to the severe hypotension
4 and her decision to discharge Patient A, sending her home.

5 **THIRD CAUSE FOR DISCIPLINE**

6 **(Incompetence)**

7 21. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
8 defined by section 2334, subdivision (d), of the Code, in that Respondent exhibited incompetence
9 in connection with her care and treatment of Patient A. The circumstances are as follows:

10 22. The allegations of the First and Second Causes for Discipline are incorporated by
11 reference as if fully set forth herein.

12 23. Respondent exhibited incompetence (a lack of knowledge and/or ability) in
13 connection with her care and treatment of Patient A, including when she failed to recognize that
14 Patient A's blood pressure improved after receiving IV fluids when her MAP had decreased from
15 55 to 53 mg Hg at Patient A's time of discharge; when she failed to adequately consider, workup
16 and rule out critical diagnoses that could present in a patient with hypotension, chest pain, near
17 syncope, dizziness and blurred vision; when she failed to adequately address the information
18 provided by Patient A and her husband at the time of her discharge to explain how she continued
19 to feel weak and unwell; and as more particularly further alleged herein.

20 **FOURTH CAUSE FOR DISCIPLINE**

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

22 24. Respondent is further subject to disciplinary action under sections 2227 and 2234, as
23 defined by section 2266, of the Code, in that Respondent failed to maintain adequate and accurate
24 records in connection with her care and treatment of Patient A. The circumstances are as follows:

25 25. The allegations of the First, Second and Third Causes for Discipline are incorporated
26 by reference as if fully set forth herein.

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28 ////

1 PRAYER

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

4 1. Revoking or suspending Physician's and Surgeon's Certificate Number A131934,
5 issued to Respondent Molly Keshia Estes, M.D.;

6 2. Revoking, suspending or denying approval of Respondent Molly Keshia Estes,
7 M.D.'s authority to supervise physician assistants and advanced practice nurses;

8 3. Ordering Respondent Molly Keshia Estes, M.D., to pay the Board the costs of the
9 investigation and enforcement of this case, and if placed on probation, the costs of probation
10 monitoring; and

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

12
13 DATED: MAR 01 2024



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

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