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

In the Matter of the Accusation Against **Stacey Andora Nakano, M.D.** **Physician's and Surgeon's Certificate No. G 81536** **Respondent.**	**Case No. 800-2017-034670**

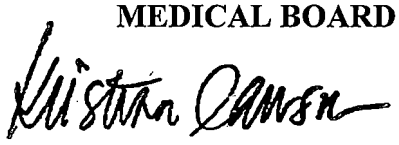
DECISION

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 June 12, 2020.

IT IS SO ORDERED: May 13, 2020.

MEDICAL BOARD OF CALIFORNIA



Kristina D. Lawson, J.D., Chair
Panel B

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

In the Matter of the Accusation Against: **STACEY ANDORA NAKANO, M.D.** **1650 Response Road** **Sacramento, CA 95815** **Physician's and Surgeon's Certificate No. G 81536** Respondent.	Case No. 800-2017-034670 OAH No. 2019020843 **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. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board of California (Board). She brought this action solely in her official capacity and is represented in this matter by Xavier Becerra, Attorney General of the State of California, by Megan R. O'Carroll, Deputy Attorney General.

2. Respondent Stacey Andora Nakano, M.D. (Respondent) is represented in this proceeding by attorney John L. Fleer, whose address is: 273 Orchard Rd, Orinda, CA 94563-3531.

3. On or about June 14, 1995, the Board issued Physician's and Surgeon's Certificate No. G 81536 to Stacey Andora Nakano, 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. 800-2017-034670, and will expire on May 31, 2019, unless renewed.

JURISDICTION

4. Accusation No. 800-2017-034670 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 4, 2019. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2017-034670 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. 800-2017-034670. Respondent has also carefully read, fully discussed with 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. 800-2017-034670, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. For the purpose of resolving the Accusation without the expense and uncertainty of further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest those charges.

11. Respondent agrees that if he ever petitions for early termination or modification of probation, or if an accusation and/or petition to revoke probation is filed against him, before the Medical Board of California, all of the charges and allegations contained in Accusation No. 800-2017-034670 shall be deemed true, correct and fully admitted by Respondent for purposes of that proceeding or any other licensing proceeding involving Respondent in the State of California.

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

CONTINGENCY

13. 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.

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 formal proceeding, issue and enter the following Disciplinary Order:

DISCIPLINARY ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 81536 issued to Respondent Stacey Andora Nakano, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for three (3) 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 management of chest pain in the primary care setting 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. SOLO PRACTICE PROHIBITION. Respondent is prohibited from engaging in the solo practice of medicine. Prohibited solo practice includes, but is not limited to, a practice where: 1) Respondent merely shares office space with another physician but is not affiliated for purposes of providing patient care, or 2) Respondent is the sole physician practitioner at that location.

If Respondent fails to establish a practice with another physician or secure employment in an appropriate practice setting 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. The Respondent shall not resume practice until an appropriate practice setting is established.

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

4. 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.

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

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. 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.

8. 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(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.

9. 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.

10. 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.

11. 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. Upon successful completion of probation, Respondent's certificate shall be fully restored.

12. 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.

13. 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.

14. 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, John L. Fleer. 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: 9/19/19

MD

STACEY ANDORA NAKANO, M.D.
Respondent

I have read and fully discussed with Respondent Stacey Andora Nakano, 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: 9-18-19

JOHN L. FLEER
Attorney for Respondent

ENDORSEMENT

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

DATED: Oct. 4, 2019

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

MEGAN R. O'CARROLL
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2017-034670

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FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Jan. 31 20 19
BY [illegible] ANALYST

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

In the Matter of the Accusation Against: **Stacey Andora Nakano, M.D.** **1650 Response Road** **Sacramento, CA 95815** **Physician's and Surgeon's Certificate No. G 81536,** Respondent.	Case No. 800-2017-034670 **A C C U S A T I O N**

Complainant alleges:

PARTIES

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

2. On or about June 14, 1995, the Medical Board issued Physician's and Surgeon's Certificate Number G 81536 to Stacey Andora Nakano, 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, 2019, 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 unless otherwise indicated.

4. Section 2220 of the Code states:

"Except as otherwise provided by law, the board may take action against all persons guilty of violating this chapter. The board shall enforce and administer this article as to physician and surgeon certificate holders, including those who hold 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:

"(a) Investigating complaints from the public, from other licensees, from health care facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct. The board shall investigate the circumstances underlying a 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.

"(b) Investigating the circumstances of practice of any physician and surgeon where there have been any judgments, settlements, or arbitration awards requiring the 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.

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

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:

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"(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 which is substantially related to the qualifications, functions, or duties of a physician and surgeon.

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

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

"(h) The repeated 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."

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FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent is subject to disciplinary action under section 2234, subdivision (b), in that she was grossly negligent. The circumstances are as follows:

8. Respondent is Board-certified in Family Practice Medicine. During the events alleged in this Accusation, she was employed as a primary care provider at Kaiser Permanente in Sacramento treating adults in an out-patient setting.

9. The confidential patient (CP)[1], was a forty-three-year-old man who was seen by a physician outside of the Kaiser Permanente network before approximately April of 2016. On or about April 2016, C.P. established care with a primary care physician (PCP), at Kaiser, not Respondent, to have his first appointment in the Kaiser network. At the April 18, 2016 appointment, C.P.'s new PCP noted that C.P. had a history of anxiety and insomnia. C.P.'s blood pressure was 115/55. C.P. was noted to be a smoker. During his April 18, 2016 appointment, C.P. was prescribed propranolol twice per day. Propranolol is a hypertensive medication.

10. On or about June 8, 2016, C.P. called the Kaiser Medical Offices to report several medical complaints, one of which was chest pain. C.P. reported his chest pain was "sharp" and "tight" with some associated pain in his elbow. He reported that it was accompanied by unusual sweating. The symptoms had woken him up from sleep, and occurred approximately two to three times per day. The physician who responded to C.P.'s telephone call scheduled him for an urgent medical appointment the next day, and advised him to go to the Emergency Room if the chest pain became worse before the appointment.

11. C.P. had his only appointment with Respondent on June 9, 2016, on an urgent basis for his complaints of chest pain. C.P. presented with symptoms of both typical and atypical chest pain. Some of his typical chest pain symptoms included his description of the pain as a tightness and his sweating. Some of the atypical symptoms included that the pain woke him from sleep

[1] The patient's name is omitted from this Accusation to preserve his privacy. The patient's name will not be redacted in the discovery materials provided to Respondent.

and that it had worsened after eating on some occasions. Respondent diagnosed C.P. with atypical chest pain.

12. There were no bloodwork laboratory results documented in C.P.'s medical records for cholesterol levels, kidney function, or diabetes-associated tests such as glucose levels. At his April 18, 2016 appointment, C.P. reported to his PCP that he had bloodwork done by his previous provider two months earlier, which had been normal. Respondent did not order any bloodwork at the June 9, 2016 appointment. C.P. reported that he did not take the propranolol regularly as prescribed.

13. At the June 9, 2016 appointment, C.P.'s blood pressure was 147/84. Respondent did not repeat the blood pressure test on C.P. or take any action on the elevated blood pressure reading. Respondent prescribed nitroglycerin for C.P. She stated that the purpose of the nitroglycerin was to treat possible esophageal spasms. However, Respondent wrote the prescription as a treatment for angina.

14. Also at the June 9, 2016 appointment, Respondent ordered an EKG, which was performed and analyzed in the office. She ordered an out-patient chest x-ray and a stress test. Respondent indicated that the stress test was to be performed on a routine basis. The EKG performed in Respondent's office showed particularly deep T-waves in leads V2 through V4. The T-waves continued to be inverted in V5 through V6. Although waveforms can vary for different individuals, and flipped T-waves can occur in some individuals without being specific for acute myocardial ischemia, the typical inverted T-waves that a practitioner would dismiss as non-specific or a normal variant would normally be more shallow and consistent. The depth and inconsistency of C.P.'s inverted T-waves, and the lack of any previous EKG test on C.P. for comparison, makes it improper to classify his EKG results as a normal variant from standard waveforms. At the June 9, 2016 appointment, Respondent characterized the EKG findings as "normal sinus rhythm."

15. During the appointment with Respondent, C.P. also reported insomnia and gastric distress. He was prescribed medications to assist with these conditions. Respondent prescribed C.P. 30 tablets of trazadone 50 mg. She wrote the prescription in such a way that C.P. could have

taken up to 150 mg of the medication per night. C.P. was already taking 150 mg of sertraline per day in the form of Zoloft. Respondent documented warning Respondent of the possible side effects of priapism, but did not mention any warning regarding symptoms of serotonin syndrome. Respondent did not complete and sign the medical record of C.P.'s June 9, 2016 appointment until June 27, 2016, which is 17 days after the visit occurred.

16. C.P. had two, male, second degree relatives (an uncle and a grandparent), on his mother's side of the family, who both experienced ischemic cardiac events under the age of fifty-five. Nonetheless, Respondent classified C.P. as not having a family history significant for coronary heart disease.

17. C.P. had the stress test performed on or about June 14, 2016. The cardiologist interpreted the results to be negative for ischemia by ECG criteria. C.P. was noted to have good exercise tolerance and hypotensive response to exercise. He achieved 12.8 metabolic equivalents of a task during the test. On July 17, 2016, C.P. was found dead in his home. His cause of death was determined to be due to cardiovascular disease and sertraline toxicity.

18. Respondent was grossly negligent in her care and treatment of C.P. for her acts including, but not limited to, the following:

a. Failing to order laboratory tests for a patient being evaluated for possible cardiac chest pain despite the lack of any previous test results in the record;

b. Interpreting C.P.'s EKG as "normal sinus rhythm" without any previous baseline, and in a patient being seen on an urgent basis for reports of chest pain; and

c. Ordering the stress test for C.P. on a routine basis despite the clinical presentation of this patient.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

19. Respondent is subject to disciplinary action under section 2234, subdivision (c), of the Code in that that she was repeatedly negligent in the care and treatment of C.P. The circumstances are as follows:

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20. Paragraphs 7 through 18, above, are incorporated by reference and repeated as if fully set forth.

21. Respondent was repeatedly negligent in her care and treatment of C.P. for her acts including, but not limited to, the following:

a. Failing to order laboratory tests for a patient being evaluated for possible cardiac chest pain despite the lack of any previous test results in the record;

b. Interpreting C.P.'s EKG as "normal sinus rhythm" without any previous baseline, and in a patient being seen on an urgent basis for reports of chest pain;

c. Ordering the stress test for C.P. on a routine basis despite the clinical presentation of this patient;

d. Failing to consider C.P.'s second-degree relatives in analyzing the risk factor of his family history despite C.P.'s unclear clinical presentation;

e. Failing to follow up on an elevated blood pressure reading on a patient being seen for chest pain;

f. Incorrectly classifying C.P. as low risk for cardiovascular disease;

g. Failing to counsel C.P. about potential for serotonin syndrome with the addition of trazadone medication;

h. writing the nitroglycerin prescription as a treatment for angina despite providing to C.P. as a treatment for esophageal spasm; and

i. failing to complete the medical documentation of C.P.'s appointment until 17 days later.

THIRD CAUSE FOR DISCIPLINE

(Inadequate or Inaccurate Medical Records)

22. Respondent is subject to disciplinary action under section 2266 of the Code by failing to maintain adequate and accurate records relating to the provision of medical care to C.P.

23. Paragraphs 7 through 21, above are incorporated by reference and repeated 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 81536, issued to Stacey Andora Nakano, M.D.;

2. Revoking, suspending or denying approval of Stacey Andora Nakano, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Stacey Andora Nakano, M.D., if placed on probation, to pay the Board the costs of probation monitoring; and

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

DATED:
January 31, 2019

KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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