

**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**

Case No. 800-2017-034670

Respondent.

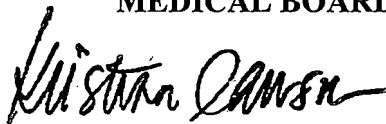
DECISION

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 June 12, 2020.

IT IS SO ORDERED: May 13, 2020.

MEDICAL BOARD OF CALIFORNIA



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

1 XAVIER BECERRA
Attorney General of California
2 STEVEN D. MUNI
Supervising Deputy Attorney General
3 MEGAN R. O'CARROLL
Deputy Attorney General
4 State Bar No. 215479
1300 I Street, Suite 125
5 P.O. Box 944255
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7 *Attorneys for Complainant*

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11 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
12 **DEPARTMENT OF CONSUMER AFFAIRS**
13 **STATE OF CALIFORNIA**

14
15 In the Matter of the Accusation Against:

16 **STACEY ANDORA NAKANO, M.D.**
1650 Response Road
Sacramento, CA 95815

17 Physician's and Surgeon's Certificate No. G
18 81536

19 Respondent.

Case No. 800-2017-034670

OAH No. 2019020843

**STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER**

20
21
22 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
23 entitled proceedings that the following matters are true:

24 **PARTIES**

25 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
26 of California (Board). She brought this action solely in her official capacity and is represented in
27 this matter by Xavier Becerra, Attorney General of the State of California, by Megan R.
28 O'Carroll, Deputy Attorney General.

1 **CULPABILITY**

2 9. Respondent understands and agrees that the charges and allegations in Accusation
3 No. 800-2017-034670, if proven at a hearing, constitute cause for imposing discipline upon her
4 Physician's and Surgeon's Certificate.

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

9 11. Respondent agrees that if he ever petitions for early termination or modification of
10 probation, or if an accusation and/or petition to revoke probation is filed against him, before the
11 Medical Board of California, all of the charges and allegations contained in Accusation No. 800-
12 2017-034670 shall be deemed true, correct and fully admitted by Respondent for purposes of that
13 proceeding or any other licensing proceeding involving Respondent in the State of California.

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

17 **CONTINGENCY**

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

28

1 record keeping course shall be at Respondent's expense and shall be in addition to the Continuing
2 Medical Education (CME) requirements for renewal of licensure.

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

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

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

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

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

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

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

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

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

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

21 8. GENERAL PROBATION REQUIREMENTS.

22 Compliance with Probation Unit

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

24 Address Changes

25 Respondent shall, at all times, keep the Board informed of Respondent's business and
26 residence addresses, email address (if available), and telephone number. Changes of such
27 addresses shall be immediately communicated in writing to the Board or its designee. Under no
28 circumstances shall a post office box serve as an address of record, except as allowed by Business

1 and Professions Code section 2021(b).

2 Place of Practice

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

6 License Renewal

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

9 Travel or Residence Outside California

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

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

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

19 10. NON-PRACTICE WHILE ON PROBATION. Respondent shall notify the Board or
20 its designee in writing within 15 calendar days of any periods of non-practice lasting more than
21 30 calendar days and within 15 calendar days of Respondent's return to practice. Non-practice is
22 defined as any period of time Respondent is not practicing medicine as defined in Business and
23 Professions Code sections 2051 and 2052 for at least 40 hours in a calendar month in direct
24 patient care, clinical activity or teaching, or other activity as approved by the Board. If
25 Respondent resides in California and is considered to be in non-practice, Respondent shall
26 comply with all terms and conditions of probation. All time spent in an intensive training
27 program which has been approved by the Board or its designee shall not be considered non-
28 practice and does not relieve Respondent from complying with all the terms and conditions of

1 probation. Practicing medicine in another state of the United States or Federal jurisdiction while
2 on probation with the medical licensing authority of that state or jurisdiction shall not be
3 considered non-practice. A Board-ordered suspension of practice shall not be considered as a
4 period of non-practice.

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

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

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

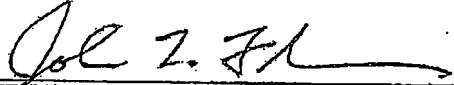
12 Periods of non-practice for a Respondent residing outside of California will relieve
13 Respondent of the responsibility to comply with the probationary terms and conditions with the
14 exception of this condition and the following terms and conditions of probation: Obey All Laws;
15 General Probation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

17 11. COMPLETION OF PROBATION. Respondent shall comply with all financial
18 obligations (e.g., restitution, probation costs) not later than 120 calendar days prior to the
19 completion of probation. Upon successful completion of probation, Respondent's certificate shall
20 be fully restored.

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

1 I have read and fully discussed with Respondent Stacey Andora Nakano, M.D. the terms
2 and conditions and other matters contained in the above Stipulated Settlement and Disciplinary
3 Order. I approve its form and content.

4
5 DATED: 9-18-19


JOHN L. FLEER
Attorney for Respondent

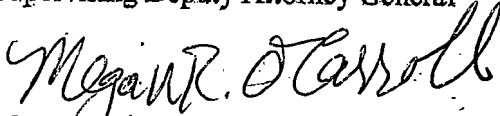
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9 **ENDORSEMENT**

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

12 DATED: Oct. 4, 2019

13 Respectfully submitted,

14 XAVIER BECERRA
15 Attorney General of California
16 STEVEN D. MUNI
17 Supervising Deputy Attorney General


18 MEGAN R. O'CARROLL
19 Deputy Attorney General
20 *Attorneys for Complainant*

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22 SA2018302890
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Exhibit A

Accusation No. 800-2017-034670

1 XAVIER BECERRA
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2 STEVEN D. MUNI
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7 *Attorneys for Complainant*

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO JAN. 31 20 19
BY 2012 12300 ANALYST

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

13
14 In the Matter of the Accusation Against:

Case No. 800-2017-034670

15 **Stacey Andora Nakano, M.D.**
16 **1650 Response Road**
Sacramento, CA 95815

ACCUSATION

17 **Physician's and Surgeon's Certificate**
18 **No. G 81536,**

19 Respondent.

20 Complainant alleges:

21 **PARTIES**

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

25 2. On or about June 14, 1995, the Medical Board issued Physician's and Surgeon's
26 Certificate Number G 81536 to Stacey Andora Nakano, M.D. (Respondent). The Physician's and
27 Surgeon's Certificate was in full force and effect at all times relevant to the charges brought
28 herein and will expire on May 31, 2019, unless renewed.

1 JURISDICTION

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

4 4. Section 2220 of the Code states:

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

11 "(a) Investigating complaints from the public, from other licensees, from health care
12 facilities, or from the board that a physician and surgeon may be guilty of unprofessional conduct.
13 The board shall investigate the circumstances underlying a report received pursuant to Section
14 805 or 805.01 within 30 days to determine if an interim suspension order or temporary restraining
15 order should be issued. The board shall otherwise provide timely disposition of the reports
16 received pursuant to Section 805 and Section 805.01.

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

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

24 5. Section 2234 of the Code, states:

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

28 ///

1 “(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the
2 violation of, or conspiring to violate any provision of this chapter.

3 “(b) Gross negligence.

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

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

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

14 “(d) Incompetence.

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

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

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

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

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

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1 **FIRST CAUSE FOR DISCIPLINE**

2 **(Gross Negligence)**

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

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

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

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

22 11. C.P. had his only appointment with Respondent on June 9, 2016, on an urgent basis
23 for his complaints of chest pain. C.P. presented with symptoms of both typical and atypical chest
24 pain. Some of his typical chest pain symptoms included his description of the pain as a tightness
25 and his sweating. Some of the atypical symptoms included that the pain woke him from sleep
26

27 _____
28 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.

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

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

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

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

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

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

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

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

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

- 17 a. Failing to order laboratory tests for a patient being evaluated for possible cardiac chest
18 pain despite the lack of any previous test results in the record;
- 19 b. Interpreting C.P.'s EKG as "normal sinus rhythm" without any previous baseline, and in
20 a patient being seen on an urgent basis for reports of chest pain; and
- 21 c. Ordering the stress test for C.P. on a routine basis despite the clinical presentation of this
22 patient.

23 **SECOND CAUSE FOR DISCIPLINE**

24 **(Repeated Negligent Acts)**

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

28 ///

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

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

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

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

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

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

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

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

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

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

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

21 **THIRD CAUSE FOR DISCIPLINE**

22 **(Inadequate or Inaccurate Medical Records)**

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

25 23. Paragraphs 7 through 21, above are incorporated by reference and repeated as if fully
26 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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