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

In the Matter of the Accusation Against: **Katherine Bo Lee, M.D.** **Physician's and Surgeon's Certificate No. G 72934** **Respondent.**	**Case No.: 800-2019-060435**

DECISION

The attached Stipulated Settlement and Disciplinary Order is hereby adopted as the Decision and Order of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on December 30, 2021.

IT IS SO ORDERED: November 30, 2021.

MEDICAL BOARD OF CALIFORNIA

Laurie Rose Lubiano, J.D., Chair
Panel A

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Attorneys for Complainant

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

In the Matter of the Accusation Against: **KATHERINE BO LEE, M.D.** **5375 Medpace Way** **Cincinnati OH 45227** **Physician's and Surgeon's Certificate No. G 72934** Respondent.	Case No. 800-2019-060435 OAH No. 2021030787 **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. William Prasifka (Complainant) is the Executive Director of the Medical Board of California (Board). He brought this action solely in his official capacity and is represented in this matter by Rob Bonta, Attorney General of the State of California, by Ryan J. Yates, Deputy Attorney General.

2. Respondent Katherine Bo Lee, M.D. (Respondent) is represented in this proceeding by attorney Lindsay M. Johnson, Esq., whose address is: 5000 Birch Street, Suite 7000 Newport Beach, CA 92660-8151

3.On or about November 12, 1991, the Board issued Physician's and Surgeon's Certificate No. G 72934 to Katherine Bo Lee, 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. 800-2019-060435, and will expire on March 31, 2023, unless renewed.

JURISDICTION

4. Accusation No. 800-2019-060435 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, 2021. Respondent timely filed her Notice of Defense contesting the Accusation.

5. A copy of Accusation No. 800-2019-060435 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. 800-2019-060435. Respondent has also carefully read, fully discussed with her counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order.

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

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

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CULPABILITY

9. Respondent understands and agrees that the charges and allegations in Accusation No. 800-2019-060435, 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 Accusation No. 800- 2019-060435, a true and correct copy of which is attached hereto as Exhibit A, and that she has thereby subjected her Physician's and Surgeon's Certificate, No. G 72934 to disciplinary action, and Respondent hereby gives up her right to contest those charges.

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

CONTINGENCY

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

13. 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. 800-2019-060435 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. G 72934 issued to Respondent Katherine Bo Lee, M.D. is revoked. However, the revocation is stayed and Respondent is placed on probation for four (4) years on the following terms and conditions:

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

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

A communication 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. 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.

4. PROFESSIONALISM PROGRAM (ETHICS COURSE). Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a professionalism program, that meets the requirements of Title 16, California Code of Regulations (CCR) section 1358.1. Respondent shall participate in and successfully complete that program. Respondent shall provide any information and documents that the program may deem pertinent. Respondent shall successfully complete the classroom component of the program not later than six (6) months after Respondent's initial enrollment, and the longitudinal component of the program not later than the time specified by the program, but no later than one (1) year after attending the classroom component. The professionalism program shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

A professionalism program 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 program would have been approved by the Board or its designee had the program 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 program or not later than 15 calendar days after the effective date of the Decision, whichever is later.

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

The Board or its designee shall provide the approved monitor with copies of the Decision(s)

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

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

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

The monitor(s) shall submit a quarterly written report to the Board or its designee which includes an evaluation of Respondent's performance, indicating whether Respondent's practices are within the standards of practice of medicine, and whether Respondent is practicing medicine safely. It shall be the sole responsibility of Respondent to ensure that the monitor submits the quarterly written reports to the Board or its designee within 10 calendar days after the end of the preceding quarter.

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

replacement monitor is approved and assumes monitoring responsibility.

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

6. 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.

7. 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.

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

9. 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.

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

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

11. GENERAL PROBATION REQUIREMENTS.

Compliance with Probation Unit

Respondent shall comply with the Board's probation unit.

Address Changes

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

Place of Practice

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

facility.

License Renewal

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

Travel or Residence Outside California

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

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

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

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

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

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

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

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

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

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

16. LICENSE SURRENDER. Following the effective date of this Decision, if Respondent ceases practicing due to retirement or health reasons or is otherwise unable to satisfy the terms and conditions of probation, Respondent may request to surrender his or her license. The Board reserves the right to evaluate Respondent's request and to exercise its discretion in determining whether or not to grant the request, or to take any other action deemed appropriate

and reasonable under the circumstances. Upon formal acceptance of the surrender, Respondent shall within 15 calendar days deliver Respondent's wallet and wall certificate to the Board or its designee and Respondent shall no longer practice medicine. Respondent will no longer be subject to the terms and conditions of probation. If Respondent re-applies for a medical license, the application shall be treated as a petition for reinstatement of a revoked certificate.

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

18. FUTURE ADMISSIONS CLAUSE. If Respondent should ever apply or reapply for a new license or certification, or petition for reinstatement of a license, by any other health care licensing action agency in the State of California, all of the charges and allegations contained in Accusation No. 800-2019-060435 shall be deemed to be true, correct, and admitted by Respondent for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict license.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Lindsay M. Johnson, Esq.. 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: 9/14/2021

KATHERINE BO LEE, M.D.
Respondent

I have read and fully discussed with Respondent Katherine Bo Lee, 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: 09/14/2021

LINDSAY M. JOHNSON, ESQ.
Attorney for Respondent

ENDORSEMENT

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

DATED: 9/14/21

Respectfully submitted,

ROB BONTA
Attorney General of California
STEVEN D. MUNI
Supervising Deputy Attorney General

RYAN J. YATES
Deputy Attorney General
Attorneys for Complainant

Exhibit A

XAVIER BECERRA
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Attorneys for Complainant

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

In the Matter of the Accusation Against: **KATHERINE BO LEE, M.D.** **3100 Meadowview Road** **Sacramento, CA 95832** **Physician's and Surgeon's Certificate No. G 72934,** Respondent.	Case No. 800-2019-060435 **ACCUSATION**

PARTIES

1. William Prasifka (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 November 12, 1991, the Medical Board issued Physician's and Surgeon's Certificate Number G 72934 to Katherine Bo Lee, 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 March 31, 2021, unless renewed.

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JURISDICTION

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

4. Section 2227 of the Code provides in pertinent part that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Board deems proper.

5. Section 2234 of the Code states, in pertinent part:

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

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

"(b) Gross negligence.

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

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

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

"(d) Incompetence.

"..."

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6. Section 2266 of the Code states, in pertinent part:

"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."

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent's license is subject to disciplinary action under section 2234, subdivision (b), of the Code, in that she committed gross negligence during the care and treatment of Patient's A[1] through T. The circumstances are as follows:

8. On or about February of 2019, Respondent began employment as an Associate Medical Director at the University of California Davis Medical Center, Auburn Clinic, (Auburn), in Auburn, California.

9. On or about March 18, 2019, Patient A's daughter complained to Auburn staff that during Respondent's care and treatment of Patient A—an 83 year old female—Respondent was rude, ill mannered, and refused to listen to Patient A's medical complaints. Patient A and her daughter attempted to inquire about medication refills and to give Respondent information regarding Patient A's history of heart problems; however, Respondent refused to listen. At the end of the appointment, Respondent asked if Patient A wanted to "come back in four months, or never," or words to that effect. Following the appointment, Patient A's daughter called Auburn and lodged a complaint, and requested a transfer of Patient A's care to another provider.

10. On or about April 1, 2019, Patient B's husband called Auburn in order to lodge a complaint, regarding the care and treatment Respondent provided to Patient B. Patient B's husband complained that Respondent was rude during her visit with Patient B.

11. On or about April 8, 2019, Patient C contacted Auburn and stated that she no longer wanted Respondent as her primary care provider. Patient C indicated that during her first visit with Respondent, she was told by Respondent that she "could not weigh in on her problems," or words to that effect. Respondent additionally acted angrily during the encounter.

[1] To protect the privacy of all patients involved, patient names have not been included in this pleading. Respondent is aware of the identity of the patients referred to herein.

12. As a new employee at Auburn, Respondent had a "coach," who assisted with new employee onboarding. On or about April 18, 2019, Respondent met with her coach, to discuss the aforementioned complaints. The coach recommended that Respondent listen to the patients and allow them to speak more, along with engaging in open-ended questioning.

13. On or about April 26, 2019, Respondent attended an appointment with Patient D. During the appointment, Patient D felt rushed by Respondent, and Respondent ended the appointment before Patient D could fully describe her medical complaints. Following a subsequent visit with a different physician, Patient D requested that she no longer have Respondent as her primary care provider.

14. On or about May 7, 2019, Patient E contacted Auburn and asked to be transferred to another physician. Specifically, she wanted to "be seen by someone who was at least nice," or words to that effect.

15. On or about May 8, 2019, while on duty at Auburn, Respondent was proctored by a colleague physician, while performing three examinations. During the examinations, Respondent focused on the breast health of two of the patients (Patient F and Patient G), although neither patients had a complaint regarding their breast health. In both examinations, the patients stated that they were unhappy with taking estrogen blockers. Respondent replied to each patient, "better that then dead," or words to that effect. One of the patients expressed that she wanted an examination from her oncologist, since the oncologist had ordered a bone density analysis. Respondent ignored the patient and requested an unnecessary follow-up with the patient's previous primary care provider. Additionally, Respondent failed to adequately complete proctor forms, following the proctored exams.

16. On or about May 17, 2019, Respondent attended an appointment with Patient H. Patient H was a then 84 year old female, who presented with right ear pain which she had been experiencing for a week. Respondent ordered unnecessary brain magnetic resonance imaging (MRI) and opined to the patient that she may have suffered a stroke. However, there was no medical indication to suggest that the patient had suffered a stroke. On or about May 31, 2019, Patient H saw a different physician, who cleaned wax from the patient's ears, and alleviated the

patient's pain. Following the appointment, Patient H stated that she no longer wanted Respondent as her physician.

17. On or about May 21, 2019, Respondent attended an appointment with Patient I. Following the appointment, Patient I immediately requested a transfer to another physician, and stated, "it was not a good match, at all," or words to that effect. Patient I further requested that her daughter also be transferred to another physician.

18. On or about May 28, 2019, Patient J requested to be transferred from Respondent to a different physician. Patient J stated that she is not compatible with Respondent and that Respondent told her to look for another physician.

19. On or about June 24, 2019, one of Respondent's patients—Patient K—contacted Auburn and requested a new physician. She stated that she was unhappy with her appointment with Respondent and wanted a new physician that she could have a good rapport with, or words to that effect.

20. On or about June 3, 2019, Respondent attended an appointment with Patient L, who had complaints of severe back pain. During the examination, Respondent refused to speak with the patient until she accessed her electronic chart. After several minutes and switching examination rooms, Respondent first acknowledged the patient. Respondent then began reading a series of questions from the computer screen, without looking up to Patient L, or otherwise addressing her. Respondent then performed an inadequate physical examination, where she tapped Patient L's back and arms with a rubber mallet. Respondent failed to ask Patient L where the pain was emanating from, as well as ask pertinent questions, such as Patient L's status as a cancer survivor.

21. Respondent then returned to the computer and, while typing, began telling Patient L that she would be prescribing pain medications to her, without allowing the patient for the opportunity to discuss any alternatives to opioid therapy. Due to Respondent's failure to adequately engage with Patient L, she became upset and left the appointment. Patient L lodged a complaint with Auburn shortly after. When Auburn staff became aware of the aforementioned examination, Respondent's coach reached out to Respondent via e-mail. Respondent did not reply

for over a week, and the reply was that she would discuss the incident with the coach at a later date, or words to that effect.

22. On or about June 3, 2019, Patient M presented to Respondent. Patient M's primary care physician was one of the other Auburn physicians, however, he was unavailable and Respondent was acting in his place. Patient M, a 78 year old male, complained of a chronic painful frontal headache, which would not subside after taking Tylenol or ibuprofen. Additionally, Patient M was in a severely weakened state. During her care and treatment of Patient M, Respondent failed to directly admit Patient M into the hospital. Instead, she acted unconcerned and ordered brain magnetic resonance imaging (MRI) for Patient M, for a later date.

23. On or about June 6, 2019, Patient N was seen at the Auburn Emergency Room after she began experiencing a rapid heart rate. She was placed on hypertension medication and a follow-up appointment was scheduled with Respondent. On June 11, 2019, Patient N arrived fifteen minutes late to the appointment and Respondent refused to see her, even though Auburn policy is to give late patients a window of up to thirty minutes. Patient N was next seen on June 17, 2019, where she was diagnosed with congestive heart failure, a serious condition that could have been identified during the originally scheduled appointment.

24. On or about June 27, 2019, Respondent was on-call for the Auburn clinic when she received a call from a home health care nurse, who had concerns about a patient's medications, following a hospital discharge. Respondent replied, that she did not have access to Electronic Medical Records. She additionally advised that the home care agency should "call the office on Monday for clarification," or words to that effect. The nurse then contacted a different Auburn physician, who was able to manage the medication list for the patient.

25. Additionally, between February 1, 2019 and September 12, 2019, on a separate occasion, while Respondent was on-call, a home care agency attempted to contact Respondent, however, Respondent's voice mailbox was full and Respondent was not answering pages. After several failed attempts to reach Respondent, the agency contacted other Auburn staff, in order to reach an Auburn physician.

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26. Between on or about, and on or about February 1, 2019, and on or about July 3, 2019, Respondent made numerous inappropriate comments about a subordinate physician, Dr. M, to others in the office. Specifically, in several instances, Respondent referred to Dr. M's back injury in a deriding manner.

27. On or about July 3, 2019, medical supervisors met with Respondent. She was advised that her tone was viewed as loud. They additionally addressed with her that she had been speaking about inappropriate subjects in the open areas of the hospital, and that she had persistently received poor communication scores despite efforts made by her coach to improve Respondent's communication issues. The staff members offered to pay for Respondent to attend the University of California, San Diego, Physician Assessment and Clinical Education (PACE) program for communication improvement, however, Respondent never took advantage of the offer.

28. On or about July 17, 2019, Dr. M lodged a complaint against Respondent. The complaint alleged that on or about that day, he heard Respondent talking loudly about her patients. Respondent stated, "Yesterday was the worst day ever. Patients were yelling at me and I asked, 'why are you yelling at me? I don't need that. I only saw two of my own patients and all the rest were other doctor's patients...oh well," or words to that effect. The complaint additionally alleged that Respondent would loudly speak rudely about her patients several times per week.

29. Later that day, Respondent and other Auburn staff were participating in a meeting. During the meeting, Respondent loudly described that that she had been receiving videos from her dog breeder depicting her dog engaged in sexual intercourse and stated, "I had to use the hose on them," or words to that effect. She then discussed a patient that, "got a partial erection during my exam of him," or words to that effect, and that "he showed his bare-ass to my medical assistant during the examination," or words to that effect.

30. On or about July 18, 2019, one of Respondent's patients—Patient O—contacted Auburn and requested a new physician. Patient O stated that he did not believe Respondent was listening to his medical complaints and that Respondent seemed very distant. He further stated that he did not have confidence in Respondent and wanted a new physician, or words to that effect.

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31. On or about August 5, 2019, one of Respondent's patients—Patient P—contacted Auburn and requested a new physician, and stated that Respondent had made some mistakes in her care and treatment of him.

32. On or about August 27, 2019, Patient Q presented to Respondent with a history of breast implants from a procedure in 1985. Patient Q reported bilateral underarm discomfort that would occur periodically. Following the examination, Respondent failed to document in Patient Q's chart any questions on the patient's duration of symptoms, or alleviating or aggravating factors.

33. On or about August 28, 2019, Patient R presented to Respondent with complaints of a sore throat, diarrhea, and low-grade fevers. Respondent failed to document any other history. The Review of Systems section of Patient R's chart listed "Constitutional, HENT, Respiratory, Cardiovascular, and Genitourinary" systems as "negative," with "Gastrointestinal positive for diarrhea." The physical exam was normal and Respondent's "Assessment & Plan" notes indicated "Viral gastroenteritis-systematic care." No further instructions or elaborations were documents in that section of the note.

34. Respondent failed to document whether she asked relevant questions and answers associated with a presumptive upper respiratory tract infection or gastroenteritis. Particularly, Respondent failed to include that she asked and/or documented questions regarding cough, nasal obstruction or discharge, nausea or vomiting, abdominal pain, and characteristics of the diarrhea.

35. On or about August 28, 2019, Patient S presented to Respondent. Patient S's primary care physician was one of the other Auburn physicians, however, he was unavailable and Respondent was acting in his place. Patient S reported that he was suffering from diarrhea since June 10, 2019. During the care and treatment of Patient S, Respondent failed to adequately evaluate the patient and document said evaluation. Specifically, Respondent failed to order laboratory and stool tests, including complete blood count and thyroid function tests. Respondent documented that the patient had taken "Bactrim for two days and felt a little better," but was "still having diarrhea." Respondent failed to document any additional history in the "History of Present Illness" portion of Patient S's progress notes. Although Respondent ordered a gastrointestinal panel for Patient S, Respondent failed to document it in her progress notes. In the "Assessment

and Plan" portion of the notes, Respondent stated, "Diarrhea-most likely traveler's diarrhea. Treat with Cipro 500mg bid." This diagnosis was inconsistent with the timing of Patient S's symptoms.

36. Additionally, Respondent failed to consider characteristics specific to Patient S, which require additional treatment, such as Patient S being over the age of 50 and unexplained weight loss. Respondent failed to order an endoscopic evaluation on Patient S.

37. Between February 1, 2019 and on or about September 12, 2019, Respondent evaluated Patient T, the son-in-law of one of the Respondent's colleagues at Auburn. Patient T had been experiencing urinary issues, such as frequent urination and difficulty urinating. Respondent then concluded that Patient T had a sexually transmitted disease, without asking all of the relevant patient information to reach that conclusion. When Patient T responded that he had been in a monogamous relationship with his wife for years and that she was his only sexual partner, Respondent replied, "that's what they all say," or words to that effect. Respondent prescribed Patient T antibiotics and failed to subsequently follow-up on Patient T.

38. Between February 1, 2019, and on or about September 12, 2019, Respondent was heard by other Auburn staff making numerous inappropriate statements. Specifically, throughout her time at Auburn, Respondent was heard by staff referring to her patients as "crazy" on several occasions, during conversations with staff members. Additionally, staff heard Respondent refer to Patients as "crazy," or words to that effect, directly to said patients, during examinations. Moreover, on several occasions, Respondent was heard loudly discussing confidential patient information in Auburn's common areas.

39. On September 13, 2019, Respondent was suspended from her position at Auburn, following review of the proctoring of her clinical practice, which indicated deficiencies in her clinical care. Respondent subsequently resigned from Auburn.

40. Respondent committed the following grossly negligent acts, which included but was not limited to, the following:

a) Between February 1, 2019, and September 12, 2019, Respondent committed gross negligence in her care and treatment of patients and interactions with Auburn staff, when she—

while on duty—disparaged several patients and staff, discussed confidential matters in public spaces, and engaged in numerous inappropriate conversations.

b) Between February 1, 2019, and September 12, 2019, Respondent failed to respond to pages, while on call;

c) On or about June 27, 2019, Respondent responded to a home care nurse to "call back on Monday," for assistance while Respondent was on-call; and

d) On or about August 28, 2019, Respondent failed to document important symptoms and modifiers, or properly evaluate Patient S.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

41. Respondent's license is subject to disciplinary action under section 2234, subdivision (c), of the Code, in that she committed repeated negligent acts during the care and treatment of Patients A through T, as more fully described in paragraphs 7 through 40, above, and those paragraphs are incorporated by reference as if fully set forth herein. Respondent additionally committed repeated negligent acts during the care and treatment of Patient Q and Patient R. The circumstances are as follows:

a) On or about August 27, 2019, Respondent engaged in repeated negligent acts, in that she failed to maintain adequate and accurate medical records relating to her care and treatment of Patient Q; and

b) On or about August 28, 2019, Respondent engaged in repeated negligent acts, in that she failed to maintain adequate and accurate medical records relating to her care and treatment of Patient R.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

42. Respondent's license is subject to disciplinary action under section 2266, of the Code, in that she failed to maintain adequate and accurate medical records relating to the care and treatment of Patient Q, Patient R, and Patient S, as more fully described in paragraphs 7 through 41, above, and those paragraphs are incorporated by reference as if fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

43. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234, of the Code, in that she has engaged in conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming of a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine, as more particularly alleged in paragraphs 7 through 42 above, which are hereby realleged and incorporated by reference as if fully set forth herein.

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 72934, issued to Katherine Bo Lee, M.D.;

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

3. Ordering Katherine Bo Lee, 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: FEB 04 2021

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

REJI VARGHESE
DEPUTY DIRECTOR

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