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

In the Matter of the Accusation Against: Kevin Wayne Olson, M.D. Physician's and Surgeon's Certificate No. G 86467 Respondent.	Case No. 800-2020-066486

DECISION

The attached Stipulated Surrender of License 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 July 20, 2022.

IT IS SO ORDERED July 13, 2022.

MEDICAL BOARD OF CALIFORNIA

William Prasifka
Executive Director

ROB BONTA
Attorney General of California
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BEFORE THE
MEDICAL BOARD OF CALIFORNIA
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA

In the Matter of the Accusation Against: **KEVIN WAYNE OLSON, M.D.** **7736 LONE MOOR CIR** **DALLAS, TX 75248-1713** **Physician's and Surgeon's Certificate No. G 86467** Respondent.	Case No. 800-2020-066486 **STIPULATED SURRENDER OF LICENSE 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 Jason J. Ahn, Deputy Attorney General.

2. Kevin Wayne Olson, M.D. (Respondent) is representing himself in this proceeding and has chosen not to exercise his right to be represented by counsel.

3. On or about April 5, 2002, the Board issued Physician's and Surgeon's Certificate No. G 86467 to 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. 800-2020-066486 and will expire on October 31, 2023, unless renewed.

JURISDICTION

4. On May 6, 2022, Accusation No. 800-2020-066486 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 or about May 6, 2022. Respondent timely filed his Notice of Defense contesting the Accusation. A copy of Accusation No. 800-2020-066486 is attached as Exhibit A and incorporated by reference.

ADVISEMENT AND WAIVERS

5. Respondent has carefully read, and understands the charges and allegations in Accusation No. 800-2020-066486. Respondent also has carefully read, and fully understands the effects of this Stipulated Surrender of License and Disciplinary Order.

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

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

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CULPABILITY

8. Respondent admits the truth of each and every charge and allegation in Accusation No. 800-2020-066486, agrees that cause exists for discipline and hereby surrenders his Physician's and Surgeon's Certificate No. G 86467 for the Board's formal acceptance.

9. Respondent understands that by signing this stipulation he enables the Board to issue an order accepting the surrender of his Physician's and Surgeon's Certificate without further process.

CONTINGENCY

11. Business and Professions Code section 2224, subdivision (b), provides, in pertinent part, that the Medical Board "shall delegate to its executive director the authority to adopt a . . . stipulation for surrender of a license."

12. This Stipulated Surrender of License and Disciplinary Order shall be subject to approval of the Executive Director on behalf of the Medical Board. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be submitted to the Executive Director for his consideration in the above-entitled matter and, further, that the Executive Director shall have a reasonable period of time in which to consider and act on this Stipulated Surrender of License and Disciplinary Order after receiving it. By signing this stipulation, Respondent fully understands and agrees that he may not withdraw his agreement or seek to rescind this stipulation prior to the time the Executive Director, on behalf of the Medical Board, considers and acts upon it.

13. The parties agree that this Stipulated Surrender of License and Disciplinary Order shall be null and void and not binding upon the parties unless approved and adopted by the Executive Director on behalf of the Board, except for this paragraph, which shall remain in full force and effect. Respondent fully understands and agrees that in deciding whether or not to approve and adopt this Stipulated Surrender of License and Disciplinary Order, the Executive Director and/or the Board may receive oral and written communications from its staff and/or the Attorney General's Office. Communications pursuant to this paragraph shall not disqualify the Executive Director, the Board, any member thereof, and/or any other person from future participation in this or any other matter affecting or involving Respondent. In the event that the Executive Director on behalf of the

Board does not, in his discretion, approve and adopt this Stipulated Surrender of License and Disciplinary Order, with the exception of this paragraph, it shall not become effective, shall be of no evidentiary value whatsoever, and shall not be relied upon or introduced in any disciplinary action by either party hereto. Respondent further agrees that should this Stipulated Surrender of License and Disciplinary Order be rejected for any reason by the Executive Director on behalf of the Board, Respondent will assert no claim that the Executive Director, the Board, or any member thereof, was prejudiced by its/his/her review, discussion and/or consideration of this Stipulated Surrender of License and Disciplinary Order or of any matter or matters related hereto.

ADDITIONAL PROVISIONS

14. This Stipulated Surrender and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final, and exclusive embodiment of the agreements of the parties in the above-entitled matter.

15. The parties agree that copies of this Stipulated Surrender and Disciplinary Order, including copies of the signatures of the parties, may be used in lieu of original documents and signatures and, further, that such copies shall have the same force and effect as originals.

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

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. G 86467, issued to Respondent Kevin Wayne Olson, M.D., is surrendered and accepted by the Board.

1. The surrender of Respondent's Physician's and Surgeon's Certificate and the acceptance of the surrendered license by the Board shall constitute the imposition of discipline against Respondent. This stipulation constitutes a record of the discipline and shall become a part of Respondent's license history with the Board.

2. Respondent shall lose all rights and privileges as a physician and surgeon in California as of the effective date of the Board's Decision and Order.

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3. Respondent shall cause to be delivered to the Board his pocket license and, if one was issued, his wall certificate on or before the effective date of the Decision and Order.

4. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked or surrendered license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2020-066486 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

5. Respondent shall pay the agency its costs of investigation and enforcement in the amount of $12,891.25, prior to issuance of a new or reinstated license.

6. 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 agency in the State of California, all of the charges and allegations contained in Accusation, No. 800-2020-066486 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 licensure.

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and Disciplinary Order. I understand the stipulation and the effect it will have on my Physician's and Surgeon's Certificate. I enter into this Stipulated Surrender of License and Disciplinary Order voluntarily, knowingly, and intelligently, and fully agree to be bound by the Decision and Order of the Medical Board of California.

DATED: 30 June 2022

KEVIN WAYNE OLSON, M.D.
Respondent

ENDORSEMENT

The foregoing Stipulated Surrender of License and Disciplinary Order is hereby respectfully submitted for consideration by the Medical Board of California of the Department of Consumer Affairs.

DATED: July 6, 2022

Respectfully submitted,

ROB BONTA
Attorney General of California
MATTHEW M. DAVIS
Supervising Deputy Attorney General

Jason Ahn

JASON J. AHN
Deputy Attorney General
Attorneys for Complainant

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Stipulated Surrender of License and Order.docx

Exhibit A

Accusation No. 800-2020-066486

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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:	Case No. 800-2020-066486
Kevin Wayne Olson, M.D. **7736 LONE MOOR CIR** **DALLAS TX 75248-1713** **Physician's and Surgeon's Certificate No. G 86467,** Respondent.	**A C C U S A T I O N**

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 April 5, 2002, the Medical Board issued Physician's and Surgeon's Certificate No. G 86467 to Kevin Wayne Olson, 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 October 31, 2023, 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 states:

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

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

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

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

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

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

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

5. Section 2234 of the Code, states:

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

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

(b) Gross negligence.

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

(1) An initial negligent diagnosis followed by an act or omission medically

appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.

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

"..."

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.

7. Unprofessional conduct under Business and Professions Code section 2234 is conduct which breaches the rules or ethical code of the medical profession, or conduct which is unbecoming a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine. (*Shea v. Board of Medical Examiners* (1978) 81 Cal.App.3d 564, 575.)

COST RECOVERY

8. Section 125.3 of the Code states:

(a) Except as otherwise provided by law, in any order issued in resolution of a disciplinary proceeding before any board within the department or before the Osteopathic Medical Board, upon request of the entity bringing the proceeding, the administrative law judge may direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case.

(b) In the case of a disciplined licensee that is a corporation or a partnership, the order may be made against the licensed corporate entity or licensed partnership.

(c) A certified copy of the actual costs, or a good faith estimate of costs where actual costs are not available, signed by the entity bringing the proceeding or its designated representative shall be prima facie evidence of reasonable costs of investigation and prosecution of the case. The costs shall include the amount of investigative and enforcement costs up to the date of the hearing, including, but not limited to, charges imposed by the Attorney General.

(d) The administrative law judge shall make a proposed finding of the amount of reasonable costs of investigation and prosecution of the case when requested pursuant to subdivision (a). The finding of the administrative law judge with regard to costs shall not be reviewable by the board to increase the cost award. The board may reduce or eliminate the cost award, or remand to the administrative law judge if the proposed decision fails to make a finding on costs requested pursuant to subdivision (a).

(e) If an order for recovery of costs is made and timely payment is not made as directed in the board's decision, the board may enforce the order for repayment in any appropriate court. This right of enforcement shall be in addition to any other rights the board may have as to any licensee to pay costs.

(f) In any action for recovery of costs, proof of the board's decision shall be conclusive proof of the validity of the order of payment and the terms for payment.

(g) (1) Except as provided in paragraph (2), the board shall not renew or reinstate the license of any licensee who has failed to pay all of the costs ordered under this section.

(2) Notwithstanding paragraph (1), the board may, in its discretion, conditionally renew or reinstate for a maximum of one year the license of any licensee who demonstrates financial hardship and who enters into a formal agreement with the board to reimburse the board within that one-year period for the unpaid costs.

(h) All costs recovered under this section shall be considered a reimbursement for costs incurred and shall be deposited in the fund of the board recovering the costs to be available upon appropriation by the Legislature.

(i) Nothing in this section shall preclude a board from including the recovery of the costs of investigation and enforcement of a case in any stipulated settlement.

(j) This section does not apply to any board if a specific statutory provision in that board's licensing act provides for recovery of costs in an administrative disciplinary proceeding.

FIRST CAUSE FOR DISCIPLINE

(Gross Negligence)

7. Respondent has subjected his Physician's and Surgeon's Certificate No. G 86467 to disciplinary action under section 2227 and 2234, subdivision (b), of the Code, in that he committed gross negligence in his care and treatment of Patient A,[1] as more particularly alleged hereinafter:

[1] The patient herein is identified as Patient A in order to maintain patient confidentiality.

8. On or about March 10, 2020 Patient A, a forty-six (46) year-old man with end-stage renal disease[2] on hemodialysis[3] presented for placement of a peritoneal dialysis catheter.[4] Respondent provided anesthetic care to Patient A.

9. On or about March 10, 2020, Respondent proceeded with anesthesia of Patient A. During the course of an hour and a half (1.5 hours), Respondent used typical agents, including, but not limited to, fentanyl (250 micrograms). At the end of the surgery, Patient A sustained a cardiac arrest. At that time, relaxant reversal had been administered and spontaneous ventilation had been reestablished, although tidal volumes were low and end tidal CO2 was high. Patient A remained intubated and on 100% oxygen. Patient A was resuscitated and transported to Intensive Care Unit (ICU), but did poorly, and medical care was compassionately withdrawn on March 16, 2020. Respondent failed to adequately ventilate Patient A, leading to Patient A suffering hypoxemia, with cardiac arrest.

10. Respondent committed gross negligence in his care and treatment of Patient A which included, but was not limited to, the following:

(a) Respondent failed to adequately ventilate Patient A.

SECOND CAUSE FOR DISCIPLINE

(Repeated Negligent Acts)

11. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 86467 to disciplinary action under sections 2227 and 2234, as defined by section 2234, subdivision (c), of the Code, in that Respondent committed repeated negligent acts in his care and

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[2] End-Stage Renal Disease (ESRD) is a medical condition in which a person's kidneys cease functioning on a permanent basis leading to the need for a regular course of longer term dialysis or a kidney transplant to maintain life.

[3] Hemodialysis is a procedure where a dialysis machine and a special filter called an artificial kidney, or a dialyzer, are used to clean your blood.

[4] Before a person can begin peritoneal dialysis (PD) treatments, he/she needs to have a peritoneal dialysis catheter placed as an access for the removal of waste and toxins from his/her body. A PD catheter, the only type of dialysis access used for PD, is placed through your abdomen and into the peritoneal space through the peritoneal membrane – the thin membrane that lines your abdominal wall.

treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged herein.

Patient A

12. Paragraphs 7 through 10, above, are hereby incorporated by reference and realleged as if fully set forth herein.

Patient B

13. On or about October 28, 2019, Patient B, an eighty-two (82) year-old woman with colorectal carcinoma,[5] presented for laparoscopic robotic colectomy[6] for chronic low-grade bowel obstruction. Patient B's comorbidities included atrial fibrillation,[7] hypertension,[8] chronic kidney disease, and generalized debilitation. Respondent provided anesthetic care to Patient B.

14. At surgery, Patient B was found to have a locally advanced colorectal carcinoma, which was not suspected pre-operatively. The tumor invaded multiple bowel loops and the abdominal wall, necessitating extensive dissection. Ureteral injury occurred, necessitating repair. All of this required over six (6) hours of anesthesia. Anesthesia was accomplished with typical intravenous and inhaled agents, including, but not limited to, five mg of midazolam[9] and 450 micrograms of fentanyl.[10] At the end of the surgery, despite Patient B being cold, breathing poorly, and having consumed large doses of fentanyl and midazolam in the course of six (6) hours of surgery, Respondent

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[5] Colorectal carcinoma (colon cancer) is a cancer of the colon or rectum, located at the digestive tract's lower end.

[6] Laparoscopic colectomy, also called minimally invasive colectomy, involves several small incisions in your abdomen; the surgeon passes a tiny video camera through one incision and special surgical tools through the other incisions.

[7] Atrial fibrillation is an irregular, often rapid heart rate that commonly causes poor blood flow.

[8] Hypertension refers to high blood pressure.

[9] Midazolam is a sedative, which can help patients feel relaxed or sleepy before surgery or medical procedures.

[10] Fentanyl is a narcotic, which can be used to treat severe pain.

decided to extubate[11] Patient B. Patient B lasted about twenty (20) minutes in the PACU,[12] before hypoventilation[13] necessitated re-intubation. Patient B was extubated the next day and made an otherwise uneventful recovery.

Patient C

15. On or about November 14, 2019, Patient C, an eighty-four (84) year-old woman with recurrent colitis[14] and a sigmoid stricture[15] presented for a laparoscopic robotic sigmoid colectomy. Patient C's comorbidities included adult-onset diabetes, hypertension, obesity, and very mild renal insufficiency. Respondent provided anesthetic care to Patient C.

16. Patient C underwent four (4) hours of anesthesia for a laparoscopic robotic colectomy for ulcerative colitis. Anesthesia was accomplished with agents, including, but not limited to, fentanyl (450 micrograms). At the conclusion of the surgery, Respondent decided to extubate Patient C, despite tidal volumes of under 100 cc, a last end-tidal CO2 of 63, and a last recorded temperature of 34.1 Celsius. Thereafter, Patient C was sent to the PACU, but required re-intubation in the PACU about forty-five (45) minutes later. Patient C was extubated the next morning, and had an otherwise uneventful recovery.

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[11] Extubate means to remove a tube from a person or a body part.

[12] PACU refers to Post-Anesthsia Care Unit; after receiving anesthesia for a surgery or procedure, a patient is setn to the PACU to recover and wake up. The PACU is a critical care unit where the patient's vital signs are closely observed, pain management begins, and fluids are given.

[13] Hypoventilation refers to breathing that is too shallow or too slow to meet the needs of the body.

[14] Colitis refers to an inflammatory reaction in the colon, often autoimmune or infectious.

[15] A colon stricture is a narrowing of the colon. Strictures can lead to bowel obstructions, which affect your ability to have bowel movements.

Patient D

17. On or about January 3, 2020, Patient D, a sixty-one (61) year-old woman with comorbidities of anal carcinoma (diagnosed in 2016), cervical HPV[16] with condylomata, S/P vulvectomy, obesity, COPD,[17] and ongoing tobacco use, presented for a robotic repair of a left quadrant ventral incisional hernia. Respondent provided anesthetic care to Patient D. Anesthesia was accomplished using agents, including, but not limited to, midazolam[18] 2 mg, fentanyl 350 micrograms, sevoflurane,[19] nitrous oxide,[20] and rocuronium,[21] over the course of approximately one hour and 45 minutes. At the end of the procedure, relaxant was reversed with neostigmine,[22] but measured expired tidal volume was under 100 cc, end-tidal CO2 was over 60, temperature was 35.3 Celsius, and respirator rate was under ten. Respondent extubated Patient D, who then required bag and mask ventilator support in PACU.

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[16] Human papillomavirus infection (HPV) refers to an infection that causes warts in various parts of the body, depending on the strain.

[17] Chronic obstructive pulmonary disease (COPD) is a group of lung diseases that block airflow and make it difficult to breathe.

[18] Midazolam is a sedative, which can help patients feel relaxed or sleepy before surgery or medical procedures.

[19] Sevoflurane (common brand Ultane) is an anesthetic, which can put patients to sleep before surgery.

[20] Nitrous oxide, commonly known as laughing as or happy gas, is a colorless, non-flammable gas, which is used in medical and dental procedures as a sedative.

[21] Rocuronium is a paralytic, which can be used to relax muscles during surgery and medical procedures.

[22] Neostigmine can be used to reverse the effects of anesthesia.

Patient E

18. On or about January 16, 2020, Patient E, a sixty-nine (69) year-old man with comorbidities, including, but not limited to, coronary artery disease with CABG[23] in 2005 and subsequent percutaneous coronary interventions[24] and stents, aortic stenosis[25] S/P trans-femoral aortic valve replacement,[26] hypertension, adult onset diabetes, diastolic congestive heart failure,[27] peripheral vascular disease,[28] moderate renal insufficiency, and obstructive sleep apnea,[29] presented for a lumbar 4-5 decompression.[30] Respondent provided anesthetic care to Patient E. Anesthesia was accomplished with agents, including, but not limited to, fentanyl (350 micrograms). At the end of the surgery, Respondent extubated Patient E, placed him on BiPAP,[31] despite significant residual concentrations of anesthetic agent, low spontaneous tidal volume, hypotension, and low respiratory rate. Patient E was then transported to PACU. Recovery was uneventful and Patient E was transferred to the [hospital] floor two hours later. More than twenty-four

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[23] Coronary artery bypass grafting (CABG) is a surgery in which a healthy blood vessel taken from another part of the body is used to make a new path for blood around a blocked artery leading to the heart.

[24] Percutaneous coronary intervention is a non-surgical procedure used to treat narrowing of the coronary arteries of the heart found in coronary artery disease.

[25] Aortic stenosis refers to narrowing of the valve in the large blood vessel branching off the heart (aorta).

[26] Aortic valve replacement is a procedure whereby failing aortic valve of a patient's heart is replaced with an artificial heart valve.

[27] Diastolic heart failure refers to symptoms of heart failure in a patient with preserved left ventricular function.

[28] Peripheral vascular [artery] disease is a circulatory condition in which narrowed blood vessels reduce blood flow to the limbs.

[29] Obstructive sleep apnea is intermittent airflow blockage during sleep.

[30] During a lumbar decompression back surgery, a small portion of the bone over the nerve root and/or disc material from under the nerve root is removed to give the nerve root more space and provide a better healing environment.

[31] Bipap is a type of ventilator, a ventilator that helps with breathing.

(24) hours later, Patient E sustained a bradycardic arrest,[32] necessitating intubation and CPR,[33] and urgent placement of a pacemaker.[34]

19. Respondent committed repeated negligent acts in his care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E.

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

(a) Respondent failed to adequately ventilate Patient A;

(b) Respondent extubated Patient B, when he should not have done so under the circumstances;

(c) Respondent extubated Patient C, when he should not have done so under the circumstances;

(d) Respondent extubated Patient D, when he should not have done so under the circumstances; and

(e) Respondent extubated Patient E, when he should not have done so under the circumstances.

THIRD CAUSE FOR DISCIPLINE

(Failure to Maintain Adequate and Accurate Records)

21. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 86467 to disciplinary action under sections 2227 and 2234, as defined by section 2266, of the Code, in that he failed to maintain adequate and accurate records in his care and treatment of Patient A, Patient B, Patient C, Patient D, and Patient E, as more particularly alleged in paragraphs 7 through 20, above, which are hereby incorporated by reference and realleged as if

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[32] Bradycardic arrest (also known as bradycardia) is slower-than-expected heart rate, generally beating fewer than 60 beats per minute.

[33] Cardiopulmonary resuscitation (CPR) is a lifesaving technique that is useful in may emergencies such as a heart attack or near drowning, in which someone's breathing or heartbeat has stopped.

[34] Pacemaker is a small device that is placed (implanted) in the chest to help control the heartbeat.

fully set forth herein.

FOURTH CAUSE FOR DISCIPLINE

(General Unprofessional Conduct)

22. Respondent has further subjected his Physician's and Surgeon's Certificate No. G 86467 to disciplinary action under sections 2227 and 2234 of the Code, in that he 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 21, above, which are hereby 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 No. G 86467, issued to Respondent Kevin Wayne Olson, M.D.;

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

3. Ordering Respondent Kevin Wayne Olson, M.D., to pay the Board the costs of the investigation and enforcement of this case, and if placed on probation, the costs of probation monitoring; and

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

DATED: MAY 06 2022

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