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

In the Matter of the First Amended Accusation Against: Kimberly Anne Henry, M.D. Physician's and Surgeon's Certificate No. G 74346 Respondent.	Case No.: 800-2019-053130

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 22, 2023.

IT IS SO ORDERED: May 23, 2023.

MEDICAL BOARD OF CALIFORNIA

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

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
CAROLYNE EVANS
Deputy Attorney General
State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3448
Facsimile: (415) 703-5480
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **KIMBERLY ANNE HENRY, M.D.** **PO BOX 5160** **Larkspur, CA 94977-5160** **Physician's and Surgeon's Certificate No. G74346** Respondent.	Case No. 800-2019-053130 **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. Reji Varghese (Complainant) is the Interim 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 Carolyne Evans, Deputy Attorney General.

2. Respondent Kimberly Anne Henry, M.D. (Respondent) is represented in this proceeding by attorney John Dodd, whose address is: Craddick, Candland, and Conti, 12677 Alcosta Blvd. Suite 375, San Ramon, CA 94583

3. On June 16, 1992, the Board issued Physician's and Surgeon's Certificate No. G74346 to Respondent. The Physician's and Surgeon's Certificate was in full force and effect at all times relevant to the charges brought in the First Amended Accusation No. 800-2019-053130, and will expire on September 30, 2023, unless renewed.

JURISDICTION

4. First Amended Accusation No. 800-2019-053130 was filed before the Board, and is currently pending against Respondent. The First Amended Accusation and all other statutorily required documents were properly served on Respondent. Respondent timely filed her Notice of Defense contesting the First Amended Accusation.

5. A copy of the First Amended Accusation No. 800-2019-053130 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 the First Amended Accusation No. 800-2019-053130. 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 First Amended Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

CULPABILITY

9. Respondent understands and agrees that the charges and allegations in the First Amended Accusation No. 800-2019-053130, if proven at a hearing, constitute cause for imposing discipline upon her Physician's and Surgeon's Certificate.

10. Respondent agrees that, at a hearing, Complainant could establish a prima facie case or factual basis for the charges in the First Amended Accusation, and that Respondent hereby gives up her right to contest those charges.

11. Respondent does not contest that, at an administrative hearing, Complainant could establish a prima facie case with respect to the charges and allegations in the First Amended Accusation No. 800-2019-053130, 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 74346 to disciplinary action.

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

CONTINGENCY

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

14. 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 the First Amended Accusation No. 800-2019-053130 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.

15. 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.

16. 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 74346 issued to Respondent Kimberly Anne Henry, 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. MEDICAL RECORD KEEPING COURSE. Within 60 calendar days of the effective date of this Decision, Respondent shall enroll in a course in medical record keeping approved in advance by the Board or its designee. Respondent shall provide the approved course provider with any information and documents that the approved course provider may deem pertinent.

Respondent shall participate in and successfully complete the classroom component of the course not later than six (6) months after Respondent's initial enrollment. Respondent shall successfully complete any other component of the course within one (1) year of enrollment. The medical record keeping course shall be at Respondent's expense and shall be in addition to the Continuing Medical Education (CME) requirements for renewal of licensure.

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

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

3. 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.

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

The program shall consist of a comprehensive assessment of Respondent's physical and mental health and the six general domains of clinical competence as defined by the Accreditation Council on Graduate Medical Education and American Board of Medical Specialties pertaining to Respondent's current or intended area of practice. The program shall take into account data obtained from the pre-assessment, self-report forms and interview, and the Decision(s), Accusation(s), and any other information that the Board or its designee deems relevant. The program shall require Respondent's on-site participation for a minimum of three (3) and no more than five (5) days as determined by the program for the assessment and clinical education evaluation. Respondent shall pay all expenses associated with the clinical competence assessment program.

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

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

If Respondent fails to enroll, participate in, or successfully complete the clinical

competence assessment program within the designated time period, 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 the practice of medicine until enrollment or participation in the outstanding portions of the clinical competence assessment program have been completed. If the Respondent did not successfully complete the clinical competence assessment program, the Respondent shall not resume the practice of medicine until a final decision has been rendered on the accusation and/or a petition to revoke probation. The cessation of practice shall not apply to the reduction of the probationary time period.

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 and Accusation, and a proposed monitoring plan. Within 15 calendar days of receipt of the Decision, Accusation, and proposed monitoring plan, the monitor shall submit a signed statement that the monitor has read the Decision and Accusation, 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. NOTIFICATION. Within seven (7) days of the effective date of this Decision, the Respondent shall provide a true copy of this Decision and First Amended 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.

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

8. 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.

9. INVESTIGATION/ENFORCEMENT COST RECOVERY. Respondent is hereby ordered to reimburse the Board its costs of investigation and enforcement, in the amount of $21,500.00 (twenty-one thousand and five hundred dollars). Costs shall be payable to the Medical Board of California. Failure to pay such costs shall be considered a violation of probation.

Payment must be made in full within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board of California. Any and all requests for a payment plan shall be submitted in writing by respondent to the Board. Failure to comply with the payment plan shall be considered a violation of probation.

The filing of bankruptcy by Respondent shall not relieve respondent of the responsibility to repay investigation and enforcement costs, including expert review costs.

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 Board'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; and Quarterly Declarations.

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. This term does not include cost recovery, which is due within 30 calendar days of the effective date of the Order, or by a payment plan approved by the Medical Board and timely satisfied. 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 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 First Amended Accusation No. 800-2019-053130 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.

ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, John Dodd. 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: 4/14/23

KIMBERLY ANNE HENRY, M.D.
Respondent

I have read and fully discussed with Respondent Kimberly Anne Henry, 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: 4/14/23

JOHN DODD
Attorney for Respondent

ENDORSEMENT

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

DATED: 4/14/2023

Respectfully submitted,

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General

Carolyne Evans

CAROLYNE EVANS
Deputy Attorney General
Attorneys for Complainant

SF2021306366

Exhibit A

First Amended Accusation No. 800-2019-053130

ROB BONTA
Attorney General of California
MARY CAIN-SIMON
Supervising Deputy Attorney General
CAROLYNE EVANS
Deputy Attorney General
State Bar No. 289206
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 510-3448
Facsimile: (415) 703-5480
Attorneys for Complainant

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

In the Matter of the First Amended Accusation Against: **Kimberly Anne Henry, M.D.** **PO BOX 5160** **Larkspur, CA 94977-5160** **Physician's and Surgeon's Certificate No. G 74346,** Respondent.	Case No. 800-2019-053130 **FIRST AMENDED ACCUSATION**

PARTIES

1. William Prasifka (Complainant) brings this First Amended Accusation solely in his official capacity as the Executive Director of the Medical Board of California, Department of Consumer Affairs (Board).

2. On June 16, 1992, the Board issued Physician's and Surgeon's Certificate Number G 74346 to Kimberly Anne Henry, 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 September 30, 2023, unless renewed.

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JURISDICTION

3. This First Amended 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 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, in pertinent part, 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...

(c) Repeated negligent acts;

(d) Incompetence.

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."

COST RECOVERY

7. Section 125.3 of the Code provides, in pertinent part, that the Board may request the administrative law judge to direct a licensee found to have committed a violation or violations of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and enforcement of the case, with failure of the licensee to comply subjecting the license to not being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs may be included in a stipulated settlement.

RESPONDENT'S PRACTICE

8. Respondent practices as a plastic surgeon in Northern California. Respondent is board certified in plastic surgery. Respondent has operated a solo practice plastic surgery practice since 1992.

FIRST CAUSE FOR DISCIPLINE

Patient A

(Repeated Negligent Acts)

9. In January 2017, Patient A[1], a 32-year old female, consulted with Respondent because she was interested in augmenting her buttocks and in abdomen liposuction. Patient A had previously undergone breast augmentation with saline implants with another physician.

10. On February 16, 2017, Respondent placed silicone buttock implants in Patient A, performed liposuction of her abdomen and hips, and performed a fat transfer to her buttocks. Patient A's post-operative course was uneventful.

11. In August 2017, Patient A returned to see Respondent because she was interested in increasing the size of her breast implants and switching from saline to silicone filled implants. Respondent noted that Patient A had a left inframammary fold lower than the right side and that Patient A felt that her left breast was larger than the right one.

12. On October 4, 2017, Patient A underwent removal of her 445 cc saline implants. Respondent placed an 800 cc moderate profile silicone implant on the right side, and on the left side, Respondent performed a breast capsulorrhaphy[2] to raise the inframammary fold for symmetry, and placed a 750 cc moderate plus silicone implant.

13. Patient A's home was involved in a Northern California wildfire three days post-operatively and she was forced to evacuate her home. Due to being homeless for a period of time, Patient A was unable to return for her follow-up appointments with Respondent.

14. On October 24, 2017, Patient A met with Respondent for a follow-up appointment. Respondent noted that Patient A's left breast incision was non-healing and risking exposure of the

[1] The patients are referred to by letter to protect their privacy.

[2] A breast capsulorrhaphy is a technique that can be used to repair an implant that is poorly positioned and to improve the results of revisionary breast surgery.

implant. Respondent prescribed ciprofloxacin antibiotic (14-day supply) and scheduled Patient A for revision surgery on October 31, 2017.

15. On October 31, 2017, Respondent removed Patient A's left exposed implant and her skin incision was debrided. Respondent placed a new 700 cc implant in Patient A's left breast.

16. On November 7, 2017, Patient A met with Respondent. Respondent noted that there was a concern about implant exposure and Respondent placed additional sutures on Patient A. Respondent prescribed a second course of ciprofloxacin antibiotic (14-day supply) to Patient A.

17. On November 15, 2017, Patient A returned to Respondent with concerns about implant exposure. Respondent prescribed a third course of ciprofloxacin antibiotic (14-day supply) to Patient A.

18. On November 21, 2017, Patient A returned to see Respondent. Respondent's operative note describes a revision of Patient A's left breast incision. It appears that the left implant was left in place. A culture of Patient A's left breast wound revealed no growth of bacteria.

19. On November 28, 2017, Patient A returned to Respondent for a follow-up visit. Respondent noted that Patient A's left breast incision appeared to be healing. Respondent prescribed a fourth course of ciprofloxacin antibiotic (14-day supply) to Patient A. Given the number of ciprofloxacin pills prescribed by Respondent, Patient A would complete the last prescription on December 19, 2017.

20. On December 20, 2017, Respondent noted in the medical records that a portion of Patient A's left breast wound was re-sutured.

21. On January 3, 2018, Respondent noted that Patient A's left breast incision was healing. However, on January 4, 2018, Patient A was taken to the operating room and the Patient A's left breast incision was again revised and the pocket irrigated. Respondent did not obtain a culture and did not prescribe antibiotics after this procedure.

22. On January 12, 2018, Patient A saw Respondent because Patient A's left breast implant was exposed. Respondent removed the implant and the incision was debrided and closed.

23. On January 16, 2018, Respondent saw Patient A and noted that Patient A was "doing well overall status post left implant removal." The next note dated January 17, 2018, states that Patient A is "stable now status post left breast implant exchange."

24. On February 27, 2018, Patient A saw Respondent for a visit. Responded noted that Patient A underwent a left breast implant exchange, with a date of procedure of November 15, 2017. Respondent noted that plans were made for replacement of Patient A's left breast implant after a period of healing had taken place.

25. On August 24, 2018, Patient A returned to Respondent's office. Respondent placed a new 700 cc breast implant in Patient A's left breast. Patient A was given perioperative antibiotic (Ancef 2 grams) and prescribed ciprofloxacin (7-day course) to take post-operatively. Respondent also prescribed methylprednisolone #21 (corticosteroid)[3], as well as pain medication, a muscle relaxant, and an anti-emetic (anti-nausea medication). Respondent did not document why she was prescribing a "Medrol dose pack" (methylprednisolone) to Patient A. A week later, Respondent documented that Patient A appeared to be "healing well" and prescribed a 5-day course of ciprofloxacin.

26. On September 4, 2018, Respondent saw Patient A and noted that she was "doing well" and prescribed an additional 10-day course of ciprofloxacin.

27. On September 23, 2018, Respondent prescribed another antibiotic, trimethoprim/sulfamethoxazole Septra DS (14-day course) to Patient A. Respondent did not document why she prescribed the Septra DS to Patient A.

28. On September 24, 2018, Respondent saw Patient A and noted that she was having a "slight healing issue." At this visit, Respondent placed additional sutures to Patient A's breast under local anesthesia.

29. On October 3, 2018, Patient A saw Respondent. Respondent noted that Patient A had drainage and incipient exposure of the left breast implant. Respondent scheduled Patient A to return the following day for revision of Patient A's left breast incision.

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[3] Methylprednisolone dose pack is a week-long steroid course usually given for acute inflammatory problems such as asthma or poison oak dermatitis. High dose steroids at the time of surgery can hamper a patient's ability to heal.

30. On October 4, 2018, Respondent revised Patient A's left breast incision/scar. Patient A was given perioperative Ancef 2 grams intravenously. The wound was cultured and revealed no growth of bacteria. Respondent left Patient A's left implant in place.

31. On October 7, 2018, Respondent renewed Patient A's Septra DS prescription for an additional 28-day course.

32. On October 9 and October 14, 2018, Respondent saw Patient A due to a concern about Patient A's healing.

33. On October 19, 2018 and November 16, 2018, Respondent renewed Patient's A's prescriptions for ciprofloxacin (14-day course).

34. On November 20, 2018, Respondent noted that Patient A's left breast implant was exposed, and on November 21, 2018, Respondent removed Patient A's left breast implant.

35. Respondent failed to carefully document Patient A's care, treatment, and progress in the medical records despite Patient A experiencing significant postoperative complications. For example, Respondent frequently listed the date of the procedure with an incorrect date. Respondent prescribed various antibiotic prescriptions but did not document when or why the medications were ordered for Patient A. Respondent prescribed a methylprednisolone dose pack in August 2018 but did not document in Patient A's record why this medication was ordered.

36. Respondent also noted in Patient A's chart on January 3, 2018, that Patient A was "healing" but Patient A was taken to the operating room the following day for a revision of her incision. There was no indication in Respondent's January 3, 2018, note that Patient A needed urgent surgery.

37. Respondent is guilty of unprofessional conduct in her care and treatment of Patient A, and is subject to disciplinary action under sections 2234 and/or 2234(c) of the Code in that Respondent committed repeated negligent acts, including, but not limited to, the following:

A. Respondent's decision to prescribe a 56-day course of antibiotics to Patient A after the 2017 breast implant surgery without an appropriate indication such as a positive bacteria culture result;

B. Respondent's decision to continue prescribing a prolonged course of antibiotics in 2017 to Patient A without consulting with an infectious disease specialist;

C. Respondent's decision to continue prescribing the same prophylactic antibiotic (ciprofloxacin) following her attempt to replace Patient's A's left breast implant in August 2018 despite the fact that ciprofloxacin failed to help Patient A when she was failing to heal from the first surgery in 2017; Respondent failed to consider other broad-spectrum antibiotics;

D. Respondent's decision to continue prescribing antibiotics to Patient A in 2018 following Patient A's second surgery, without consulting with an infectious disease specialist; and

E. Respondent's failure to test Patient A for atypical organisms with an anaerobic culture and testing for mycobacterium (type of bacteria).

SECOND CAUSE FOR DISCIPLINE

Patient B

(Repeated Negligent Acts)

38. In 2019, Patient B, a forty-eight-year-old female who was living in Hawaii, sent an email inquiry to Respondent because she wanted to replace her saline breast implants and get a breast lift.

39. On October 7, 2019, Patient B had a telephone consultation with Respondent. Respondent did not document what was discussed with Patient B during this telehealth visit.

40. On October 10, 2019, Patient B received a cost quote for the planned breast implant exchange and breast lift.

41. On November 27, 2019, Respondent's office sent a laboratory testing form and surgery consent forms to Patient B, which Patient B signed on December 3, 2019.

42. On December 2, 2019, Patient B had a consultation with Respondent. Respondent did not document the details of the telehealth visit or that she discussed the risks and benefits of the breast surgery with Patient B.

43. On December 17, 2019, it appears that Patient B had a pre-operative appointment with Respondent at her office in California. The documentation for this visit is dated August 22, 2021, at the top of the page but at the bottom of the page it says that Respondent signed the document on December 17, 2019, "as replacement document for this date in time."[4] Respondent noted that Patient B had a "previous breast augmentation" 20 years ago. Respondent noted: "Ptotic[5] breasts noted. Previous inframammary incision noted. Breast implants, noted." Respondent did not document whether Patient B's implants were sub-glandular or sub-muscular, or whether there was any degree of capsular contracture.[6]

44. On December 18, 2019, Respondent noted in the medical records that Patient B underwent a "Breast aug 3 x L 2X R 1997 to 1999." There is no other information as to why Patient B had these revisional surgeries. Before Patient B's surgery, a nurse completed a "Day of Surgery History and Physical" form for Patient B.

45. In Patient B's chart, there are several photographs of Patient B's breasts, which reveal a left breast larger than the right and significant ptosis. The markings in the photographs indicate that Patient B's nipple needs to be elevated about 6 cm. An inverted T incision line is drawn, with markings extending from the medial and lateral infra-areolar arms down the inframammary fold[7] on either side.

46. Respondent's operative note states that she utilized an inferior pedicle technique[8] that "consisted of the medial and lateral portions of the region." Respondent failed to utilize Patient B's prior inframammary scar for the implant exchange. The implant is retrieved by dividing the breast tissue superior to the nipple-areolar complex. Respondent replaced Patient B's 485 cc

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[4] The discrepancies between the dates on this note and the date it was electronically signed is disconcerting.

[5] Ptotic is the medical term for a sagging organ.

[6] Capsular contracture is a tightening of scar tissue that forms around a breast implant.

[7] Inframammary fold is an anatomical boundary formed at the inferior border of the breast, where it joins with the chest.

[8] Inferior pedicle technique is a surgical technique, where the surgeon leaves an attached tissue graft (pedicle) with the nerves and blood vessels that supply the breasts.

implant with a 425 saline implant. The nurse's notes indicate Patient B's right implant was filled to 425 cc, while the left implant was filled to 420 cc. The Respondent sutured the inverted T-incision closed. The Respondent's operative note states that: "Once the closure was completed, the nipple-areola complex was brought out symmetrically." This comment indicates that a circle of breast skin and underlying tissue were removed to expose the underlying buried nipple-areolar complex. The pathology report shows that 79 grams of tissue were removed from Patient B's right breast and 82 grams were removed from the left breast. Respondent notes that Patient B's nipple-areolar complexes had "excellent blood supply bilaterally."

47. On December 20, 2019, Respondent saw Patient B for a post-operative visit. Respondent noted that Patient B was "healing nicely. Excellent blood supply to n-a complex." The patient was noted to be traveling back to Hawaii and would follow up via phone/zoom/email. However, post-surgery, Patient B returned again to see Respondent to "check blood supply to N-A complex." Respondent noted that the "Nipples today have questionable blood supply" and Respondent made the decision to "allow the area to demarcate." This note is marked at the top as 12/19/19 but the 19 is crossed out and 23 written above it, indicating that the date is 12/23. At the bottom of the page it states: "Electronically signed by Kimberly Henry on 12/20/2019."

48. On December 25, 2019, Respondent ordered Silvadene crème (a topical antimicrobial drug that prevents and treats sepsis wounds) for Patient B to use for twice daily dressing changes. Patient B subsequently returned to Hawaii and continued to email and send photos of her breasts to Respondent.

49. On January 11, 2020, Respondent started Patient B on antibiotics.

50. On January 13, 2020, Respondent noted that Patient B had wound breakdown at the inframammary fold midline (T-junction) bilateral.

51. On January 24, 2020, Patient B underwent a second surgery with Respondent. Prior to the surgery, Patient B signed a surgical consent form and had some pre-operative lab work done. Respondent did not perform surgery on Patient B's nipples and instead decided to continue the patient on Silvadene cream to treat the wounds on the nipples. Respondent prescribed oral antibiotics to Patient B but did not identify the name of the antibiotics in the medical records.

This note is electronically signed by Respondent on 1/24/20 "as a replacement for previous record not found."[9] There is no explanation or reference to the record that was purportedly "replaced."

52. On January 28, 2020, Patient B reported to Respondent that her left breast felt firmer.

53. On May 3, 2020, Patient B reported to Respondent that her T-junction wounds were finally healed. Respondent told Patient B that "At this point water should be okay" as Patient B had been avoiding getting any of the wounds wet for several months.

54. On May 13, 2020, Patient B requested a "virtual consultation" with Respondent and stated that she was "much improved" from her last visit in January. Patient B's left nipple-areolar complex was still not completely healed, but Patient B had "no pain, chills, fever." Respondent planned to perform a left nipple reconstruction on Patient B on July 7, 2020.

55. On May 29, 2020, Patient B emailed Respondent that her left nipple was "still dark and pushe[d] in."

56. On June 26, 2020, Patient B informed Respondent that her left nipple was "loose and partially detached." Patient B was concerned that her left breast was not healed enough for reconstruction. Respondent advised that Patient B come to California anyway to see what could be done.

57. Due to the COVID pandemic, Patient B was not able to come to California as planned. On July 14, 2020, Patient B requested a copy of her operative report from Respondent and sought consultations with plastic surgeons in Hawaii. Patient B's plastic surgeons in Hawaii requested Patient B's medical records from Respondent.

58. On July 30, 2020, Patient B met with her plastic surgeon in Hawaii and he took a culture of her left nipple wound. The results showed a heavy growth of Citrobacter Koseri.[10]

59. On August 4, 2020, Patient B underwent surgery on her left breast with her plastic surgeon in Hawaii. During this surgery, the plastic surgeon noted a connection between Patient

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[9] The discrepancies between the dates on this note and the date it was electronically signed by Respondent is concerning as noted in footnote 8. The fact that two notes were "a replacement for a previous note found" creates some suspicion regarding the integrity of the record.

[10] Citrobacter Koseri is a bacterium that is known to live in the environment and within the human gut.

B's left nipple wound and the implant pocket. The plastic surgeon removed Patient B's implant and the capsule, and the necrotic tissue.

60. On August 14, 2020, Patient B's Hawaiian plastic surgeon noted that Patient B was "healing well."

61. On March 9, 2021, Patient B underwent a second surgery with her plastic surgeon in Hawaii. The plastic surgeon removed the right breast implant, performed fat grafted bilaterally, and reconstructed Patient B's left nipple. Some of Patient B's residual original left nipple was used as part of the reconstruction.

62. On May 26, 2021, Patient's B's plastic surgeon noted that the left nipple had lost projection and discussed revisional surgery with Patient B.

63. Respondent is guilty of unprofessional conduct in her care and treatment of Patient B, and is subject to disciplinary action under sections 2234 and/or 2234(c) of the Code in that Respondent committed repeated negligent acts, including, but not limited to, the following:

A. Respondent failed to utilize Patient B's prior inframammary scar for the implant exchange, which would have maximized blood supply to Patient B's nipple-areolar complex; and

B. Respondent failed to document her first medical encounter with Patient B, which occurred telephonically on October 7, 2019.

THIRD CAUSE FOR DISCIPLINE

Patient C

(Repeated Negligent Acts and Lack of Knowledge)

64. On September 1, 2019, Patient C, a thirty-five-year-old female, had a consultation with Respondent because she was bothered by breast ptosis and wanted a breast lift. Patient C had previously undergone saline implant breast augmentation 14 years prior to the consultation. Respondent's plan was to perform a breast lift and also exchange Patient C's current intact breast implants for new ones.

65. On September 3, 2019, Patient C had a pre-operative appointment with Respondent and then on September 4, 2019, Respondent removed Patient C's intact saline breast implants and

placed new 525 cc saline implants. Respondent then performed a vertical-type mastopexy[11] to reduce the breast skin envelope and reposition the nipple-areolar complex. Respondent closed Patient C's breast skin with 0 Vicryl (absorbable sutures) deep sutures and 2-0 PDS subcuticular closure in the infraareolar skin. A small amount of breast tissue/skin was sent to pathology.

66. A week after the breast surgery, Respondent saw Patient C for a post-operative appointment. Photos were taken of Patient C's breasts. Respondent documented that "sutures were removed" but the surgical site checkbox for "sutures removed" is checked "NO." Bruising is also checked "NO" but the photos indicate obvious bilateral bruising, especially on the right breast. At a subsequent post-operative follow up appointment, Respondent noted that she was "concerned about [Patient C's] right inframammary fold of her right breast." Respondent also notes that Patient C's right breast fold is lower in comparison to the left by 1 cm.

67. On September 25, 2019, Respondent notes "slight asymmetry between the right and left sides," of Patient C's breasts. Photos of Patient C's breasts demonstrate gauze bandages on the infraareolar incisions bilaterally, but Respondent did not document any post-operative healing issues.

68. On October 2, 2019, Patient C met with Respondent and Respondent noted: "no evidence of healing issues. Everything is healing well. Small areas of irritation on the incision sites, possibly related to suture irritation. The areas were redressed." Respondent advised that Patient C clean the areas with hydrogen peroxide. Photos show gauze bandages over Patient C's nipple-areolar complexes and the infraareolar incision lines.

69. On November 6, 2019, Respondent noted: delayed healing and the "need for dressing changes frequently."

70. In January 2020, Patient C returned to see Respondent and expressed concern over her scars. Respondent noted: "Everything is looking great." Respondent asked Patient C to return in three months to determine "whether or not we need to do a touch up of revision on her right side."

[11] Mastopexy is surgery to improve the shape and appearance of the breasts.

71. In April 2021, Patient C returned to see Respondent because Patient C was "concerned about the way her right breast looks in comparison to left breast." Respondent noted: "lateral droopiness and swelling in comparison to the left side." Respondent asked Patient C to return in September and anticipated "revision of right breast tissue and breast skin, possibly doing a horizontal resection to make it look better." Photos show infero-lateral fullness on Patient C's right breast and a widened infraareolar scar.

72. On September 1, 2020, Respondent's clinic sent Patient C a laboratory slip via email. Patient C also received an apology email from Respondent's surgical coordinator regarding Patient C's frustration with having her appointments changed and the email stated: "I've noted in your surgery chart to not move your appointments anymore."

73. On September 10, 2020, Patient C had a pre-op appointment with Respondent. Respondent noted that Patient C was to undergo a "minor adjustment to her breast to improve the overall shape of her right breast" and that the "right breast is slightly more ptotic laterally." Respondent also noted that Patient C wanted to have both infraareolar scars revised.

74. Patient C signed a surgical consent for "Revision? Right breast aug," but handwritten below this is "bilateral vertical limb scar revisions as discussed + outlined (see photos)" which is initialed by Respondent, but not Patient C. Patient C signed printed surgical consents for "breast augmentation," capsulectomy with secondary subpectoral augmentation," and "subpectoral augmentation mammoplasty." These consents were not consistent with the procedure being performed: a simple scar revision. Patient C reported to Respondent that she was concerned about "dissolvable sutures."

75. On September 17, 2020, Patient C underwent breast surgery with Respondent. The pre-operative for the breast surgery listed Patient C's allergies as "absorbable sutures," which was underlined in ink. Pre-operative photographs showed widened, elongated infraareolar scars, with the right breast sitting lower than the left, and inferolateral tissue excess on the right. Pre-operative markings showed lines drawn around the infraaerolar scars only, but the planned incision on the left stopped short of the junction with the nipple-areolar complex, and thus leaving some widened scar immediately below the NAC. The right breast markings indicated the

removal of a wider swath of skin/scar than the left. With Patient C lifting her breast, the lengths of the infraareolar scars were seen, and appeared significantly longer than the normal NAC-IMF distance.

76. The pre-operative "Health History and Physical Exam" dated September 17, 2021, stated that Patient C "desires to have vertical limb scars excised" and reiterated her "allergy" to absorbable sutures with "inability to heal." Respondent noted that Patient C's widened scars were the result "of suture irritation." The operative report described bilateral scar revision. There was no mention of improving the shape of the right breast or removing any additional breast tissue. There was no pathology report regarding any tissues removed. The incisions were closed with 2-0 PDS sutures in two layers, the same absorbable suture used previously by Respondent in the original breast surgery.

77. On September 30, 2021, Patient C met with Respondent for a post-operative visit. Respondent did not note any healing problems in the medical records. Photos with handwritten markings stating "Post-op Final 9/30/21" demonstrated that Patient C's right breast was lower than her left breast, and the lower lateral fullness remained. There were two additional photos, which showed only a left oblique and left side pose. These photos were dated as "Post-op Final 9/30/21" but were incorrectly dated and corresponded to a different time period, since Patient C was wearing a different face mask, had gold necklaces on, and there were no tape markings on her skin. These same photos were marked "1/12/21" earlier in Patient C's records.

78. On October 12, 2021, Patient C returned to visit with Respondent but found the office closed. Patient C called Respondent's answering service and found out that Respondent was out of town. Patient C asked to be seen by the on-call physician and was seen by that physician. The on-call physician noted a right breast wound, which he described as "skin loss" and recommended that Patient C continue antibiotics and wound cleansing with Xeroform (occlusive dressing that keeps air out) dressing changes daily. The on-call physician provided Patient C with wound care supplies. The on-call physician asked that Patient C follow up with him or Respondent.

79. On October 19, 2021, Respondent saw Patient C. Respondent noted that Patient C has been performing Xeroform dressing changes. Respondent did not describe the wounds, other

than "Overall, she is improved." There were four photos marked "Final Result 10/19/21", which showed right and left oblique and lateral views. The frontal view was seen earlier in the record. Although no wound care instructions were documented, Patient C reported that Respondent suggested that she purchase additional Xeroform on Amazon.

80. Respondent is guilty of unprofessional conduct in her care and treatment of Patient C, and is subject to disciplinary action under sections 2234 and/or 2234(c) and (d) of the Code in that Respondent committed repeated negligent acts and demonstrated incompetence, including, but not limited to the, following:

A. Respondent's failure to inform Patient C about the option of leaving her current implants in place represents a simple departure from the standard of practice. Replacing Patient C's intact saline breast implants added an unnecessary expense and surgical risk to Patient C;

B. Respondent's failure to document that leaving Patient C's current implants in place were among the alternative options, and her failure to document her reasoning behind replacing the current implants, represents a simple departure from the standard of practice, and a failure to maintain adequate and accurate medical records;

C. Respondent's failure to appropriately document Patient C's post-operative complications represent a simple departure from the standard of practice and a failure to maintain adequate and accurate medical records. Respondent did not document any wound healing problems, although photos demonstrate the use of dressings on Patient C's incisions and the use of antibiotics;

D. Respondent's failure to alter her wound closure technique in Patient C's second scar revision surgery represents a lack of knowledge and is a simple departure from the standard of practice. At the first surgery, Respondent used 2-0 PDS to close the infraareoral skin wounds and Patient C suffered wound healing difficulties and widened scars as a result. At the second surgery, Respondent closed Patent C's wounds with the same exact absorbable suture, even though Patient C had repeatedly reported problems with absorbable suture healing;

E. Respondent's failure to correct the deformity of Patient C's right breast at the second surgery represents a simple departure from the standard of practice. Respondent's failure to suggest correcting Patient C's bilateral lower pole skin excess, known as "bottoming out," represents a simple departure from the standard of practice. Respondent did not document why she did not address Patient C's right breast deformity;

F. Respondent's failure to provide the appropriate consent documents to Patient C for the procedures that she performed on Patient C represents a simple departure from the standard of practice. The consents that Patient C signed are not applicable to the procedures that Respondent performed; and

G. Respondent's failure to notify Patient C about appointment cancellations represents a simple departure from the standard of practice. Respondent's failure to attempt further communications and follow up with Patient C represents patient abandonment and a simple departure from the standard of practice.

FOURTH CAUSE FOR DISCIPLINE

Patients A, B, and C

(Failure to Maintain Accurate and Adequate Medical Records)

81. Respondent is guilty of unprofessional conduct and subject to discipline for violation of Section 2266 of the Code for failure to keep adequate and accurate medical records for Patients A, B, and C.

82. Respondent failed to carefully document Patient A's care and treatment and progress in the medical records. For example, Respondent frequently listed the date of procedures incorrectly and prescribed antibiotics to Patient A without documenting the medical indication for the drugs. Respondent prescribed a methylprednisolone dose pack in August 2018 but did not document why this medication was ordered.

83. Respondent also noted in Patient A's chart on January 3, 2018, that Patient A was "healing," but Patient A was taken to the operating room the following day for a revision of her

incision. There was no indication in Respondent's January 3, 2018 note that Patient A needed urgent surgery.

84. Respondent failed to document her first medical encounter with Patient B, which occurred telephonically on October 7, 2019.

85. Respondent created what appear to be late entries in the medical records for Patient A and Patient B, referencing a "replacement" from an apparent prior record but without explaining the reason for the "replacement" or the content of the "replacement."

86. Respondent's recordkeeping with respect to Patient C overall is perfunctory and provides little detail. There is minimal to no description of Patient C's post-operative wounds, or the care recommended for the wounds. Patient C was apparently prescribed antibiotics after her second surgery, (as described by the on-call physician three weeks post-operatively), but there is no documentation in Respondent's records regarding such a prescription, nor a reason for it. In Patient C's initial operative report, Patient C's intact breast implants are noted as having been removed, and yet there is no description of them with regard to size, shape, surface texture, or manufacturer. Respondent marked various photographs of Patient C's breasts with different dates.

DISCIPLINARY CONSIDERATIONS

On July 12, 2006, the Board issued a Public Letter of Reprimand to Respondent pursuant to Business and Professions Code section 2333. The Public Letter of Reprimand was based on Respondent purchasing Type A Botulinum Neurotoxin and administering it to herself and to approximately 40 patients without informing the patients that the Botulinum was not approved by the Food and Drug Administration, and was approved for research purposes only, and not intended for human use.

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 74346, issued to Kimberly Anne Henry, M.D.;

2. Revoking, suspending or denying approval of Kimberly Anne Henry, M.D.'s authority to supervise physician assistants and advanced practice nurses;

3. Ordering Kimberly Anne Henry, 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: SEP 16 2022

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

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