

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

In the Matter of the Accusation)
Against:)
)
)
NENITA EWAYAN JUSAYAN, M.D.)
)
Physician's and Surgeon's)
Certificate No. A67592)
)
Respondent)
_____)

Case No. 8002016021825

DECISION

The attached Stipulated Surrender of License and 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 14, 2017.

IT IS SO ORDERED JULY 7, 2017.

MEDICAL BOARD OF CALIFORNIA

By: _____

Kimberly Kirchmeyer
Kimberly Kirchmeyer
Executive Director

1 XAVIER BECERRA
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 MACHAELA M. MINGARDI
Deputy Attorney General
4 State Bar No. 194400
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5696
6 Facsimile: (415) 703-5480
Attorneys for Complainant

7
8 **BEFORE THE**
MEDICAL BOARD OF CALIFORNIA
9 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

10 In the Matter of the Accusation Against:

Case No. 800-2016-021825

11 **NENITA EWAYAN JUSAYAN, M.D.**
12 5127 Drum Road W.,
University Place, WA 98467

**STIPULATED SURRENDER OF
LICENSE AND ORDER**

13 Physician's and Surgeon's Certificate
14 No. A 67592,

15 Respondent.

16 IT IS HEREBY STIPULATED AND AGREED by and between the parties to the above-
17 entitled proceedings that the following matters are true:

18 PARTIES

19 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
20 of California (Board). She brought this action solely in her official capacity and is represented in
21 this matter by Xavier Becerra, Attorney General of the State of California, by Machaela M.
22 Mingardi, Deputy Attorney General.

23 2. Nenita Ewayan Jusayan, M.D., (Respondent) is representing herself in this
24 proceeding and has chosen not to exercise her right to be represented by counsel.

25 3. On or about February 19, 1999, the Medical Board issued Physician's and Surgeon's
26 Certificate Number A 67592 to Nenita Ewayan Jusayan, M.D. (Respondent). Said license expires
27 on April 30, 2018.
28

ORDER

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 67592, issued to Respondent Nenita Ewayan Jusayan, M.D., is surrendered and accepted by the Medical Board of California.

1. 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.

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

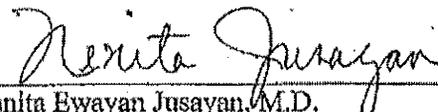
3. If Respondent ever files an application for licensure or a petition for reinstatement in the State of California, the Board shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation No. 800-2016-021825 shall be deemed to be true, correct and admitted by Respondent when the Board determines whether to grant or deny the petition.

ACCEPTANCE

I have carefully read the Stipulated Surrender of License and 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 Order voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Medical Board of California.

DATED: _____

3/10/17


Nenita Ewayan Jusayan, M.D.
Respondent

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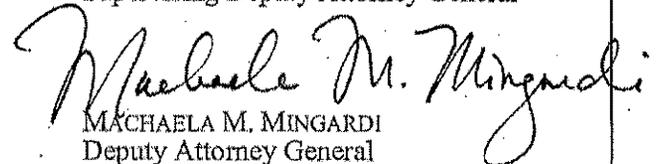
ENDORSEMENT

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

Dated: 6/13/2017

Respectfully submitted,

XAVIER BECERRA
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General


MICHAELA M. MINGARDI
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-021825

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 MACHAELA M. MINGARDI
Deputy Attorney General
4 State Bar No. 194400
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6 Facsimile: (415) 703-5480
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO Aug 2 20 11
BY ANALYST

7
8 **BEFORE THE**
9 **MEDICAL BOARD OF CALIFORNIA**
10 **DEPARTMENT OF CONSUMER AFFAIRS**
11 **STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 800-2016-021825

13 **NENITA EWAYAN JUSAYAN, M.D.**
14 5127 Drum Road W.,
University Place, WA 98467

ACCUSATION

15 Physician's and Surgeon's Certificate
No. A 67592,

Respondent.

16
17 Complainant alleges:

18 **PARTIES**

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

22 2. On or about February 19, 1999, the Medical Board issued Physician's and Surgeon's
23 Certificate Number A 67592 to Nenita Ewayan Jusayan, M.D. (Respondent). Said license expires
24 on April 30, 2018.

25 **JURISDICTION**

26 3. This Accusation is brought before the Board under the authority of the following
27 sections of the California Business and Professions Code ("Code") and/or other relevant statutory
28 enactment:

1 transfer the patient to a higher level of care for additional work-up. The patient subsequently
2 died. The Stipulation requires that Respondent write a 1,000 word paper on the proper treatment
3 of a patient with shortness of breath and tachycardia, as well as the proper review of ECG
4 findings consistent with pulmonary embolisms. Respondent was also ordered to pay a fine of
5 \$1,000.00. A true and correct copy of the Stipulation to Informal Disposition issued by the
6 Washington Commission is attached as Exhibit A.

7 6. Respondent's conduct and the action of the Washington Commission as set forth
8 in paragraph 4, above, constitutes cause for discipline pursuant to sections 2305 and/or 141 of the
9 Code.

10 **PRAYER**

11 WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged,
12 and that following the hearing, the Medical Board of California issue a decision:

- 13 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 67592,
14 issued to Nenita Ewayan Jusayan, M.D.;
- 15 2. Revoking, suspending or denying approval of Nenita Ewayan Jusayan, M.D.'s
16 authority to supervise physician assistants, pursuant to section 3527 of the Code;
- 17 3. Ordering Nenita Ewayan Jusayan, M.D., if placed on probation, to pay the Board the
18 costs of probation monitoring; and
- 19 4. Taking such other and further action as deemed necessary and proper.

20
21 DATED: August 2, 2016


22 KIMBERLY KIRCHMEYER
23 Executive Director
24 Medical Board of California
25 Department of Consumer Affairs
26 State of California
27 Complainant

28
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EXHIBIT A

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

In the Matter of the License to Practice
as a Physician and Surgeon of:

NENITA E. JUSAYAN, MD
License No. MD00034598

Respondent.

No. M2015-1269

STIPULATION TO INFORMAL
DISPOSITION

Pursuant to the Uniform Disciplinary Act, Chapter 18.130 RCW, the Medical Quality Assurance Commission (Commission) issued a Statement of Allegations and Summary of Evidence (Statement of Allegations) alleging the conduct described below. Respondent does not admit any of the allegations. This Stipulation to Informal Disposition (Stipulation) is not formal disciplinary action and shall not be construed as a finding of unprofessional conduct or inability to practice.

1. ALLEGATIONS

1.1 On March 25, 1997, the State of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in internal medicine. Respondent's license is currently active.

1.2 On December 10, 2014, Patient A, a resident of an Inpatient psychiatric facility, fell on his face during a fire drill. Per ward staff, it appeared that Patient A had experienced a seizure. An on-the-scene physician ordered labs for the next morning, checked Patient A's vital signs, performed a dental consult, and provided a dose of antibiotic and some Gatorade.

1.3 On December 11, 2015, the same physician examined Patient A and noted his pulse to be 90-100 after an initial measurement of 113, and his blood pressure stable. Soon after, a second physician performed an examination on Patient A and noted that he was "feeling generally unwell, had a low grade temperature and some muscle pain." It appeared to the physician that Patient A had an upper respiratory infection. Albuterol and a complete blood count were ordered.

1.4 On the afternoon of December 11, 2015, a third physician examined Patient A. This physician's records show Patient A presented with a probable upper

respiratory virus with asthmatic bronchitis. Patient A's heart rate was 120. This physician documented that Patient A's tachycardia was probably due to mild dehydration and medications. The treatment plan for Patient A included a chest X-ray and evaluation of creatine phosphokinase (CPK) levels. It was reported that Patient A's chest X-ray "seemed negative." Patient A denied having any chest pain. The physician opined that the increased CPK level may have been caused by medications or a possible recent seizure. This physician's treatment plan included an electrocardiogram (ECG), rechecking labs, and oral hydration.

1.5 On December 12, 2014, Respondent entered Patient A's medical room. She ordered fluid monitoring every shift, continuation with vital signs every four hours, and repeat lab testing in the morning. The ECG reported "probably abnormal ECG." Respondent was notified of this reporting and informed an assisting physician.

1.6 Respondent failed to review Patient A's previous medical records, which included chest X-rays, and perpetuated the diagnosis of dehydration despite adequate hydration. Respondent failed to respond to abnormal vital signs and properly diagnose and treat Patient A's medical condition. Respondent also failed to transfer Patient A to a higher level of care for additional work-up.

1.7 On December 13, 2014, Patient A's treating psychiatrist received a call from the nursing staff, informing her Patient A was suffering from elevated heart rate, and had an elevated, though declining, CPK level. Patient A continued to receive treatment from various physicians who noted Patient A's decline which included symptoms of tachycardia and weakness.

1.8 On December 14, 2014, Patient A was transported to a hospital by ambulance where diagnostic tests revealed "extensive bilateral pulmonary emboli and probably thrombus in the right atrium." Patient A was transported to a second hospital. While in Intervention radiology, Patient A became pulseless and was later pronounced dead.

2. STIPULATION

2.1 The Commission alleges that the conduct described above, if proven, would constitute a violation of RCW 18.130.180(4).

2.2 The parties wish to resolve this matter by means of a Stipulation to Informal Disposition (Stipulation) pursuant to RCW 18.130.172(1).

2.3 Respondent agrees to be bound by the terms and conditions of this Stipulation.

2.4 This Stipulation is of no force and effect and is not binding on the parties unless and until it is accepted by the Commission.

2.5 If the Commission accepts the Stipulation, it will be reported to the National Practitioner Data Bank (45 CFR Part 60), the Federation of State Medical Boards' Physician Data Center and elsewhere as required by law.

2.6 The Statement of Allegations and this Stipulation are public documents. They will be placed on the Department of Health website, disseminated via the Commission's electronic mailing list, and disseminated according to the Uniform Disciplinary Act (Chapter 18.130 RCW). They are subject to disclosure under the Public Records Act, Chapter 42.56 RCW, and shall remain part of Respondent's file according to the state's records retention law and cannot be expunged.

2.7 The Commission agrees to forego further disciplinary proceedings concerning the allegations.

2.8 Respondent agrees to successfully complete the terms and conditions of this informal disposition.

2.9 A violation of the provisions of Section 3 of this Stipulation, if proved, would constitute grounds for discipline under RCW 18.130.180 and the imposition of sanctions under RCW 18.130.160.

3. INFORMAL DISPOSITION

The Commission and Respondent stipulate to the following terms:

3.1 Paper. Within six (6) months of the effective date of this Stipulation, Respondent will write, and submit for approval a typewritten paper of no less than one thousand (1,000) words about how to appropriately evaluate patients with shortness of breath and tachycardia. The paper should also discuss the proper review of ECG findings consistent with pulmonary embolisms. This term will not be satisfied until the independent research paper is approved by the Commission or its designee.

3.2 Cost Recovery. Respondent will pay \$1,000 to the Commission as partial reimbursement of some of the costs of investigating and processing this matter. Payment must be by certified or cashier's check made payable to the Commission, and

must be received by the Department of Health within 90 days of the effective date of this Stipulation. Respondent must send payment to:

Medical Quality Assurance Commission
Department of Health
P.O. Box 1099
Olympia, Washington 98507-1099

3.3 Obey Laws. Respondent will obey all federal, state and local laws and all administrative rules governing the practice of the profession in Washington.

3.4 Costs. Respondent will assume all costs of complying with this Stipulation.

3.5 Violations. If Respondent violates any provision of this Stipulation in any respect, the Commission may initiate further action against Respondent's license.

3.6 Change of Address. Respondent will inform the Commission and the Adjudicative Clerk Office in writing, of changes in her residential and/or business address within thirty (30) days of such change.

3.7 Effective Date. The effective date of this Stipulation is the date the Adjudicative Clerk Office places the signed Stipulation into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Stipulation.

3.8 Termination of Stipulation. The Commission will release Respondent from this Stipulation when Respondent has successfully completed all of its terms. A Compliance Officer will send Respondent a letter stating Respondent is released from the Stipulation.

4. COMPLIANCE WITH SANCTION RULES

4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices caused moderate patient harm or risk of moderate to severe patient harm. Respondent's delay in patient care and failure to transfer Patient A for further diagnostic work-up placed Patient A at risk of moderate to severe harm.

4.2 Tier B requires the imposition of sanctions ranging from two years of oversight to five years of oversight, unless revocation. Respondent may complete the

terms of this Stipulation in less than 2 years; therefore the sanctions in this Stipulation are a deviation. The Commission believes this deviation is appropriate, as provided by WAC 246-16-800(3)(d)(iii), because of the following mitigating factors: Respondent has been in practice for nineteen years with no prior discipline, and Respondent has cooperated with the Commission's investigation. The Commission did not identify any aggravating factors and believes that additional oversight beyond the terms in Section 3 is unnecessary. The Commission believes the sanctions will adequately protect the public. The sanctions include an educational paper and cost recovery.

5. RESPONDENT'S ACCEPTANCE

I, NENITA E. JUSAYAN, MD, Respondent, certify that I have read this Stipulation to Informal Disposition in its entirety; that my counsel of record, if any, has fully explained the legal significance and consequence of it; that I fully understand and agree to all of it; and that it may be presented to the Commission without my appearance. If the Commission accepts the Stipulation to Informal Disposition, I understand that I will receive a signed copy.



NENITA E. JUSAYAN/MD
RESPONDENT

3/21/16

DATE

WSBA#
ATTORNEY FOR RESPONDENT

DATE

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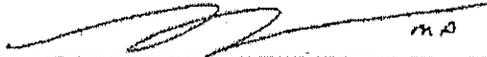
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6. COMMISSION'S ACCEPTANCE

The Commission accepts this Stipulation to Informal Disposition. All parties shall be bound by its terms and conditions.

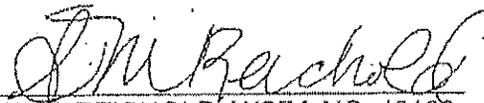
DATED: March 31, 2016.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

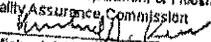


PANEL CHAIR

PRESENTED BY:



SEANA REICHOLD, WSBA NO. 49163
COMMISSION STAFF ATTORNEY

I declare that this is a true and accurate copy of the original on file
with the Washington State Department of Health,
Medical Quality Assurance Commission


Michael J. Kramer
4-24-16

Date



STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

FILED

APR 01 2016

In the Matter of the License to Practice
as a Physician and Surgeon of:

NENITA E. JUSAYAN, MD
License No. MD00034598

Respondent.

No. M2015-1269

Adjudicative Clerk Office

STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE

The Executive Director of the Medical Quality Assurance Commission (Commission), on designation by the Commission, makes the allegations below, which are supported by evidence contained in Commission file number 2015-2007. The patient referred to in this Statement of Allegations and Summary of Evidence is identified in the attached Confidential Schedule.

1. ALLEGATIONS

1.1 On March 25, 1997, the State of Washington issued Respondent a license to practice as a physician and surgeon. Respondent is board certified in internal medicine. Respondent's license is currently active.

1.2 On December 10, 2014, Patient A, a resident of an inpatient psychiatric facility, fell on his face during a fire drill. Per ward staff, it appeared that Patient A had experienced a seizure. An on-the-scene physician ordered labs for the next morning, checked Patient A's vital signs, performed a dental consult, and provided a dose of antibiotic and some Gatorade.

1.3 On December 11, 2014, the same physician examined Patient A and noted his pulse to be 90-100 after an initial measurement of 113, and his blood pressure stable. Soon after, a second physician performed an examination on Patient A and noted that he was "feeling generally unwell, had a low grade temperature and some muscle pain." It appeared to the physician that Patient A had an upper respiratory infection. Albuterol and a complete blood count were ordered.

1.4 On the afternoon of December 11, 2014, a third physician examined Patient A. This physician's records show Patient A presented with a probable upper respiratory virus with asthmatic bronchitis. Patient A's heart rate was 120. This physician

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documented that Patient A's tachycardia was probably due to mild dehydration and medications. The treatment plan for Patient A included a chest X-ray and evaluation of creatine phosphokinase (CPK) levels. It was reported that Patient A's chest X-ray "seemed negative." Patient A denied having any chest pain. The physician opined that the increased CPK level may have been caused by medications or a possible recent seizure. This physician's treatment plan included an electrocardiogram (ECG), rechecking labs, and oral hydration.

1.5 On December 12, 2014, Respondent entered Patient A's medical room. She ordered fluid monitoring every shift, continuation with vital signs every four hours, and repeat lab testing in the morning. The ECG reported "probably abnormal ECG." Respondent was notified of this reporting and informed an assisting physician.

1.6 Respondent failed to review Patient A's previous medical records, which included chest X-rays, and perpetuated the diagnosis of dehydration despite adequate hydration. Respondent failed to respond to abnormal vital signs and properly diagnose and treat Patient A's medical condition. Respondent also failed to transfer Patient A to a higher level of care for additional work-up.

1.7 On December 13, 2014, Patient A's treating psychiatrist received a call from the nursing staff, informing her Patient A was suffering from elevated heart rate, and had an elevated, though declining, CPK level. Patient A continued to receive treatment from various physicians who noted Patient A's decline which included symptoms of tachycardia and weakness.

1.8 On December 14, 2014, Patient A was transported to a hospital by ambulance where diagnostic tests revealed "extensive bilateral pulmonary emboli and probably thrombus in the right atrium." Patient A was transported to a second hospital. While in intervention radiology, Patient A became pulseless and was later pronounced dead.

2. SUMMARY OF EVIDENCE

2.1 Patient A's medical records.

2.2 Respondent's statement and typed copy of Respondent's clinic notes dated May 26, 2015.

2.3 Typed copies of Patient A's medical records.

3. ALLEGED VIOLATIONS

3.1 The facts alleged in Section 1, if proven, would constitute unprofessional conduct in violation of RCW 18.130.180(4) which provides in part:

RCW 18.130.180 Unprofessional conduct. The following conduct, acts, or conditions constitute unprofessional conduct for any license holder under the jurisdiction of this chapter:

(4) Incompetence, negligence, or malpractice which results in injury to a patient or which creates an unreasonable risk that a patient may be harmed. The use of a nontraditional treatment by itself shall not constitute unprofessional conduct, provided that it does not result in injury to a patient or create an unreasonable risk that a patient may be harmed;

4. NOTICE TO RESPONDENT

4.1 The Commission has determined that this case may be appropriate for resolution through a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2). A proposed Stipulation to Informal Disposition is attached, which contains the disposition the Commission believes is necessary to address the conduct alleged in this Statement of Allegations and Summary of Evidence.

4.2 If Respondent agrees that the disposition imposed by the Stipulation to Informal Disposition is appropriate, Respondent should sign and date the Stipulation to Informal Disposition and return it within fourteen (14) days to the Medical Quality Assurance Commission at P.O. Box 47866, Olympia, Washington 98504-7866.

4.3 If Respondent does not agree that the terms and conditions contained in the Stipulation to Informal Disposition are appropriate, Respondent should contact Seana Reichold, Staff Attorney for the Medical Quality Assurance Commission, P.O. Box 47866, Olympia, Washington 98504-7866, (360) 236-2791 within fourteen (14) days.

4.4 If Respondent does not respond within fourteen (14) days, the Commission will assume Respondent has declined to resolve the allegations by means of a Stipulation to Informal Disposition.

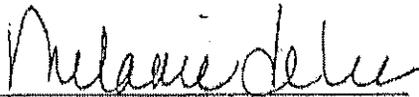
4.5 If Respondent declines to resolve the allegations by means of a Stipulation to Informal Disposition pursuant to RCW 18.130.172(2), the Commission may proceed to formal disciplinary action against Respondent by filing a Statement of Charges, pursuant to RCW 18.130.172(3).

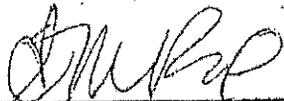
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4.6 The cover letter enclosed with this Statement of Allegations and Summary of Evidence was mailed to the name and address currently on file for Respondent's license. Respondent must notify, in writing, the Commission if Respondent's name and/or address changes.

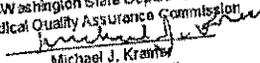
DATED: March 8, 2016.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE
COMMISSION


MELANIE DE LEON
EXECUTIVE DIRECTOR


SEANA M. REICHOLD, WSBA NO. 49163
COMMISSION STAFF ATTORNEY

I declare that this is a true and accurate copy of the original on file with the Washington State Department of Health, Medical Quality Assurance Commission.


Michael J. Kramer

4-21-16
Date



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