

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

In the Matter of the Accusation)
Against:)
)
)
Thanh Huu Nguyen, M.D.)
)
Physician's and Surgeon's)
Certificate No. A 63244)
)
Respondent)
_____)

Case No. 800-2016-021827

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. January 11, 2017

IT IS SO ORDERED January 4, 2017.

MEDICAL BOARD OF CALIFORNIA

By: 

KIMBERLY KIRCHMEYER
Executive Director

1 KAMALA D. HARRIS
Attorney General of California
2 JANE ZACK SIMON
Supervising Deputy Attorney General
3 JOSHUA M. TEMPLET
Deputy Attorney General
4 State Bar No. 267098
455 Golden Gate Avenue, Suite 11000
5 San Francisco, CA 94102-7004
Telephone: (415) 703-5529
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. 800-2016-021827

11 **Thanh Huu Nguyen, M.D.**
12 **5426 55th Street, Court W**
13 **University Place, WA 98467**

OAH No. 2016080346

14 **Physician's and Surgeon's Certificate**
15 **No. A 63244,**

STIPULATED SURRENDER OF
LICENSE AND ORDER

16 Respondent.

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

20 PARTIES

21 1. Kimberly Kirchmeyer (Complainant) is the Executive Director of the Medical Board
22 of California (Board). She brought this action solely in her official capacity and is represented in
23 this matter by Kamala D. Harris, Attorney General of the State of California, via Joshua M.
24 Templet, Deputy Attorney General.

25 2. Thanh Huu Nguyen, M.D. (Respondent) is representing himself in this proceeding
26 and has chosen not to exercise his right to be represented by counsel.

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1 basis for the charges in the Accusation and that those charges constitute cause for discipline.
2 Respondent hereby gives up his right to contest that cause for discipline exists based on those
3 charges.

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

7 CONTINGENCY

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

17 12. The parties understand and agree that Portable Document Format (PDF) and facsimile
18 copies of this Stipulated Surrender of License and Order, including PDF and facsimile signatures
19 thereto, shall have the same force and effect as the originals.

20 13. In consideration of the foregoing admissions and stipulations, the parties agree that
21 the Board may, without further notice or formal proceeding, issue and enter the following Order:

22 ORDER

23 IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate No. A 63244, issued
24 to Respondent Thanh Huu Nguyen, M.D., is surrendered and accepted by the Medical Board of
25 California.

26 1. The surrender of Respondent's Physician's and Surgeon's Certificate and the
27 acceptance of the surrendered license by the Board shall constitute the imposition of discipline
28

1 against Respondent. This stipulation constitutes a record of the discipline and shall become a part
2 of Respondent's license history with the Medical Board of California.

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

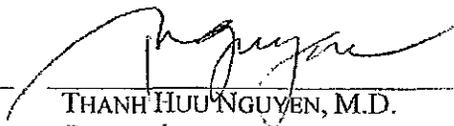
5 3. Respondent shall cause to be delivered to the Board his pocket license and, if one was
6 issued, his wall certificate on or before the effective date of the Decision and Order.

7 4. If Respondent ever applies for licensure or petitions for reinstatement in the State of
8 California, the Board shall treat it as a new application for licensure. Respondent must comply
9 with all the laws, regulations and procedures for licensure in effect at the time the application or
10 petition is filed, and all of the charges and allegations contained in Accusation No. 800-2016-
11 021827 shall be deemed to be true, correct and admitted by Respondent when the Board
12 determines whether to grant or deny the application or petition.

13
14 ACCEPTANCE

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

19
20 DATED: 12/16/2016


THANH HUU NGUYEN, 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: 12/16/2016

Respectfully submitted,
KAMALA D. HARRIS
Attorney General of California
~~JANE ZACK SIMON
Supervising Deputy Attorney General~~

JOSHUA M. TEMPLET
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 800-2016-021827

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KAMALA D. HARRIS
Attorney General of California
JANE ZACK SIMON
Supervising Deputy Attorney General
JOSHUA M. TEMPLET
Deputy Attorney General
State Bar No. 267098
455 Golden Gate Avenue, Suite 11000
San Francisco, CA 94102-7004
Telephone: (415) 703-5529
Facsimile: (415) 703-5480
E-mail: Joshua.Templet@doj.ca.gov
Attorneys for Complainant

FILED
STATE OF CALIFORNIA
MEDICAL BOARD OF CALIFORNIA
SACRAMENTO July 22 20 16
BY D. Richards ANALYST

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

In the Matter of the Accusation Against:
Thanh Huu Nguyen, M.D.
5426 55th Street, Court W
University Place, WA 98467
Physician's and Surgeon's Certificate
No. A 63244,

Respondent.

Case No. 800-2016-021827

ACCUSATION

Complainant alleges:

PARTIES

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

2. On or about August 8, 1997, the Medical Board issued Physician's and Surgeon's Certificate Number A 63244 to Nguyen, Thanh Huu, M.D. (Respondent). The certificate was in full force and effect at all times relevant to the charge brought herein and will expire on May 31, 2017 unless renewed.

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1 JURISDICTION

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

4 4. Section 2004 provides that the Board shall have the responsibility for the enforcement
5 of the disciplinary and criminal provisions of the Medical Practice Act.

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

10 6. Section 2234 states:

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

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

15

16 7. Section 141 states:

17 (a) For any licensee holding a license issued by a board under the jurisdiction of the
18 department, a disciplinary action taken by another state, by any agency of the federal
19 government, or by another country for any act substantially related to the practice
20 regulated by the California license, may be a ground for disciplinary action by the
21 respective state licensing board. A certified copy of the record of the disciplinary
22 action taken against the licensee by another state, an agency of the federal
23 government, or another country shall be conclusive evidence of the events related
therein.

22 (b) Nothing in this section shall preclude a board from applying a specific statutory
23 provision in the licensing act administered by that board that provides for discipline
based upon a disciplinary action taken against the licensee by another state, an agency
of the federal government, or another country.

24 8. Section 2305 states:

25 The revocation, suspension, or other discipline, restriction or limitation imposed by
26 another state upon a license or certificate to practice medicine issued by that state, or
27 the revocation, suspension, or restriction of the authority to practice medicine by any
28 agency of the federal government, that would have been grounds for discipline in
California of a licensee under this chapter [Chapter 5, the Medical Practice Act] shall
constitute grounds for disciplinary action for unprofessional conduct against the
licensee in this state.

1 **CAUSE FOR DISCIPLINE**

2 **(Discipline, Restriction or Limitation Imposed by another State)**

3 9. On March 31, 2016, the State of Washington Medical Quality Assurance Commission
4 ("Washington Board") issued a Stipulation to Informal Disposition disciplining Respondent,
5 based on allegations that Respondent committed incompetence, negligence, or malpractice in
6 December 2014, when he failed to review a patient's previous chest x-rays, to respond
7 appropriately to the patient's abnormal vital signs, and to diagnose and properly treat the patient's
8 medical condition. The allegations are set forth in the Statement of Allegations and Summary of
9 Evidence, attached as part of **Exhibit A** and incorporated by reference. The Stipulation to
10 Informal Disposition against Respondent, is also attached as part of **Exhibit A** and incorporated
11 by reference.

12 10. The Stipulation to Informal Disposition required Respondent to write and submit a
13 paper discussing designated quality of care topics for approval by the Washington Board, to pay
14 \$1,000 in cost recovery, and to abide by several other disciplinary terms and conditions.

15 11. Respondent's conduct and the action of the Washington Board as set forth above
16 constitute unprofessional conduct within the meaning of section 2305 and conduct subject to
17 discipline within the meaning of section 141(a).

18 **DISCIPLINE CONSIDERATIONS**

19 12. Respondent was previously reprimanded by the Board in Case Number 09-2003-
20 145033. On April 28, 2004, the Board issued a Public Letter of Reprimand finding that, in two
21 instances, Respondent's practice of medicine departed from the standard of care. The Order
22 Issuing Public Letter of Reprimand is attached as **Exhibit B** and incorporated herein.

23 **PRAAYER**

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

26 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 63244,
27 issued to Nguyen, Thanh Huu, M.D.;

1 2. Revoking, suspending or denying approval of Nguyen, Thanh Huu, M.D.'s authority
2 to supervise physician assistants, pursuant to section 3527 of the Code;

3 3. Ordering Nguyen, Thanh Huu, M.D., if placed on probation, to pay the Board the
4 costs of probation monitoring; and

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

6
7 DATED: July 22, 2016


KIMBERLY KIRCHMEYER
Executive Director
Medical Board of California
Department of Consumer Affairs
State of California
Complainant

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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:

THANH H. NGUYEN, MD
License No. MD 00035284

Respondent.

No. M2015-1266

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 October 19, 1983, 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 a mental ward, 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 documented that

with asthmatic bronchitis. Patient A's heart rate was 120. This physician documented that Patient A's elevated heart rate 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. This physician's treatment plan included an electrocardiogram (ECG), rechecking labs, and oral hydration.

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

1.6 On December 13, 2014, Patient A's treating psychiatrist received a call from the nursing staff, informing her Patient A had elevated heart rate, and had an elevated, though declining, CPK level. Respondent also provided care to Patient A on December 13, 2014. The nursing staff called Respondent to follow up on Patient A's elevated heart rate and lab results. At the time of Respondent's examination, Patient A reported "heart racing" and told Respondent "I'm good." Patient A's pulse was recorded as 137 with a standing blood pressure of 120/74 with regular heart beats. Respondent noted that Patient A's elevated CPK could have been due to a mental health drug Patient A was taking, and recommended the drug be withheld along with discontinuing another drug Patient A was taking for shortness of breath. Respondent continued to encourage oral fluid intake.

1.7 Respondent failed to review Patient A's previous chest X-rays and perpetuated the diagnosis of dehydration despite adequate fluid intake. Respondent failed to respond appropriately to abnormal vital signs, and failed to diagnose and properly treat Patient A's medical condition.

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 regarding the appropriate evaluation of 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 typewritten 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 his residential and/or business address within thirty (30) days of such change.

3.7 **Effective Date.** The effective date of this Stipulation to Informal Disposition 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

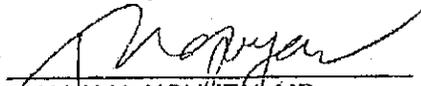
4.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. Tier B of the "Practice Below Standard of Care" schedule, WAC 246-16-810, applies to cases where substandard practices caused moderate patient harm or risk of moderate to severe patient harm. Respondent's delay 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 two 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 eighteen 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, THANH H. NGUYEN, 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.



THANH H. NGUYEN, MD
RESPONDENT

3/12/16
DATE

_____, WSBA#
ATTORNEY FOR RESPONDENT

DATE

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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

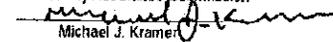
PRESENTED BY:



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
4-21-16
Date

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION

FILED

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

THANH H. NGUYEN, MD
License No. MD00035284

Respondent.

No. M2015-1266

STATEMENT OF ALLEGATIONS
AND SUMMARY OF EVIDENCE

APR 01 2016

Adjudicative Clerk Office

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 2015-2008. 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 July 30, 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 elevated heart rate 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. This physician's treatment plan included an electrocardiogram (ECG), rechecking labs, and oral hydration.

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1.6 On December 13, 2014, Patient A's treating psychiatrist received a call from the nursing staff, informing her Patient A had elevated heart rate, and had an elevated, though declining, CPK level. Respondent also provided care to Patient A on December 13, 2014. The nursing staff called Respondent to follow up on Patient A's elevated heart rate and lab results. At the time of Respondent's examination, Patient A reported "heart racing" and told Respondent "I'm good." Patient A's pulse was recorded as 137 with a standing blood pressure of 120/74 with regular heart beats. Respondent noted that Patient A's elevated CPK could have been due to a mental health drug Patient A was taking, and recommended the drug be withheld along with discontinuing another drug Patient A was taking for shortness of breath. Respondent continued to encourage oral fluid intake.

1.7 Respondent failed to review Patient A's previous chest X-rays and perpetuated the diagnosis of dehydration despite adequate fluid intake. Respondent failed to respond appropriately to abnormal vital signs, and failed to diagnose and properly treat Patient A's medical condition.

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.

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2. SUMMARY OF EVIDENCE

- 2.1 Patient A's medical records.
- 2.2 Respondent's statement dated April 30, 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.

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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).

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.

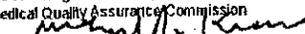
DATED: March 8, 2016.

STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE
COMMISSION


MELANIE DE LEON
EXECUTIVE DIRECTOR


SEANA REICHOLD, WSBA# 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. Kieffer

4-21-16
Date



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CONFIDENTIAL SCHEDULE

This information is confidential and is NOT to be released without the consent of the individual or individuals named herein. RCW 42.56.240(1)

Patient A 

Exhibit B

MEDICAL BOARD OF CALIFORNIA
DISCIPLINE COORDINATION UNIT
1426 Howe Avenue, Suite 54
Sacramento, CA 95825-3236
www.medbd.ca.gov

April 28, 2004

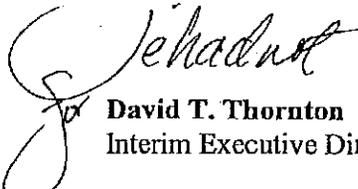
Thanh Huu Nguyen, M.D.
3810 78th Court West, Apt. G207
University Place, WA 98466

RE: Physician's and Surgeon's Certificate Number A 63244
Case Number 09-2003-145033

Public Letter of Reprimand

Following a Medical Board investigation, it was determined that you failed to review the list of medications that had been ordered by another physician when you resumed care of the patient. You also failed to order a stat blood Digoxin level on November 14, 2002. This failure to treat the patient's Digoxin level appropriately was determined by Medical Board experts to be departures from the standards of medical care.

These actions constitute a violation of Business and Professions Code section 2234(c) {repeated negligent acts}. Pursuant to the authority of the California Business and Professions Code section 2233, you are hereby issued this Public Letter of Reprimand by the Medical Board of California.


David T. Thornton
Interim Executive Director