



STATE OF WASHINGTON
DEPARTMENT OF HEALTH
Olympia, Washington 98504

RE: Nenita E. Jusayan, MD
Master Case No.: M2015-1269
Document: Stipulation to Informal Disposition

Regarding your request for information about the above-named practitioner; attached is a true and correct copy of the document on file with the State of Washington, Department of Health, Adjudicative Clerk Office. These records are considered Certified by the Department of Health.

Certain information may have been withheld pursuant to Washington state laws. While those laws require that most records be disclosed on request, they also state that certain information should not be disclosed.

The following information has been withheld: **NONE**

If you have any questions or need additional information regarding the information that was withheld, please contact:

Customer Service Center
P.O. Box 47865
Olympia, WA 98504-7865
Phone: (360) 236-4700
Fax: (360) 586-2171

You may appeal the decision to withhold any information by writing to the Privacy Officer, Department of Health, P.O. Box 47890, Olympia, WA 98504-7890.

**STATE OF WASHINGTON
MEDICAL QUALITY ASSURANCE COMMISSION**

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

No. M2015-1269

NENITA E. JUSAYAN, MD
License No. MD00034598

**STIPULATION TO INFORMAL
DISPOSITION**

Respondent.

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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ORIGINAL

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