

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

<b>In the Matter of the Accusation</b>	)	
<b>Against:</b>	)	
	)	
	)	
<b>BERNADETTE ANN KELLY, M.D.</b>	)	<b>Case No. 02-2013-230877</b>
	)	
<b>Physician's and Surgeon's</b>	)	
<b>Certificate No. A 55070</b>	)	
	)	
<b>Respondent</b>	)	
_____	)	

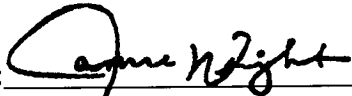
**DECISION**

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 October 16, 2015.

IT IS SO ORDERED September 17, 2015.

**MEDICAL BOARD OF CALIFORNIA**

By:   
\_\_\_\_\_  
Jamie Wright, J.D., Chair  
Panel A

1 KAMALA D. HARRIS  
Attorney General of California  
2 CONNIE A. BROUSSARD  
Supervising Deputy Attorney General  
3 JOHN S. GATSCHET  
Deputy Attorney General  
4 State Bar No. 244388  
California Department of Justice  
5 1300 I Street, Suite 125  
P.O. Box 944255  
6 Sacramento, CA 94244-2550  
Telephone: (916) 445-5230  
7 Facsimile: (916) 327-2247  
*Attorneys for Complainant*  
8

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

11 In the Matter of the Accusation Against:

Case No. 02-2013-230877

12 BERNADETTE ANN KELLY, M.D.

OAH No. 2015040448

13 1 Embarcadero Center Ste 400  
14 San Francisco, CA 94111

**STIPULATED SETTLEMENT  
AND DISCIPLINARY ORDER**

15 Physician's and Surgeon's Certificate No. A 55070,

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  
22 Board of California ("Board"). She brought this action solely in her official capacity and is  
23 represented in this matter by Kamala D. Harris, Attorney General of the State of California, by  
24 John S. Gatschet, Deputy Attorney General.

25 2. Respondent Bernadette Ann Kelly, M.D. ("Respondent") is represented in this  
26 proceeding by attorney Stephen M. Boreman, whose address is: 1 Embarcadero Center Ste 400  
27 San Francisco, CA 94111

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1 CULPABILITY

2 9. Respondent understands and agrees that the charges and allegations in Accusation  
3 No. 02-2013-230877, if proven at a hearing, constitute cause for imposing discipline upon her  
4 Physician's and Surgeon's Certificate.

5 10. For the purpose of resolving the Accusation without the expense and uncertainty of  
6 further proceedings, Respondent agrees that, at a hearing, Complainant could establish a factual  
7 basis for the charges in the Accusation, and that Respondent hereby gives up her right to contest  
8 those charges.

9 11. Respondent agrees that her Physician's and Surgeon's Certificate is subject to  
10 discipline and she agrees that there is cause to issue the Public Reprimand as set forth in the  
11 Disciplinary Order below.

12 RESERVATION

13 12. The admissions made by Respondent herein are only for the purposes of this  
14 proceeding, or any other proceedings in which the Medical Board of California or other  
15 professional licensing agency is involved, and shall not be admissible in any other criminal or  
16 civil proceeding.

17 CONTINGENCY

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

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1 or its designee for not less than 65 hours of CME of which 40 hours were in satisfaction of this  
2 condition.

3 Failure to successfully complete and provide proof of attendance to the Board or its  
4 designee of the educational program(s) or course(s) within 12 months of the effective date of this  
5 Decision, unless the Board or its designee agrees in writing to an extension of that time, shall  
6 constitute general unprofessional conduct and may serve as the grounds for further disciplinary  
7 action.

8 **C. MEDICAL RECORD KEEPING COURSE.** Within 60 calendar days of the  
9 effective date of this Decision, Respondent shall enroll in a course in medical record keeping  
10 equivalent to the Medical Record Keeping Course offered by the Physician Assessment and  
11 Clinical Education Program, University of California, San Diego School of Medicine  
12 (“Program”), approved in advance by the Board or its designee. Respondent shall provide the  
13 program with any information and documents that the Program may deem pertinent. Respondent  
14 shall participate in and successfully complete the classroom component of the course not later  
15 than six (6) months after Respondent’s initial enrollment. Respondent shall successfully complete  
16 any other component of the course within twelve (12) months of enrollment. The medical record  
17 keeping course shall be at Respondent’s expense and shall be in addition to the Continuing  
18 Medical Education (CME) requirements for renewal of licensure.

19 Respondent shall submit a certification of successful completion to the Board or its  
20 designee not later than 15 calendar days after successfully completing the course. Failure to  
21 provide proof of successful completion to the Board or its designee of the Program within twelve  
22 (12) months of the effective date of this Decision, unless the Board or its designee agrees in  
23 writing to an extension of that time, shall constitute general unprofessional conduct and may  
24 serve as the grounds for further disciplinary action.

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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order and have fully discussed it with my attorney, Stephen M. Boreman. 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.

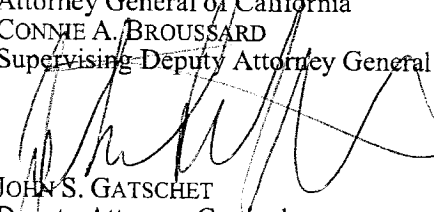
DATED: 7/15/15   
BERNADETTE ANN KELLY, M.D.  
Respondent

I have read and fully discussed with Respondent Bernadette Ann Kelly, 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: 7-15-15   
Stephen M. Boreman  
Attorney for Respondent

ENDORSEMENT

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

Dated: 7/15/15 Respectfully submitted,  
KAMALA D. HARRIS,  
Attorney General of California  
CONNIE A. BROUSSARD  
Supervising Deputy Attorney General  
  
JOHN S. GATSCHET  
Deputy Attorney General  
Attorneys for Complainant

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**Exhibit A**

**Accusation No. 02-2013-230877**



FILED  
STATE OF CALIFORNIA  
MEDICAL BOARD OF CALIFORNIA  
SACRAMENTO March 17 20 15  
BY D. Richards ANALYST

1 KAMALA D. HARRIS  
Attorney General of California  
2 ROBERT MCKIM BELL  
Supervising Deputy Attorney General  
3 JOHN S. GATSCHET  
Deputy Attorney General  
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6 Sacramento, CA 94244-2550  
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7 Facsimile: (916) 327-2247  
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9 **BEFORE THE**  
10 **MEDICAL BOARD OF CALIFORNIA**  
11 **DEPARTMENT OF CONSUMER AFFAIRS**  
**STATE OF CALIFORNIA**

12 In the Matter of the Accusation Against:

Case No. 02-2013-230877

13 BERNADETTE ANN KELLY, M.D.  
14 c/o Stephen M. Boreman, Esq.  
One Embarcadero Center, Suite 400  
15 San Francisco, CA 94111

**A C C U S A T I O N**

16 Physician's & Surgeon's Certificate No. A 55070,  
17 Respondent.

18  
19 Complainant alleges:

20 **PARTIES**

- 21 1. Kimberly Kirchmeyer ("Complainant") brings this Accusation solely in her official  
22 capacity as the Executive Director of the Medical Board of California ("Board").  
23 2. On October 25, 1995, the Board issued Physician's and Surgeon's Certificate number  
24 A 55070 to Bernadette Ann Kelly, M.D. ("Respondent"). That license was in full force and effect  
25 at all times relevant to the charges brought herein and will expire on September 30, 2015, unless  
26 renewed.

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1 JURISDICTION

2 3. This Accusation is brought before the Board under the authority of the following  
3 provisions of the California Business and Professions Code (“Code”), unless otherwise indicated.

4 4. Section 2227 of the Code states:

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

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

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

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

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

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

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

23 5. Section 2234 of the Code, states:

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

27 ///

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

3 “(b) Gross negligence.

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

7 “(1) An initial negligent diagnosis followed by an act or omission medically appropriate for  
8 that negligent diagnosis of the patient shall constitute a single negligent act.

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

14 “...”

15 6. Section 2266 of the Code states:

16 “The failure of a physician and surgeon to maintain adequate and accurate records relating to  
17 the provision of services to their patients constitutes unprofessional conduct.”

18 **FIRST CAUSE FOR DISCIPLINE**

19 (Gross Negligence, Failure to Care for a Seriously Ill Patient)

20 7. Respondent's license is subject to disciplinary action under section 2234(b) of the  
21 Code in that she committed acts of gross negligence and unprofessional conduct by failing to  
22 properly care for a seriously ill patient. The circumstances are as follows:

23 8. On March 13, 2014, the Board received a Report of Settlement, Judgment or  
24 Arbitration Award required by section 801.01 of the Business and Professions Code reflecting that  
25 the Regents of the University of California had paid a settlement to the estate of patient F.Z.<sup>1</sup> on  
26 behalf of Respondent for negligence during her care and treatment of patient F.Z.

27 \_\_\_\_\_  
28 <sup>1</sup> All parties and witnesses will be identified in discovery.

1           9.     On May 6, 2008, F.Z., a 35 year old male, presented at U.C. Davis Medical Group,  
2 Elk Grove (hereafter, the “Elk Grove Practice”). He was treated by a Nurse Practitioner for gout  
3 and received an order for further laboratory testing. On May 10, 2008, F.Z. had laboratory testing  
4 done which confirmed his chief complaint of gout.

5           10.    On June 27, 2008, at approximately 4:15 p.m., F.Z. presented at the Elk Grove  
6 Practice and was evaluated for the first time by Respondent. Respondent evaluated F.Z. in the  
7 presence of his wife, M.Z. and their four boys. His complaints included “fever, arm problem  
8 (*swollen under right arm*), vomiting, diarrhea, dizziness, perspiration problem, and test results  
9 (*labs*).” Respondent noted that F.Z. reported a fever the previous night of 103 degrees Fahrenheit,  
10 had cold sweats and right arm pain.<sup>2</sup> Respondent noted F.Z. had taken ibuprofen for his fever. On  
11 examination, Respondent appeared “malaised with profuse [sic] sweating.” F.Z.’s pulse was 139,  
12 his blood pressure was 98/60,<sup>3</sup> and he had a temperature of 99.68 degrees Fahrenheit. F.Z. kept  
13 his right arm raised throughout the exam because of pain and complained of shortness of breath.  
14 F.Z. appeared seriously ill and presented with both hypotension and tachycardia.

15           11.    Respondent informed F.Z. that he needed to seek medical treatment at Methodist  
16 Hospital’s Emergency Department because he may have a serious bacterial infection. The exam  
17 became confrontational when M.Z. demanded Respondent provide treatment to F.Z. after F.Z.  
18 refused to go to the Emergency Department at Methodist Hospital. The exam was further  
19 truncated because the Elk Grove Practice was in the process of closing for the weekend and  
20 Respondent needed to pick up her children from childcare. Respondent refused to provide  
21 treatment, either parenteral antibiotics or oral antibiotics, at Elk Grove Practice because she did  
22 not believe she could provide any treatments that would treat his illness. Respondent failed to  
23

24 \_\_\_\_\_  
25           <sup>2</sup> In the medical records, Respondent noted in the progress notes, “Mild Diffuse swelling of  
26 the left axilla,” in conflict with the clinical findings of right arm pain. This was noted as an  
27 innocent error and does not indicate a deviation from the standard of practice. The swelling was  
28 located on the right axilla.

<sup>3</sup> His prior blood pressure on May 6, 2008, was 118/78.

1 perform an examination of F.Z.'s right upper extremity for portal of entry of infection, if not active  
2 infection. Respondent did not accurately record information in F.Z.'s electronic medical record.<sup>4</sup>

3 12. Respondent's care and treatment of this seriously ill patient, F.Z., was an extreme  
4 departure from the standard of care in the following respects. Respondent failed to immediately  
5 begin life-stabilization and treatment of F.Z. upon realizing that he was seriously ill. Respondent  
6 allowed outside logistical considerations, specifically that she had to pick up her children from  
7 childcare by an appointed time, to limit her ability to provide treatment to patient F.Z. Respondent  
8 allowed the electronic medical record keeping software to interfere with her treatment of F.Z.  
9 Respondent allowed her relationship to become confrontational with M.Z. which prevented further  
10 care to F.Z. Respondent did not administer a dose of parenteral antibiotics to F.Z. Respondent  
11 did not prescribe oral antibiotics to F.Z., despite F.Z. asserting that he was not going to the  
12 Emergency Department at Methodist Hospital. Respondent did not examine F.Z.'s right upper  
13 extremity for evidence of a portal of entry for infection, if not active infection.

14 13. Respondent's conduct as described above is gross negligence in the practice of  
15 medicine and constitutes unprofessional conduct in violation of section 2234(b) of the Code, and  
16 thereby provides cause for discipline to Respondent's license.

### 17 **SECOND CAUSE FOR DISCIPLINE**

18 (Gross Negligence, Failure to Manage a Noncompliant Patient)

19 14. Respondent's license is subject to disciplinary action under section 2234(b) of the  
20 Code in that she committed acts of gross negligence and unprofessional conduct by failing to  
21 properly manage a noncompliant patient. The circumstances are as follows:

22 15. Complainant realleges paragraphs 8 through 12 and those paragraphs are incorporated  
23 by reference as if fully set forth herein.

24 16. Respondent had a discussion with F.Z. and M.Z. regarding the seriousness of F.Z.'s  
25 condition and need for immediate treatment at Methodist Hospital's Emergency Department.  
26 Respondent recognized that F.Z. was seriously ill. Respondent tried to obtain blood testing at the

27 <sup>4</sup> Further details regarding inadequate medical record documentation are set forth in the  
28 Third Cause for Discipline.

1 Elk Grove Practice to convince F.Z. that he was seriously ill but the on-site laboratory had closed  
2 for the weekend. F.Z. and M.Z. refused to go to the Emergency Department at Methodist  
3 Hospital for financial reasons. F.Z. and M.Z. left the Elk Grove Practice and returned home.

4 17. Respondent's care and treatment of a noncompliant patient, F.Z., was an extreme  
5 departure from the standard of care in the following respects. Respondent never activated the  
6 Emergency Medical System when she realized that F.Z. was seriously ill. Respondent never had  
7 F.Z. sign a written formal acknowledgment form that F.Z. understood that Respondent believed he  
8 would die unless he received immediate Emergency Department treatment. Respondent never  
9 attempted to provide a dose of parenteral antibiotics or oral antibiotics to F.Z. after he asserted  
10 that he was refusing to go to the Emergency Department at Methodist Hospital. Respondent  
11 lacked familiarity with how to discharge a patient Against Medical Advice ("AMA") and failed to  
12 note that F.Z. was discharged against medical advice ("AMA").

13 18. Respondent's conduct as described above is gross negligence in the practice of  
14 medicine and constitutes unprofessional conduct in violation of section 2234(b) of the Code, and  
15 thereby provides cause for discipline to Respondent's license.

### 16 **THIRD CAUSE FOR DISCIPLINE**

17 (Gross Negligence, Medical Record Keeping)

18 19. Respondent's license is subject to disciplinary action under section 2234(b) of the  
19 Code in that she committed acts of gross negligence and unprofessional conduct by failing to  
20 document the physical findings and care of patient F.Z. The circumstances are as follows:

21 20. Complainant realleges paragraphs 8 through 18 and those paragraphs are incorporated  
22 by reference as if fully set forth herein.

23 21. Respondent's documentation of the physical examination is not adequate to support  
24 the medical care rendered.<sup>5</sup> Respondent failed to document F.Z.'s respiratory rate. Respondent  
25 failed to document that F.Z. may have been suffering from Systemic Inflammatory Response  
26 Syndrome ("SIRS") or early stages of septic shock. Respondent failed to document that F.Z. was

27 <sup>5</sup> Respondent did record an adequate medical history for F.Z. in the electronic medical  
28 records and the medical history is not at issue in this proceeding.

1 holding his right arm away from his body at a 90 degree level of abduction. Respondent failed to  
2 document whether she performed a close examination of F.Z.'s right upper extremity.

3 22. She documented that F.Z.'s resting heart rate was a "normal rate" despite having a  
4 pulse of 139.<sup>6</sup> Respondent documented her discharge instructions only for mild to moderate acute  
5 gastroenteritis. Respondent failed to document her actual clinical diagnosis, serious bacterial  
6 infection with impending septic shock.

7 23. Respondent did not document that she planned on sending F.Z. to the Emergency  
8 Department at Methodist Hospital and had requested that he go to the Emergency Department.  
9 She did not document that F.Z. refused to go to the Emergency Department. Respondent did not  
10 document that F.Z. left her office AMA. She did not document providing F.Z. with an informed  
11 refusal of treatment. Respondent did not document that she considered activating EMS. She did  
12 not document that she considered and rejected administering parenteral antibiotics in the clinic nor  
13 prescribe oral antibiotics. Respondent did not document that she had a discussion with F.Z.  
14 regarding his treatment options.

15 24. Respondent did not sign and close the note for F.Z.'s clinical visit on June 27, 2008.<sup>7</sup>  
16 Respondent intended to close the note on June 30, 2008.<sup>8</sup> In 2008, Respondent did not have  
17 access to sign electronic medical records at home. Respondent didn't complete the note on June  
18 27, 2008, because she was in a hurry to pick up her children from childcare. On June 30, 2008,  
19 when Respondent arrived at work she learned that F.Z. had been admitted to the hospital and was  
20 "really sick" and "(h)e's not doing well."<sup>9</sup> Respondent began seeing her patients. Respondent  
21 was notified that F.Z.'s family were at the Elk Grove Practice requesting his medical records.

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23 \_\_\_\_\_  
24 <sup>6</sup> A normal resting heart rate for a 35 year old male is 60 to 100 beats per minute.

25 <sup>7</sup> June 27, 2008, was a Friday.

26 <sup>8</sup> June 30, 2008, was a Monday.

27 <sup>9</sup> On June 28, 2008, at approximately 4:19 p.m., F.Z. presented at the Emergency  
28 Department, Methodist Hospital, with acute septic shock. He died on June 30, 2008, at 4:30 p.m.  
as result of acute septic shock.

1 Respondent signed and closed the note at 8:16 a.m. without changing or modifying any of the  
2 information to accurately reflect the events of June 27, 2008.

3 25. Respondent's medical record keeping in regards to patient F.Z. was an extreme  
4 departure from the standard of care in the following respects. Respondent did not record  
5 respiratory rate. Respondent did not carefully document the axillary examination. Respondent  
6 failed to document the examination of the upper right extremity. Respondent failed to document  
7 an accurate diagnosis in the medical record. Respondent failed to discuss the management options  
8 for F.Z.'s condition in the medical record. Respondent failed to document F.Z.'s refusal to comply  
9 with Respondent's request that he go to the Emergency Department at Methodist Hospital.  
10 Respondent failed to document why a less adequate treatment strategy was undertaken following  
11 F.Z.'s refusal to go to the Emergency Department at Methodist Hospital. Respondent failed to  
12 document that F.Z. was discharged AMA. Respondent failed to electronically sign the medical  
13 record note promptly. Respondent failed to enter even a terse description of the events that  
14 occurred on June 27, 2008. Respondent failed to change her discharge instructions for mild to  
15 moderate acute gastroenteritis in the medical records despite acknowledging that it was not related  
16 to her actual diagnosis.

17 26. Respondent's conduct as described above is gross negligence in the practice of  
18 medicine and constitutes unprofessional conduct in violation of section 2234(b) of the Code, and  
19 thereby provides cause for discipline to Respondent's license.

20 **FOURTH CAUSE FOR DISCIPLINE**

21 (Medical Record Keeping Violation)

22 27. Respondent's license is subject to disciplinary action under section 2266 of the Code  
23 in that she committed a medical record keeping violation and unprofessional conduct by failing to  
24 document the physical findings and care of patient F.Z. The circumstances are as follows:

25 28. Complainant realleges paragraphs 8 through 25 and those paragraphs are incorporated  
26 by reference as if fully set forth herein.

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1 29. Respondent's conduct as described above is a medical record keeping violation and  
2 constitutes unprofessional conduct in violation of section 2266 of the Code, and thereby provides  
3 cause for discipline to Respondent's license.

4 **FIFTH CAUSE FOR DISCIPLINE**

5 (Repeated Negligent Acts)

6 30. Respondent's license is subject to disciplinary action under section 2234, subdivision  
7 (c), in that she committed repeated negligent acts during the treatment of patient F.Z. The  
8 circumstances are as follows:

9 31. Complainant realleges paragraphs 8 through 25 and those paragraphs are incorporated  
10 by reference as if fully set forth herein.

11 32. Respondent's conduct as described above is repeated negligence in the practice of  
12 medicine and constitutes unprofessional conduct in violation of section 2234(c) of the Code, and  
13 thereby provides cause for discipline to Respondent's license.

14 **PRAYER**

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

- 17 1. Revoking or suspending Physician's and Surgeon's Certificate Number A 55070,  
18 issued to Bernadette Ann Kelly, M.D.;
- 19 2. Revoking, suspending or denying approval of her authority to supervise physician's  
20 assistants, pursuant to section 3527 of the Code;
- 21 3. If placed on probation, ordering her to pay the Board the costs of probation  
22 monitoring; and
- 23 4. Taking such other and further action as deemed necessary and proper.

24 DATED: March 17, 2015

  
25 KIMBERLY KIRCHMEYER  
26 Executive Director  
27 Medical Board of California  
28 Department of Consumer Affairs  
State of California  
*Complainant*

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