

OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
1105 Terminal Way #301
Reno, Nevada 89502
(775) 688-2559

BEFORE THE BOARD OF MEDICAL EXAMINERS
OF THE STATE OF NEVADA

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In the Matter of Charges and)
Complaint Against)
JENNIFER McKIM WILSON, M.D.,)
Respondent.)

Case No. 14-21994-1

FILED

OCT 16 2014

NEVADA STATE BOARD OF
MEDICAL EXAMINERS

By: _____

COMPLAINT

The Investigative Committee (IC) of the Nevada State Board of Medical Examiners (Board), composed of Beverly A. Neyland, M.D., Bashir Chowdhry, M.D., and Sandy Peltyn, by and through Erin L. Albright, Esq., General Counsel and attorney for the IC, having a reasonable basis to believe that Jennifer McKim Wilson, M.D. (Respondent), violated the provisions of Nevada Revised Statutes (NRS) Chapter 630 and Nevada Administrative Code (NAC) Chapter 630 (collectively, the Medical Practice Act), hereby issues its Complaint, stating the IC's charges and allegations as follows:

1. Respondent is currently licensed in active status (License No. 10019), and has been so licensed by the Board since November 2, 2001, pursuant to the provisions of the Medical Practice Act.

2. Patient A was a twelve (12)-year-old female at the time of the incidents in question. Her true identity is not disclosed in this Complaint to protect her identity, but her identity is disclosed in the Patient Designation contemporaneously served on Respondent with this Complaint.

3. On or about March 25, 2012, Patient A presented to the emergency department of St. Mary's Regional Hospital (ER).

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1 4. During this ER visit, a computerized tomography scan of Patient A's
2 abdomen/pelvis was performed and interpreted by a radiologist as "small right pleural effusion;
3 small amount of ascites; small cyst of the right kidney."

4 5. During this ER visit, an abdominal ultrasound was performed and interpreted by a
5 radiologist as "small amount of ascites; right pleural effusion."

6 6. During this ER visit, blood work showed Patient A's total bilirubin was elevated at
7 2.0, with aminotransferase of 205, alanin aminotransferase of 337 and alkaline phosphatase of 66.
8 Patient A's white blood cell count was 13.1 with normal differential and elevated hemoglobin of
9 15.4. Patient A had a decreased carbon dioxide level of 16 and a mildly elevated creatinine level
10 of 1.13.

11 7. On or about March 26, 2012, Patient A presented to the ER for the second day in a
12 row with twenty-four (24) hours of new onset peripheral edema, a mildly diminished pulse
13 oximetry, persistent tachycardia and a cough that has lasted for three (3) weeks.

14 8. During this ER visit, Patient A was cared for and treated by Respondent.

15 9. During this ER visit, Respondent reviewed the records from Patient A's March 25,
16 2012 ER visit.

17 10. Given the known presence of pleural effusion, ascites and transaminitis, coupled
18 with laboratory evidence of renal insufficiency, Respondent should have considered congestive
19 heart failure as the possible etiology of Patient A's symptoms.

20 11. The standard diagnostic evaluation for possible congestive heart failure is a chest
21 x-ray and electrocardiogram.

22 12. Patient A's medical chart lacks any evidence demonstrating that Respondent
23 ordered Patient A undergo a chest x-ray during Patient A's March 25, 2012 ER visit.

24 13. Patient A's medical chart lacks any evidence demonstrating that Respondent
25 ordered Patient A undergo an electrocardiogram during Patient A's March 25, 2012 ER visit.

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COUNT I

(Medical Records Violation)

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3 14. All of the allegations in the above paragraphs are hereby incorporated as if fully set
4 forth herein.

5 15. NRS 630.3062(1) provides that the failure to maintain timely, legible, accurate and
6 complete medical records relating to the diagnosis, treatment and care of a patient is grounds for
7 initiating discipline against a licensee.

8 16. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
9 to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care
10 of Patient A when she failed to record in Patient A's medical records that he ordered Patient A
11 undergo a chest x-ray.

12 17. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
13 to maintain accurate and/or complete medical records relating to the diagnosis, treatment and care
14 of Patient A when she failed to record in Patient A's medical records that he ordered Patient A
15 undergo an electrocardiogram.

16 18. By reason of the foregoing, Respondent is subject to discipline by the Board as
17 provided in NRS 630.352.

COUNT II

(Malpractice)

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20 19. All of the allegations contained in the above paragraphs are hereby incorporated by
21 reference as though fully set forth herein.

22 20. NRS 630.301(4) provides that malpractice of a physician is grounds for initiating
23 disciplinary action against a licensee.

24 21. NAC 630.040 defines malpractice as the failure of a physician, in treating a patient,
25 to use the reasonable care, skill, or knowledge ordinarily used under similar circumstances.

26 22. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed
27 to use reasonable care, skill or knowledge ordinarily used under similar circumstances when she

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1 failed to order the necessary diagnostic testing (i.e., chest x-ray and electrocardiogram) to
2 determine whether Patient A's symptoms resulted from congestive heart failure.

3 23. By reason of the foregoing, Respondent is subject to discipline by the Board as
4 provided in NRS 630.352.

5 **WHEREFORE**, the Investigative Committee prays:

6 1. That the Board give Respondent notice of the charges herein against her and give
7 her notice that sAAAnAnhe may file an answer to the Complaint herein as set forth in NRS
8 630.339(2) within twenty (20) days of service of the Complaint;

9 2. That the Board set a time and place for a formal hearing after holding an
10 Early Case Conference pursuant to NRS 630.339(3);

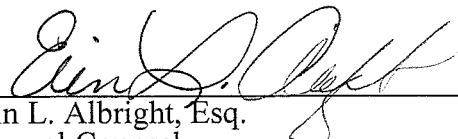
11 3. That the Board determine the sanctions it will impose if it finds Respondent
12 violated the Medical Practice Act;

13 4. That the Board make, issue and serve on Respondent, in writing, its findings of
14 fact, conclusions of law and order, which shall include the sanctions imposed; and

15 5. That the Board take such other and further action as may be just and proper in these
16 premises.

17 DATED this 10th day of October, 2014.

18 INVESTIGATIVE COMMITTEE OF THE
19 NEVADA STATE BOARD OF MEDICAL EXAMINERS

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21
22 By: 
23 Erin L. Albright, Esq.
24 General Counsel
25 Attorney for the Investigative Committee
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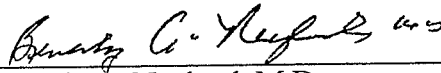
VERIFICATION

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STATE OF NEVADA)
 : ss.
COUNTY OF CLARK)

Beverly A. Neyland, M.D., hereby deposes and states under penalty of perjury under the laws of the state of Nevada that she is the Chairwoman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the foregoing Complaint against the Respondent herein; that she has read the foregoing Complaint; and based upon information discovered during the course of the investigation into a complaint against Respondent, she believes the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

Dated this 16th day of October, 2014.



Beverly A. Neyland, M.D.

OFFICE OF THE GENERAL COUNSEL

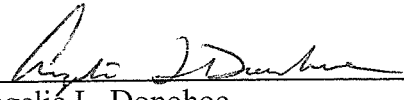
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CERTIFICATE OF SERVICE

I hereby certify that I am employed by Nevada State Board of Medical Examiners and that on 17th day of October 2014; I served a filed copy of COMPLAINT, PATIENT DESIGNATION and FINGERPRINT INFORMATION, USPS e-certified return receipt mail to the following:

Jennifer McKim Wilson, M.D.
280 Island Ave., Apt. 801
Reno, NV 89501

Dated this 17th day of October, 2014.



Angeli L. Donohoe
Legal Assistant

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