OFFICE OF THE GENERAL COUNSEL
Nevada State Board of Medical Examiners
9600 Gateway Drive
Reno, Nevada 89521
(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: TATIANA MICHAELOVNA WARNER, PA-C, Respondent. | Case No. 22-31360-1 |
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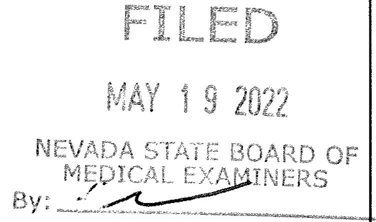


## COMPLAINT

The Investigative Committee[1] (IC) of the Nevada State Board of Medical Examiners (Board), by and through Ian J. Cumings, J.D., Deputy General Counsel and attorney for the IC, having a reasonable basis to believe that Tatiana Michaelovna Warner, PA-C (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 was at all times relative to this Complaint a physician assistant licensed to practice medicine in the State of Nevada (License No. PA987). Respondent was originally licensed by the Board on April 19, 2006.

**A. Respondent's Treatment of Patient A**

2. Patient A was a 51-year-old female with downs syndrome when she presented to the Respondent for medical care on December 31, 2018. Patient A's true identity is not disclosed herein to protect her privacy but is disclosed in the Patient Designation served upon the Respondent, along with a copy of this Complaint.

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[1] The Investigative Committee of the Nevada State Board of Medical Examiners, at the time this formal Complaint was authorized for filing, was composed of Board members Victor M. Muro, M.D., Chair, Ms. April Mastroluca and Weldon Havins, M.D., J.D.

3. Patient A was non-verbal with a six (6) month history of cognitive decline when she presented to an urgent care facility on December 29, 2018, with complaints of upper respiratory congestion, difficulty breathing and worsening respiratory symptoms.

4. Urgent care staff noted Patient A's oxygen saturation was ninety-two percent (92%) on room air, with a blood pressure of 91/53, and a heart rate of 95 beats per minute.

5. Patient A had a large cough, and her examination showed expiratory wheezing. A limited chest X-ray was performed with only one (1) view, due to Patient A being wheelchair bound, which was negative for any acute cardiopulmonary processes.

6. Patient A was discharged with a prescription for an antibiotic, a nebulizer, and steroids. Patient A's caregivers were given instructions to follow up as needed in an emergency care setting and scheduled a follow-up visit on December 31, 2018, with the Respondent.

7. Respondent saw Patient A on December 31, 2018, for the scheduled follow-up visit. Respondent noted Patient A presented as semi-conscious but arousable, and wheelchair bound with dizziness and shortness of breath.

8. Respondent failed to either document and/or perform a neurological evaluation for Patient A who she characterized as 'semi-conscious' but noted the patient as 'normal' on the psychiatric component of Patient A's chart. Respondent failed to include a cranial nerve exam, or an exam of Patient A's reflexes and brain stem reflexes.

9. Patient A's condition had worsened since she was seen at the urgent care clinic two (2) days earlier. Patient A's oxygen saturation was noted to be critical value of sixty-seven percent (67%) on room oxygen. The low oxygen saturation was consistent with acute hypoxemia and respiratory failure for a patient with downs syndrome.

10. Respondent discharged Patient A with instructions to follow-up with a neurologist for the dizziness, and a scheduled follow-up visit in two (2) months.

11. Respondent's discharge plan did not mention the acute respiratory issues, including Patient A's shortness of breath, and lacked any appropriate treatment plan to address the hypoxemia.

12. Patient A died the following day, January 1, 2019, from acute respiratory failure.

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**COUNT I**

**NRS 630.301(4) - Malpractice**

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

14. NRS 630.301(4) provides that malpractice of a Physician Assistant is grounds for initiating disciplinary action against a licensee.

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

16. As demonstrated by, but not limited to, the above-outlined facts, Respondent failed to use the reasonable care, skill or knowledge ordinarily used under similar circumstances when rendering medical services to Patient A by failing to render medical care when Patient A presented in an altered state of consciousness with critical oxygen saturation values.

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

**COUNT II**

**NRS 630.3062(1)(a) - Failure to Maintain Proper Medical Records**

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

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

20. Respondent failed to maintain proper medical records relating to the diagnosis, treatment, and care of Patient A, by failing to correctly document an evaluation of Patient A's neurological status, including a cranial nerve exam, reflexes, and brain stem reflexes. Additionally, Respondent did not prepare or record a written treatment plan for treating Patient A's altered state of consciousness nor hypoxemia.

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

**WHEREFORE**, the Investigative Committee prays:

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

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

3. That the Board determine what sanctions to impose if it determines there has been a violation or violations of the Medical Practice Act committed by Respondent;

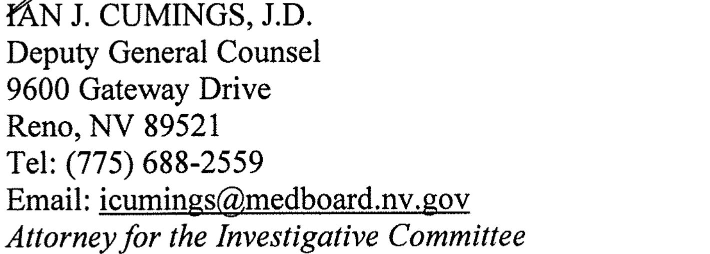
4. That the Board award fees and costs for the investigation and prosecution of this case as outlined in NRS 622.400;

5. That the Board make, issue and serve on Respondent its findings of fact, conclusions of law and order, in writing, that includes the sanctions imposed; and

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

DATED this 19 day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS



By: ______________________________

IAN J. CUMINGS, J.D.
Deputy General Counsel
9600 Gateway Drive
Reno, NV 89521
Tel: (775) 688-2559
Email: icumings@medboard.nv.gov
*Attorney for the Investigative Committee*

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## VERIFICATION

STATE OF NEVADA )
: ss.
COUNTY OF CLARK )

Victor M. Muro, M.D., having been duly sworn, hereby deposes and states under penalty of perjury that he is the Chairman of the Investigative Committee of the Nevada State Board of Medical Examiners that authorized the Complaint against the Respondent herein; that he has read the foregoing Complaint; and that based upon information discovered in the course of the investigation into a complaint against Respondent, he believes that the allegations and charges in the foregoing Complaint against Respondent are true, accurate and correct.

DATED this 19th day of May, 2022.

INVESTIGATIVE COMMITTEE OF THE
NEVADA STATE BOARD OF MEDICAL EXAMINERS

By: [signature]
VICTOR M. MURO, M.D.
*Chairman of the Investigative Committee*