

Joseph L. Morris

Joseph L. Morris, PhD, MSN, RN
Executive Officer



**BEFORE THE
BOARD OF REGISTERED NURSING
DEPARTMENT OF CONSUMER AFFAIRS
STATE OF CALIFORNIA**

In the Matter of the of the Accusation Against:

Case No. 2016-1059

**TINA TRANG LAM-QUAN
AKA TINA TRANG LAM
AKA TINA TRANG LAM QUAN
11769 Caminito De las Misiones
San Diego, CA 92128**

**Registered Nurse License No. 677070
Nurse Practitioner Certificate No. 18483
Nurse Practitioner Furnishing Certificate No. 18483**

Respondent

DECISION AND ORDER

The attached Stipulated Settlement and Disciplinary Order for Public Reprimand is hereby adopted by the Board of Registered Nursing, Department of Consumer Affairs, as its Decision in this matter.

This Decision shall become effective on **February 24, 2017.**

IT IS SO ORDERED **February 24, 2017.**

Michael D. Jackson, MSN, RN, CEN

Michael D. Jackson, President
Board of Registered Nursing
Department of Consumer Affairs
State of California

1 KAMALA D. HARRIS
Attorney General of California
2 JAMES M. LEDAKIS
Supervising Deputy Attorney General
3 DIANE DE KERVOR
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Attorneys for Complainant

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

11 In the Matter of the Accusation Against:

12 **TINA TRANG LAM-QUAN, AKA TINA**
13 **TRANG LAM, AKA TINA TRANG LAM**
14 **QUAN**
11769 Caminito De Las Misiones
San Diego, CA 92128

15 Registered Nurse License No. 677070
16 Nurse Practitioner Certificate No. 18483
17 Nurse Practitioner Furnishing Certificate
No. 18483

18 Respondent.

Case No. 2016-1059

STIPULATED SETTLEMENT AND
DISCIPLINARY ORDER FOR PUBLIC
REPROVAL

[Bus. & Prof. Code § 495]

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

22 PARTIES

23 1. Louise R. Bailey, M.Ed., RN was the Executive Officer of the Board. She brought
24 this action solely in her official capacity. This matter is currently brought by Joseph L. Morris,
25 PhD, MSN, RN (Complainant) solely in his official capacity as the Executive Officer of the
26 Board and is represented in this matter by Kamala D. Harris, Attorney General of the State of
27 California, by Diane de Kervor, Deputy Attorney General.

2. Respondent Tina Trang Lam-Quan, aka Tina Trang Lam, aka Tina Trang Lam Quan (Respondent) is represented in this proceeding by attorney Gary Wittenberg, whose address is: 1901 Avenue of the Stars, Suite 1750, Los Angeles, CA 90067.

JURISDICTION

3. On April 4, 2006, the Board issued Registered Nurse License Number 677070 to Tina Trang Lam-Quan, also known as Tina Trang Lam and Tina Trang Lam Quan (Respondent). The Registered Nurse License was in full force and effect at all times relevant to the charges brought herein, and will expire on April 30, 2018, unless renewed.

4. On April 15, 2008, the Board issued Nurse Practitioner Certificate Number 18483 to Respondent. The Nurse Practitioner Certificate was in full force and effect at all times relevant to the charges brought herein, and will expire on April 30, 2018, unless renewed.

5. On August 18, 2009, the Board issued Nurse Practitioner Furnishing Certificate Number 18483 to Respondent. The Nurse Practitioner Furnishing Certificate was in full force and effect at all times relevant to the charges brought herein, and will expire on April 30, 2018, unless renewed.

6. Accusation No. 2016-1059 was filed before the Board of Registered Nursing (Board), Department of Consumer Affairs and is currently pending against Respondent. The Accusation and all other statutorily required documents were properly served on Respondent on April 27, 2016. Respondent timely filed her Notice of Defense contesting the Accusation. A copy of Accusation No. 2016-1059 is attached as exhibit A and incorporated herein by reference.

ADVISEMENT AND WAIVERS

7. Respondent has carefully read, fully discussed with counsel, and understands the charges and allegations in Accusation No. 2016-1059. Respondent has also carefully read, fully discussed with counsel, and understands the effects of this Stipulated Settlement and Disciplinary Order for Public Reprimand.

8. Respondent is fully aware of her legal rights in this matter, including the right to a hearing on the charges and allegations in the Accusation; the right to confront and cross-examine the witnesses against her; the right to present evidence and to testify on her own behalf; the right

1 to the issuance of subpoenas to compel the attendance of witnesses and the production of
2 documents; the right to reconsideration and court review of an adverse decision; and all other
3 rights accorded by the California Administrative Procedure Act and other applicable laws.

4 9. Respondent voluntarily, knowingly, and intelligently waives and gives up each and
5 every right set forth above.

6 CULPABILITY

7 10. Respondent understands and agrees that the charges and allegations in Accusation
8 No. 2016-1059, if proven at a hearing, constitute cause for imposing discipline upon her
9 Registered Nurse License, Nurse Practitioner Furnishing Certificate, as well as for her Nurse
10 Practitioner Certificate

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

15 12. Respondent agrees that her Registered Nurse License, Nurse Practitioner Furnishing
16 Certificate, and Nurse Practitioner Certificate are subject to discipline and she agrees to be bound
17 by the Disciplinary Order below.

18 CONTINGENCY

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

1 14. The parties understand and agree that Portable Document Format (PDF) and facsimile
2 copies of this Stipulated Settlement and Disciplinary Order for Public Reproval, including
3 Portable Document Format (PDF) and facsimile signatures thereto, shall have the same force and
4 effect as the originals.

5 15. This Stipulated Settlement and Disciplinary Order for Public Reproval is intended by
6 the parties to be an integrated writing representing the complete, final, and exclusive embodiment
7 of their agreement. It supersedes any and all prior or contemporaneous agreements,
8 understandings, discussions, negotiations, and commitments (written or oral). This Stipulated
9 Settlement and Disciplinary Order for Public Reproval may not be altered, amended, modified,
10 supplemented, or otherwise changed except by a writing executed by an authorized representative
11 of each of the parties.

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

15 **DISCIPLINARY ORDER**

16 IT IS HEREBY ORDERED that Registered Nurse License No. 677070, Nurse Practitioner
17 Certificate No. 18483, and Nurse Practitioner Furnishing Certificate No. 18483 issued to
18 Respondent Tina Trang Lam-Quan, aka Tina Trang Lam, aka Tina Trang Lam Quan
19 (Respondent) shall be publicly reproved by the Board of Registered Nursing under Business and
20 Professions Code section 495 in resolution of Accusation No. 2016-1059, attached as exhibit A.

21 **Cost Recovery.** Respondent shall pay \$12,077.25 to the Board for its costs associated with
22 the investigation and enforcement of this matter. Respondent shall be permitted to pay these
23 costs in a payment plan approved by the Board. If Respondent fails to pay the Board costs as
24 ordered, Respondent shall not be allowed to renew her Registered Nurse License until
25 Respondent pays costs in full.


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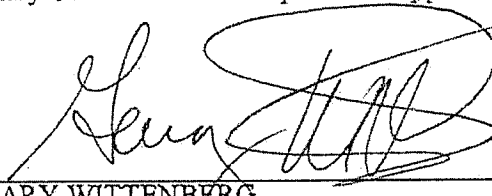
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ACCEPTANCE

I have carefully read the above Stipulated Settlement and Disciplinary Order for Public Reapproval and have fully discussed it with my attorney, Gary Wittenberg. I understand the stipulation and the effect it will have on my Registered Nurse License, and Nurse Practitioner Certificate, and Nurse Practitioner Furnishing Certificate. I enter into this Stipulated Settlement and Disciplinary Order for Public Reapproval voluntarily, knowingly, and intelligently, and agree to be bound by the Decision and Order of the Board of Registered Nursing.

DATED: 10/7/16
TINA TRANG LAM-QUAN, AKA TINA TRANG
LAM, AKA TINA TRANG LAM QUAN
Respondent

I have read and fully discussed with Respondent Tina Trang Lam-Quan, aka Tina Trang Lam, aka Tina Trang Lam Quan the terms and conditions and other matters contained in the above Stipulated Settlement and Disciplinary Order for Public Reapproval. I approve its form and content.

DATED: 10-7-16
GARY WITTENBERG
Attorney for Respondent

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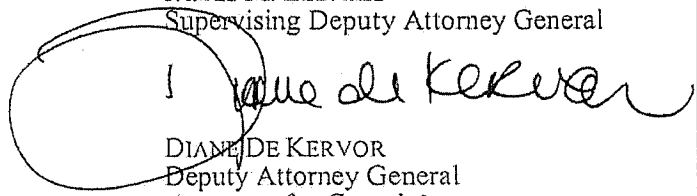
ENDORSEMENT

The foregoing Stipulated Settlement and Disciplinary Order for Public Reapproval is hereby respectfully submitted for consideration by the Board of Registered Nursing of the Department of Consumer Affairs.

Dated: 11/8/14

Respectfully submitted,

KAMALA D. HARRIS
Attorney General of California
JAMES M. LEDAKIS
Supervising Deputy Attorney General


DIANE DE KERVOR
Deputy Attorney General
Attorneys for Complainant

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Exhibit A

Accusation No. 2016-1059

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2 JAMES M. LEDAKIS
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9 **BEFORE THE**
10 **BOARD OF REGISTERED NURSING**
11 **DEPARTMENT OF CONSUMER AFFAIRS**
STATE OF CALIFORNIA

12 In the Matter of the Accusation Against:

Case No. 2016-1059

13 **TINA TRANG LAM-QUAN,**
14 **AKA TINA TRANG LAM,**
AKA TINA TRANG LAM QUAN
15 **11769 Caminito De Las Misiones**
San Diego, CA 92128

A C C U S A T I O N

16 **Registered Nurse License No. 677070**
17 **Nurse Practitioner Certificate No. 18483**
18 **Nurse Practitioner Furnishing Certificate**
No. 18483

19 Respondent.

20 Complainant alleges:

21 **PARTIES**

22 1. Louise R. Bailey, M.Ed., RN (Complainant) brings this Accusation solely in her
23 official capacity as the Executive Officer of the Board of Registered Nursing (Board),
24 Department of Consumer Affairs.

25 2. On April 4, 2006, the Board issued Registered Nurse License Number 677070 to
26 Tina Trang Lam-Quan, also known as Tina Trang Lam and Tina Trang Lam Quan (Respondent).
27 The Registered Nurse License was in full force and effect at all times relevant to the charges
28 brought herein, and will expire on April 30, 2016, unless renewed.

3. On April 15, 2008, the Board issued Nurse Practitioner Certificate Number 18483 to Respondent. The Nurse Practitioner Certificate was in full force and effect at all times relevant to the charges brought herein, and will expire on April 30, 2016, unless renewed.

4. On August 18, 2009, the Board issued Nurse Practitioner Furnishing Certificate Number 18483 to Respondent. The Nurse Practitioner Furnishing Certificate was in full force and effect at all times relevant to the charges brought herein, and will expire on April 30, 2016, unless renewed.

JURISDICTION

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

6. Code section 2750 provides, in pertinent part, that the Board may discipline any licensee, including a licensee holding a temporary or an inactive license, for any reason provided in Article 3 (commencing with section 2750) of the Nursing Practice Act.

7. Code section 2764 provides, in pertinent part, that the expiration of a license shall not deprive the Board of jurisdiction to proceed with a disciplinary proceeding against the licensee or to render a decision imposing discipline on the licensee..

STATUTORY PROVISIONS

8. Code section 2761 states:

The board may take disciplinary action against a certified or licensed nurse or deny an application for a certificate or license for any of the following:

(a) Unprofessional conduct, which includes, but is not limited to, the following:

(1) Incompetence, or gross negligence in carrying out usual certified or licensed nursing functions.

9. Code section 2725.1 states:

Notwithstanding any other provision of law, a registered nurse may dispense drugs or devices upon an order by a licensed physician and surgeon if the nurse is functioning within a licensed clinic as defined in paragraphs (1) and (2) of subdivision (a) of Section 1204 of, or within a clinic as defined in subdivision (b) or (c) of Section 1206, of the Health and Safety Code.

1 No clinic shall employ a registered nurse to perform dispensing duties
2 exclusively. No registered nurse shall dispense drugs in a pharmacy, keep a
3 pharmacy, open shop, or drugstore for the retailing of drugs or poisons. No
4 registered nurse shall compound drugs. Dispensing of drugs by a registered
5 nurse, except a certified nurse-midwife who functions pursuant to a
6 standardized procedure or protocol described in Section 2746.51 or a nurse
7 practitioner who functions pursuant to a standardized procedure described in
8 Section 2836.1, or protocol, shall not include substances included in the
9 California Uniform Controlled Substances Act (Division 10 (commencing
10 with Section 11000) of the Health and Safety Code). Nothing in this section
11 shall exempt a clinic from the provisions of Article 13 (commencing with
12 Section 4180) of Chapter 9.

13 10. Code section 2836.1 states:

14 Neither this chapter nor any other provision of law shall be construed to
15 prohibit a nurse practitioner from furnishing or ordering drugs or devices
16 when all of the following apply:

17 (a) The drugs or devices are furnished or ordered by a nurse practitioner
18 in accordance with standardized procedures or protocols developed by the
19 nurse practitioner and the supervising physician and surgeon when the drugs
20 or devices furnished or ordered are consistent with the practitioner's
21 educational preparation or for which clinical competency has been
22 established and maintained.

23 (b) The nurse practitioner is functioning pursuant to standardized
24 procedure, as defined by Section 2725, or protocol. The standardized
25 procedure or protocol shall be developed and approved by the supervising
26 physician and surgeon, the nurse practitioner, and the facility administrator
27 or the designee.

28 (c)(1) The standardized procedure or protocol covering the furnishing of
drugs or devices shall specify which nurse practitioners may furnish or order
drugs or devices, which drugs or devices may be furnished or ordered, under
what circumstances, the extent of physician and surgeon supervision, the
method of periodic review of the nurse practitioner's competence, including
peer review, and review of the provisions of the standardized procedure.

(2) In addition to the requirements in paragraph (1), for Schedule II
controlled substance protocols, the provision for furnishing Schedule II
controlled substances shall address the diagnosis of the illness, injury, or
condition for which the Schedule II controlled substance is to be furnished.

(d) The furnishing or ordering of drugs or devices by a nurse
practitioner occurs under physician and surgeon supervision. Physician and
surgeon supervision shall not be construed to require the physical presence
of the physician, but does include (1) collaboration on the development of
the standardized procedure, (2) approval of the standardized procedure, and
(3) availability by telephonic contact at the time of patient examination by
the nurse practitioner.

(e) For purposes of this section, no physician and surgeon shall
supervise more than four nurse practitioners at one time.

(f)(1) Drugs or devices furnished or ordered by a nurse practitioner may include Schedule II through Schedule V controlled substances under the California Uniform Controlled Substances Act (Division 10 (commencing with Section 11000) of the Health and Safety Code) and shall be further limited to those drugs agreed upon by the nurse practitioner and physician and surgeon and specified in the standardized procedure.

(2) When Schedule II or III controlled substances, as defined in Sections 11055 and 11056, respectively, of the Health and Safety Code, are furnished or ordered by a nurse practitioner, the controlled substances shall be furnished or ordered in accordance with a patient-specific protocol approved by the treating or supervising physician. A copy of the section of the nurse practitioner's standardized procedure relating to controlled substances shall be provided, upon request, to any licensed pharmacist who dispenses drugs or devices, when there is uncertainty about the nurse practitioner furnishing the order.

(g)(1) The board has certified in accordance with Section 2836.3 that the nurse practitioner has satisfactorily completed (1) at least six month's physician and surgeon-supervised experience in the furnishing or ordering of drugs or devices and (2) a course in pharmacology covering the drugs or devices to be furnished or ordered under this section.

(2) Nurse practitioners who are certified by the board and hold an active furnishing number, who are authorized through standardized procedures or protocols to furnish Schedule II controlled substances, and who are registered with the United States Drug Enforcement Administration, shall complete, as part of their continuing education requirements, a course including Schedule II controlled substances based on the standards developed by the board. The board shall establish the requirements for satisfactory completion of this subdivision.

(h) Use of the term "furnishing" in this section, in health facilities defined in Section 1250 of the Health and Safety Code, shall include (1) the ordering of a drug or device in accordance with the standardized procedure and (2) transmitting an order of a supervising physician and surgeon.

(i) "Drug order" or "order" for purposes of this section means an order for medication which is dispensed to or for an ultimate user, issued by a nurse practitioner as an individual practitioner, within the meaning of Section 1306.02 of Title 21 of the Code of Federal Regulations. Notwithstanding any other provision of law, (1) a drug order issued pursuant to this section shall be treated in the same manner as a prescription of the supervising physician; (2) all references to "prescription" in this code and the Health and Safety Code shall include drug orders issued by nurse practitioners; and (3) the signature of a nurse practitioner on a drug order issued in accordance with this section shall be deemed to be the signature of a prescriber for purposes of this code and the Health and Safety Code.

REGULATORY PROVISIONS

11. CCR, section 1443 states:

As used in Section 2761 of the code, "incompetence" means the lack of possession of or the failure to exercise that degree of learning, skill, care and

1 experience ordinarily possessed and exercised by a competent registered nurse as
2 described in Section 1443.5.

3 12. CCR, section 1443.5 states:

4 A registered nurse shall be considered to be competent when he/she
5 consistently demonstrates the ability to transfer scientific knowledge from social,
6 biological and physical sciences in applying the nursing process, as follows:

7 (1) Formulates a nursing diagnosis through observation of the client's
8 physical condition and behavior, and through interpretation of information
9 obtained from the client and others, including the health team.

10 (2) Formulates a care plan, in collaboration with the client, which ensures
11 that direct and indirect nursing care services provide for the client's safety,
12 comfort, hygiene, and protection, and for disease prevention and restorative
13 measures.

14 (3) Performs skills essential to the kind of nursing action to be taken,
15 explains the health treatment to the client and family and teaches the client and
16 family how to care for the client's health needs.

17 (4) Delegates tasks to subordinates based on the legal scopes of practice of
18 the subordinates and on the preparation and capability needed in the tasks to be
19 delegated, and effectively supervises nursing care being given by subordinates.

20 (5) Evaluates the effectiveness of the care plan through observation of the
21 client's physical condition and behavior, signs and symptoms of illness, and
22 reactions to treatment and through communication with the client and health team
23 members, and modifies the plan as needed.

24 (6) Acts as the client's advocate, as circumstances require, by initiating
25 action to improve health care or to change decisions or activities which are
26 against the interests or wishes of the client, and by giving the client the
27 opportunity to make informed decisions about health care before it is provided.

28 **COST RECOVERY**

13. Code section 125.3 provides, in pertinent part, that the Board may request the
administrative law judge to direct a licentiate found to have committed a violation or violations
of the licensing act to pay a sum not to exceed the reasonable costs of the investigation and
enforcement of the case, with failure of the licentiate to comply subjecting the license to not
being renewed or reinstated. If a case settles, recovery of investigation and enforcement costs
may be included in a stipulated settlement.

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DRUGS

14. **Lariam**, mefloquin hydrochloride, is an antimalarial agent. Its side effects include hallucination, depression, anxiety, extreme fear and confusion.

15. **Malarone** is an antiprotozoal and antimalarial drug. It works by interfering with the development of malaria parasites.

16. **Rifampin** is an antibiotic medication used to treat tuberculosis and other infections. The medication's side effects include nausea.

17. **Trazadone** is a Schedule IV controlled substance pursuant to Health and Safety Code section 11057(d)(3) and is a dangerous drug that can be dispensed only upon a prescription, as defined by and pursuant to Code section 4022. Trazodone is an antidepressant.

FACTS

18. At all times mentioned herein, Respondent was employed as a Nurse Practitioner (NP) at Yang's Family Healthcare, a medical clinic in Santee, California. Respondent was the only NP employed by the clinic. TY MD was the medical director and president of the clinic.

19. Most of the patients at the clinic were being treated for lyme¹ or associated diseases. Respondent regularly attended training on treatment of lyme disease and followed diagnosis and treatment protocols closely with TY MD.

20. TY MD was generally in the office three of the four days that Respondent was working. Respondent reported that she would discuss new patients with TY MD, that she made sure TY MD saw all her charts, that she would flag those that were complex patients, and that

¹ According to the National Institute for Health: Lyme disease is a bacterial infection a patient can get from the bite of an infected tick. The first symptom is usually a rash, which may look like a bull's eye. As the infection spreads, the patient may have develop symptoms like those of the flu and other diseases such as fever, headache, muscle or joint aches, a stiff neck, and fatigue. Lyme disease can be hard to diagnose because the patient may not know if he or she was bit by a tick, the symptoms are so vague, and lab tests are not always conclusive, particularly in the early states of the illness. Antibiotics can cure most cases of Lyme disease. After treatment, some patients may still have muscle or joint aches and nervous system symptoms. This is called post-Lyme disease syndrome.

1 she made sure to follow the clinic protocols.

2 21. Between February and September of 2011, Respondent saw patient JG, a 28 year
3 old male, five times. JG lived in Northern California. TY MD did not personally see or treat JG
4 and the records in the office reflect that TY MD had no involvement in JG's treatment. However,
5 TY MD reportedly reviewed and approved all care and treatment that Respondent provided to JG
6 either while JG was in at the clinic, by telephonic consultation, or soon afterwards.

7 22. On February 28, 2011, JG first visited the clinic to confirm a diagnosis of lyme
8 disease. He brought with him a lab result that was negative for lyme disease. JG reported to
9 Respondent that he remembered being bitten by a tick and having a bulls eye rash in the last few
10 years "under his beltline."

11 23. Respondent examined JG and took a medical history. The medical history
12 included a Questionnaire and a Symptoms Checklist of psychiatric symptoms that reflected a
13 potentially serious mental health condition: JG checked the "Yes" in response to the following
14 questions regarding his psychological status: "sudden, abrupt mood swings" (daily), "unusual
15 depression" (weekly), "feeling as if you are loosing your mind" (weekly), "paranoia" and
16 "obsessive/compulsive" (weekly), "decreased frustration tolerance" (constant) and "generalized
17 anxiety" (weekly). JG also checked the "Yes" to "sleeping too much," "difficulty falling or
18 staying asleep," "decreased social functioning," and decreased job performance. On the
19 symptoms checklist, Respondent wrote "needs psychiatrist referral."
20
21

22 24. There is no documentation that Respondent performed a psychological
23 assessment of the patient. Respondent reportedly told the patient that he should seek an
24 evaluation by a psychiatrist.

25 25. Respondent ordered additional laboratory tests for lyme disease and "GI yeast."
26 Although she had not established that JG was infected with lyme disease at his first visit,
27 Respondent prescribed medication to treat the infection because Respondent believed that JG
28

1 clinically presented as though he had lyme disease. She also ordered additional testing for lyme
2 related diseases, which she subsequently interpreted as being positive based upon the lab results
3 and presentation. Respondent also treated Respondent with medication for gastric issues.

4 26. TY MD was not present for JG's initial visit, but Respondent consulted with her
5 on the day of the examination. TY MD was made aware of the diagnoses and treatment plan and
6 everything was charted and approved.

7 27. On or about April 13, 2011, JG came back to the clinic. At that time, Respondent
8 reportedly told JG that he had positive lab results for lyme disease and she ordered testing for
9 other tick borne infections and other conditions. After consulting with TY MD, Respondent
10 added prescriptions for antibiotics and herbs to treat various infections she diagnosed.
11 Respondent also prescribed Trazodone for treatment of continued insomnia² and instructed JG to
12 see his primary care physician. Respondent's treatment note reflected that Respondent had seen
13 his primary care physician three times, but does not specify when these meetings took place.
14

15 28. On or about May 27, 2011, JG had a telephone consultation with Respondent.
16 Respondent noted the patient reported he felt better. Respondent failed to inquire and/or
17 document that she asked about Respondent's psychiatric condition or whether he was under the
18 care of a psychiatrist.
19

20 29. On June 14, 201, JG again visited the clinic and was seen by Respondent who
21 noted the patient reported he felt better. At this appointment, Respondent diagnosed the patient
22 with Babesia³ based upon clinical symptoms and presentation. Respondent's treatment plan
23

24 ² Respondent reported that he had previously been prescribed Paxil and Trazadone.

25 ³ According to the National Institute for Health, Babesia or Babesiosis is an infectious
26 disease caused by parasitic protozoan. The disease is transmitted to humans by bites of ticks that
27 have picked up the protozoa from infected animals such as rodents and horses and from contact
28 with infected blood. It can be asymptomatic or cause flu like symptoms. Human infection is
rare, and generally occur in the northeastern part of the United States, but cases have been
reported in California.

1 included prescribing Malarone for three months to treat Babesia. This prescription was discussed
2 with the doctor. Respondent also prescribed three different medications to treat JG's "systemic
3 yeast."

4 30. Upon prescribing Malarone, Respondent reported that she tells patients that it may
5 exacerbate emotional disturbance and elevate liver enzymes, and give the patient vivid dreams.
6 She directed respondent to take it two hours away from the Rifampin that she had previously
7 prescribed. Respondent failed to inquire into and/or note whether she inquired into the patient's
8 psychological issues or whether the patient was ever evaluated by a psychiatrist or was in the
9 care of a psychiatrist.

10 31. On or about June 27, 2011, JG telephoned respondent's clinic to inquire whether he
11 should be taking Rifampin and Malarone medications simultaneously. The patient indicated that
12 the label on the Malarone medication container indicated the two medications should not be taken
13 together. On or about June 29, 2011, Respondent informed the patient it was "ok" to take
14 Rifampin and Malarone simultaneously so long as they are taken two hours apart.

15 32. On or about September 7, 2011, JG made a follow up visit to the clinic and saw
16 Respondent. Among other things, Respondent noted that the patient reported he was having
17 "waves of nausea daily." Respondent performed a physical examination of the patient, however,
18 she failed to perform a psychological evaluation of the patient during this examination.
19 Respondent again failed to inquire into and/or note whether she inquired into the patient's
20 psychological symptoms or whether the patient was in the care of a psychiatrist.

21 33. After consultation with the doctor, Respondent increased the Rifampin and Malarone
22 medications, and added Lariam to treat the alleged Babesia infection. Based upon their
23 protocols, Respondent consulted with the doctor about the changes in prescription and the doctor
24 agreed with the prescriptions. Lariam was prescribed to start in October, after the higher doses of
25 the other medications were commenced. It was prescribed for three months.

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1 34. At the time the prescription was made, JG was reportedly warned that Lariam can
2 cause hallucinations, vivid dreams, and severe emotional disturbance.⁴ He was told that once he
3 started the medication, if he had any type of emotional disturbance that he should stop the
4 medication and call the office.

5 35. When Respondent prescribed these potentially psychoactive medications, she was not
6 aware of whether JG was under the care of a mental health professional. After she had initially
7 recommended that he get a psychiatric referral, she never confirmed that he had actually been
8 evaluated and she did not review any reports from a mental health professional. Respondent
9 reported that it was Respondent's responsibility to visit a psychiatrist near his home after he was
10 instructed to do so.

11 36. Respondent reported that JG's depression and anxiety had improved with his visits to
12 the clinic reportedly as his symptoms improved.

13 37. The September appointment was Respondent's last contact with the clinic.
14 Respondent never called the clinic to report any psychiatric disturbance from the medications.

15 38. On or about October 27, 2011, the Butte County Sheriff's Office received a report
16 stating JG had become mentally ill, had been referring to himself as the "Angel of Death" and had
17 threatened to assault his girlfriend. The girlfriend reported that JG's behavior "changed" after use
18 of the Lariam medication. JG was arrested, charged with several violent felonies, and was
19 hospitalized under the provisions of section 5150 of the Welfare and Institutions Code.

20 39. KP, JG's mother was concerned that his medical treatment at the clinic may have
21 caused JG's psychiatric break. Accordingly, she filed a complaint with the Medical Board, which
22 resulted in disciplinary action against TY MD. The Accusation was filed against TY MD based
23 upon her gross negligence and incompetence in the diagnosis and treatment of JG. In particular,
24 the Accusation alleged that TY MD failed to obtain appropriate history of patient JG's

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26 ⁴ The FDA drug label for Lariam provides that it can cause serious mental problems and
27 that it should not be prescribed if a patient has depression or had depression recently or if a
28 patient had recent mental problems, including anxiety disorder, schizophrenia, or psychosis
(losing touch with reality).

1 psychological issues, failed to arrive at an appropriate diagnosis of JG's psychological issues,
2 failed to adequately follow up on JG's psychological issues, and failed to properly refer JG to a
3 psychiatrist for evaluation of his psychiatric issues. TY MD then prescribed Lariam to patient JG
4 despite her awareness of JG's psychological issues. A civil lawsuit is pending.

5 40. On or about July 3, 2013, KP filed a complaint with the Nursing Board regarding her
6 concerns about the treatment that Respondent provided to JG. KP complained that Respondent
7 improperly treated JG and did not monitor him very well.

8 **CAUSE FOR DISCIPLINE**

9 **(Incompetence)**

10 41. Respondent is subject to disciplinary action under Code section 2761, subdivision
11 (a)(1), as defined in title 16 of the California Code of Regulations section 1443, in that between
12 the dates of February 28, 2011, and September 7, 2011, Respondent performed her nursing duties
13 in an incompetent manner when she failed to exercise the degree of learning, skill, care and
14 experience ordinarily possessed and exercised by a competent registered nurse as set forth in
15 paragraphs 14 to 40, above, which are hereby incorporated by reference and re-alleged as if fully
16 set forth herein.

17 42. In particular, Respondent prescribed medications that can cause psychiatric
18 disturbance to JG who had demonstrated on his Symptoms Questionnaire at his first visit that he
19 had potentially serious psychiatric issues. She did so without confirming that Respondent had
20 had a psychiatric exam and without reviewing documentation reflecting that Respondent was
21 examined and/or treated for a potentially serious psychiatric issue. Even though JG may have
22 self-reported that he was feeling better emotionally, Respondent should have insisted upon
23 documentation of an assessment to confirm there were no underlying psychiatric issues before
24 she prescribed medication to patient JG that had potential psychiatric effects.

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PRAYER

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Board of Registered Nursing issue a decision:

1. Revoking or suspending Registered Nurse License Number 677070, issued to Tina Trang Lam-Quan, also known as Tina Trang Lam and Tina Trang Lam Quan;
2. Revoking or suspending Nurse Practitioner Certificate Number 18483, issued to Tina Trang Lam-Quan, also known as Tina Trang Lam and Tina Trang Lam Quan;
3. Revoking or suspending Nurse Practitioner Furnishing Certificate Number 18483, issued to Tina Trang Lam-Quan, also known as Tina Trang Lam and Tina Trang Lam Quan;
4. Ordering Tina Trang Lam-Quan to pay the Board of Registered Nursing the reasonable costs of the investigation and enforcement of this case, pursuant to Business and Professions Code section 125.3; and
5. Taking such other and further action as deemed necessary and proper.

DATED: April 27, 2016


LOUISE R. BAILEY, M.Ed., RN
Executive Officer
Board of Registered Nursing
Department of Consumer Affairs
State of California
Complainant

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