

This requirement supplements and does not supersede the reporting obligations imposed by WAC 246-16-230.

4.19 **Effective Date.** The effective date of this Agreed Order is the date the Adjudicative Clerk Office places the signed Agreed Order into the U.S. mail. If required, Respondent shall not submit any fees or compliance documents until after the effective date of this Agreed Order.

4.20 **Termination.** The practice restrictions agreed to under paragraph 4.4 are permanent and Respondent may not petition for termination. Respondent may petition to modify applicable provisions of this section of the Agreed Order.

5. COMPLIANCE WITH SANCTION RULES

5.1 The Commission applies WAC 246-16-800, *et seq.*, to determine appropriate sanctions. Tier C of the “Practice Below Standard of Care” schedule, WAC 246-16-810, applies to cases where substandard practices caused severe harm or death to a human patient. Respondent’s failure to perform an adequate physical examination, conduct a thorough medical history, and get timely lab results caused her to perform a procedure for which Patient I was a poor candidate, ultimately leading to her death. Respondent also failed to treat Patient I in appropriate manner when her oxygen saturation level was dangerously low at a follow-up appointment, also contributing to her death. Given these considerations, Tier C applies to Respondent’s conduct.

5.2 Tier C requires the imposition of sanctions ranging from three (3) years of oversight to permanent oversight. WAC 246-16-800(3)(d) states that the starting point for the duration of oversight is the middle of the range. The Commission uses aggravating and mitigating factors to move toward the maximum or minimum ends of the range.

5.3 While all but one of the sanctions in this Agreed Order can be completed in five years, there is no end to the duration of the Agreed Order because the sanction agreed to under paragraph 4.4 is permanent. The sanctions agreed to under paragraph 4.4 requiring that Respondent not perform procedures requiring sedation without an anesthesiologist or anesthetist, not supervise physician assistants, and not delegate practice management to midlevel providers are at the high end of the duration contemplated under Tier C. The Commission notes six aggravating factors in relation to this term: the number and frequency of the acts of unprofessional conduction, injuries