STATE OF COLORADO **OFFICE OF ADMINISTRATIVE COURTS** 1525 Sherman St., 4th Floor Denver, Colorado 80203 **COLORADO MEDICAL BOARD,** Petitioner, v. **KIMBERLY PAULINE VAN SCRIVER, M.D.,** **License # DR-51657** Respondent.	▲ **COURT USE ONLY** ▲ CASE NUMBER: ME 2020-_____
PHILIP J. WEISER, Attorney General Danielle Lewis* Assistant Attorney General Colorado Department of Law Business and Licensing Ralph L. Carr Colorado Justice Center 1300 Broadway, 8th Floor Denver, Colorado 80203 Danielle.lewis@coag.gov Phone: (720) 508-6411 *Counsel of Record	
FORMAL COMPLAINT, NOTICE OF DUTY TO ANSWER, NOTICE TO SET, AND NOTICE OF HEARING	

TO: Kimberly Pauline van Scriver, M.D.

NOTICE OF DUTY TO ANSWER

YOU ARE HEREBY NOTIFIED that , pursuant to §24-4-105(2)(b), C.R.S., you are required to file a written answer to this Formal Complaint with the Office of Administrative Courts, within 30 days after the mailing of this Formal Complaint, Notice of Duty to Answer, Notice to Set, and Notice of Hearing. You must also mail a copy of such answer to the

Panel's attorney, Danielle Lewis, Assistant Attorney General, Colorado Department of Law, Ralph L. Carr Colorado Justice Center, 1300 Broadway, 8th Floor, Denver, Colorado 80203.

If you fail to file your written answer within the applicable time period, an order entering a default decision may be issued against your Colorado medical license for the relief requested in the Formal Complaint, without further notice, or for such other penalties which may be provided for by law.

NOTICE TO SET

YOU ARE HEREBY NOTIFIED that the attorney for Inquiry Panel A of the Colorado Medical Board will appear in person or by telephone on **August 13, 2020 at 9:45 a.m.** at the Office of Administrative Courts, 1525 Sherman Street, 4th Floor, Denver, Colorado 80203 to set a date and obtain a location for a hearing regarding the Formal Complaint. You may be present in person, by counsel, or you may make prior arrangements to be reached by telephone at the date and time specified above by contacting the setting clerk **prior** to the day of setting via email at oac-gs@state.co.us or by calling the Office of Administrative Courts at (303) 866-5626. If you fail to appear, a date will be obtained and you will be notified in writing of the hearing date, time and place.

NOTICE OF HEARING

YOU ARE HEREBY NOTIFIED that pursuant to § 12-240-125, C.R.S., and § 24-4-105, C.R.S., a hearing on the Formal Complaint of the Attorney General will be held before an administrative law judge, on a date that was previously set, for the purpose of determining whether your license to practice medicine in Colorado should be revoked, suspended, or otherwise disciplined, pursuant to § 12-240-125(5), C.R.S. of the Colorado Medical Practice Act and whether you engaged in unprofessional conduct as set forth in § 12-240-121(1)(j), C.R.S. of the Colorado Medical Practice Act, which provides as follows:

> (1) "Unprofessional conduct" as used in this article means:
>
> > (j) Any act or omission that fails to meet generally accepted standards of medical practice;

YOU ARE HEREBY NOTIFIED that at the hearing, you shall have the right to appear in person with legal counsel, to cross-examine any witness, to rebut any evidence presented by the Panel, and to present evidence in your own defense. You may also have subpoenas issued on your behalf upon request to the administrative law judge.

FORMAL COMPLAINT

The Colorado Medical Board ("Board"), Inquiry Panel A ("Panel"), by the Colorado Attorney General hereby makes this Formal Complaint against Kimberly Pauline van Scriver, M.D. ("Respondent"), pursuant to §12-240-125(5), C.R.S.:

PARTIES AND JURISDICTION

1. Respondent was licensed to practice medicine in the state of Colorado on August 15, 2012, and was issued license number DR-51657, which Respondent has held continuously since that date.

2. The Board and Panel have jurisdiction over Respondent and the subject matter of these proceedings as set forth in the Colorado Medical Practice Act §§12-240-101 to 145, C.R.S., and the State Administrative Procedure Act, §§24-4-101 to 108, C.R.S.

GENERAL ALLEGATIONS

3. The Panel incorporates by reference the allegations of paragraphs 1 through 2 of this Complaint, as if set forth fully herein.

4. Respondent is a physician specializing in obstetrics and gynecology.

5. Respondent treated Patient 1 and Patient 2.[1]

PATIENT 1

6. Patient 1's identity is known to Respondent.

7. On or about May 14, 2018, Patient 1, a pregnant forty-four-year-old female, began having contractions.

8. Forty-four is considered advanced maternal age.

9. Being of advanced maternal age increases certain risks associated with pregnancy.

10. Patient 1 was in her thirty-ninth week of pregnancy.

11. Patient 1 contacted her obstetrician's practice.

12. Respondent was on call for the obstetrics practice at the time Patient 1 began having contractions.

[1] A Confidential Key to Patient Identity is filed contemporaneously with the Formal Complaint.

13. Patient 1 spoke with the practice's answering service at or about 19:37 on May 14, 2019.

14. Patient 1 was told to expect a call back within twenty minutes.

15. When Patient 1 did not receive a call back, she again contacted the answering service at or about 20:01.

16. When Patient 1 still did not receive a call back, she again contacted the answering service at 20:21.

17. Respondent received text messages from the answering service at or about 19:42 and 20:07 and then a phone call at 20:25.

18. Respondent failed to return Patient 1's phone call within twenty minutes.

19. Respondent failed to return Patient 1's phone call for nearly an hour.

20. Respondent failed to have another person contact Patient 1 to assess the urgency of a call back by an obstetrician.

21. Respondent returned Patient 1's phone call at 20:30.

22. Patient 1 felt that she had to convince Respondent to allow her to go to the hospital for evaluation.

23. Patient 1 arrived at the hospital at or about 20:50.

24. Patient 1 was told that Respondent was on her way to the hospital.

25. At or about 21:17, Patient 1 was recorded as having elevated blood pressure.

26. Beginning at or about 21:18, the baseline fetal heart rate was persistently in the 90-100 beats per minute range, with moderate variability and no accelerations or decelerations.

27. This baseline fetal heart rate is not normal.

28. This baseline fetal heart rate is abnormally slow.

29. This baseline fetal heart rate is classified as a Category II tracing.

30. A Category II fetal heart rate tracing is considered indeterminate.

31. A Category II fetal heart rate tracing requires closer monitoring and more frequent evaluation of the patient and fetus.

32. Patient 1's heart rate was noted as 60 beats per minute.

33. At or about 21:19, the labor and delivery nurse noted blood on vaginal exam.

34. At or about 21:20, the labor and delivery nurse contacted Respondent to inform her of the fetal heart rate baseline of 95 with moderate variability, that Patient 1 was one centimeter dilated, and that there was bleeding on cervical examination.

35. Respondent gave no new orders and told the nurse to continue watching the patient.

36. Respondent failed to inquire into the reason for the abnormal baseline fetal heart rate.

37. Respondent did not address the Category II tracing with the labor and delivery nurse.

38. Respondent did not discuss resuscitative measures with the labor and delivery nurse.

39. Respondent did not discuss with the labor and delivery nurse what to do if the resuscitative measures were unsuccessful.

40. At or about 21:30, Patient 1's blood pressure was elevated.

41. At or about 21:30, the labor and delivery nurse classified the fetal heartrate baseline as "bradycardia."

42. At or about 21:31, Patient 1 reported that she was feeling a lot of leaking.

43. Respondent ended the call with the labor and delivery nurse at or about 21:32.

44. As of 21:32, the fetal heart rate baseline had been 95 beats per minute for fourteen minutes.

45. As of 21:32, Patient 1's blood pressure had been recorded as elevated on two occasions.

46. Respondent did not immediately come to the hospital.

47. Despite Respondent's failure to provide orders, a labor and delivery nurse began resuscitative measures.

48. Specifically, the labor and delivery nurse changed Patient 1's position, administered oxygen, and administrative intravenous fluids.

49. At or about 21:31, Patient 1 reported that she was feeling a lot of leaking.

50. The labor and delivery nurse noted a significant amount of dark red blood running down Patient 1's leg.

51. At or about 21:32, the fetal heart rate decelerated to 70 beats per minute for twenty seconds before increasing back to 95 beats per minute.

52. The fetal heart rate again decelerated to 65-70 beats per minute for three minutes.

53. At or about 21:37, the labor and delivery nurse told Patient 1 to prepare for a possible Cesarean section.

54. At or about 21:38, the labor and delivery nurse called Respondent a second time.

55. The labor and delivery nurse reported to Respondent that the fetal heart rate had decelerated to the 60s with minimal variability.

56. The labor and delivery nurse also reported that the fetal heart tones at that time were in the 90s with moderate variability.

57. The labor and delivery nurse informed Respondent that Patient 1 was experiencing a significant amount of vaginal bleeding with three clots.

58. Respondent did not give the nurse any new orders.

59. Respondent told the nurse to continue monitoring the patient.

60. At or about 21:39, the labor and delivery nurse began making a Cesarean section kit in preparation for a possible procedure.

61. At or about 21:39, an anesthesiologist was present at the nurse's station for an update on Patient 1's condition.

62. The anesthesiologist was told to be prepared for a possible Cesarean section.

63. At or around the same time, a labor and delivery nurse directed a scrub tech to open an operating room.

64. At or around 21:48, a second labor and delivery nurse for the third time called Respondent.

65. During this phone call, the labor and delivery nurse reported a Category III fetal heart tracing.

66. A Category III fetal heart tracing is considered abnormal.

67. With a Category III fetal heart tracing, if resuscitative measures fail, delivery should be expedient.

68. The nurse told Respondent that she needed to come to the hospital to evaluate the patient.

69. During this third telephone call, Respondent indicated that she would come to the hospital.

70. Respondent did not request that a doctor on site evaluate Patient 1 or the fetal heart rate.

71. Before Respondent arrived and without assistance from Respondent, the labor and delivery nurses recognized that surgery was indicated.

72. The labor and delivery team opened an operating room, notified an anesthesiologist, and placed a second peripheral intravenous line.

73. At or about 21:45, the nursing notes indicate “indeterminate” baseline for the fetal heart rate.

74. At or about 21:54, the nursing notes indicate that the nurse could no longer maintain a continuous fetal monitor.

75. At or about 21:57, the nurse left Patient 1’s room to call for assistance from an on-site doctor.

76. An onsite physician responded to Patient 1’s bedside at or about 22:02.

77. The onsite physician was unable to hear fetal heart tones.

78. On vaginal examination of Patient 1, the onsite physician observed a large gush of red blood.

79. At or around 22:07, the onsite physician ordered an emergency Cesarean section.

80. An emergency Cesarean section was performed on Patient 1 at or about 22:14.

81. Patient 1's infant was delivered at or about 22:17, thirty-four minutes after nursing staff placed its final call to Respondent.

82. As of the time of delivery, Respondent was still not present in the operating room.

83. Patient 1's infant did not survive.

84. Following delivery, Patient 1 was transported to the intensive care unit due to complications.

85. Respondent did not return to visit Patient 1 until two days after the delivery, and only did so at the request of Patient 1.

86. Respondent failed to monitor Patient 1 adequately.

87. Respondent failed to ensure Patient 1 was evaluated adequately.

88. Respondent failed to prepare for emergent Cesarean section.

89. Respondent delayed the delivery of Respondent's infant.

PATIENT 2

90. Patient 2's identity is known to Respondent.

91. In or around July 2018, Respondent's practice partner placed an intrauterine device ("IUD") in Patient 2.

92. On or about July 23, 2018, approximately two weeks after IUD placement, Patient 2's father contacted Respondent to report that his daughter was experiencing cramping.

93. Respondent prescribed Norco, an opioid, for Patient 2's pain.

94. Patient 2 presented to Respondent in her office the following morning, on or about July 24, 2018.

95. Patient 2 presented with pain, diarrhea, dizziness, chills, weakness, and nausea.

96. Respondent recorded that Patient 2 had "no fevers."

97. Patient 2's father noted that Patient 2 had a fever.

98. No temperature was recorded at the time of Patient 2's appointment with Respondent.

99. Patient 2's blood pressure was recorded as 64/40.

100. Patient 2's heart rate was recorded as 136 beats per minute.

101. Respondent failed to document Patient 2's respiratory rate.

102. Respondent failed to document a physical examination other than a genital examination.

103. Respondent failed to perform an abdominal examination.

104. Respondent did not document cervical motion or abdominal tenderness.

105. Respondent performed an ultrasound on Patient 2.

106. Respondent documented that the IUD was visualized with correct placement.

107. Respondent documented "[n]o sign of uterine infection, no fever, no abdominal tenderness."

108. Respondent concluded that Patient 2's symptoms were most likely due to a viral infection.

109. After Patient 2's visit with Respondent concluded, Patient 2's boyfriend and mother took her to the emergency room in a wheelchair.

110. At the emergency room, because Patient 2 met the criteria for sepsis, a sepsis alert was activated.

111. Patient 2's differential diagnosis included hypovolemic shock and shock secondary to sepsis.

112. A CT scan revealed fluid in Patient 2's abdomen.

113. Patient 2 underwent exploratory laparotomy.

114. Respondent failed to observe the fluid in Patient 2's abdomen when performing an ultrasound.

115. Respondent failed to recognize that Patient 2 was exhibiting signs of shock.

COUNT I: UNPROFESSIONAL CONDUCT
Violation of §12-240-121(1)(j), C.R.S. – Any Act or Omission Which Fails to Meet Generally Accepted Standards of Medical Practice

116. Paragraphs 1 through 115 are incorporated by reference as if fully set forth herein.

117. Respondent violated § 12-240-121(1)(j), C.R.S. by one or more of the following:

a. Respondent failed to monitor Patient 1 adequately.

b. Respondent failed to ensure that Patient 1 was adequately monitored by an onsite physician.

c. Respondent delayed calling for an emergency Cesarean section for Patient 1.

d. Respondent delayed the delivery of Patient 1's infant.

e. Respondent failed to accurately diagnose Patient 2.

f. Respondent failed to document critical information in Patient 2's medical record.

g. Respondent failed to perform an adequate physical examination of Patient 2.

h. Respondent failed to observe visible fluid with ultrasound in Patient 2's abdomen.

118. Respondent's violation of § 12-240-121(1)(j), C.R.S. constitutes unprofessional conduct, and is subject to discipline pursuant to § 12-240-125(5), C.R.S.

WHEREFORE the Panel respectfully requests that the administrative law judge discipline Respondent's license to practice medicine in the state of Colorado, as provided by law.

Dated this 24th day of June, 2020.

PHILIP J. WEISER
Attorney General

s/ Danielle Lewis
Danielle Lewis #44053*

Assistant Attorney General
Business and Licensing Section
Attorney for the Colorado Medical Board
Inquiry Panel A
Ralph L. Carr Colorado Judicial Center
1300 Broadway, 8th Floor
Denver, CO 80203
Telephone: (720) 508-6411
Fax: (720) 508-6037
danielle.lewis@coag.gov
*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **FORMAL COMPLAINT, NOTICE OF DUTY TO ANSWER, NOTICE TO SET, AND NOTICE OF HEARING** upon all parties herein by depositing copies of the same in the United States mail, postage prepaid, at Denver, Colorado, this 24th day of June, 2020, addressed as follows:

Kimberly Pauline van Scriver
7520 Hollyridge Road
Jacksonville, Florida 32256

/s/Jackie Barnes _____
For the Colorado Department of Law

I certify that I have duly served a courtesy copy of the same by electronic mail:

[redacted]

/s/Jason Mashburn _____
For the Colorado Department of Law

Courtesy copy e-mailed to Counsel of Record:

Carmen Decker
Hershey Decker PLLC
10463 Park Meadows Drive
Lone Tree, Colorado 80124
carmen@hersheydecker.com

*/s/Jason Mashburn*_____
For the Colorado Department of Law

BEFORE THE COLORADO MEDICAL BOARD
STATE OF COLORADO

CASE NOS. 2018-5820-A, 2018-6788-A

STIPULATION AND FINAL AGENCY ORDER

IN THE MATTER OF THE DISCIPLINARY PROCEEDING REGARDING THE LICENSE TO PRACTICE MEDICINE IN THE STATE OF COLORADO OF KIMBERLY P. VAN SCRIVER, M.D., LICENSE NUMBER DR-51657,

Respondent.

IT IS HEREBY STIPULATED and agreed by and between Inquiry Panel A ("Panel") of the Colorado Medical Board ("Board") and Kimberly P. Van Scriver, M.D. ("Respondent") (collectively, the "Parties") as follows:

JURISDICTION AND CASE HISTORY

1. Respondent was licensed to practice medicine in the state of Colorado on August 15, 2012 and was issued license number DR-51657, which Respondent has held continuously since that date.

2. The Panel and the Board have jurisdiction over Respondent and over the subject matter of this proceeding.

3. On June 13, 2019, the Panel reviewed case numbers 2018-5820-A, and 2018-6788-A and determined that further proceedings by formal complaint were warranted pursuant to Section 12-240-125(4)(c)(V), C.R.S. The Panel thereupon referred the matter to the Office of Expedited Settlement for resolution of this matter prior to referral to the Attorney General. The Panel thereupon referred the matter to the Attorney General pursuant to Section 12-240-125(4)(c)(V), C.R.S.

4. It is the intent of the parties and the purpose of this Stipulation and Final Agency Order ("Order") to provide for a settlement of all matters set forth in case numbers 2018-5820-A and 2018-6788-A, without the necessity of conducting a formal disciplinary hearing. This Order constitutes the entire agreement between the parties, and there are no other agreements or promises, written or oral, which modify, interpret, construe or affect this Order.

5. Respondent understands that:

a. Respondent has the right to be represented by an attorney of the Respondent's choice and Respondent is represented by counsel;

b. Respondent has the right to a formal complaint and disciplinary hearing pursuant to Sections 12-240-125(4)(c)(V) and 12-240-125(5), C.R.S.;

c. By entering into this Order, Respondent is knowingly and voluntarily giving up the right to a formal complaint and disciplinary hearing, admits the facts contained in this Order, and relieves the Panel of its burden of proving such facts;

d. Respondent is knowingly and voluntarily giving up the right to present a defense by oral and documentary evidence and to cross-examine witnesses who would testify on behalf of the Panel; and

e. Respondent is knowingly and voluntarily waiving the right to seek judicial review of this Order.

FACTUAL BASIS

6. Respondent specifically admits and the Panel finds that:

Patient 1

a. On or about May 14, 2018, Patient 1—a forty-four-year-old pregnant female—began having contractions. Respondent was the on-call physician for Patient 1's obstetrics practice.

b. After Patient 1 presented to the hospital, nursing staff recorded several indications of possible fetal distress, including Patient 1's elevated blood pressure, bleeding, and abnormal fetal heart rate. Nursing staff contacted Respondent regarding Patient 1.

c. Nursing staff began preparing for delivery by Cesarean section. Subsequently, nurses were unable to detect a fetal heart rate, and they asked the on-site physician to evaluate Patient 1.

d. During evaluation, the on-site physician noted a large gush of blood. Patient 1 was taken emergently to the operating room for a Cesarean Section. Respondent arrived to treat Patient 1 after delivery of the infant.

e. It was later confirmed that Patient 1 experienced placental abruption.

f. Respondent did not timely arrive at the hospital upon initially learning of indications of fetal distress of Patient 1's infant.

Patient 2

g. On or about July 23, 2018, Patient 2 presented to Respondent's practice approximately two weeks after placement of an intrauterine device. Patient 2's symptoms included pain, diarrhea, dizziness, chills, weakness, and nausea.

h. Respondent performed an abdominal ultrasound on Patient 2. Respondent concluded that the likely cause of Patient 2's symptoms was a viral infection.

i. Patient 2 left Respondent's practice and went directly to the emergency department at the recommendation of Respondent.

j. At the emergency department, treating providers called a sepsis alert within minutes of Patient 2's evaluation. Imaging revealed a substantial amount of fluid in Patient 2's abdomen. Ultimately, Patient 2 was diagnosed with toxic shock syndrome.

k. Respondent failed to accurately diagnose Patient 2's condition.

7. Respondent admits and the Panel finds that the acts and/or omissions described in the factual basis above constitutes unprofessional conduct pursuant to Section 12-240-121(1)(j), C.R.S., which states:

> (1) "Unprofessional conduct" as used in this article means:
>
> > (j) Any act or omission that fails to meet generally accepted standards of medical practice

8. Based upon the above, the Parties stipulate that the terms of this Order are authorized by Section 12-240-125(5)(c)(III), C.R.S.

LETTER OF ADMONITION

9. This provision shall constitute a Letter of Admonition as set forth in Sections 12-240-125(4)(c)(IV) and 12-240-125(5)(c)(III), C.R.S. Respondent is hereby admonished for the acts and omissions described in the factual basis above.

10. By entering this Order, Respondent agrees to waive the rights provided by Section 12-20-404(4), C.R.S., to contest this Letter of Admonition.

PROBATIONARY TERMS

11. Respondent's license to practice medicine is hereby placed on probation indefinitely commencing on the effective date of this Order. All terms of probation shall be effective throughout the probationary period and shall constitute terms of this Order.

12. During the probationary period, Respondent agrees to be bound by the terms and conditions set forth below.

EDUCATIONAL COURSEWORK

CONTINUING MEDICAL EDUCATION PROGRAM: MATERNAL-FETAL MEDICINE

13. Respondent shall enroll in and successfully complete a continuing medical education program in the area of maternal-fetal medicine at Respondent's own expense ("Maternal-Fetal Medicine Course"). Respondent shall be solely responsible to find, enroll, and pay for the Maternal-Fetal Medicine Course.

14. As of the effective date of this Order, Respondent has enrolled in and successfully completed a Maternal-Fetal Medicine Course titled Obstetric Critical Care Interactive Course through the American College of Obstetricians and Gynecologists Society. The Panel approved of the Obstetric Critical Care Interactive Course for purposes of the probationary requirement for participation in and successful completion of the Maternal-Fetal Medicine Course.

EDUCATIONAL COURSEWORK

ENHANCED PATIENT COMMUNICATION COURSE

15. Within 30 days of the effective date of this Order, Respondent shall contact the Center for Personalized Education for Physicians ("CPEP") for the purposes of enrolling in the Enhanced Patient Communication Course ("CPEP Communication Course").

16. Respondent shall successfully complete the CPEP Communication Course.

17. Respondent must successfully complete all portions of the CPEP Communication Course within one year of the effective date of this Order.

18. Respondent shall request that CPEP provide the Panel with a final report following the completion of the program. Respondent shall assure that such a final report is received by the Panel within one year of the effective date of this order.

19. In order to successfully complete the CPEP Communication Course, Respondent's participation in the course must be rated as successful, without condition or qualification. The Board, in its discretion, may impose further remedial coursework if the Respondent receives a conditional pass or negative assessment from CPEP.

TOLLING OF THE PROBATIONARY PERIOD

20. If at any time, Respondent ceases the active clinical practice of medicine, defined for the purposes of this Order as evaluating or treating a minimum of five patients per month, the probationary period shall be tolled for the time the Order is in effect and Respondent is not engaged in the active clinical practice of medicine.

21. Respondent must comply with all other terms of the Order and all other terms of probation. Unless otherwise specified, all terms of the Order and all terms of probation shall remain in effect, regardless of whether the probationary period has been tolled, from the effective date of this Order until probation is terminated. The probationary period shall be tolled for any time that Respondent is not in compliance with any term of this Order.

OUT OF STATE PRACTICE

22. Respondent may wish to leave Colorado and practice in another state. At any time other than during a period of suspension imposed by this Order, and whether to practice out of state or for any other reason, Respondent may request, in writing, that the Board place Respondent's License on inactive status as set forth in Section 12-240-141, C.R.S. Respondent's request to place her license on inactive status must include written evidence that Respondent has reported this Order to all other jurisdictions in which Respondent is licensed, as required by the "Other Terms" Section of this Order. Upon the approval of such request, Respondent may cease to comply with the terms of this Order. Failure to comply with the terms of this Order while inactive shall not constitute a violation of this Order. While inactive, Respondent shall not perform any act in the state of Colorado that constitutes the practice medicine, nor shall Respondent perform any act in any other jurisdiction pursuant to the authority of a license to practice medicine granted by the state of Colorado. Unless Respondent's License is inactive, Respondent must comply with all terms of this Order, irrespective of Respondent's location. The probationary period will be tolled for any period of time Respondent's License is inactive.

23. Respondent may resume the active practice of medicine at any time pursuant to written request and as set forth in Section 12-240-141(5), C.R.S. With such written request, Respondent shall demonstrate engagement in CPEP activities as required by CPEP and shall nominate any necessary monitor required by CPEP as provided above. Respondent shall be permitted to resume the active practice of medicine only after the approval of the required monitors.

TERMINATION OF INDEFINITE PROBATION

24. After successful completion of all probationary terms, Respondent may submit a written request for restoration of Respondent's license to unrestricted status. If Respondent has complied with the requirements set forth in this paragraph and the terms of probation, such release shall be granted by the Panel in the form of a written notice.

OTHER TERMS

25. The terms of this Order were mutually negotiated and determined.

26. Both parties acknowledge that they understand the legal consequences of this Order; both parties enter into this Order voluntarily; and both parties agree that no term or condition of this Order is unconscionable.

27. All costs and expenses incurred by Respondent to comply with this Order shall be the sole responsibility of Respondent, and shall in no way be the obligation of the Board or Panel.

28. If Respondent is licensed by any other jurisdiction, Respondent shall report this Order to all other jurisdictions in which Respondent is licensed.

29. Respondent shall submit an update to her profile with the Healthcare Professions Profiling Program regarding this Order within thirty (30) days of the effective date of this Order.

30. During the probationary period or any period in which a physician is subject to prescribing restrictions, no physician shall perform an assessment of a patient's medical history and current medical condition, including a personal physical examination, for the purpose of concluding that a patient may benefit from the use of medical marijuana, recommending the use of medical marijuana or certifying a debilitating medical condition for an applicant to the Colorado Medical Marijuana Program. Respondent hereby understands and agrees that she shall not certify to the state health agency that a patient has a debilitating medical condition or that the patient may benefit from the use of medical marijuana.

31. Respondent shall obey all state and federal laws while the terms of this Order are in effect.

32. So that the Board may notify hospitals of this agreement pursuant to Section 12-240-125(11), C.R.S., Respondent presently holds privileges at or is employed by the following hospitals and facilities:

Castle Rock Adventist Hospital

Littleton Adventist Hospital

33. This Order and all its terms shall have the same force and effect as an order entered after a formal disciplinary hearing pursuant to Section 12-240-125(5)(c)(III), C.R.S., except that it may not be appealed. Failure to comply with the terms of this Order may be sanctioned by the Inquiry Panel as set forth in Section 12-240-125(5)(c)(IV), C.R.S. This Order and all its terms also constitute a valid board order for purposes of Section 12-240-121(1)(n), C.R.S.

34. This Order shall be admissible as evidence at any proceeding or future hearing before the Board.

35. Invalidation of any portion of this Order by judgment or court order shall in no way affect any other provision, which shall remain in full force and effect.

36. During the pendency of any action arising out of this Order, the terms of this Order shall be deemed to be in full force and effect and shall not be tolled.

37. Respondent acknowledges that the Panel may choose not to accept the terms of this Agreement and that if the Agreement is not approved by the Panel and signed by a Panel member or other authorized person, it is void.

38. This Order shall be effective upon (a) mailing by first-class mail to Respondent at Respondent's address of record with the Board, or (b) service by electronic means on Respondent at Respondent's electronic address of record with the Board. Respondent hereby consents to service by electronic means if Respondent has an electronic address on file with the Board.

39. Upon becoming effective, this Order shall be open to public inspection and shall be publicized pursuant to the Board's standard policies and procedures. This Order constitutes discipline against Respondent's license. Additionally, this Order shall be reported to the Federation of State Medical Boards, the National Practitioner Data Bank and as otherwise required by law.

Kimberly P. Van Scriver, M.D.

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THE FOREGOING Stipulation and Final Agency Order is approved this ____ day of _____, 2021.

FOR THE COLORADO MEDICAL BOARD
INQUIRY PANEL A

_____
Paula Martinez
Program Director
With delegated authority by Inquiry Panel A

THE FOREGOING Stipulation and Final Agency Order is effective upon service to Respondent, on _____, 2021.

_____

APPROVED AS TO FORM:

FOR THE RESPONDENT
KIMBERLY P. VAN SCRIVER, M.D.

HERSHEY DECKER DRAKE PLLC

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FOR THE COLORADO MEDICAL BOARD

PHILIP J. WEISER
Attorney General

/s/ Danielle Lewis

Danielle Lewis*
Assistant Attorney General
Business and Licensing Section
Attorneys for the Colorado Medical Board
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Denver, Colorado 80203
Telephone: (720) 508-6411
FAX: (720) 508-6037
Danielle.lewis@coag.gov
*Counsel of Record

CERTIFICATE OF SERVICE

This is to certify that I have duly served the within **STIPULATION AND FINAL AGENCY ORDER** upon all parties herein as designated below, at Denver, Colorado, this _____ day of _____, 2021, addressed as follows:

___By United States mail, postage prepaid _x_ By Electronic Mail Kimberly P. van Scriver, M.D. 7520 Hollyridge Road Jacksonville, Florida 32256 [redacted]	Kimberly P. van Scriver, M.D. 7780 South Broadway, Suite 280 Littleton, Colorado 80122
___ By United States mail, postage prepaid _x_ By Electronic Mail ___ By Facsimile Carmen N. Decker 10463 Park Meadows Drive, Suite 209 Lone Tree, Colorado 80124	

Copy sent via ___ interagency mail, _x_ electronic mail or ___ facsimile to:

Danielle Lewis
Assistant Attorney General
Colorado Department of Law
Ralph L. Carr Colorado Judicial Center
Danielle.lewis@coag.gov

_____