

Texas Medical Board Licensee Complaint Form

NOTICE

IF IT IS DETERMINED THE INDIVIDUAL OR PRACTICE IDENTIFIED IN YOUR COMPLAINT IS NOT REGULATED BY THE TEXAS MEDICAL BOARD THAT INFORMATION, INCLUDING YOUR IDENTITY, MUST BE PROVIDED TO THE PROPER AGENCY FOR INVESTIGATION.

IF YOUR COMPLAINT IS REFERRED TO ANOTHER AGENCY, TMB WILL PROVIDE A COPY OF YOUR COMPLAINT AND IDENTIFYING INFORMATION WITH THE REFERRAL. YOUR CONFIDENTIAL STATUS WILL BE DETERMINED BY THE AGENCY RECEIVING THE REFERRAL.

Complaint Registered Against

Note: You may use the Texas Medical Board's [Look Up A Licensee](#) to determine if the practitioner is licensed by TMB. All fields are required.

Name of Practitioner: See below, Appendix A.

Phone Number: _____

Address Line 1: _____

Address Line 2: _____

City: _____

State: _____

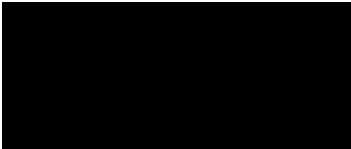
Zip: _____

Person Registering the Complaint

Note: All fields are required except for the business phone.

First Name: Keierra Lynn


Last Name: Callaway

Email Address:  _____

Verify Email Address: _____

Home Phone Number: _____

Business Phone Number: _____

Address Line 1:  _____

Address Line 2: _____

City: Austin

State: TX

Zip: _____

Patient/Person Harmed by the Practitioner

Note: All fields are required.

Patient/Person Name: Keierra Lynn Callaway

Patient Date of Birth: _____

Details of Complaint

Note: All fields are required.

Do you have supporting documentation to provide, such as medical or billing records, photos, video or audio recordings or links to websites? If so, please indicate and you will receive instructions regarding how to submit this information.

Have you received a second opinion?

2nd Physician Name:

Describe your complaint in detail and the events that led to your complaint. Include dates and location of treatment and medications prescribed*

On October 10, 2025, I had an appointment with Alyssa Beaver, a nurse practitioner at my OB/GYN's office for a suspected miscarriage or ectopic pregnancy at 7 weeks where she did an ultrasound and labs then sent me home. That evening, I was still in pain and bleeding, so I called my OB/GYN's office who told me to go the ER. I went to Baylor Scott and White in Round Rock where my blood tests (hCG), ultrasound results, and symptoms all suggested I was having a miscarriage, but Dr. Shutter Kerr refused to offer any treatment, dismissed my concerns and pain, and told me my only option was to pass the pregnancy at home. My OB/GYN's office never followed up.

In October 12, 2025, my symptoms were worse, so I decided to go back to the emergency room, this time at St. David's Round Rock. Marisol Rodriguez, the ER Physician Assistant, again told me I was having a miscarriage and had now developed an infection, but she still refused to provide a D&C or pills to speed the miscarriage. The ER sent me home with only pain medication and antibiotics.

On October 14, I finally got an appointment with my OB/GYN who gave me pills to speed the miscarriage. My OB/GYN also confirmed that I had developed an infection and gave me stronger antibiotics. I thought the ordeal was over, but then in January 2026, while on vacation in Portugal, I started bleeding again. There was so much blood it soaked my clothing so we rushed to an ER where I learned I had retained tissue.

The ER departments at Baylor Scott and White and St. Davids in Round Rock, as well as my OB's office denied me urgent treatment for my miscarriage, causing me to develop an infection and suffer months of pain and bleeding.

Please select a category for your complaint.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Quality of Care/Prescribing | <input type="checkbox"/> Impairment due to alcohol or drugs |
| <input type="checkbox"/> Impairment due to mental or physical condition | <input type="checkbox"/> Professional or Sexual Boundaries |
| <input type="checkbox"/> Discipline by Hospital or Peers | <input type="checkbox"/> Failure to Timely Release Records |
| <input type="checkbox"/> Closed Practice with No Notice | <input type="checkbox"/> False Advertising |
| <input type="checkbox"/> Unprofessional Conduct | <input type="checkbox"/> HIPAA or Breach of Patient Confidentiality |
| <input type="checkbox"/> Billing | <input type="checkbox"/> Other/Multiple/Unsure |

Declarations

Note: All fields are required.

- I agree that I have read and understood the **Appendix B: Citizen Complaint Process**.
- I agree that while my confidentiality, unless waived, will be strictly safeguarded, I may not be anonymous to the Board and that I may be contacted by staff of the Board for additional information during the course of any investigation.
- I agree that once my complaint is submitted, I may not withdraw it.
- I agree that if additional information is required or if my testimony is required that I will cooperate with these requests. I understand that if I do not cooperate, it may result in my complaint being dismissed due to lack of cooperation.
- I agree that updates on my complaint may be provided by email instead of postal service.

I have read the preceding, and it is true to the best of my information and belief. I understand that if I do not provide a name or a source this complaint will not be processed. If my complaint would be more appropriately addressed by a different agency or society, I authorize TMB to forward my complaint to that agency or society.

Signature:

Keierra Lynn Callaway

Printed Name:

Keierra Lynn Callaway

Date:

June 17, 2026

APPENDIX B: THE CITIZEN COMPLAINT PROCESS

WHO MAY FILE A COMPLAINT

Anyone may file a complaint with the Texas Medical Board against a Physician, either an M.D. or D.O., a Physician's Assistant, Acupuncturist, Respiratory Care Practitioner, Medical Radiological Technologist, Medical Physicist or Perfusionist. Complaints may also be filed regarding the unlicensed practice of medicine or corporate practice of medicine.

HOW DO I FILE A COMPLAINT?

A complaint must be submitted in writing. You may mail in your complaint or submit it on the TMB Website.

HOW ARE COMPLAINTS INVESTIGATED AND WILL I BE TOLD THE STATUS OF MY COMPLAINT?

First, a determination must be made that the Board has authority (jurisdiction) to act on a complaint. The complaint is then reviewed to determine if a violation of the applicable practice Act has occurred.

You will receive a letter regarding the status of your complaint in about 45 days following the initial review process. Should your complaint be outside the Board's jurisdiction, we will notify you.

If the complaint is determined to be jurisdictional and a possible violation of the Act has occurred, a formal investigation will be opened and assigned to a trained investigator. We will notify you of the status of your complaint approximately every 90 days until a final determination is made.

Best efforts will be made to resolve this case within 180 days. However, there are many reasons a case may go longer than that. Your cooperation with any inquiries from the assigned investigator may help this matter reach a faster and more complete resolution.

All materials that are part of this investigation, including anything you submit to us, become a part of the Board's investigative files and are confidential and privileged by statute. They cannot be returned to you.

WHAT COMPLAINTS DO NOT FALL WITHIN THE BOARD'S JURISDICTION

Rudeness complaints. While the Board expects all licensees and patients to deal with each other in a calm and professional manner, these issues may best be directed to local Medical societies.

Complaints about unlicensed individuals or individuals not licensed by this agency. There may be another agency that does have the authority to investigate your complaint. If this is something we can determine, we may be able, or required, to forward your complaint to another agency. In other situations, you may need to research an appropriate regulatory agency or consult with an attorney regarding who may have authority to investigate your complaint.

The unlicensed practice of medicine is a criminal violation. Complaints of unlicensed practice should be referred to the Attorney General, Consumer Protection Division or to your local police department.

Insurance billing complaints should be filed with the Texas Department of Insurance.

Workers Compensation Complaints should be referred to the Texas Workers' Compensation Commission.

WHAT ACTION CAN THE BOARD TAKE

If we lack sufficient evidence of a violation then we will close the investigation and notify you.

If the investigation establishes that a practitioner violated the Act, the Board may order corrective actions or disciplinary action ranging from a written reprimand or up to and including suspension or revocation. Fines may also be imposed, but the Board does not award any type of money damages for any injury to complainants.

Information regarding how to obtain your medical records and many other subjects are available on our internet page at <http://www.tmb.state.tx.us> OR you may contact us by telephone regarding questions about the complaint process at (512) 305-7100.

CAN I REMAIN ANONYMOUS?

Complainants are entitled to confidentiality and the Board will NOT reveal your status as a complainant without your written consent. Licensees do speculate about who the complainant is, and sometimes they are correct, but the Board will not disclose your identity as a complainant.

Although you are entitled to confidentiality, you may not be anonymous. The Board must be able to identify and contact you about your complaint.

Exhibit A

AFFIDAVIT OF KEIERRA LYNN CALLAWAY

BEFORE ME, the undersigned authority, on this day personally appeared, Keierra Lynn Callaway, who being by me duly sworn, states as follows:

My name is Keierra Lynn Callaway. I am over the age of eighteen (18) and am competent to make this affidavit. The statements contained in this affidavit are true and correct and within my personal knowledge.

In late September 2025, I learned I was pregnant. It would be weeks before I could have my first prenatal appointment, but I began getting blood tests to track my hormone levels. My first hCG reading on September 29 was 447 mIU/mL and my progesterone was 19.2 ng/mL. Two days later, on October 1, my hCH was 688 mIU/mL.

On Thursday morning, October 9, when I was seven weeks pregnant, I began spotting. I called the office of my OB/GYN, Dr. Alyson Garcia of Austin Area OB/GYN and Fertility. The nurse I talked to told me to keep an eye on it and monitor my symptoms. By the evening, the bleeding had increased and I was in significant abdominal pain. I called my OB/GYN's office again and was told to come into the office the following day.

On the morning of Friday, October 10, I received an ultrasound at my OB/GYN's office. The nurse practitioner, Alyssa Beaver, could not locate an intrauterine pregnancy or a gestational sac. She told me I either had an ectopic pregnancy or was having a miscarriage and I should keep monitoring my symptoms. That afternoon, I received my blood test results: my hCG was now 130 mIU/mL and my progesterone was 1.21 ng/mL.

By the evening of October 10, the bleeding and abdominal pain had increased and I was lethargic. I called my OB/GYN again and the on-call nurse told me that with an hCG "that high," their office "could not" offer a D&C or medication to speed the miscarriage. They told me to go to the ER if my symptoms got worse. Alyssa Beaver never followed up with me.

That night, I went to the ER at St. David's North Austin Medical Center. The ER was packed, including with a woman in active labor. I realized it would be hours before I could be seen, so I left and went to Baylor Scott and White in Round Rock. At the Baylor ER, I got another ultrasound and the technician told me she saw an intrauterine pregnancy measuring around 5 weeks with no fetal pole or yoke sac. As I waited to speak with the on-call OB/GYN, another doctor came to my room to perform STD testing, even though I assured them that I was married and it was impossible for me to have an STD.

Finally, Dr. Shutter Kerr came to my room to give me my results. She told me my hCG was now 105 mIU/mL and the rest of my blood test results "looked good." She then explained I was likely having a miscarriage, but that I only had one option: to go home and pass the pregnancy on my own, then follow up with my OB/GYN in a week. I expressed concern that I could bleed out or that the pain could feel like going into labor. But Dr. Shutter Kerr was dismissive, chuckling as she told me I would be "fine," to just expect some cramping, and to take over the counter Tylenol

if I needed. That night I had chills and was bleeding continuously and cramping. I could barely sleep.

The next morning, Saturday October 11, I started to receive emails from Baylor with my test results from the ER. I saw that several of my lab results were elevated or abnormal. I tried to get a nurse from Baylor on the phone so I could ask about my results. After being routed and re-routed multiple times, I finally got a nurse on the phone who told me: “even though [your labs] are abnormal they are not necessarily life or limb threatening to where we have to get you evaluated or have to do immediate treatment. Does that make sense?” to which I responded “No,” and the nurse replied, “I was about to say, I am sure it doesn’t.” I again asked why no one was offering a medical intervention to help end my pregnancy, but the nurse continued to insist that doing nothing was “standard.”

By Sunday, October 12, I decided to try a different ER, this time St. David’s Round Rock. I explained my symptoms in triage and was taken for testing and an ultrasound. My hCG was now 50 mIU/mL and I was given morphine and IV fluids for the pain. Marisol Rodriguez, a PA in the emergency room, arrived and told me I was suffering from a miscarriage and had developed an infection, so they would be discharging me with pain medication and antibiotics to take home. I asked why they were not offering me a procedure or medication to terminate my pregnancy, and Ms. Rodriguez said this was not something the ER provided and I would need to follow up with my OB/GYN.

Throughout the weekend and into Monday morning, I was in persistent agony. My husband monitored my vitals and tried to help me manage my pain with the medications I had received at St. David’s. We considered traveling out of state for care, but I was still bleeding so much that we feared travel was dangerous. On Monday morning, October 13, I finally got in touch with my OB/GYN again, who scheduled me to come in for an appointment the following day.

On Tuesday, October 14, I finally saw my OB/GYN, Dr. Garcia, in her outpatient office. Dr. Garcia did a pelvic exam and ultrasound and confirmed that I was miscarrying and had developed an infection. Dr. Garcia detected retained tissue and commented that she “did not like” how I looked. She prescribed stronger antibiotics and finally, for the first time in six days, I was offered a procedure or medication to terminate my pregnancy. I opted for medication and began taking the pills that afternoon. When I asked Dr. Garcia why I had not been offered the pills in the ER, she was not surprised, saying the ER would “have to be damned sure that it’s an actual miscarriage to be offering the pill.”

For the next four days, I continued to expel pregnancy tissue at home. I spent my 40th birthday curled on the floor of my bathroom, afraid for my life. On October 16 and October 23, I had follow-up appointments with Dr. Garcia for ultrasounds and to confirm my hCG was continuing to decrease.

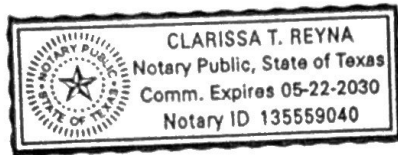
Months later, at the beginning of January 2026, my husband and I were on our way to Portugal for a vacation when I began spotting. I had not had a period since October, but on the plane ride across the Atlantic, I started bleeding. The blood was dark red and something didn’t seem right, but I thought it was just a period. Days later, I was getting into our rental car in Portugal when I

felt a gush of blood and excruciating pain. I went to a public toilet in a nearby grocery store and pulled down my tights. There was blood everywhere: soaking my tights, on the toilet, and on the floor of the bathroom. Panicked, my husband quickly drove us to an emergency room and through the language barrier, we attempted to explain that I'd had a miscarriage months ago that I thought was over but something was still wrong with me.

Sure enough, the pathology report from the hospital in Portugal revealed that I had retained tissue from my miscarriage that my OB/GYN and the hospitals in Texas had missed. It felt like going through the miscarriage all over again. Yet for the first time since the ordeal began, I felt safe with a physician. Even though they did not speak the same language, I trusted this physician more than any of the providers who had cared for me in Texas.

K. Lynn Callaway
KEIERRA LYNN CALLAWAY

SUBSCRIBED AND SWORN TO BEFORE ME on this 17th day of JUNE, 2026.



Clarissa Reyna
Notary Public, State of Texas

My Commission Expires: 05/22/2030

Exhibit B



RELATÓRIO ANATOMOPATOLÓGICO

Nº Exame: [REDACTED]

Diagnóstico efetuado após estudo macroscópico, processamento laboratorial e estudo microscópico em lâminas digitalizadas.

Natureza do produto

Conteúdo uterino

Informação Clínica

Menorragias. Suspeita de gravidez.

Macroscopia

Retalho membraniforme de tecido acastanhado com 38,7g e 14x4cm.

Microscopia

Observa-se decidua com representação de zona de implantação, com lesões necro-inflamatórias e vilosidades coriais com vasos contendo eritroblastos, de estroma edemaciado ou fibrosado (alterações secundárias à retenção intra-uterina).

SNOMED T-83000 M-09350

12-01-2026



Umbelina Ramos, Dra.
Médica Anatomopatologista | M-30052

Gravidez a termo

JHM
20/01/26