# BEFORE THE DIVISION OF MEDICAL QUALITY MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS STATE OF CALIFORNIA

In the Matter of the Accusation and Petition to Revoke Probation Against:	) )	
CRAIG J. BALL, M.D.	)	File No. 19-2003-149845
Physician's and Surgeon's	)	
Certificate No. G 38467	)	
Respondent.	_)	·

#### **DECISION**

The attached Stipulated Surrender of License and Order is hereby adopted as the Decision and Order of the Division of Medical Quality of the Medical Board of California, Department of Consumer Affairs, State of California.

This Decision shall become effective at 5:00 p.m. on <u>December 31, 2007</u>.

IT IS SO ORDERED October 19, 2007

MEDICAL BOARD OF CALIFORNIA

Cesar A. Aristeiguieta, M.D., F.A.C.E.P.

Chair Panel A

**Division of Medical Quality** 

1	EDMUND G. BROWN JR., Attorney General				
2	of the State of California STEVEN V. ADLER				
3	Supervising Deputy Attorney General RICHARD D. HENDLIN, State Bar No. 76742				
4	Deputy Attorney General				
5	110 West "A" Street, Suite 1100 San Diego, CA 92101				
6	P.O. Box 85266				
7	San Diego, CA 92186-5266 Telephone: (619) 645-2071 Facsimile: (619) 645-2061				
8	Attorneys for Complainant				
9	BEFORE THE				
10	DIVISION OF MEDICAL QUALITY MEDICAL BOARD OF CALIFORNIA DEPARTMENT OF CONSUMER AFFAIRS				
11					
12	STATE OF CAL				
13	In the Matter of the Accusation and Petition to Revoke Probation Against:	Case No. 19-2003-149845			
14	CRAIG J. BALL, M.D.	OAH No. L200610059			
15	73-710 Alessandro Drive, Suite A-1 Palm Desert, CA 92260	STIPULATED SURRENDER OF LICENSE AND ORDER			
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17	Physician's and Surgeon's Certificate No. G 38467				
18	Respondent.				
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20	IT IS HEREBY STIPULATED AND	AGREED by and between the parties in this			
21	proceeding that the following matters are true:				
22	PARTIES				
23	1. Barbara Johnston (Complainant) is the Executive Director of the Medical				
24	Board of California, who appears this action solely in her official capacity and is represented in				
25	this matter by Edmund G. Brown Jr., Attorney General of the State of California, by Richard D.				
26	Hendlin, Deputy Attorney General.				
27	2. CRAIG J. BALL, M.D. (Respondent) is represented in this proceeding by				
28	attorney Peter R. Osinoff, Esq., of the law firm of Bonne, Bridges, Mueller, O'Keefe and				
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3. On or about November 20, 1978, the Medical Board of California issued Physician's and Surgeon's Certificate No. G 38467 to CRAIG J. BALL, M.D. (Respondent). The Certificate was in full force and effect at all times relevant to the charges brought in Accusation and Petition to Revoke Probation No. 19-2003-149845 and will expire on June 30, 2008, unless renewed.

#### **JURISDICTION**

4. Accusation and Petition to Revoke Probation No. 19-2003-149845 was filed before the Division of Medical Quality (Division) for the Medical Board of California, Department of Consumer Affairs, and is currently pending against Respondent. The Accusation and Petition to Revoke Probation and all other statutorily required documents were properly served on Respondent on August 16, 2006. Respondent timely filed his Notice of Defense contesting the Accusation and Petition to Revoke Probation. A copy of Accusation and Petition to Revoke Probation No. 19-2003-149845 is attached as Exhibit A and incorporated herein by reference.

## ADVISEMENT AND WAIVERS

- 5. Respondent has carefully read, discussed with counsel, and fully understands the charges and allegations in Accusation and Petition to Revoke Probation No. 19-2003-149845. Respondent also has carefully read, discussed with counsel, and fully understands the effects of this Stipulated Surrender of License and Order.
- Respondent is fully aware of his legal rights in this matter, including the 6. right to a hearing on the charges and allegations in the Accusation and Petition to Revoke Probation; the right to be represented by counsel, at his own expense; the right to confront and cross-examine the witnesses against him; the right to present evidence and to testify on his own behalf; the right to the issuance of subpoenas to compel the attendance of witnesses and the production of documents; the right to reconsideration and court review of an adverse decision; 111

and all other rights accorded by the California Administrative Procedure Act and other applicable laws.

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

## **CULPABILITY**

- 8. Respondent understands that the charges and allegations in Accusation and Petition to Revoke Probation No. 19-2003-149845, if proven at a hearing, constitute cause for imposing discipline upon his Physician's and Surgeon's Certificate. Respondent waives his right to contest the charges and allegations in Accusation and Petition to Revoke Probation No. 19-2003-149845, and hereby surrenders his Physician's and Surgeon's Certificate No. G 38467 for the Division's formal acceptance.
- 9. Respondent understands that by signing this stipulation he enables the Division to issue an order accepting the surrender of his Physician's and Surgeon's Certificate No. G 38467 without further process.
- 10. Respondent fully understands and agrees that if he ever files an application for licensure or a petition for reinstatement in the State of California, the Division shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation and Petition to Revoke Probation No. 19-2003-149845 shall be deemed to be true and correct when the Division determines whether to grant or deny the petition.

# CONTINGENCY AND TOLLING OF THE STATUE OF LIMITATIONS

Quality. Respondent understands and agrees that counsel for Complainant and the staff of the Medical Board of California may communicate directly with the Division regarding this stipulation and surrender, without notice to or participation by Respondent or his counsel. By signing the stipulation, Respondent understands and agrees that he may not withdraw his agreement or seek to rescind the stipulation prior to the time the Division considers and acts upon

- This Stipulated Settlement and Disciplinary Order is intended by the parties herein to be an integrated writing representing the complete, final and exclusive embodiment of the agreements of the parties in the above-entitled matter.
- 13. The parties understand and agree that facsimile copies of this Stipulated Surrender of License and Order, including facsimile signatures thereto, shall have the same force and effect as the originals.
- 14. It is the parties intention that this Stipulated Settlement and Disciplinary Order will resolve this case as well as Medical Board of California pending Investigation Case Nos. 19-2004-162360 (re: patient J.B.), Case No. 19-2006-179102 (re: patient J.L.), and Case No. 19-2006-177212 (re: patient E.F.).
- 15. The parties understand and agree that nothing in this Stipulated Settlement and Disciplinary Order precludes the Complainant or the Division from taking any action authorized by law in any case and/or investigation other than Investigation No. 19-2004-162360, Investigation No. 19-2006-179102, and Investigation No. 19-2006-177212.
- 16. In consideration of the foregoing admissions and stipulations, the parties agree that the Division may, without further notice or formal proceeding, issue and enter the following Order:

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#### **ORDER**

IT IS HEREBY ORDERED that Physician's and Surgeon's Certificate

No. G 38467, issued to Respondent CRAIG J. BALL, M.D., is surrendered and accepted by the

Division of Medical Quality, effective on December 31, 2007, which shall be the effective date
of this Decision.

- 17. Respondent shall lose all rights and privileges as a Physician and Surgeon in California as of the effective date of the Division's Decision and Order.
- 18. Respondent shall cause to be delivered to the Division both his Certificate wall and pocket license certificate on or before the effective date of the Decision and Order.
- 19. Respondent fully understands and agrees that if he ever files an application for licensure or a petition for reinstatement in the State of California, the Division shall treat it as a petition for reinstatement. Respondent must comply with all the laws, regulations and procedures for reinstatement of a revoked license in effect at the time the petition is filed, and all of the charges and allegations contained in Accusation and Petition to Revoke Probation No. 19-2003-149845 shall be deemed to be true and correct by Respondent when the Division determines whether to grant or deny the petition.
- 20. Should Respondent ever apply or reapply for a new license or certification, or petition for reinstatement of a license by any other health care licensing agency in the State of California, all of the charges and allegations contained in Accusation and Petition to Revoke Probation, No. 19-2003-149845 shall be deemed to be true and correct for the purpose of any Statement of Issues or any other proceeding seeking to deny or restrict licensure.

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## **ACCEPTANCE**

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2	I have carefully read the above Stipulated Surrender of License and Order and			
3	have fully discussed it with my attorney, Peter R. Osinoff, Esq. I understand the stipulation and			
4	the effect it will have on my Physician's and Surgeon's Certificate No. G 38467. I enter into this			
5	Stipulated Surrender of License and Order voluntarily, knowingly, and intelligently, and agree to			
6	be bound by the Decision and Order of the Division of Medical Quality, Medical Board of			
7	California.			
8	dated: $9.11.07$			
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10	CPAIG IPANIAN DE			
11	Respondent			
12	I have read and fully discussed with Respondent CRAIG J. BALL, M.D. the			
13	terms and conditions and other matters contained in this Stipulated Surrender of License and			
14	Order. I approve its form and content.			
15	DATED: 7/16/07			
16				
17	PETER R. OSINOFF, ESQ.			
18	Attorney for Respondent			
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# **ENDORSEMENT** The foregoing Stipulated Surrender of License and Order is hereby respectfully submitted for consideration by the Division of Medical Quality, Medical Board of California of the Department of Consumer Affairs. DATED: October 4, 2007 EDMUND G. BROWN JR., Attorney General of the State of California STEVEN V. ADLER Supervising Deputy Attorney General Deputy Attorney General Attorneys for Complainant DOJ Matter ID: SD2006700085 80155187.wpd

1 2	BILL LOCKYER Attorney General of the State of California RICHARD D. HENDLIN	EU ED	
3	Deputy Attorney General State Bar No. 76742 110 West "A" Street, Suite 1100	FILED STATE OF CALIFORNIA MEDICAL BOARD OF CALIFORNIA	
. 4	San Diego, CA 92101	SACRAMENTO Quiquot 16, 20 06	
5	P.O. Box 85266 San Diego, CA 92186-5266	BY Valerie More ANALYST	
6	Telephone: (619) 645-2071 Fax: (619) 645-2061		
7	Attorneys for Complainant		
8	•		
9	DIVISION OF MEDICAL QUALITY		
10			
11	STATE OF CA		
12		1	
13	In the Matter of the Accusation and Petition to Revoke Probation Against:	Case No.: 19-2003-149845	
14	CRAIG J. BALL, M.D.	ACCUSATION AND PETITION TO REVOKE PROBATION	
15	73-710 Alessandro Drive, Suite A-1 Palm Desert, CA 92260	REVORETRODATION	
16	Physician's and Surgeon's		
17	Certificate No. G 38467 Respondent.		
18	Respondent.		
19	Complainant alleges:		
20	<u>PARTIES</u>		
21	David T. Thornton (Complainant) brings this Accusation and Petition to Revoke		
22	Probation solely in his official capacity as the Executive Director of the Medical Board of		
23	California, Department of Consumer Affairs.		
24	2. On or about November 20, 1978, the Medical Board of California issued		
25	Physician's and Surgeon's Certificate Number G 38467 to CRAIG J. BALL, M.D. (Respondent).		
26	The Physician's and Surgeon's Certificate was on probation, but otherwise in full force and effect		
27	at all times relevant to the charges brought herein and will expire on June 30, 2008, unless		
28	renewed.		

#### **JURISDICTION**

- 3. This Accusation and Petition to Revoke Probation is brought before the Division of Medical Quality (Division) for the Medical Board of California, Department of Consumer Affairs, under the authority of the following laws. All section references are to the Business and Professions Code unless otherwise indicated.
- 4. Section 2227 of the Code provides that a licensee who is found guilty under the Medical Practice Act may have his or her license revoked, suspended for a period not to exceed one year, placed on probation and required to pay the costs of probation monitoring, or such other action taken in relation to discipline as the Division deems proper.
  - 5. Section 2234 of the Code states:

"The Division of Medical Quality shall take action against any licensee who is charged with unprofessional conduct. In addition to other provisions of this article, unprofessional conduct includes, but is not limited to, the following:

- "(a) Violating or attempting to violate, directly or indirectly, assisting in or abetting the violation of, or conspiring to violate any provision of this chapter [Chapter 5, the Medical Practice Act].
  - "(b) Gross negligence.
- "(c) Repeated negligent acts. To be repeated, there must be two or more negligent acts or omissions. An initial negligent act or omission followed by a separate and distinct departure from the applicable standard of care shall constitute repeated negligent acts.
  - "(1) An initial negligent diagnosis followed by an act or omission medically appropriate for that negligent diagnosis of the patient shall constitute a single negligent act.
  - "(2) When the standard of care requires a change in the diagnosis, act, or omission that constitutes the negligent act described in paragraph (1), including, but not limited to, a reevaluation of the diagnosis or a change in treatment, and the licensee's conduct departs from the applicable standard of care, each departure constitutes a separate and distinct breach of the standard of care.

"(d) Incompetence.

- "(e) The commission of any act involving dishonesty or corruption which is substantially related to the qualifications, functions, or duties of a physician and surgeon.
  - "(f) Any action or conduct which would have warranted the denial of a certificate.
- 6. Unprofessional conduct under California Business and Professions Code section 2234 is conduct which breaches the rules of ethical code of the medical profession, or conduct which is unbecoming to a member in good standing of the medical profession, and which demonstrates an unfitness to practice medicine.
  - 7. Section 2216 of the Code provides:

"On or after July 1, 1996, no physician and surgeon shall perform procedures in an outpatient setting using anesthesia, except local anesthesia or peripheral nerve blocks, or both, complying with the community standard of practice, in doses that, when administered, have the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes, unless the setting is specified in Section 1248.1. Outpatient settings where anxiolytics and analgesics are administered are excluded when administered, in compliance with the community standard of practice, in doses that do not have the probability of placing the patient at risk for loss of the patient's life-preserving protective reflexes. The definition of 'outpatient settings' contained in subdivision (c) of Section 1248 shall apply to this section."

- 8. Section 2216.2 of the Code provides:
- "(a) It is unprofessional conduct for a physician and surgeon to fail to provide adequate security by liability insurance, or by participation in an interindemnity trust, for claims by patients arising out of surgical procedures performed outside of a general acute care hospital as defined in subdivision (a) of Section 1250 of the Health and Safety Code.

- "(b) For purposes of this section, the board shall determine what constitutes adequate security.
- "(c) Nothing in this section shall require an insurer admitted to transact liability insurance in this state to provide coverage to a physician and surgeon.
- "(d) The security required by this section shall be acceptable only if provided by any one of the following:
  - "(1) An insurer admitted pursuant to Section 700 of the Insurance Code to transact liability insurance in this state.
  - "(2) An insurer that appears on the list of eligible surplus line insurers pursuant to subdivision (f) of Section 1765.1 of the Insurance Code.
  - "(3) A cooperative corporation authorized by Section 1280.7 of the Insurance Code.
  - "(4) An insurer licensed to transact liability insurance in at least one state of the United States."
  - 9. Section 2261 of the Code states:

"Knowingly making or signing any certificate or other document directly or indirectly related to the practice of medicine or podiatry which falsely represents the existence or nonexistence of a state of facts, constitutes unprofessional conduct."

10. Section 2262 of the Code states:

"Altering or modifying the medical record of any person, with fraudulent intent, or creating any false medical record, with fraudulent intent, constitutes unprofessional conduct.

"In addition to any other disciplinary action, the Division of Medical Quality or the California Board of Pediatric Medicine may impose a civil penalty of five hundred dollars (\$500) for a violation of this section."

11. Section 2263 of the Code states:

"The willful, unauthorized violation of professional confidence constitutes unprofessional conduct."

## 12. Health and Safety Code section 1248.1 states:

"No association, corporation, firm, partnership, or person shall operate, manage, conduct, or maintain an outpatient setting in this state, unless the setting is one of the following:

- "(a) An ambulatory surgical center that is certified to participate in the Medicare program under Title XVIII (42 U.S.C. Sec. 1395 et seq.) of the federal Social Security Act.
- "(b) Any clinic conducted, maintained, or operated by a federally recognized Indian tribe or tribal organization, as defined in Section 450 or 1601 of Title 25 of the United States Code, and located on land recognized as tribal land by the federal government.
- "(c) Any clinic directly conducted, maintained, or operated by the United States or by any of its departments, officers, or agencies.
- "(d) Any primary care clinic licensed under subdivision (a) and any surgical clinic licensed under subdivision (b) of Section 1204.
- "(e) Any health facility licensed as a general acute care hospital under Chapter 2 (commencing with Section 1250).
- "(f) Any outpatient setting to the extent that it is used by a dentist or physician and surgeon in compliance with Article 2.7 (commencing with Section 1646) or Article 2.8 (commencing with Section 1647) of Chapter 4 of Division 2 of the Business and Professions Code.
- "(g) An outpatient setting accredited by an accreditation agency approved by the division pursuant to this chapter.
- "(h) A setting, including, but not limited to, a mobile van, in which equipment is used to treat patients admitted to a facility described in subdivision (a), (d), or (e), and in which the procedures performed are staffed by the medical staff of, or other healthcare practitioners with clinical privileges at, the facility and are subject to the peer review process of the facility but which setting is not a part of a facility described

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in subdivision (a), (d), or (e). Nothing in this section shall relieve an association, corporation, firm, partnership, or person from complying with all other provisions of law that are otherwise applicable."

13. Health and Safety Code section 1248.65 states:

"It shall constitute unprofessional conduct for a physician and surgeon to willfully and knowingly violate this chapter."

14. The Division of Medical Quality (Division) issued a Decision, effective June 22, 2003, "In the Matter of the Accusation Against Craig J. Ball, M.D.," Case Number 11-2000-110596, in which Respondent's license was revoked, with revocation stayed, and he was placed on seven years probation upon terms and conditions, including number 5 that "Respondent shall obey all federal, state, and local laws, [and] all rules governing the practice of medicine in California...." That Decision is now final and is incorporated herein by reference.

#### FIRST CAUSE FOR DISCIPLINE

(Dishonesty or Corruption [Bus. & Prof. Code § 2234 (e)])

- 15. Respondent is subject to disciplinary action under sections 2227 and 2234, as defined by 2234(e), in that he committed acts involving dishonesty or corruption which are substantially related to the qualifications, functions, or duties of a physician and surgeon. The circumstances are as follows:
  - A. While Respondent was employed by Serra Community Medical Clinic [SCMC] at 6375 San Fernando Road, City of Sun Valley, California, from about April, 1982, through on or about October 10, 1999, he was covered under a master liability insurance policy number 1174-4521/ E1 for SCMC. Respondent was only covered under the insurance policy while he was employed at SCMC. Each SCMC-employed physician, including Respondent, was given a copy of the certificate of insurance as proof of insurance coverage. The original certificate of insurance stated the limits of \$5,000,000.00 per occurrence, with no annual aggregate, and that there was "No coverage for private practice." The master policy of SCMC ran for a period from October 1 through October 1 each year.

- B. On or about October 10, 1999, Respondent's employment ended and his coverage under the SCMC master liability insurance policy number 1174-4521/E1 terminated.
- C. Sometime after October 10, 1999, and before February 2003, Respondent called Ms. R.P of Acordia of California Insurance Company (an affiliate of Farmers Insurance Company) for an insurance quote as an individual since he was no longer covered under the SCMC policy. Ms. R.P. told Respondent that he would have to pay a premium of \$75,000 to \$100,000 per year to cover his new practice. She never heard from Respondent again.
- D. On or about January 16, 2003, Respondent signed an application to the Accreditation Association for Ambulatory Health Care (AAAHC) for accreditation of his ambulatory surgery center "Cosmetic Surgery Institute" [CSI] located at 73-710 Alessandro Drive in Palm Desert, California. AAAHC requires physicians to obtain adequate malpractice insurance coverage prior to accreditation. California state law (AB595) requires that all outpatient health care facilities providing anesthesia that could place patients at risk of losing life preserving protective reflexes, such as Respondent's, be either licensed, Medicare certified (which his was not), or accredited by the AAAHC.
- E. On or about January 2003, Ms. M.R., (who was Respondent's sister-in-law, and who worked for Respondent from on or about February 5, 2003, until October 12, 2004) received a telephone call at her place of work at Calvary Chapel in Palm Springs from Respondent's wife, L.B., who asked her sister, Ms. M.R., to alter a certificate of insurance malpractice coverage that Respondent had had from when he worked at SCMC. Ms. L.B. was not specific as to what information needed to be in the certificate. Respondent then caused to have faxed over to Ms. M.R. the SCMC certificate of insurance. Respondent then personally telephoned Ms. M.R. and told her exactly what information to put in each box of the SCMC certificate of insurance. Pursuant to Respondent's telephonic instructions to her, Ms. M.R. typed the changes on a computer at Calvary Chapel, printed them, cut and pasted

them onto the SCMC certificate of insurance, and faxed the altered document back to Respondent's office.

- F. On or about February 2003, the surveyor for AAAHC, Ms. S.C., surveyed Respondent's surgery center and interviewed Respondent. She asked Respondent for proof of malpractice insurance coverage which was required by state law for accreditation, and informed Respondent that it was the only thing remaining for completion of the survey. Respondent was reluctant to provide such proof and said he didn't have it with him. Ms. S.C. went back to her hotel room where she waited for the certificate of insurance coverage from Respondent. The next morning, on or about February 27, 2003, she called Respondent's office, spoke with one of his employees, and again requested the proof of insurance coverage. That day, she received a fax at her hotel, the Spa Hotel and Casino in Palm Springs, from Respondent's office what purported to be a "Certificate of Insurance." But, in fact, it was later discovered to be a false and fraudulent document created and sent at Respondent's direction.
- G. On or about February 27, 2003, Respondent caused to be submitted to the AAAHC's surveyor, Ms. S.C., a fraudulent and false "Certificate of Insurance," indicating the Master Policy Holder was Serra Medical Clinic, Policy number 1174-4512/E1, which falsely represented that Respondent, at his address in Palm Desert, was insured with a coverage date of January 1, 2003 to January 1, 2004, in the amount of "\$1,000,000. Per Occurrence, No Annual Aggregate" in the specialty of "Otolaryngology (with Plastic Surgery including Tumescent Liposculpting and Laser Resurfacing)." It also falsely represented that "This policy has been in place since 07/98 without any incidents or claims," and was dated "December 28, 2002."
- H. On or about July 28, 2003, when Ms. M.R. was employed by Respondent, he received a letter from AAAHC requesting proof of malpractice insurance coverage. When Ms. M.R. confronted Respondent about AAAHC's letter, Respondent told her that if anyone inquired about the altered certificate of insurance he would blame Ms. K.G. and a nurse, J.K., since they no longer worked for him.

I. Once the accreditation was canceled, Respondent began to alter medical records, including the operating room log and narcotics log to hide the fact that surgeries involving general anesthesia [AB595 surgeries] had been performed from on or about July 18, 2003 to on or about August 20, 2003. In order hide from the AAAHC surveyor the fact that he had performed AB595 surgeries while he was uninsured and unaccredited, Respondent asked Ms. M.R. to take home a stack of patients' medical charts to her home

#### **SECOND CAUSE FOR DISCIPLINE**

(Failure to Provide Required Liability Coverage [ [Bus. & Prof. Code § 2216.2] )

16. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2216.2, in that he failed to provide required liability coverage as more fully set forth in paragraph 15, above, which is incorporated herein by reference.

#### THIRD CAUSE FOR DISCIPLINE

(General Unprofessional Conduct [Bus. & Prof. Code § 2234])

17. Respondent is further subject to disciplinary action under sections 2227 and 2234 for general unprofessional conduct as more fully set forth in paragraph 15, above, which is

#### **FOURTH CAUSE FOR DISCIPLINE**

(Making False Certificate or Other Document [Bus. & Prof. Code § 2261])

18. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2261, in that he knowingly made or signed a certificate or other document directly or indirectly related to the practice of medicine which falsely represents the existence or nonexistence of a state of facts, as more fully described in paragraph 15, above, which is hereby

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## FIFTH CAUSE FOR DISCIPLINE

(Required Settings; Unprofessional Conduct to Violate Chapter (added Stats 1994 ch.1276, § 2 (AB595)) [Health & Safety Code §§ 1248.1 and 1248.65])

19. Respondent is further subject to disciplinary action under Health & Safety Code sections 1248.1 and 1248.65 section in that he committed unprofessional conduct by violating Health and Safety Code sections 1248.1 and 1248.65, in that he operated, managed, conducted, or maintained an outpatient setting in California without proper accreditation, as more fully set forth in paragraph 15, above, which is hereby incorporated by reference.

## SIXTH CAUSE FOR DISCIPLINE

(Making False Certificate or Other Document [Bus. & Prof. Code § 2262])

20. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2262, in that he altered or modified the medical record of any person, with fraudulent intent, or created any false medical record, with fraudulent intent, as more fully set forth in paragraph 15, above, which is hereby incorporated by reference.

#### **SEVENTH CAUSE FOR DISCIPLINE**

(Gross Negligence [Bus. and Prof. Code § 2234(b)])

- 21. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234(b), in that he committed gross negligence in the care and treatment of **patient T.R.** The circumstances are as follows:
  - A. In 2000, patient T.R., a 62 year-old female, 5 feet tall, weighing 184 pounds, sought Respondent's medical services. Previously she had had an abdominoplasty. Respondent's plan was to perform extensive liposuction in three stages, which, in fact, he did on or about September 4, 2000, February 6, 2001, and April 25, 2001, all at an outpatient surgical facility, the Renaissance Surgery Center of El Paseo, located at 73180 El Paseo, Palm Desert, California, a facility that was neither licensed nor accredited at the time. Respondent did not have malpractice insurance during the time of any of the three surgeries on patient T.R. Liposuction is a procedure of body contouring and sculpting and not intended as a weight loss procedure. Respondent removed a total of approximately

22,925 ccs of aspirate during the three procedures. Respondent's selection of patient T.R. for extensive liposuction constituted an extreme departure from the standard of care.

- B. On or about September 4, 2000, Respondent performed his first of three series of multiple surgeries on patient T.R., including a brow lift, submental platyma plication, facial fat injections, and liposuction to the abdomen. The surgeries took approximately six hours and the total aspirate was 7,900 ccs. After the September 4, 2000, surgeries Patient T.R. was sent home and seen in subsequent post operative visits by Respondent. From on or about September 18 to September 24, 2000, when Respondent was out of town and patient T.R. was seen by Dr. R.H. and Dr. S.G. who was covering for him, Patient T.R., developed a skin and soft tissue necrosis to the right mid portion of the skin over her abdomen as a result of the liposuction surgeries. Respondent evaluated the necrotic wound, prescribed antibiotics, and the wound was allowed to heal by secondary intention, which it did eventually, leaving a residual area of scarification on the right mid abdominal region.
- C. On or about February 6, 2001, Respondent performed a second series of surgical procedures involving liposuction to Patient T.R.'s back, axillary region, lateral breasts, and buttocks and lateral thighs, taking a total aspirate of 7,800 ccs.
- D. On or about April 25, 2001, Respondent performed the third series of surgical procedures involving liposuction to Patient T.R.'s arms, axilla, breast, back and flanks, taking a total aspirate of 7,225 ccs. After the third operation, T.R. had mild complications that resolved.
- E. On or about September 19, 2002, T. R. underwent a mastopexy by another plastic surgeon, Dr. M.S. Respondent has alleged that Dr. M.S. made unflattering comments to patient T.R. about the results of her surgery that had previously been performed by Respondent.
- F. On or about February 11, 2003, patient T.R. filed a malpractice lawsuit against respondent.

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- G. During on or about 2003, and prior to May 16, 2003, Respondent twice called Dr. M.S. and asked him if he would review patient T.R.'s medical records, and testify that Respondent's treatment of T.R. was within the standard of care. Dr. M.S. told Respondent that he didn't want to get involved as an expert for either side, and if asked would only testify as to what he did as a treating physician. Dr. M.S. told Respondent he did not want to review Respondent's records or say that Respondent was within the standard of care.
- H. On or about May 2003, Respondent drafted an anonymous threatening letter to Dr. M.S. and directed his sister-in-law, Ms. M.R., type the letter on her home typewriter. Respondent had one of Ms. M.R.'s friends take the document to a local Mail Boxes Etc.-type-store to fax it to Dr. M.S. in exchange for approximately \$25.00.
- I. On or about May 16, 2003, Dr. M.S. received an anonymous and threatening faxed letter telling him that he, in effect, must state in a letter to be sent to patient T.R.'s attorney and Respondent's attorney that he (Dr. M.S.) has reviewed T.R.'s records and examined her and feels that everything that Respondent did was within the standard of care, and that he'd be willing to testify on behalf of Respondent. Dr. M.S. was threatened with many actions against his character and reputation if he did not do this. The faxed letter also reference that the anonymous author was "anxious to confront [Dr. M.] about his active role in this also."
- J. During on or about October 2003, Respondent telephoned Mr. D.G. and asked him for "huge favor." D.G.'s wife had previously been Respondent's patient, and D.G. had seen Respondent for a brief procedure during the summer of 2000. At the time of the phone call, D.G. was a patient of another plastic surgeon named Dr. D.M. Respondent told D.G. that Dr. D.M. had convinced a lady to sue him, and asked D.G. if he would write a letter to Dr. D.M. telling him to "get off [Respondent's] case." D.G. asked Respondent to write up the letter and send it to him for his review, and after his review he would send it to Dr. D.M.

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K. On or about October 2003, Respondent drafted a letter and asked his secretary Ms. S.D. to type it. Ms. S.D. was uncomfortable with the letter's wording and asked Ms. M.R. to type it. Ms. M.R. typed the letter and faxed it to Mr. D.G.

L. On or about November 2, 2003, someone from Respondent's office called D.G. and told him they were faxing a letter to him to sign and for him to then send to Dr. D.M. D.G. received from Respondent's office a letter, dated November 2, 2003, [letter] purportedly from him (D.G.), addressed to Dr. D.M. The letter told Dr. D.M. to call patient T.R.'s attorney and inform him that he had reviewed the case and found no fault with Respondent's care of her and that "everything" was within the standard of care. The letter threatened that if Dr. D.M didn't do as instructed, or if he "ever again attack [Respondent] to the Board, or personally slander him to any patients" the D.G. would notify the Medical Board of California of his "poor outcome and excessive charges" and that he would take out a full page ad in the newspaper with his complaints against Respondent. D.G. did not prepare the letter and did not sign it because it was untrue and he never intended for anything like that to be written for his signature. D.G. called Dr. D.M., read the letter to him, and asked if the contents were true. Dr. D.M. said it was untrue and that he had never treated nor knew patient T.R. At Dr. D.M.'s request, D.G. faxed the unsigned letter to him, on or about November 5, 2003.

- 22. Respondent committed gross negligence by reason of, but not limited to, the following:
  - A. The allegations stated above in paragraph 21 are incorporated by reference.
  - B. Respondent choice of patient T.R. to perform multiple extensive liposuction surgical procedures was an extreme departure from the standard of care.
  - C. Respondent repeatedly took an excessive amount of total aspirate with resulting skin necrosis, scarring, and permanent contour irregularity resulting from his errors in judgment and errors in technique.

incorporated herein by reference.

## TWELFTH CAUSE FOR DISCIPLINE

(Failure to Provide Required Liability Coverage [ [Bus. & Prof. Code § 2216.2] )

27. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2216.2, in that he failed to provide required liability coverage as more fully set forth in paragraph 21, above, which is incorporated herein by reference.

## THIRTEENTH CAUSE FOR DISCIPLINE

(Dishonesty or Corruption [Bus. & Prof. Code § 2234 (e)])

- 28. Respondent is further subject to disciplinary action under sections 2227 and 2234, as defined by section 2234(e), in that he committed acts involving dishonesty or corruption which are substantially related to the qualifications, functions, or duties of a physician and surgeon. The circumstances are set forth below.
  - A. On or about February 1, 2005, Riverside County Sheriff Investigator E. conducted a videotape-recorded interview with Respondent during which Respondent admitted that he: 1) had asked Ms. M.R. to alter the Certificate of Insurance to show five extra years of malpractice insurance beyond the actual policy in order to obtain his accreditation; 2) he held no malpractice insurance policy from approximately July 28, 2003, to October 17, 2003; and 3) during that time he did not have malpractice insurance, he continued to perform "AB595 surgeries", that is, anesthesia that has the probability of placing a patient at risk for loss of the patient's life-preserving protective reflexes.
  - B. On or about February 3, 2005, Riverside County Sheriff Investigator E. conducted another interview with Respondent during which he advised Respondent that Respondent's admissions regarding the false malpractice insurance information would be in his report because Respondent admitted he performed surgeries he shouldn't have performed without insurance for almost four months, while already on probation. Investigator E. told Respondent that he included it because Ms. M.R. alleged it was her motivation for calling the Medical Board because she wanted to confess about her part in creating the false document, which Respondent verified her story. Respondent became visibly red, raised his voice, pointed his finger at the Investigator, and said, "I'm not losing

my license over [Ms. M.R.]! If they press me on the questions about the malpractice, I will tell them I misunderstood the question!" Investigator E. asked Respondent if he was now saying that he would lie about what he had previously told him during a tape-recorded interview. Respondent terminated the interview and left.

C. On or about December 1, 2005, Medical Board Investigator T.C. conducted a tape-recorded interview of Respondent, with his attorney present, in which Respondent made numerous dishonest statements, including, but not limited to, the following: that he "didn't tell anyone to do that" [prepare the false certificate];" "I don't know if [Ms. M.R.] did it, or whoever did it;" "I didn't tell her to do that. I didn't do it. [forge the document];" that he had no knowledge about the false certificate being faxed over to the AAAHC surveyor, Ms. S.C.; that neither he nor his wife, L.B., ever asked Ms. M.R. while she worked at Calvary Chapel to create the false certificate of insurance; that he "never, ever" called Ms. M.R. at Calvary Chapel and gave her specific information to put in the false certificate of insurance; that he never had any discussion with Ms. M.R. about the creation of false document.

#### **CAUSES FOR REVOCATION**

(Violations of Probation)

- 29. Respondent's probation is subject to revocation, thus imposing the discipline that was stayed, i.e., revocation of his Physician's and Surgeon's Certificate No. G 38467 in that at he violated the terms and conditions of his probation in Case No. 11-2000-110596. The circumstances are set forth below.
  - A. Respondent committed acts of dishonesty in violation of Business and Profession Code section 2234(e) while on probation as more fully set forth in paragraphs 15, 21 and 28, above, which are incorporated herein by reference as if fully set forth.
  - B. Respondent failed to provide required liability coverage, while on probation, in violation of Business and Profession Code section 2216.2 as more particularly described in paragraph 14 and 20, above, which is incorporated herein by reference as if fully set forth.

C. Respondent performed surgeries involving anesthesia under AB595 in unaccredited outpatient surgery setting, while on probation, in violation of Health and Safety Code sections 1248, 1248.1, and 1248.65, as more particularly described in paragraphs 14 and 20, above, which are incorporated herein by reference as if fully set forth.

## **DISCIPLINE CONSIDERATIONS**

30. To determine the degree of discipline, if any, to be imposed on Respondent, Complainant alleges:

## Re: Prior Case Number 11-98-86123, OAH Case Number L-199060517

- 31. On or about March 29, 1999, a prior disciplinary action entitled *In the Matter of the Accusation Against Craig James Ball, M.D.*, was filed before the Medical Board of California, in Case Number 11-98-86123, OAH Case Number L-199060517.
- 32. On March 7, 2000, a "Conditional Agreement for a Public Letter of Reprimand" in Case Number 11-1998-86123 was approved by the Chief of the Enforcement Program of the Medical Board of California. On October 17, 2000 Respondent was issued a "Public Letter of Reprimand" pursuant to Business and Professions Code section 2233.
- 33. On November 3, 2000, an "Order Issuing Public Letter of Reprimand" in Case Number 11-98-86123 was ordered by the Division of Medical Quality, Medical Board of California. The "Public Letter of Reprimand," "Order Issuing Public Letter of Reprimand," "Conditional Agreement for a Public Letter of Reprimand," and Accusation in Case Number 11-98-86123 are now final, and are incorporated by reference.

## Re: Prior Case Number 11-2000-110596, OAH Case Number L-200100349

- 34. On August 27, 2001, a prior disciplinary action entitled *In the Matter of the Accusation Against Craig J. Ball, M.D.*, was filed before the Medical Board of California, in Case Number 11-2000-110596, OAH Case Number L-200100349.
- 35. On April 22, 2003, the Division of Medical Quality ordered a "Decision" adopting a "Stipulated Settlement and Disciplinary Order" in Case No. 11-2000-100596 to become effective May 22, 2003.

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37. On June 2, 2003, the Medical Board issued its "Decision after Reconsideration" in Case Number 11-2000-110596 adopting the Decision of the Division of Medical Quality dated April 22, 2003, with the modification that Condition 2 of the Stipulation Settlement and Disciplinary Order found on page 5 at lines 17 and 18 read as follows: "Commencing 90 days after the effective date of this decision, Respondent shall not practice medicine until he has successfully completed the PACE Program." Respondent's Physician and Surgeon's license No. G38467 was revoked, the revocation stayed, and he was placed upon probation for seven years upon terms and conditions. The Accusation, "Decision" ordered April 22, 2003, and the "Decision After Reconsideration" ordered June 2, 2003, in *In the Matter of the Accusation Against Craig J. Ball, M.D.*, Case Number 11-2000-110596 are now final and are incorporated herein by reference.

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#### **PRAYER**

WHEREFORE, Complainant requests that a hearing be held on the matters herein alleged, and that following the hearing, the Division of Medical Quality issue a decision:

- 1. Revoking or suspending Physician's and Surgeon's Certificate Number G 38467, issued to CRAIG J. BALL, M.D..
- 2. Imposing the stayed discipline (revocation) from Case Number 11-2000-110596, *In the Matter of the Accusation Against Craig J. Ball, M.D.*;
- 3. Imposing a civil penalty of \$500.00 for each violation of Code section 2262;
- 4. Revoking, suspending or denying approval of CRAIG J. BALL, M.D.'s authority to supervise physician's assistants, pursuant to section 3527 of the Code;
- 5. Ordering CRAIG J. BALL, M.D. to pay the Division of Medical Quality the costs of probation monitoring, if placed on probation; and
- 6. Taking such other and further action as deemed necessary and proper.

DATED: August 16, 2006

Richard D. Henle, D.A.9, fr DAVID T. THORNTON

Executive Director Medical Board of California Department of Consumer Affairs State of California Complainant