

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

Continuous Query ID: 300000008187227

DCN: 5500000159189185

Process Date: 04/10/2020 Page: 1 of 2

OWENS, CRAIG CHARLES

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

OWENS, CRAIG CHARLES - CONTINUOUS QUERY RESPONSE**A. SUBJECT IDENTIFICATION INFORMATION** (Recipients should verify that subject identified is, in fact, the subject of interest.)

Practitioner Name: OWENS, CRAIG CHARLES
Date of Birth: 02/06/1961 **Gender:** MALE
Organization Name: MURRIETA VALLEY SURGERY CENTER, INC.
Organization Type: AMBULATORY SURGICAL CENTER (391)
Work Address: 36320 INLAND VALLEY DR STE 101, WILDOMAR, CA 92595-7512
Home Address: 41475 BLUE BONNET CT, MURRIETA, CA 92562-2104
Social Security Number: ***-**-9253 **DEA:** BO4033534
NPI: 1184735136
License: PHYSICIAN (MD), G75730, CA, GENERAL SURGERY
Professional School(s): TUFTS UNIVERSITY SCHOOL OF MEDICINE (1990)

B. CONTINUOUS QUERY ENROLLMENT INFORMATION

Enrollment Status: Enrolled - 11/12/2019 - 11/30/2020*
 * Unless enrollment is canceled by the entity prior to this date
Statutes Queried: Title IV; Section 1921; Section 1128E
Entity Name: MURRIETA VALLEY SURGERY CENTER, INC. (DBID ending in ...28)
Authorized Submitter: SHIRLEY WRIGHT, ADMINISTRATOR, (951) 228-2817

C. SUMMARY OF REPORTS ON FILE WITH THE DATA BANK AS OF 04/10/2020**The following report types have been searched:**

Medical Malpractice Payment Report(s):	Yes, See Below	Health Plan Action(s):	No Reports
State Licensure Action(s):	No Reports	Professional Society Action(s):	No Reports
Exclusion or Debarment Action(s):	No Reports	DEA/Federal Licensure Action(s):	No Reports
Government Administrative Action(s):	No Reports	Judgment or Conviction Report(s):	No Reports
Clinical Privileges Action(s):	No Reports	Peer Review Organization Action(s):	No Reports

THE MEDICAL PROTECTIVE COMPANY**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - IMPROPER PERFORMANCE

Initial Action:	- SETTLEMENT	Date of Action:	08/24/2018
DCN:	5500000138592699		

TDC SPECIALTY INSURANCE COMPANY PULIC PROGRAM**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO DIAGNOSE

Initial Action:	- SETTLEMENT	Date of Action:	05/01/2018
DCN:	5500000135050508		

NATIONAL FIRE & MARINE INSURANCE COMPANY**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - IMPROPER TECHNIQUE

Initial Action:	- SETTLEMENT	Date of Action:	09/26/2016
DCN:	5500000114890495		

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**Continuous Query ID:** 300000008187227**DCN:** 5500000159189185

Process Date: 04/10/2020 Page: 2 of 2

OWENS, CRAIG CHARLES

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

PROFESSIONAL UNDERWRITERS LIAB. INS. CO.**MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - PATIENT MONITORING PROBLEM**Initial Action:** - SETTLEMENT**Date of Action:** 08/28/2009**DCN:** 5500000058556047**PROFESSIONAL UNDERWRITERS LIAB. INS. CO.****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - SURGICAL OR OTHER FOREIGN BODY RETAINED**Initial Action:** - SETTLEMENT**Date of Action:** 05/28/2009**DCN:** 5500000057041745**THE DOCTORS' COMPANY****MEDICAL MALPRACTICE PAYMENT****Basis for Action:** - FAILURE TO RECOGNIZE A COMPLICATION**Initial Action:** - SETTLEMENT**Date of Action:** 06/29/2004**DCN:** 5500000034265805

----- Unabridged Report(s) Follow -----

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000138592699

Process Date: 09/11/2018

Page: 1 of 3

OWENS, CRAIG CHARLES

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

OWENS, CRAIG CHARLES**THE MEDICAL PROTECTIVE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 08/24/2018****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER PERFORMANCE

**A. REPORTING
ENTITY**

Entity Name: THE MEDICAL PROTECTIVE COMPANY

Address: PO BOX 15021

5814 REED RD

City, State, Zip: FORT WAYNE, IN 46885-5021

Country:

Name or Office: REBECCA BARTON

Title or Department: REGIONAL CLAIMS OPS REPRESENTATIVE

Telephone: (800) 463-3776 Ext. 6308

Entity Internal Report Reference: 1046842-01

Type of Report: INITIAL

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: OWENS, CRAIG CHARLES

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/06/1961

Organization Name:

Work Address: 36485 INLAND VALLEY DR STE 101

City, State, ZIP: WILDOMAR, CA 92595-9681

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TUFTS UNIVERSITY SCHOOL OF MEDICINE (1990)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: G75730, CA

Specialty: GENERAL SURGERY

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 09/11/2018

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 190,000.00

Date of This Payment: 08/24/2018

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 190,000.00

CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000138592699

Process Date: 09/11/2018

Page: 2 of 3

OWENS, CRAIG CHARLES

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any:

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: Claim only, no suit filed. No admission of liability.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 190,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONERHas a State Guaranty Fund or State Excess Judgment Fund
Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance
Company/Companies Made Payment(s) for This Practitioner in
This Case, or Is/Are Such Payment(s) Expected to Be Made?: NOAmount Paid or Expected to Be Paid by Self-Insured
Organization(s) and/or Other Insurance Company/Companies:**CLASSIFICATION OF ACT(S) OR OMISSION(S)**

Patient's Age at Time of Initial Event: 51 YEARS

Patient's Gender: FEMALE

Patient's Type: UNKNOWN

Description of the Medical Condition With Which the Patient

Presented for Treatment: Breast cancer.

Description of the Procedure Performed: Mastectomy

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER PERFORMANCE (306)

Date of Event Associated With Allegation or Incident: 06/23/2016

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and Injuries or Illnesses Upon
Which the Action or Claim Was Based:Patient underwent mastectomy and alleged Dr failed to
remove all necessary tissue. Patient required a second
surgery to complete the procedure.**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the
U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with
reporting requirements. No decision has been reached.

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000138592699

Process Date: 09/11/2018

Page: 3 of 3

OWENS, CRAIG CHARLES

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 09/11/2018

Date of Most Recent Change: 09/11/2018

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1184735136

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000135050508

Process Date: 05/29/2018

Page: 1 of 4

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

OWENS, CRAIG C.**TDC SPECIALTY INSURANCE COMPANY PULIC PROGRAM****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 05/01/2018****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO DIAGNOSE

**A. REPORTING
ENTITY**

Entity Name: TDC SPECIALTY INSURANCE COMPANY PULIC PROGRAM

Address: 1888 CENTURY PARK E

City, State, Zip: LOS ANGELES, CA 90067-1702

Country:

Name or Office: MARILYA SPINA

Title or Department: SENIOR VICE PRESIDENT

Telephone: (860) 269-2801

Entity Internal Report Reference: PP072739

Type of Report: INITIAL

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: OWENS, CRAIG C.

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/06/1961

Organization Name: CROWN SURGERY MEDICAL GROUP

Work Address: 25470 MEDICAL CENTER DR

City, State, ZIP: MURRIETA, CA 92562-4900

Home Address: 29847 CAMINO CRISTAL

City, State, ZIP: MENIFEE, CA 92584-8310

Deceased: NO

Social Security Numbers (SSN): ***-**-9253

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TUFTS UNIVERSITY BOSTON MA (1990)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: G75730, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): INLAND VALLEY REGIONAL MEDICAL CENTER
WILDOMAR, CA**C. INFORMATION
REPORTED**

Date of Report: 05/29/2018

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 29,999.00

Date of This Payment: 05/01/2018

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 29,999.00

Payment Result of: SETTLEMENT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000135050508**Process Date:** 05/29/2018**Page:** 2 of 4**OWENS, CRAIG C.****For authorized use by:****MURRIETA VALLEY SURGERY CENTER, INC.****Date of Judgment or Settlement, if Any:** 03/07/2018**Adjudicative Body Case Number:** RIC 1208966**Adjudicative Body Name:****Court File Number:****Description of Judgment or Settlement and Any****Conditions, Including Terms of Payment:** One time payment of \$29,999.00 was made on behalf of Dr. Craig Owens to resolve all claims.**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE****Total Amount Paid or to Be Paid by This Payer for All****Practitioners in This Case:** \$ 29,999.00**Number of Practitioners for Whom This Payer Has Paid****or Will Pay in This Case:** 1**PAYMENTS BY OTHERS FOR THIS PRACTITIONER****Has a State Guaranty Fund or State Excess Judgment Fund****Made a Payment for This Practitioner in This Case, or Is Such a****Payment Expected to Be Made?:** NO**Amount Paid or Expected to Be Paid by the State Fund:****Has a Self-Insured Organization and/or Other Insurance****Company/Companies Made Payment(s) for This Practitioner in****This Case, or Is/Are Such Payment(s) Expected to Be Made?:** NO**Amount Paid or Expected to Be Paid by Self-Insured****Organization(s) and/or Other Insurance Company/Companies:****CLASSIFICATION OF ACT(S) OR OMISSION(S)****Patient's Age at Time of Initial Event:** 57 YEARS**Patient's Gender:** MALE**Patient's Type:** INPATIENT**Description of the Medical Condition With Which the Patient****Presented for Treatment:** Dr. Owens first saw patient on June 24, 2011. According to Dr. Owen's history and physical, plaintiff had noted a recurrent bulge at the ventral hernia repair site for the past few months. Dr. Owens' note states that plaintiff's abdomen was soft with mild tenderness over the midline scar above the umbilicus and mild tenderness over the left lower quadrant scar. Both of the bulges in these areas were reducible. Dr. Owens diagnosed plaintiff with recurrent ventral hernias x 2. The plan was to proceed with hernia repair x 2. The procedure was described to plaintiff along with the risks, including bleeding, infection, recurrence and bowel injury.**Description of the Procedure Performed:** Dr. Owen's performed ventral hernia repair surgery on the plaintiff on June 24, 2011. The operative report describes Dr. Owens repairing the left lower quadrant hernia first. During the procedure Dr. Owens placed Ventralex mesh over both of the hernias. After addressing the first hernia, Dr. Owens then moved onto the second hernia at the midline. At the midline the small bowel was stuck to the subcutaneous tissues and the underlying fascia. This was lysed with sharp dissection and then Dr. Owens made a small enterotomy measuring 7-8 millimeters. There was no spillage and the enteromy was closed with a suture.**Nature of Allegation:** SURGERY RELATED (020)**Specific Allegation:** FAILURE TO DIAGNOSE (101)**Date of Event Associated With Allegation or Incident:** 06/24/2011**Outcome:** MINOR TEMPORARY INJURY (03)**Description of the Allegations and Injuries or Illnesses Upon****Which the Action or Claim Was Based:** Examined, tested, cared for, treated, advised, taught, counseled, educated, consulted, diagnosed, supervised,**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000135050508**Process Date:** 05/29/2018**Page:** 3 of 4**OWENS, CRAIG C.****For authorized use by:****MURRIETA VALLEY SURGERY CENTER, INC.**

handled and managed Plaintiff; Managed, maintained, operated, supervised and controlled a hospital, its staff and equipment; and purchased and supplied medical supplies including the hernia mesh patches. Provided hospital, nursing and attendant care for this Plaintiff; Failed to inform, explain, warn, advise Plaintiff of the dangers, hazards, risks and complications of various medical procedures and care and treatment to be performed upon Plaintiff; Failed to guard and protect Plaintiff; and, withheld from plaintiff the facts and information necessary to enable plaintiff to form an intelligent, free and real and informed consent to the procedures, care and treatment, which facts and information plaintiff was unaware of, defendants, and each of them further; Conducted themselves with reference to Plaintiff so as to cause, permit and allow Plaintiff to incur the injuries complained of herein; and, thereafter, concealed and failed to disclose the causes of Plaintiff's continuing medical problem and injuries, misrepresented such cause, and conspired with each other to keep the true facts concealed from Plaintiff, all of which caused and contributed proximately to causing injuries and damages to Plaintiff.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/29/2018

Date of Most Recent Change: 05/29/2018

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

NPDB

P.O. Box 10832
Chantilly, VA 20153-0832

<https://www.npdb.hrsa.gov>

DCN: 5500000135050508

Process Date: 05/29/2018

Page: 4 of 4

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

National Provider Identifiers (NPI): 1184735136

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000114890495

Process Date: 10/26/2016

Page: 1 of 3

OWENS, CRAIG C

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

OWENS, CRAIG C**NATIONAL FIRE & MARINE INSURANCE COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 09/26/2016****Initial Action****Basis for Initial Action**

- SETTLEMENT

- IMPROPER TECHNIQUE

**A. REPORTING
ENTITY**

Entity Name: NATIONAL FIRE & MARINE INSURANCE COMPANY

Address: 1314 DOUGLAS ST STE 1400

City, State, Zip: OMAHA, NE 68102-1944

Country:

Name or Office: MYRA LASSEN

Title or Department: CLAIMS ANALYST

Telephone: (800) 463-3776 Ext. 0438

Entity Internal Report Reference: 1010959

Type of Report: INITIAL

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: OWENS, CRAIG C

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/06/1961

Organization Name:

Work Address: 3660 PARK SIERRA DR STE 105

City, State, ZIP: RIVERSIDE, CA 92505-3071

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN):

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TUFTS UNIVERSITY SCHOOL OF MEDICINE (1990)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: G75730, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

**C. INFORMATION
REPORTED**

Date of Report: 10/26/2016

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 435,000.00

Date of This Payment: 09/26/2016

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 435,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 08/18/2016

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000114890495

Process Date: 10/26/2016

Page: 2 of 3

OWENS, CRAIG C

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

Adjudicative Body Case Number: 30-2012-00620100

Adjudicative Body Name: STATE SUPERIOR COURT, ORANGE COUNTY

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: Settled after trial with no admission of liability

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 435,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: UNKNOWN

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: UNKNOWN

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 47 YEARS

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment: Upper quadrant pain

Description of the Procedure Performed: Surgery

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: IMPROPER TECHNIQUE (311)

Date of Event Associated With Allegation or Incident: 06/17/2012

Outcome: SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based: 47 year old male underwent laparoscopic cholecystectomy and sustained a common bile duct injury. Complication was recognized immediately and patient was transferred to higher level of care for repair. Plaintiff claimed residual abdominal complaints from the complication.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

☐ This report has been disputed by the subject identified in Section B.☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000114890495

Process Date: 10/26/2016

Page: 3 of 3

OWENS, CRAIG C

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.

☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 10/26/2016

Date of Most Recent Change: 10/26/2016

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1184735136

The Data Bank attempted to notify the Subject Identified in Section B on 10/26/2016 at the address below, but the attempt was unsuccessful.

800 MAGNOLIA AVENUE, SUITE 107
CORONA, CA 92879**This report is maintained under the provisions of: Title IV**

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000058556047

Process Date: 09/23/2009

Page: 1 of 3

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

OWENS, CRAIG C.**TDC SPECIALTY INSURANCE COMPANY PULIC PROGRAM****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 08/28/2009****Initial Action****Basis for Initial Action**

- SETTLEMENT

- PATIENT MONITORING PROBLEM

**A. REPORTING
ENTITY**

Entity Name: PROFESSIONAL UNDERWRITERS LIAB. INS. CO. *

Address: 1888 CENTURY PARK EAST
SUITE 850

City, State, Zip: LOS ANGELES, CA 90067-1737

Country:

Name or Office: MARILYA SPINA

Title or Department: SENIOR VICE PRESIDENT

Telephone: (860) 269-2801

Entity Internal Report Reference: C72191

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/09/2019:

Entity Name: TDC SPECIALTY INSURANCE COMPANY PULIC PROGRAM

Address: 1888 CENTURY PARK E

City, State, Zip: LOS ANGELES, CA 90067-1702

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: OWENS, CRAIG C.

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/06/1961

Organization Name: CROWN SURGERY MEDICAL GROUP, INC.

Work Address: 800 MAGNOLIA AVENUE, SUITE 107

City, State, ZIP: CORONA, CA 92879

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-9253

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TUFTS UNIVERSITY BOSTON MA (1990)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: G75730, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): INLAND VALLEY REGIONAL MEDICAL CENTER
WILDOMAR, CA

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000058556047

Process Date: 09/23/2009

Page: 2 of 3

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

**C. INFORMATION
REPORTED**

Date of Report: 09/23/2009

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 50,000.00

Date of This Payment: 08/28/2009

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 50,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 08/28/2009

Adjudicative Body Case Number: RIC 479889

Adjudicative Body Name: SUPERIOR COURT RIVERSIDE COUNTY

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: ONE CHECK IN THE AMOUNT OF \$50,000.00 MADE PAYABLE TO THE PLAINTIFF AND THE PLAINTIFF ATTORNEY FOR THE FULL, FINAL AND COMPLETE SETTLEMENT OF ANY AND ALL CLAIMS AGAINST OUR INSURED.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 50,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 54 YEARS

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

DECEDENT PRESENTED TO THE ER ON 09/28/2006 COMPLAINING OF ABDOMINAL PAIN, VOMITING, DIARRHEA, NAUSEA, AND DIAGNOSED WITH AN ACUTE APPENDICITIS.

Description of the Procedure Performed:

ON 9/28/2006, OUR INSURED PERFORMED A LAPAROSCOPIC APPENDECTOMY THAT WAS CONVERTED TO AN OPEN PROCEDURE AS THE APPENDIX WAS ADHERED TO THE SURROUNDING TISSUES. THE PROCEDURE WAS COMPLETED AT 7:05 P.M. AFTER A ONE HOUR SURGERY. SHE WAS TRANSFERRED FROM THE PACU TO HER ROOM AT 10:25 P.M. WITH STABLE VITAL SIGNS.

Nature of Allegation: MONITORING RELATED (070)

Specific Allegation: PATIENT MONITORING PROBLEM (318)

Date of Event Associated With Allegation or Incident: 09/28/2006

Outcome: DEATH (09)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

ON 9/29/2006 AT 7:40 A.M. THE NURSE CALLED A CODE BLUE AND AFTER RESUSCITATIVE EFFORTS FAILED, THE ER PHYSICIAN PRONOUNCED HER DEAD AT 8:17 A.M. PLAINTIFF ALLEGES THE

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Process Date: 09/23/2009

Page: 3 of 3

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

SURGERY WAS NEGLIGENTLY PREFORMED AND THE NURSES DID NOT PROPERLY MONITOR AND RECORD DECEDENT'S VITAL SIGNS THROUGHOUT THE NIGHT OR PROMPTLY REPORT CRITICAL LABS. OUR INSURED RECEIVED POSITIVE EXPERT SUPPORT THAT HIS TREATMENT RENDERED TO THE PLAINTIFF CONFORMED TO THE STANDARD OF CARE AND THE PLAINTIFF SUFFERED A RECOGNIZED COMPLICATION FROM AN ACUTE APPENDIX AND OUR INSURED WAS NOT NOTIFIED OF HER DETERIORATING CONDITION THROUGHOUT THE NIGHT. THIS CASE WAS SETTLED FOR ECONOMIC REASONS WITH NO ADMISSION OF PROFESSIONAL LIABILITY OR WRONGDOING.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 09/23/2009

Date of Most Recent Change: 09/23/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1184735136

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT**CONFIDENTIAL DOCUMENT - FOR AUTHORIZED USE ONLY**

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DCN: 5500000057041745

Process Date: 06/19/2009

Page: 1 of 3

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

OWENS, CRAIG C.**TDC SPECIALTY INSURANCE COMPANY PULIC PROGRAM****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 05/28/2009****Initial Action****Basis for Initial Action**

- SETTLEMENT

- SURGICAL OR OTHER FOREIGN BODY RETAINED

**A. REPORTING
ENTITY**

Entity Name: PROFESSIONAL UNDERWRITERS LIAB. INS. CO. *

Address: 12121 WILSHIRE BLVD.

SUITE 601

City, State, Zip: LOS ANGELES, CA 90025

Country:

Name or Office: MARILYA SPINA

Title or Department: SENIOR VICE PRESIDENT

Telephone: (860) 269-2801

Entity Internal Report Reference: C72187

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 07/09/2019:

Entity Name: TDC SPECIALTY INSURANCE COMPANY PULIC PROGRAM

Address: 1888 CENTURY PARK E

City, State, Zip: LOS ANGELES, CA 90067-1702

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: OWENS, CRAIG C.

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/06/1961

Organization Name: CROWN SURGERY MEDICAL GROUP, INC.

Work Address: 800 MAGNOLIA AVENUE, SUITE 107

City, State, ZIP: CORONA, CA 92879

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-9253

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TUFTS UNIVERSITY BOSTON MA (1990)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: G75730, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s): RANCHO SPRINGS MEDICAL CENTER

MURRIETA, CA

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Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000057041745

Process Date: 06/19/2009

Page: 2 of 3

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

**C. INFORMATION
REPORTED**

Date of Report: 06/19/2009

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 29,900.00

Date of This Payment: 05/28/2009

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 29,900.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 05/28/2009

Adjudicative Body Case Number: RIC 486475

Adjudicative Body Name: RIVERSIDE SUPERIOR COURT

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: ONE CHECK IN THE AMOUNT OF \$29,900.00 MADE PAYABLE TO THE PLAINTIFF AND THE PLAINTIFF ATTORNEY FOR THE FULL, FINAL AND COMPLETE SETTLEMENT OF ANY AND ALL CLAIMS.

PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 29,900.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 71 YEARS

Patient's Gender: MALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

PLAINTIFF (DOB: 11/5/1934), A WIDOWED 5'6" MALE, WAS ADMITTED THROUGH THE E.R. WITH COMPLAINTS OF ABDOMINAL PAIN ON 5/18/06. INSURED INITIALLY SAW PLAINTIFF ON 5/19/06 AND DIAGNOSED HIM WITH ACUTE APPENDICITIS.

Description of the Procedure Performed:

ON 5/19/06, INSURED PERFORMED AN APPENDECTOMY WHEREIN AN INFLAMED APPENDIX WAS NOTED, LIGATED AND REMOVED. PRIOR TO CLOSING, NURSES REPORTED AN ACCURATE SPONGE COUNT.

Nature of Allegation: SURGERY RELATED (020)

Specific Allegation: SURGICAL OR OTHER FOREIGN BODY RETAINED (322)

Date of Event Associated With Allegation or Incident: 05/19/2006

Outcome: MAJOR TEMPORARY INJURY (04)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

ON 1/20/2007, PLAINTIFF UNDERWENT EXPLORATORY LAPAROTOMY WHERE A SURGICAL SPONGE WAS DISCOVERED AND REMOVED FROM PLAINTIFF'S ABDOMEN. PLAINTIFF ALLEGES DAMAGES CAUSED BY RETAINED ABDOMINAL SPONGE. OUR INSURED RECEIVED POSITIVE EXPERT SUPPORT THAT ALL THE CARE AND TREATMENT RENDERED TO THE PLAINTIFF AT ALL TIMES CONFORMED TO THE

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Process Date: 06/19/2009

Page: 3 of 3

OWENS, CRAIG C.

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

APPLICABLE STANDARD OF CARE. THIS CASE WAS SETTLED FOR ECONOMIC REASONS WITH NO ADMISSION OF PROFESSIONAL LIABILITY OR WRONGDOING.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

Date Submitted: 06/23/2009

Patient underwent appendectomy. Postoperative sponge count was performed twice and reported to me as correct. This is well documented.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 06/19/2009

Date of Most Recent Change: 06/19/2009

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1184735136

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>

DCN: 5500000034265805

Process Date: 07/21/2004

Page: 1 of 3

OWENS, CRAIG C

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

OWENS, CRAIG C**THE DOCTORS COMPANY****MEDICAL MALPRACTICE PAYMENT REPORT****Date of Action: 06/29/2004****Initial Action****Basis for Initial Action**

- SETTLEMENT

- FAILURE TO RECOGNIZE A COMPLICATION

**A. REPORTING
ENTITY**

Entity Name: THE DOCTORS' COMPANY *

Address: 185 GREENWOOD ROAD
PO BOX 2900

City, State, Zip: NAPA, CA 94558-0900

Country:

Name or Office: MONIQUE ALLEN

Title or Department: DIRECTOR, CLAIMS OPERATIONS

Telephone: (707) 226-0754

Entity Internal Report Reference: 233605A

Type of Report: INITIAL

*The reporting entity has changed its name or address on file with the NPDB. The following is the entity's most recent contact information reported to the NPDB on 04/07/2020:

Entity Name: THE DOCTORS COMPANY

Address: 185 GREENWOOD RD
PO BOX 2900

City, State, Zip: NAPA, CA 94558-6270

Country:

**B. SUBJECT
IDENTIFICATION
INFORMATION
(INDIVIDUAL)**

Subject Name: OWENS, CRAIG C

Other Name(s) Used:

Gender: MALE

Date of Birth: 02/06/1961

Organization Name:

Work Address: 555 TACHEVAH DRIVE, BLDG. 3W103

City, State, ZIP: PALM SPRINGS, CA 92262

Home Address:

City, State, ZIP:

Deceased: NO

Social Security Numbers (SSN): ***-**-9253

National Provider Identifiers (NPI):

Professional School(s) & Year(s) of Graduation: TUFTS UNIV. SCH. OF MEDICINE (1990)

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: 0101054273, VA

Occupation/Field of Licensure: PHYSICIAN (MD)

State License Number, State of Licensure: G75730, CA

Drug Enforcement Administration (DEA) Numbers:

Hospital Affiliation(s):

NPDBP.O. Box 10832
Chantilly, VA 20153-0832<https://www.npdb.hrsa.gov>**DCN:** 5500000034265805

Process Date: 07/21/2004

Page: 2 of 3

OWENS, CRAIG C

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

**C. INFORMATION
REPORTED**

Date of Report: 07/21/2004

Relationship of Entity to

This Practitioner: INSURANCE COMPANY - PRIMARY INSURER

PAYMENTS BY THIS PAYER FOR THIS PRACTITIONER

Amount of This Payment

for This Practitioner: \$ 475,000.00

Date of This Payment: 06/29/2004

This Payment Represents: A SINGLE FINAL PAYMENT

Total Amount Paid or to Be Paid by

This Payer for This Practitioner: \$ 475,000.00

Payment Result of: SETTLEMENT

Date of Judgment or Settlement, if Any: 06/29/2004

Adjudicative Body Case Number:

Adjudicative Body Name:

Court File Number:

Description of Judgment or Settlement and Any

Conditions, Including Terms of Payment: ONE LUMP SUM PAYMENT IN THE AMOUNT OF \$475,000.00 WAS
MADE ON BEHALF OF THE INSURED.**PAYMENTS BY THIS PAYER FOR OTHER PRACTITIONERS IN THIS CASE**

Total Amount Paid or to Be Paid by This Payer for All

Practitioners in This Case: \$ 475,000.00

Number of Practitioners for Whom This Payer Has Paid

or Will Pay in This Case: 1

PAYMENTS BY OTHERS FOR THIS PRACTITIONER

Has a State Guaranty Fund or State Excess Judgment Fund

Made a Payment for This Practitioner in This Case, or Is Such a

Payment Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by the State Fund:

Has a Self-Insured Organization and/or Other Insurance

Company/Companies Made Payment(s) for This Practitioner in

This Case, or Is/Are Such Payment(s) Expected to Be Made?: NO

Amount Paid or Expected to Be Paid by Self-Insured

Organization(s) and/or Other Insurance Company/Companies:

CLASSIFICATION OF ACT(S) OR OMISSION(S)

Patient's Age at Time of Initial Event: 45 YEARS

Patient's Gender: FEMALE

Patient's Type: INPATIENT

Description of the Medical Condition With Which the Patient

Presented for Treatment:

RIGHT LOWER QUADRANT PAIN

Description of the Procedure Performed:

DIAGNOSTIC LAPAROSCOPY.

Nature of Allegation:

SURGERY RELATED (020)

Specific Allegation:

FAILURE TO RECOGNIZE A COMPLICATION (112)

Date of Event Associated With Allegation or Incident:

05/25/2001

Outcome:

SIGNIFICANT PERMANENT INJURY (06)

Description of the Allegations and Injuries or Illnesses Upon

Which the Action or Claim Was Based:

THE INSURED PERFORMED DIAGNOSTIC LAPAROSCOPY FOR RIGHT
LOWER QUADRANT PAIN. DURING THE PROCEDURE, THE INSURED
LYSED ADHESIONS AND REMOVED THE RIGHT TUBE AND OVARY.
AT FOUR WEEKS POST-OP, THE PATIENT CONTINUED TO IMPROVE
AND WAS THEN LOST TO FOLLOW-UP. TWO YEARS LATER THE
PATIENT DEVELOPED SEVERE RIGHT HYDRONEPHROSIS AND
HYDROURETER TO THE LEVEL OF THE SURGICAL CLIPS IN THE
MID PELVIS, AND THE PATIENT SUBSEQUENTLY UNDERWENT
LAPAROSCOPIC RIGHT NEPHRECTOMY.

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Process Date: 07/21/2004

Page: 3 of 3

OWENS, CRAIG C

For authorized use by:

MURRIETA VALLEY SURGERY CENTER, INC.

**D. SUBJECT
STATEMENT**

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- ☐ This report has been disputed by the subject identified in Section B.
- ☐ At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- ☐ At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 07/21/2004

Date of Most Recent Change: 07/21/2004

**F. SUPPLEMENTAL
SUBJECT
INFORMATION ON
FILE WITH DATA
BANK**

The following information was not provided by the reporting entity identified in Section A of this report. The information was submitted to the Data Bank from other sources and is intended to supplement the information contained in this report.

National Provider Identifiers (NPI): 1184735136

This report is maintained under the provisions of: Title IV

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT