

IN THE MATTER OF
JOHN F. SAVUKINAS, D.D.S.

Respondent

License Number: 10866

* BEFORE THE MARYLAND
* STATE BOARD OF
* DENTAL EXAMINERS
* Case Number: 2018-197

* * * * *

CONSENT ORDER

On June 6, 2018, the Maryland State Board of Dental Examiners (the "Board") summarily suspended the license of **JOHN F. SAVUKINAS, D.D.S.**, (the "Respondent"), License Number 10866, and charged him with violating the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 4-101 *et seq.* (2014 Repl. Vol.).

Specifically, the Board charged the Respondent with violating the following provisions of the Act under Health Occ. I § 4-315:

- (a) *License to practice dentistry* – Subject to the hearing provisions of § 4-318 of this subtitle, the Board may... reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist, if... the licensee:
 - (16) Behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession; [and]
 - (28) Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers for Disease Control's guidelines on universal precautions[.]

On June 20, 2018, a Case Resolution Conference was held before a committee of the Board. As a resolution of this matter, the Respondent agreed to enter into this public Consent Order consisting of Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

I. BACKGROUND

1. At all times relevant, the Respondent was and is licensed to practice dentistry in the State of Maryland. The Respondent was originally licensed to practice dentistry in Maryland on February 28, 1992, under License Number 10866. The Respondent's license is current through June 30, 2018.

2. At all times relevant, the Respondent practiced general dentistry at a dental office he owned in Rockville, Maryland (the "Office").¹

3. On or about April 11, 2018, the Board received a complaint from an individual (the "Complainant") stating that she had frequently witnessed the Respondent failing to comply with infection control protocols in his dental practice. The Complainant alleged that the Respondent used his bare hands to pull out dirty dental instruments from the ultrasonic cleaner and never bagged and sterilized certain dental instruments.

4. Based on the complaint, the Board initiated an investigation of the Respondent and his dental Office.

II. INFECTION CONTROL INSPECTION

5. Due to the Complainant's allegation concerning infection control, on or about April 24, 2018, a Board-contracted infection control expert (the "Board Inspector") visited the Respondent's Office and conducted an infection control inspection.

¹ To ensure confidentiality, the names of individuals, hospitals and healthcare facilities involved in this case are not disclosed in this document. The Respondent may obtain the identity of the referenced individuals or entities in this document by contacting the administrative prosecutor.

6. On arrival the Board Inspector noted the physical layout of the Respondent's Office, which consisted of a reception/waiting room that opened to the right followed by a restroom, three treatment operatories, an instrument/imaging processing room and a private office.

7. After speaking with the Respondent, the Board inspector determined that the Respondent was a sole-practitioner of general dentistry, who employed a receptionist, a dental assistant and a dental hygienist. At the time of the inspection, the Respondent and the receptionist were present. A dental hygienist (the "Hygienist") arrived about thirty minutes later.

8. As part of the inspection, the Board Inspector utilized the Centers for Disease Control and Prevention ("CDC")² Infection Prevention Checklist for Dental Settings.

9. During the inspection, the Board Inspector was able to directly observe patient treatment by the Respondent and the Hygienist.

10. Based on the inspection, the Board Inspector found the following CDC violations:

² The Centers for Disease Control and Prevention ("CDC") is a federal agency dedicated to designing protocols to prevent the spread of disease. The CDC has issued guidelines (the "CDC Guidelines") for dental offices which detail the procedures deemed necessary to minimize the chance of transmitting infection both from one patient to another and from the dentist, dental hygienist and dental staff to and from the patients. These guidelines include some very basic precautions, such as washing one's hands prior to and after treating a patient, and also set forth more involved standards for infection control. Under the Act, all dentists are required to comply with the CDC guidelines, which incorporate by reference Occupational Safety and Health Administration's ("OSHA") final rule on Occupational Exposure to Bloodborne Pathogens (29 CFR 1910.1030). The only exception to this rule arises in an emergency which is life-threatening and where it is not feasible or practicable to comply with the guidelines.

Section I: Policies and Practices

- a. **Administrative Measures** – Failure to maintain written infection prevention policies and procedures specific to the Respondent's Office.
- b. **Infection Prevention Education and Training** – Failure to maintain written training log of personnel training (upon hire and annually) on infection prevention and bloodborne pathogens standard.
- c. **Dental Health Care Personnel Safety** – Failure to maintain written exposure control plan specific to the Respondent's Office.
- d. **Program Evaluation** – Failure to maintain written policies and procedures for routine monitoring and evaluation for infection prevention.
- e. **Hand Hygiene** – Failure to maintain written personnel training log and posted protocol for hand hygiene.
- f. **Personal Protective Equipment (PPE)** – Disposable gowns were available but not used. The Hygienist wore prescription glasses that were not equipped with side shields. The Hygienist was a temporary employee sent from an agency for the day.
- g. **Respiratory Hygiene/Cough Etiquette** – Failure to maintain and post respiratory hygiene policies and procedures for personnel and patients; and failure to maintain written personnel training log.

- h. **Sharps Safety** – Failure to maintain written policies, procedures and guidelines specific to his Office regarding exposure prevention and post-exposure management.
- i. **Safe Injection Practices** – Failure to maintain written policies, procedures and guidelines specific to his Office regarding safe injection practices.
- j. **Sterilization and Disinfection of Patient-Care Items and Devices** – Failure to maintain written policies and procedures regarding cleaning and processing of reusable items and devices; failure to maintain training log of personnel assigned to process reusable instruments and devices; and failure to maintain sterilization equipment maintenance log.
- k. **Environmental Infection Prevention and Control** – Failure to maintain written policies and procedures on routine cleaning and disinfection of environmental surfaces.
- l. **Dental Unit Water Quality** – Failure to maintain written policies and procedures for proper maintenance of dental unit water quality; and failure to maintain testing logs. The dental unit water lines were connected to the municipal water supply.

Section II: Direct Observation of Personnel and Patient-Care Practices

- m. **Performance of Hand Hygiene** – Failure to perform hand hygiene. The Board Inspector observed the Respondent, while treating a patient in operatory #2, removed his gloves and left them on the

counter inside. Without washing his hands, the Respondent then left operatory #2 to check on a hygiene patient in operatory #3. When the Respondent returned to operatory #2, he used the same pair of gloves without washing his hands first and resumed treating the patient in operatory #2.

- n. **Use of Personal Protective Equipment (PPE)** – Failure to use PPE correctly. During patient treatment by the Hygienist, the Board Inspector observed her wearing a short sleeve scrub and a pair of prescription glasses without side shields. The Hygienist also failed to wear the ear loop mask correctly. During patient treatment by the Respondent, the Board Inspector observed the Respondent wearing a cotton long sleeve open collar coat that required laundering. The Respondent also used the same ear loop mask to treat multiple patients instead of discarding it after each patient. The Hygienist was a temporary employee for the day.
- o. **Sterilization and Disinfection of Patient-Care Items and Devices** – Failure to properly sterilize and disinfect patient-care items and devices. During the inspection, the Board Inspector requested that the Respondent demonstrate post-operative instrument processing and disinfection. Using utility gloves, the Respondent brought the instruments to the processing room and hand scrubbed them. He then placed the instruments in an ultrasonic unit, which used domestic dishwasher powder solution.

The Respondent then removed the utility gloves, washed his hands and wipe his hands with a reusable towel. After cleaning from the ultrasonic unit, the Respondent placed the instruments in sterilization pouches while the instruments were still wet. He then placed the instrument pouches in the Harvey Chemclave unit alongside unprocessed handpieces. The Board Inspector noted that the sterilization pouches were not dated. When the Board Inspector requested spore testing log, the Respondent provided reports showing that spore testing was done monthly rather than weekly. The spore testing logs were consistently acceptable.

- p. **Environmental Infection Prevention and Control** – Failure to comply with environmental infection prevention and control. The Respondent wiped down the chair barrier with disinfectant wipe without removing the barrier itself. The Respondent next wiped down the A/W syringe with disinfectant wipe without removing it for sterilization. The Board Inspector checked a small refrigerator in the sterilization processing area and found that it contained both food and dental materials.
- q. **Dental Unit Water Quality** - Failure to maintain written policies and procedures for proper maintenance of dental unit water quality; and failure to maintain testing logs. The dental unit water lines were connected to the municipal water supply.

11. Based on her observations and inspection, the Board Inspector determined that the Respondent's dental practice at his Office posed a risk to patient and staff safety.

12. As a result of the Board Inspector's findings, the Respondent proactively retained an infection control consultant to assist him with CDC policies and procedures. The Respondent's consultant has provided the Board with a favorable report of the Respondent's compliance with CDC Guidelines.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's failure to comply with CDC Guidelines in his practice of dentistry at his dental Office constitutes: behaving dishonorably or unprofessionally, or violating a professional code of ethics pertaining to the dentistry profession, in violation of Health Occ. § 4-315(a)(16); and except in an emergency life-threatening situation where it is not feasible or practicable, failing to comply with the Centers for Disease Control's guidelines on universal precautions, in violation of Health Occ. § 4-315(a)(28).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is, by a majority of the Board considering this case:

ORDERED that the Board's *Order for Summary Suspension* of the Respondent's license to practice dentistry in the State of Maryland, issued on June 6, 2018, is hereby **TERMINATED**; and it is further

ORDERED that the Respondent is hereby **REPRIMANDED**, and it is further

ORDERED that the Respondent is placed on **PROBATION** for a period of **TWO**

(2) YEARS, subject to the following terms and conditions:

1. A Board-assigned inspector shall conduct an unannounced inspection within ten (10) business days of the date of this Consent Order in order to evaluate the Respondent and his staff regarding compliance with the Act and infection control guidelines. The Board-assigned inspector shall be provided with copies of the Board's file, the Consent Order, and any other documentation deemed relevant by the Board.
2. The Respondent shall provide to the Board-assigned inspector a schedule of his office's regular weekly hours of practice and promptly apprise the inspector of any changes.
3. During the probationary period, the Respondent shall be subject to quarterly unannounced onsite inspections by a Board-assigned inspector.
4. The Board-assigned inspector shall provide inspection reports to the Board within ten (10) business days of the date of each inspection and may consult the Board regarding the findings of the inspections.
5. The Respondent shall, at all times, practice dentistry in accordance with the Act, related regulations, and shall comply with CDC and Occupational Safety and Health Administration's ("OSHA") guidelines on infection control for dental healthcare settings.
6. Any non-compliance with the Maryland Dentistry Act, all related statutes and regulations, and CDC and OSHA guidelines shall constitute a violation of probation and of this Consent Order.
7. On or before the fifth day of each month, the Respondent shall provide to the Board a copy of his current patient appointment book for that month.
8. Within ninety (90) days, the Respondent shall pay a fine in the amount of ~~THREE THOUSAND~~ **TWO THOUSAND FIVE HUNDRED DOLLARS** (\$2,500) by bank certified check or money order made payable to the Maryland Board of Dental Examiners.
9. Within six (6) months of the date of this Consent Order, the Respondent shall successfully complete a Board-approved four (4)

credit hour course(s) in infection control protocols, which may not be applied toward his license renewal.

10. The Respondent may file a petition for early termination of his probation after one (1) year from the date of this Consent Order. After consideration of the petition, the Board, or a designated committee of the Board, may grant or deny such petition at its sole discretion.

AND IT IS FURTHER ORDERED that after the conclusion of the **TWO (2) YEAR** probationary period, the Respondent may submit a written petition to the Board requesting termination of probation. After consideration of the petition, the probation may be terminated, through an order of the Board, or a designated Board committee. The Board, or designated Board committee, may grant the termination if the Respondent has fully and satisfactorily complied with all of the probationary terms and conditions and there are no pending complaints of similar nature; and it is further

ORDERED that if the Board has reason to believe that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Respondent shall be given notice and an opportunity for a hearing. If there is a genuine dispute as to a material fact, the hearing shall be an evidentiary hearing before the Board. If there is no genuine dispute as to a material fact, the Respondent shall be given a show cause hearing before the Board; and it is further

ORDERED that after the appropriate hearing, if the Board determines that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke the Respondent's license to practice dentistry in Maryland. The Board may, in addition to one or more of the

sanctions set forth above, impose a civil monetary fine upon the Respondent; and it is further

ORDERED that the Respondent shall at all times cooperate with the Board, any of its agents or employees, and with the Board-assigned inspector, in the monitoring, supervision and investigation of the Respondent's compliance with the terms and conditions of this Consent Order

ORDERED that the Respondent shall be responsible for all costs incurred in fulfilling the terms and conditions of this Consent Order; and it is further

ORDERED that this Consent Order is a **PUBLIC DOCUMENT** pursuant to Md. Code Ann., Gen. Provisions §§ 4-101 *et seq.* (2014).

Date

Arthur C. Jee, D.M.D.
Board President
Maryland State Board of Dental Examiners

CONSENT

I, John F. Savukinas, D.D.S., acknowledge that I am represented by counsel and have consulted with counsel before entering into this Consent Order. By this Consent and for the purpose of resolving the issues raised by the Board, I agree and accept to be bound by the foregoing Consent Order and its conditions.

I acknowledge the validity of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have had the right to counsel, to confront witnesses, to give testimony, to call witnesses on my own behalf,

and to all other substantive and procedural protections provided by the law. I agree to forego my opportunity to challenge these allegations. I acknowledge the legal authority and jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed after any such hearing.

I sign this Consent Order after having an opportunity to consult with counsel, voluntarily and without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

6/20/18
Date

John F. Savukinas, D.D.S.
Respondent

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF Baltimore

I HEREBY CERTIFY that on this 20 day of June, 2018,
2018, before me, a Notary Public of the foregoing State and City/County personally appear John F. Savukinas, D.D.S., and made oath in due form of law that signing the foregoing Consent Order was her voluntary act and deed.

AS WITNESSETH my hand and notary seal.

Andrew A. Sage
Notary Public

My commission expires: 10/10/19