

IN THE MATTER OF	*	BEFORE THE MARYLAND
CHERYL ADAMS-WILLIAMS, D.D.S.	*	STATE BOARD OF
Respondent	*	DENTAL EXAMINERS
License Number: 9773	*	Case Number: 2011-049

* * * * *

CONSENT ORDER

Procedural Background

On October 19, 2011, the Maryland State Board of Dental Examiners (the "Board") charged CHERYL ADAMS-WILLIAMS, D.D.S ("Respondent"), (D.O.B. 6/23/1960) license number 9773, under the Maryland Dentistry Act, Md. Health Occ. ("H.O.") Code Ann. §§ 4-101 *et seq.* (2009 Repl. Vol & Supp. 2010) pursuant to H.O. § 4-315(a). The pertinent provisions of H.O. § 4-315(a), and those under which the charges were brought, are as follows:

- (a) *License to practice dentistry.* – Subject to the hearing provisions of § 4-318 of this subtitle, the Board may deny a general license to practice dentistry...reprimand any licensed dentist, place any licensed dentist on probation, or suspend or revoke the license of any licensed dentist, if the ... licensee:
 - (6) Practices dentistry in a professionally incompetent manner or in a grossly incompetent manner¹;
 - (16) Behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession²; and
 - (28) Except in an emergency life-threatening situation where it is not feasible or practicable, fails to comply with the Centers

¹ The Board agreed to dismiss the charge against the Respondent under H.O. §4-315(a)(6).
² The Board agreed to dismiss the charge against the Respondent under H.O. §4-315(a)(16).

for Disease Control's ["CDC"] guidelines on universal precautions...³

On February 1, 2011, the Respondent appeared before a Case Resolution Conference Committee (the "CRC") to discuss the pending charges and a potential resolution of those charges. Following the CRC, the parties agreed to enter into this Consent Order as a means of resolving the matter.

FINDINGS OF FACT⁴

1. At all times relevant hereto, the Respondent was and is a dentist licensed to practice dentistry in the State of Maryland. The Respondent initially was licensed on July 13, 1987. Her current license will expire on June 30, 2013.
2. At all times relevant hereto, the Respondent maintained an office for the private practice of dentistry located at 2 East Rolling Road, Suite 57, Catonsville, MD 21228.

PATIENT A⁵

3. On or about September 15, 2010, the Board received a complaint from Patient A asserting that during her routine six (6) month prophylaxis, the Respondent's staff and dental associate ("Dentist A"), utilized instruments that were unsanitary. The complainant allegedly observed the unsealed instruments being removed from a drawer, where they had been "thrown" earlier. It was further alleged that the Respondent's staff failed to clean, floss or scrape the complainant's teeth after examination.

4. The Board elected to conduct an inspection of the Respondent's dental practice.

³ As a matter of law, the Board concluded that the Respondent violated H.O. §4-315(a)(28).

⁴ The statements contained in the allegations of fact are intended to provide the Respondent notice of the alleged facts. They are not intended as and do not necessarily represent a complete description of the evidence, either documentary or testimonial, to be offered against the Respondent in connection with the charges.

⁵ In order to protect patient privacy and the confidentiality of health care records, patient names are not contained in this document but may be revealed to the Respondent by contacting the Administrative Prosecutor.

Office Inspection

5. On January 4, 2011, an independent Board consultant, ("Board expert"), conducted an unannounced inspection of the Respondent's office to determine whether the Respondent was in compliance with CDC guidelines on universal precautions. The Board expert interviewed the Respondent, Dentist A⁶ and other staff members; inspected the office; reviewed written protocols; and observed patient care provided by both the Respondent and Dentist A.

6. Following her comprehensive inspection and review, the Board expert requested that the Respondent provide additional documents and dental records. Those materials were subsequently sent to the Board and considered by the Board expert in arriving at her findings.

7. Based upon her January 4, 2011 inspection, as well as her review of additional materials submitted by the Respondent, the Board expert found numerous violations of CDC⁷ guidelines, as delineated herein.

Instrument Sterilization

8. The Board expert requested documentation of weekly spore testing of autoclaves used in the office. In 2008, 2009 and 2010, spore testing was documented only once per quarter. In the fourth quarter of 2009... "a failure was reported on two (2) consecutive [spore] tests." The Respondent took corrective action following the second spore test

⁶ Dentist A is employed by or professionally affiliated as a dental associate with the practice of Cheryl D. Adams-Williams, D.D.S., P.C. and Associate.

⁷ 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 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 sets 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 Blood borne Pathogens (29 CFR 1910.1030). The only exception to this rule arises in an emergency which is: 1) life-threatening; and (2) where it is not feasible or practicable to comply with the guidelines.

failure. A repeat spore test performed in January 2010 demonstrated that the Respondent's autoclave was functioning properly.

9. The Board expert also observed sterilization protocols and techniques for all critical and semi-critical instruments, including hand instruments, dental hand-pieces and burs. She discovered the following:

- a. sterilization bags were not consistently used;
- b. unwrapped instruments were located in drawers and on bracket trays;
- c. reusable devices were unsealed or placed in torn and unprocessed sterilization bags;
- d. single use instruments were placed in bulk storage sterilization bags which could be accessed multiple times without re-sterilization; and
- e. process monitors were not activated on many of the bagged instruments.

Sharps Management and Waste Disposal

10. The Board expert requested documentation of the Respondent's medical waste disposal for the preceding three (3) years. The documents provided revealed that a total of eight (8) boxes of medical waste and sharps were collected during the preceding ten (10) years, suggesting less than one (1) box of medical waste per year. Based on the Respondent's reported average patient volume, the Respondent's medical waste disposal was insufficient.

11. The Board expert noted that the CDC guidelines require dental health care facilities to "...dispose of medical waste regularly to avoid accumulation". The evidence suggests that the Respondent failed to comply with this requirement.

12. The Board expert also observed that the box of medical waste in the sterilization area was overfilled at the time of the inspection.

Safety Protocols

13. The CDC Guidelines require that a dental facility maintain written records of their annual safety evaluation, employee training records and Hepatitis B vaccination records. The Respondent failed to maintain these records and therefore, was in violation of CDC Guidelines for Infection Control.

Standard Precautions

14. The Board expert observed a dental assistant reaching into a bowl for soaking instruments, wearing only exam gloves. Utility gloves should have been made available and used during instrument sterilization to reduce the possibility of puncture wounds.

Sterilization Area

15. CDC Guidelines require that distinct clean and dirty areas be designated to allow for a safe and smooth flow of instrument debridement, bagging and sterilization. The Respondent's office did not contain well-established clean and dirty sterilization areas.

First Aid/Emergency Procedures

16. Medications contained in the emergency kit were expired, with dates of expiration ranging from August 1997-December 2003. There was no protocol in place to ensure routine and systematic review of expiration dates on emergency medications.

17. The Respondent was responsible for implementing protocols that comply with CDC Guidelines, which are designed to maintain safe, sanitary conditions within the practice of dentistry. The Board expert found many risk factors for "...cross-contamination based upon unverifiable sterilization of patient care instruments, and lack of weekly spore testing as well as improper storage and disposal of medical waste. In addition, mandated

recordkeeping and proactive safety training has not been achieved." As a result, the Respondent exposed patients and staff to possible disease transmission.

18. Following the Board expert's inspection of the Respondent's practice, the Respondent began implementing changes in office policies and procedures. In addition, the Respondent hired an infection control consultant to conduct a second CDC inspection. The second inspection demonstrated that the Respondent was making good faith efforts to comply with CDC guidelines but that corrective action was ongoing.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent, except in an emergency or life threatening situation where it is not feasible or practicable, failed to comply with Centers for Disease Control's guidelines on universal precautions in violation of H.O. § 4-315(a)(28).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 28th day of February 2012, by a majority of the quorum of the Board, hereby

ORDERED that the Respondent's license to practice dentistry is hereby **REPRIMANDED**; and it is further

ORDERED that the Respondent shall be placed on **Probation** for a period of **two (2) years** from the date of the execution of this Consent Order, under the following terms and conditions:

1. Within three (3) months from the date of this Order, the Respondent shall retain a Board-approved consultant who shall conduct an unannounced inspection to evaluate her current dental office for compliance with CDC guidelines and shall train the Respondent and her office staff in the proper implementation of CDC guidelines. The consultant shall be provided with copies of the Board file, this Consent Order, all prior inspections and any and

all documentation deemed relevant by the Board;

2. The Respondent shall be subject to a minimum of two (2) additional unannounced inspections by the Board approved consultant, during her two (2) year probationary period. The second inspection shall be conducted **no later** than one (1) year after the execution of this Order. The third inspection shall be conducted **no later** than twenty-three (23) months after the execution of this Order. Based upon the results of these inspections, the Board, in its discretion, may order additional inspections or may extend the probationary period.
3. The Respondent shall request that the consultant provide reports to the Board, within ten (10) days of the date of each inspection. The consultant may consult with the Board regarding the findings of the inspections.
4. All inspections shall be unannounced and shall be conducted during a full day of patient care and shall be designed to ensure that the Respondent and all office staff, is complying with the CDC guidelines and the Act.
5. Respondent shall, at all times, comply with CDC guidelines, including Occupational Safety and Health Administration's ("OSHA") for dental healthcare settings;
6. At any time during the period of probation, if the Board makes a finding that Respondent is not in compliance with CDC guidelines or the Act, the Respondent shall have the opportunity to correct the infractions within seven (7) days and shall be subject to a repeat inspection within thirty (30) days. Any and all non-compliance with CDC guidelines shall constitute a violation of this Consent Order, and may, in the Board's discretion, be grounds for disciplinary action including but not limited to, immediate suspension of the Respondent's license to practice dentistry. Under this provision, the Respondent shall be afforded a Show Cause Hearing before the Board to show cause as to why her license should not be subject to discipline.

AND IT IS FURTHER ORDERED that after a minimum of two (2) years of probation, 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. The Board shall grant termination if Respondent has fully and satisfactorily complied with all of the probationary terms and conditions and there are no pending complaints related to the charges; and be it further

ORDERED that the Respondent shall complete all continuing education requirements for renewal of her license. No part of the training or education that she receives in order to comply with this Consent Order shall be applied to her required continuing education credits, and it is further

ORDERED that the Respondent shall at all times cooperate with the Board, any of its agents or employees, and with her consultant, in the monitoring, supervision and investigation of the Respondent's compliance with the terms and conditions of this Consent Order, and it is further

ORDERED that the Respondent shall be responsible for all costs incurred under this Consent Order; and it is further

ORDERED that if Respondent violates any of the terms or conditions of this Consent Order, the Board, in its discretion, after notice and an opportunity for a show cause hearing before the Board, or opportunity for an evidentiary hearing before an Administrative Law Judge at the Office of Administrative Hearings if there is a genuine dispute as to the underlying material facts, may impose any sanction which the Board may have imposed in this case under §§ 4-315 and 4-317 of the Dental Practice Act, including an additional probationary term and conditions of probation, reprimand, suspension, revocation and/or a monetary penalty, said violation of probation being proved by a preponderance of the evidence; and be it further

ORDERED that this Consent Order is a **PUBLIC DOCUMENT** pursuant to Md. State Gov't Code Ann. § 10-601 *et seq.* (2009 Repl. Vol. & 2011 Supp.)

Feb 28, 2012
Date

T. Earl Flanagan, Jr. DDS
T. Earl Flanagan, Jr., D.D.S.
President
Maryland State Board of Dental Examiners

CONSENT

I, Cheryl Adams-Williams, D.D.S., License No. 9773, by affixing my signature hereto, acknowledge that I have consulted with counsel, Catherine Steiner, Esquire, and knowingly and voluntarily elected to enter 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 am aware that I am entitled to a formal evidentiary hearing, pursuant to Md. Health Occ. Code Ann. § 4-318 (2009 Repl. Vol. & 2011 Supp.) and Md. State Gov't Code Ann §§ 10-201 *et seq.* (2009 Repl. Vol. & 2011 Supp.).

I accept the validity and enforceability of this Consent Order as if entered into after the conclusion of a formal evidentiary hearing in which I would have 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 as provided by law. I am waiving those procedural and substantive protections.

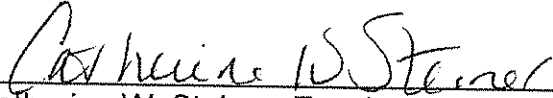
I voluntarily enter into and agree to abide by the terms and conditions set forth herein as a resolution of the Charges against me. I waive any right to contest the Findings of Fact and Conclusions of Law and I waive my right to a full evidentiary hearing, as set forth above, and any right to appeal this Consent Order or any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order voluntarily, without reservation, and I fully understand and comprehend the language, meaning and terms of this Consent Order.

2-27-12
Date


Cheryl Adams-Williams, D.D.S.
Respondent

Read and approved:



Catherine W. Steiner, Esquire,
Attorney for the Respondent

NOTARY

STATE OF MARYLAND

CITY/COUNTY OF

I HEREBY CERTIFY that on this Wednesday day of February, 2012 before me,
a Notary Public of the State and County aforesaid, personally appeared Cheryl Adams-
Williams, D.D.S. License number 9773, and gave oath in due form of law that the
foregoing Consent Order was his voluntary act and deed.

AS WITNESS, my hand and Notary Seal.


Notary Public

My commission expires: 6-13-2015