

**IN THE MATTER OF**  
**BEHNAZ BAGHERI, D.D.S.**

**Respondent**

**License Number: 13702**

**\* BEFORE THE MARYLAND**  
**\* STATE BOARD OF**  
**\* DENTAL EXAMINERS**

**\* Case Number: 2022-016**

\* \* \* \* \*

**CONSENT ORDER**

In or around February 2022, the Maryland State Board of Dental Examiners (the “Board”) opened an investigation of **BEHNAZ BAGHERI, D.D.S.** (the “Respondent”), License Number 13702. Based on its investigation, the Board determined that it has grounds to charge the Respondent with violating the Maryland Dentistry Act (the “Act”), Md. Code Ann., Health Occ. (“Health Occ.”) §§ 4-101 *et seq.* (2021 Repl. Vol.).

The pertinent provisions of the Act provide:

**Health Occ. § 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;
- (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 [“CDC”] guidelines on universal precautions...;

Prior to the Board issuing disciplinary charges, the Respondent agreed to enter 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. LICENSING 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 June 23, 2006, under License Number 13702. The Respondent's license is current through June 30, 2022.

2. At all times relevant, the Respondent practiced dentistry at a dental practice she owns in Baltimore, Maryland (the "Office").

### **II. COMPLAINT**

3. On or about July 27, 2021, the Board received a complaint from a patient (the "Complainant") of the Respondent alleging, among other things, that there were substandard infection control practices at the Office.

4. Based on the complaint, the Board initiated an investigation of the Office's compliance with CDC guidelines.<sup>1</sup>

### **III. INFECTION CONTROL INSPECTION**

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<sup>1</sup> 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 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 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.

5. Due to allegations of potential infection control issues at the Office, on or about January 25, 2022, a Board-contracted infection control inspector (the "Board Inspector"), along with a Board investigator, visited the Office and conducted an infection control inspection.

6. The Respondent was present during the inspection. Also present were a receptionist and two clinical staff members (Dental Healthcare Personnel, or "DHCP").

7. During the inspection, the Board Inspector was able to directly observe patient treatment by DHCP employed at the Office and by the Respondent.

8. As part of the inspection, the Board Inspector utilized the publicly available Centers for Disease Control and Prevention ("CDC") Infection Prevention Checklist for Dental Settings to contemporaneously record his observations.

9. On or about February 2, 2022, the Board Inspector completed a report (the "Expert's Report") in which she identified specific CDC Guidelines with which the Respondent failed to comply. The pertinent conclusions of the Expert's Report are summarized below, following the format of the Infection Prevention Checklist:

### **Section I: Policies and Practices**

**I.1 Administrative Measures** – Practice Manual, Infection Control documentation were not available for review. The Respondent stated that documents are kept in the Catonsville office.

**I.2 Infection Prevention Education and Training** – Required documentation was not available for review

**I.3 Dental Health Care Personnel Safety** – Required proof of vaccination and testing at time of hire was not available for review

**I.4 Program Evaluation** – Required documentation was not available for review.

**I.5 Hand Hygiene** – Documentation required for the training and compliance to follow Hand Hygiene protocol was not available for review. No posting of Hand Hygiene Protocol was posted in any of the treatment operatories, instrument processing area, staff lounge or rest room.

**I.6 Personal Protective Equipment (PPE)** – Required documentation in regard to the training to select, don and doff PPE and to wear in selected limited areas was not available for review. No maintenance log for emergency eye wash, location in sterilization area. Activator button is broken. Emergency eye wash is non-functioning.

**I.7 Respiratory Hygiene/Cough Etiquette** - Documentation in regard to the training of staff to identify and manage patients that present with respiratory symptoms was not available for review. No posting of “Cover Your Cough” or “We Take Precautions” was posting for patients to review. Posting at entrance states that entrance is limited to appointed patients only and that masks are required.

**I.8 Sharps Safety** – Documentation in regard to the required policy to address sharp safety was not available for review. No policy at the location for the management of the disposal of sharps or biohazard waste.

**I.9 Safe Injection Practices** - Documentation in regard to the policy to address sharp safety was not available for review. No policy at the location to manage needlestick injury, select or evaluate engineering devices to prevent needlestick injury or any direction or documentation for the management of the disposal of sharps or biohazard waste. Sharps container was located in the instrument processing room.

**I.10 Sterilization and Disinfection of Patient Care Items and Devices** – No documentation in regard to the training of staff assigned or the specific policy for the sterilization and disinfection of the reuse of patient care items. No documentation or evidence of the monitoring of the efficiency of the sterilization equipment. Question asked to The Respondent as to how the perform spore tests. The Respondent stated that an “in Office” biological testing was at the Catonsville office. The office that is located on Charles St. is only used on Tuesday (one day each week) no testing sample was brought to be tested that day. No proof of testing or results could be reviewed. Sterilization pouches are not identified as to date or load of processing. No policy to manage or notify patient in the event of a “failure.”

**I.11 Environmental Infection Prevention and Control** – No documentation in regard to the training or policy of staff assigned or the specific task to address the disinfection of environmental, touch and clinical contact surfaces in the patient treatment area. Barriers are not used on “Touch” surfaces, dental light handles, A/W syringe (tip left on) HVE and SVE handpieces.

**I.12 Dental Unit Water Quality** - No documentation in regard to the specific policy to test dental unit water quality. No documentation to address an event such as a “boil water advisory” Waterline testing documentation was not available for review. Dental unit did not have self-contained water bottles.

**II.1 Hand Hygiene is Performed Correctly** – No Posting of Hand Hygiene Protocol was above the sink in any of the treatment operatories, instrument processing area, staff lounge or restroom. Restroom did not have a sink. Sink is located outside the bathroom in the staff lounge private office area. Inconsistent hand hygiene was performed by the Respondent as to the use of hand sanitizer before donning gloves. Gloves worn by the Respondent during the transport to instrument processing – to open door with contaminated gloves – no disinfection was performed. Dental Assistant (“DA”) was inconsistent in regard to wearing the same gloves to remove contaminated items and to disinfect the treatment area. Treatment gloves were worn to document patient record information. Observation of “rinsing” of hands after glove removal – no soap used before donning gloves. Hand sanitizer pump bottles are refilled with hand sanitizer from a gallon jug. Labeling is not consistent.

**II.2 Personal Protective Equipment (PPE) is Used Correctly** – Direct observation of the Respondent, DA and receptionist wore gowns, head covering, N95 mask, pleated mask over N95. The Respondent & DA wore a pleated mask with shield over the N95. PPE was not changed after each patient. PPE was not worn in limited area.

**II.3 Respiratory Hygiene/Cough Etiquette** – Signs are posted at entrance that prior contact and appointments are required before entry. Patients are screened as to COVID symptoms and temperature check is performed and documented. Direct observation of DA performing temp check and documented in patient record. Copy of form included with report. No posting of “Cover Your Cough” in reception room. Hand sanitizer, tissues and trash can are placed in the reception room for patients use.

**II.4 Sharps Safety** - No direct observation of the administering of injectable at the time of the inspection. Location of sharps container was in the instrument processing area. No other sharps container was located for use in the treatment operatories.

**II.5 Safe Injection Practices** - No direct observation of the administering of injectable at the time of the inspection. Location of sharps container was in the instrument processing area. Several ampules of local anesthesia cartridges were expired. These were located in the treatment operatories.

**II.6 Sterilization and Disinfection of Patient Care Items and Devices** – Direct observation of the transport of patient care items to instrument processing were on an open tray. Cavitron tip was left connected in both treatment operatories “unbagged” A/W syringe tip was not removed after patient treatment and no barriers were placed.

Instrument processing area has one door for entry and is kept closed (compressor in room) Observation of crossback left to right when processing instruments. Office location is used one day each week. In office Spore Testing is kept at the Catonsville location. No sample/control to perform spore test was brought to the location the day of the inspection. No Spore text report/log was available for review. Instrument pouches were not identified as to date of processing. No maintenance logs for the Sterilizer or ultrasonic were available for review.

**II.7 Environmental Infection Prevention and Control** – Observation of the disinfection of the treatment operatory were not in compliance with the disinfectant used. DA did not change gloves or perform hand hygiene after handling and transporting contaminated instrument and beginning disinfection. Surfaces did not remain “wet” for the manufacturers time to allow for disinfection. Barriers were not used on “clinical contact or touch” surfaces. A/W syringe tips were not removed and barriers were not placed to prevent contaminates to accumulate under the “buttons” 2 x 2 Gauze placed on the cavitron to be used during patient treatment was not removed if all was not used, it was left for next patient. Biohazard waste container is located in the instrument processing room under a counter. Container does not have a lid. No documentation or proof of the pick-up of regulated waste was available for review.

**II.8 Dental Unit Water Quality** - Waterline testing could not be verified, stated it was not performed. The Respondent stated that lines were flushed at the start of day. No observation of line flush after patient treatment. Dental unit did not have self-contained water bottles.

### **CDC Guidelines Addendum Re: COVID-19**

Governors certificate on file: No.

Patient Prescreening for temperature and symptom check is performed: Yes.

Staff Prescreening for temperature check and symptom check is performed: Yes

One week of PPE available for elective procedures: Yes

Use of N95 or equivalent during aerosol generating procedures: Yes

Wearing eye protection in addition to facemask/respirator: Yes

Appropriate PPE used, donned, doffed, changed in between patients and disposed of properly: No – gowns not changed between patients.

Telephone screening and triage of patients prior to appointing: Yes

Facemasks covering mouth and nose by clinicians, staff, patients except when staff eating a meal: Yes

Social distancing implemented in all areas of practice: Yes

Surface disinfection and barriers used and changed in between patients with adequate time for disinfection of treatment rooms between patients: No -- Barriers are not used on all clinical contact/touch surfaces.

Barriers used at front desk as well as in between treatment rooms: Yes

Respiratory precaution signs prominent and respiratory hygiene/cough etiquette practiced: No -- Waiting/Reception area does not have the "Cover Your Cough" posted.

Observed presence of supplies and performance of hand hygiene: Inconsistent compliance with Hand Hygiene Protocol performed.

All operatories set up efficiently, supplies and patient treatment items not exposed to aerosols and as few individuals in treatment room as possible: No -- Gauze that is not used is left to be used at next patient procedure.

Post-op instructions to patients including follow-up if patient tests positive for Covid-19 following dental visit: No.

10. Subsequent to the inspection, the Respondent forwarded to the Board's investigator nine (9) additional documents related to infection control protocols (listed below). Although the additional documents indicate that the Respondent did have some infection control materials, the Office's program was not comprehensive. After a review of the additional documents, the Board Inspector concluded that they did not materially alter the conclusions of her original Report, for the following reasons:

- **Hand Hygiene Instructions** -- required to be posted in all areas where hand hygiene is performed, including treatment operatories, instrument processing area, and the restroom used by staff and patients. It was not.

- **Staff Symptoms Log** -- not available at the time of the inspection. Verbal statement by the Respondent was that temps are taken. Symptoms of patients were not recorded on this form on the day of the inspection.
- **Eye Wash station Maintenance Log** -- not functioning on the day of the inspection. The form does not indicate if this maintenance log is for the Office or another location. The Board Inspector's photograph from the Inspection shows that the activation knob is missing.
- **Staff Vaccination Records** – COVID-19 vaccination records provided, but proof of the Hepatitis B vaccination for clinical staff and documentation of a tuberculosis test performed at the time of hire is required.
- **Infection Control Training Documentation** – no documentation of required training for clinical staff (only the Respondent) at the time of hire and at least annually.
- **Staff Training at Time of Hire Documentation** – the records provided do not identify the subject/content or who presented the training.
- **Spore Testing Log** – the record provided does not identify which office location and which autoclave/sterilizer was tested. Dates were not performed on Tuesdays, the day the Office is in operation.
- **PPE Protocol** – should be posted in an area allowing the staff to view. It was not.
- **Autoclave Maintenance Log** -- does not identify which office or which autoclave/sterilizer. Dates are not Tuesdays, the day the Office is in operation.

11. Based on the observations made by the Board Inspector, the Respondent failed to ensure compliance with CDC Guidelines at the Office.

### CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's conduct, as described above, constitutes violations of the Act as



cited above, specifically: the Respondent's conduct as described above, including but not limited to failing to ensure compliance with the CDC Guidelines at the Office as described above, 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 failing to comply with Centers for Disease Control's guidelines on universal precautions in violation of Health Occ. § 4-315(a)(28).

**ORDER**

It is, on the affirmative vote of a majority of the Board, hereby:

**ORDERED** that the Respondent shall ensure that the Office immediately ceases all dental treatment until the Board issues a separate Order terminating this provision (the "**Order Lifting Voluntary Cessation**"); and it is further

**ORDERED** that upon the Board's receipt of verified documentation that the Respondent has formally retained the services of a qualified Board-approved infection control consultant and that the consultant has issued a favorable report substantiating that the Respondent and her office staff are in substantial compliance with CDC Infection Control Guidelines, the Board shall issue an **Order Lifting Voluntary Cessation**, which shall allow the practice cited above to resume dental treatment; and it is further

**ORDERED** that the Respondent is **REPRIMANDED**; and it is further

**ORDERED** that from the date of the Board's the **Order Lifting Voluntary Cessation**, the Respondent shall be placed on **PROBATION** for a period of **TWO (2) YEARS** under the following terms and conditions:

1. A Board-assigned inspector shall conduct an unannounced inspection within ten (10) business days (or as soon as practicable) in order to evaluate the Respondent and staff regarding compliance with the Act and infection control guidelines. The Board-assigned inspector shall be provided with copies of the Board file, the Consent Order, and any other documentation deemed relevant by the Board;
2. On a continuing basis, the Respondent shall provide to the Board-assigned inspector a schedule of the Office's regular weekly hours of practice and promptly apprise the consultant 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 with 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, including enhanced COVID-19 related precautions; and
6. At any time during the period of probation, if the Board makes a finding that the Respondent is not in compliance with CDC and/or OSHA guidelines, the Respondent shall have the opportunity to correct the infractions within seven (7) days and shall be subject to a repeat inspection within seven (7) days to confirm that the violation has been remedied.
7. The Respondent is fined in the amount of **TWO THOUSAND FIVE HUNDRED DOLLARS (\$2500)**, due within two years of the date of the reinstatement of the Respondent's license, to the board;
8. Within three (3) months of the date of the reinstatement of the Respondent's license, the Respondent shall successfully complete a Board-approved in-person (or, if in-person courses are not available due to the current State of Emergency, then by video-conference)

four (4) credit hour course(s) in infection control protocols, presented by a board-approved instructor, which may not be applied toward his license renewal.

9. Within three (3) months of the date of the reinstatement of the Respondent's license, the Respondent shall successfully complete a Board-approved in-person (or, if in-person courses are not available due to the current State of Emergency, then by video-conference) two (2) credit hour course(s) in ethics, presented by a board-approved instructor, which may not be applied toward his license renewal.
10. If the above-mentioned courses are not completed within three (3) months of the date of the Consent Order, the Board may allow an extension of three (3) additional months if the Respondent demonstrates to the Board's satisfaction that he was unable to complete the courses despite a good-faith effort.
11. 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, shall grant the petition if the Respondent has satisfactorily complied with the terms and conditions of this Consent Order.

**AND IT IS FURTHER ORDERED** that no part of the training or education that the Respondent receives in order to comply with this Consent Order may be applied to his 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 the Board-assigned inspector, 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 after a minimum of two (2) years from the effective date of the Order for Reinstatement, 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. The Board shall grant termination if the Respondent has fully and satisfactorily complied with all of the probationary terms and conditions and there are no pending investigations or outstanding complaints related to the findings of fact in this Consent Order; and it is further

**ORDERED** that if the Respondent allegedly fails 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 this Consent Order is a public document pursuant to Md. Code

Ann., Md. Code Ann., Gen. Prov. §§ 4-101 et seq. (2019).

5/23/2021  
Date

Francis X. McLaughlin, Jr.  
Francis X. McLaughlin, Jr., Executive Director  
Maryland State Board of Dental Examiners

**CONSENT**

By this Consent, I, Behnaz Bagheri, D.D.S., agree and accept to be bound by this Consent Order and its conditions and restrictions. I waive any rights I may have had to contest the Findings of Fact and Conclusions of Law.

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 as provided by law. I acknowledge the legal authority and the jurisdiction of the Board to initiate these proceedings and to issue and enforce this Consent Order. I also affirm that I am waiving my right to appeal any adverse ruling of the Board that might have followed any such hearing.

I sign this Consent Order after having had the opportunity to consult with counsel, and I fully understand and comprehend the language, meaning and terms of this Consent Order. I voluntarily sign this Order, and understand its effect.

4-29-2022

B. Bagheri

Date

Behnaz Bagheri, D.D.S.  
*Respondent*

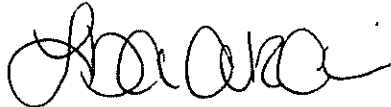
**NOTARY**

STATE OF Maryland

CITY/COUNTY OF: Howard

I HEREBY CERTIFY that on this 29th day of April  
2022, before me, a Notary Public of the State and County aforesaid, personally appeared Behnaz Bagheri, D.D.S., and gave oath in due form of law that the foregoing Consent Order was her voluntary act and deed.

AS WITNESS, my hand and Notary Seal.



Notary Public

LISA AKCHURIN  
NOTARY PUBLIC  
BALTIMORE COUNTY  
MARYLAND  
My Commission Expires Jan. 09, 2026

My commission expires: January 09, 2026