

IN THE MATTER OF
AYODEJI JARRETT, D.D.S.

Respondent

License Number: 14313

* * * * *

* BEFORE THE MARYLAND
* STATE BOARD OF DENTAL
* EXAMINERS
* Case Number: 2022-002

CONSENT ORDER

In or around July 2021, the Maryland State Board of Dental Examiners (the "Board") opened an investigation of **AYODEJI JARRETT, D.D.S.** (the "Respondent"), License Number 14313. 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;
 - (30) 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.

RECEIVED

JAN 13 2023

BOARD OF DENTAL EXAMINERS

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 November 28, 2007 under License Number 14313. The Respondent's license is current through June 30, 2023.

2. At all times relevant, the Respondent practiced dentistry at a private practice located at 1709 Rosemont Ave, Frederick, Maryland 21702 (the "Office").

II. COMPLAINT

3. On or about July 8, 2021 the Board received a complaint alleging, among other things, that there were substandard infection control practices at the Office. Based on the complaint, the Board initiated an investigation of the Office's compliance with CDC guidelines.¹

III. INFECTION CONTROL INSPECTION

¹ 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.

4. Due to allegations of potential infection control issues at the Office, on or about January 24, 2022, a Board-assigned infection control inspector (the "Board Inspector"), along with a Board investigator and two trainees, visited the Office and conducted an infection control inspection.

5. The Respondent and a dental assistant/office manager (the "Dental Assistant") were present during the inspection.

6. 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. Based on the inspection, the Board Inspector made the following findings regarding the Office's compliance with the CDC Guidelines:

Section I: Policies and Practices

I.1 Administrative Measures – The Office's Occupational Health and Safety ("OHS") manual's content was not practice specific. The Office's other manual was incomplete and not specific as to practice procedures and layout.

I.2 Infection Prevention Education and Training – The Office's OHS log training noted that the last training occurred on March 13, 2013 but did not indicate attendees, presenter, or contents.

I.3 Dental Health Care Personnel Safety - The Office did not have documentation of training at time of hire and no annual was available for review. The Office did not have documentation of assigned job duties and no documentation of proof of vaccination or testing.

I.4 Program Evaluation - The Office did not have current written policies for routine monitoring and evaluation of the infection prevention and control program available at the time of inspection.

I.5 Hand Hygiene - All supplies necessary for adherence to proper hand hygiene were available, but there was no posting of hand hygiene protocol in treatment operatories,

instrument processing areas, or restroom used by patients receiving dental and medical treatment.

I.6 Personal Protective Equipment (PPE) – The Office’s OSHA manual did not have updates referring to the requiring of PPE due to Coronavirus Disease 2019 (“COVID”) status.

I.7 Respiratory Hygiene/Cough Etiquette - The Office did not have signs of respiratory hygiene/cough etiquette posted near the entrance.

I.8 Sharps Safety – The Office’s OSHA manual contained sharp safety protocol, however the location of one sharps container was in a cabinet under the sink in the treatment operatory used for instrument processing.

I.9 Safe Injection Practices - The Office’s OSHA manual contained sharp safety protocol, however there was no evidence of an engineering device to remove sharps available.

I.10 Sterilization and Disinfection of Patient Care Items and Devices – The Office’s OSHA manual contained sterilization protocol for the reuse of patient care items. The Office’s spore testing material was expired. Cannisters of disinfection wipes were opened and not sealed. Contents could not be verified. Cavicide cannister did not have a lid, seal was not attached, and contents could not be verified. The Dental Assistant stated that a bleach solution is used and that the cannisters are reused.

I.11 Environmental Infection Prevention and Control - The Office’s OSHA manual contained protocols regarding environmental infection control prevention.

I.12 Dental Unit Water Quality - The Office’s OSHA manual contained protocols regarding the management, maintenance, and testing of dental unit waterlines, but was not specific to the practice.

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

II.1 Hand Hygiene is Performed Correctly – The Dental Assistant was observed and was non-compliant in regard to OSHA/CDC protocol for performing hand hygiene correctly. The Dental Assistant was observed rinsing hands under water and drying with disposable towel one time and they did not use soap or scrub for the recommended time. The gloves used to gather and transport contaminated instruments were not changed to perform disinfection of the treatment operatory. Gloved hands were used to open drawers and cabinets to remove items.

II.2 Personal Protective Equipment (PPE) is Used Correctly – The Respondent was observed wearing gown, hair covering, N95 mask, pleated mask over N95 and face shield

was worn correctly, however was not worn in limited treatment area of the practice. The Respondent presented to the business area wearing the full PPE. The Dental Assistant was observed and wore an ear loop pleated mask only. No safety glasses or face shield were worn and no overgown was worn while performing post treatment instrument processing and the cleaning and disinfection of the treatment operatory. The Dental Assistant wore her personal outerwear coat continually while performing disinfection and set up procedures.

II.3 Respiratory Hygiene/Cough Etiquette - The Office did not have Respiratory Hygiene/Cough Etiquette or COVID mask policy signs with instructions to patients posted.

II.4 Sharps Safety - One sharps container was in a cabinet under the sink in the treatment operatory used for instrument processing. No documentation of management of sharps or biohazard pick up was available for review. No waste receptacle identified as "biohazard" was present in any of the treatment rooms or in the instrument processing area.

II.5 Safe Injection Practices - No administration of local anesthesia was observed during inspection. No engineering device for recapping was located.

II.6 Sterilization and Disinfection of Patient Care Items and Devices - Observation of the sterilization of patient care reuse items did not follow CDC/Organization for Safety, Asepsis and Prevention ("OSAP") guidelines. The layout of the treatment room used for this purpose did not allow for single loop sequence. No maintenance log was available for sterilization or ultrasonic equipment and the ultrasonic unit was empty. A treatment unit self contained water bottle was placed on counter and was sealed with cotton. Biological testing and results of sterilizer could not be produced. Test strips that were present were expired. Sterilization pouches did not have any identification as to date of processing. An open can of beverage was left next to disinfection supplies in processing room. Sterilization instrument pouches had numerous perforations and/or were opened to remove an item and were not reprocessed. Pouches were kept in treatment room drawer for use. Bur blocks were placed on counter in treatment room unwrapped and left for reuse.

II.7 Environmental Infection Prevention and Control - When asked, the Respondent stated that she completes sterilization and disinfection of patient care items and treatment room, but observation was that the Dental Assistant performs these tasks. Observation of pre and posttreatment cleaning and disinfection of surfaces in dental treatment rooms was not performed following CDC/OSAP protocols. The disinfectant wipes used were removed from cannisters that did not have lids nor were sealed. When asked, the Dental Assistant stated that the cannisters contained a bleach solution and that the cannisters were reused. The gloves worn during the removal of contaminated items used during treatment were not removed and hand hygiene was not performed before using the wipe to disinfect.

II.8 Dental Unit Water Quality – No evidence of waterline testing or results were available for review. Dental units were supplied with self contained water bottles. The Dental Assistant stated that distilled water was used to fill and blue tablet was added to bottle.

7. Based on the observations made by the Board Inspector, the Respondent failed to ensure compliance with CDC Guidelines at the Office. However, after being contacted by the Office of the Attorney General, the Respondents engaged a Board-approved infection control specialist in October 2022 to ensure the Office was in full compliance of CDC Guidelines. The infection control specialist has since issued a report, dated January 2, 2023, with photo attachments detailing corrective actions taken by the Office to ensure full 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 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: behaves dishonorably or unprofessionally, or violates 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)(30).

ORDER

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

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

ORDERED that the Respondent is immediately 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 sixty (60) days to the board;
8. Within three (3) months of the effective date of this Consent Order, the Respondent shall successfully complete a Board-approved in-person 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 effective date of this Consent Order, the Respondent shall successfully complete a Board-approved in-person two (2) credit hour course(s) in ethics, presented by a board-approved instructor, 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, 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 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, unless otherwise ordered by the Board for early termination of probation, after a minimum of two (2) years from the effective date of the Consent Order, 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 similar to the violations 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

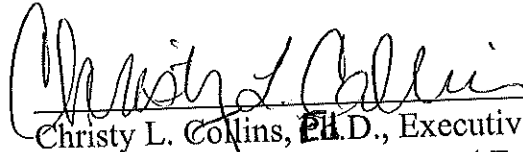
ORDERED that after the appropriate hearing, if the Board determines that the Respondent has failed to comply with any term or condition of probation or this Consent Order, the Board may reprimand the Respondent, place the Respondent on probation with appropriate terms and conditions, or suspend or revoke 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 the Respondent shall be responsible for all costs incurred under this Consent Order; and it is further

ORDERED that the Effective Date of this Consent Order is the date on which the Consent Order is executed by the Board Executive Director, 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.* (2021 Repl. Vol.).

1/18/2023
Date



Christy L. Collins, **Ph.D.**, Executive Director
Maryland State Board of Dental Examiners

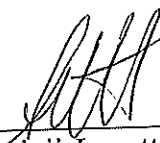
CONSENT

By this Consent, I, Ayodeji Jarrett, 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.

01/10/2023
Date



Ayodeji Jarrett, D.D.S.
Respondent

NOTARY PUBLIC

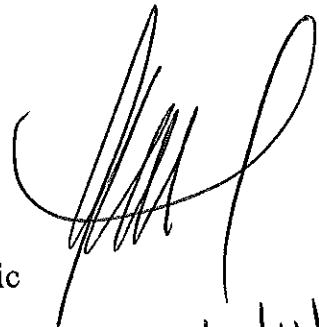
STATE OF Maryland

CITY/COUNTY OF: Carroll

I HEREBY CERTIFY that on this 10th day of January 2023,
before me, a Notary Public of the State and County aforesaid, personally appeared²
Ayodeji Jarrett, D.D.S., 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.

TATIANA B GARCIA JUAREZ
Notary Public
Montgomery County
Maryland
My Commission Expires June 11, 2024



Notary Public

My commission expires: 6/11/2024

² During the current State of Emergency, and in compliance with the Governor's emergency orders, notarization may be accomplished remotely.