IN THE MATTER OF	*	**BEFORE THE MARYLAND**
ROBERT R. ZEBROWSKI, D.D.S.	*	**STATE BOARD OF**
Respondent	*	**DENTAL EXAMINERS**
License Number: 8590	*	**Case Number: 2022-032**

* * * * * * * * * * * * *

CONSENT ORDER

On July 25, 2023, the Maryland State Board of Dental Examiners (the "Board") charged **ROBERT R. ZEBROWSKI, D.D.S.,** (the "Respondent"), License Number 8590, with violating the Maryland Dentistry Act (the "Act"), Md. Code Ann., Health Occ. ("Health Occ.") §§ 4-101 *et seq.* (2021 Repl. Vol. & 2022 Supp.).

Specifically, the Board charged the Respondent with violating the following provisions of the Act under Health Occ. § 4-315 and Md. Code Regs. ("COMAR") 10.44 *et seq.*:

> **Health Occ. § 4-315. Denials, reprimand, probations, suspension, and revocations— Grounds.**
>
> (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 applicant or licensee:
>
> . . . .
>
> (16) Behaves dishonorably or unprofessionally, or violates a professional code of ethics pertaining to the dentistry profession;
>
> . . . .
>
> (18) Demonstrates a course of conduct of providing dental care that is inconsistent with generally accepted

professional standards of care in the practice of dentistry, regardless of whether actual injury to the patient occurred; [and]

. . . .

(20) Violates any rule or regulation adopted by the Board[.]

COMAR 10.44.30.02 General Provisions for Handwritten, Typed and Electronic Health Records.[1]

. . . .

B. Dental records shall include:

(1) A patient's clinical chart as described in Regulation .03 of this chapter; . . .

. . . .

I. A dental record shall contain:

. . . .

(7) Medical and dental histories which shall be updated at each visit;

. . . .

K. Dental records shall:

(1) Be accurate;

(2) Be detailed;

. . . .

(5) Document all data in the dentist's possession pertaining to the patient's dental health status;

[1] COMAR 10.44.30.02 was adopted effective June 11, 2012. Effective April 29, 2013, COMAR 10.44.30.02 was amended to reflect minor revisions to the regulatory language. Specifically, the language formerly found in COMAR 10.44.30.02(V) was transferred to COMAR 10.44.30.02(U) without any revisions. Accordingly, the provisions from COMAR 10.44.30.02 are applicable, as listed, to the Respondent's conduct committed on or after June 11, 2012.

. . . .

U. Dentists are responsible for the content of the dental records.

COMAR 10.44.30.03 Clinical Charts.[2]

A. Each patient's clinical chart shall include at a minimum the following:

. . . .

(12) Radiographs of diagnostic quality;

(13) Periodontal charting;

. . . .

(15) Informed consent; [and]

. . . .

(18) Details regarding referrals and consultations[.]

COMAR 10.44.30.05 Violations

Failure to comply with this chapter constitutes unprofessional conduct and may constitute other violations of law [.]

On October 18, 2023, 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 the following Findings of Fact, Conclusions of Law, and Order.

FINDINGS OF FACT

The Board makes the following Findings of Fact:

[2] COMAR 10.44.30.03 was adopted effective June 11, 2012. Effective April 29, 2013, COMAR 10.44.30.03 was amended to reflect a renumbering of the paragraphs listed in COMAR 10.44.30.03. Accordingly, COMAR 10.44.30.03, as listed herein, is applicable to the Respondent's conduct committed on or after June 11, 2012.

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 August 7, 1984, under License Number 8590. The Respondent's dental license is scheduled for renewal on or before June 30, 2024.

2. At all times relevant, the Respondent maintained an office for the practice of dentistry in Greenbelt, Maryland.

II. COMPLAINT

3. On or about September 1, 2021, the Board received a complaint from a patient ("Patient 1")[3] who alleged that the Respondent provided substandard care, which resulted in an infection to his tooth, and failed to complete a root canal therapy ("RCT") for which Patient 1 had already paid.

4. After receiving the complaint, the Board initiated an investigation of the Respondent's dental practices under Case Number 2022-032.

III. BOARD INVESTIGATION

5. As part of its investigation into the complaint from Patient 1, the Board subpoenaed four (4) additional patient charts from the Respondent (Patients 2 through 5) and forwarded all five (5) patient charts to a licensed dentist (the "Board's Expert") an expert review. Based on his review of the five patient charts, the Board's Expert found that

[3] To ensure confidentiality and privacy, the names of individuals and healthcare facilities involved in this case are not disclosed in this document.

the Respondent demonstrated a course of conduct of providing dental care that is inconsistent with generally accepted professional standards of care in the practice of dentistry and engaged in unprofessional conduct for failing to keep adequate dental records.

IV. PATIENT-SPECIFIC SUMMARIES

PATIENT 1

6. Patient 1, a female born in the 1970s, initially saw the Respondent on October 16, 2015, for a limited oral examination. The Respondent provided dental care to Patient 1 from approximately October 16, 2015, to July 19, 2021.

7. From approximately October 5, 2020, to July 19, 2021, the Respondent saw Patient 1 on multiple visits regarding Patient 1's teeth #14 and 15. Initially, on or about January 25, 2021, the Respondent replaced Patient 1's crown on tooth #14. Then, on or about February 15, 2021, the Respondent determined that Patient 1 had severe periapical periodontitis with respect to teeth #14 and 15 and initiated RCT by performing pulpotomies on each tooth. For the next few months, the Respondent continued RCT on tooth #15 but never completed it. The Respondent never did anything further with tooth #14. Eventually, Patient 1 sought dental care from another provider after a contentious telephone call on July 19, 2021.

8. The Respondent's treatment and care of Patient 1 were inconsistent with generally accepted professional standards of care for reasons including, but not limited to:

a. Billing insurance company for root canal treatment of tooth #14 when the treatment was not provided;

b. Providing treatments without support from clinical x-rays;

c. Diagnosing and initiating RCT with inadequate x-rays, i.e. panoramic instead of periapical x-ray;

d. Documenting that tooth #14 had calcified canal when the canals were never located;

e. Failing to take an x-ray of tooth #15 after initiating RCT, which would have shown a perforation of the pulpal floor;

f. Documenting having completed RCT on tooth #15 when it was incomplete; and

g. Performing RCT without the use of rubber dam.

9. The Respondent failed to keep adequate dental record with respect to Patient 1 for reasons including, but not limited to:

a. Failing to review and update medical history;

b. Failing to sign and have Patient 1 counter-sign her initial medical history;

c. Failing to document intra/extra oral examination of hard and soft tissues;

d. Failing to document periodontal charting;

e. Failing to sign treatment plans;

f. Failing to provide or document referrals; and

g. Failing to document informed consent for restorative or endodontic treatment.

PATIENT 2

10. Patient 2, a female born in the 1950s, received dental care from the Respondent from approximately February 9, 2021, to November 16, 2021. At the initial visit on or about February 9, 2021, the Respondent provided an emergency/limited

examination of tooth #14, which Patient 2 stated lost its filling and was painful. The Respondent took a panoramic x-ray and treatment planned tooth #14 for a crown and build-up with RCT, which he completed on Patient 2's April 12, 2021 visit.

11. Patient 2 returned on or about July 13, 2021, with complaints of broken upper right tooth. The Respondent treatment planned tooth #3 for crown and build-up and prepped tooth #3. The Respondent took impressions of teeth #3 and 14 on or about September 27, 2021 and inserted the crowns on or about November 16, 2021.

12. The Respondent's treatment and care of Patient 2 were inconsistent with generally accepted professional standards of care for reasons including, but not limited to:

a. Diagnosing and initiating RCT with inadequate x-rays, i.e. panoramic instead of periapical x-ray;

b. Performing RCT without the use of rubber dam;

c. Providing treatments without support from clinical x-rays;

d. Failing to take appropriate x-rays before initiating and after completing RCT; and

e. Failing to provide alternative treatment recommendation, i.e. filling, for tooth #3.

13. The Respondent failed to keep adequate dental record with respect to Patient 2 for reasons including, but not limited to:

a. Failing to review and update medical history;

b. Failing to sign and have Patient 2 counter-sign her initial medical history;

c. Failing to document intra/extra oral examination of hard and soft tissues;

d. Failing to document periodontal charting; and

e. Failing to document verification of margins, occlusion, or contacts after insertion of crown on teeth #3 and 14.

PATIENT 3

14. Patient 3, a female born in the 1970s, received dental care from the Respondent from approximately November 23, 2019, to June 1, 2021. At the initial visit on or about November 23, 2019, the Respondent performed a complete examination and prophylaxis. Throughout the next several months, the Respondent performed dental excavation with carious exposure, pulpotomy and crown preparation on tooth #3.

15. From on or about January 10, 2020, to March 25, 2020, the Respondent performed crown preparation/build up and insertion on tooth #19, and dental excavation with carious exposure, pulpotomy, RCT, crown preparation/build up on tooth #22. The Respondent inserted a crown on tooth #22 on or about November 23, 2020.

16. From on or about December 7, 2020, to June 1, 2021, the Respondent performed RCT on tooth #3.

17. The Respondent's treatment and care of Patient 3 were inconsistent with generally accepted professional standards of care for reasons including, but not limited to:

a. Failing to obtain clinical x-rays to support excavation and pulpotomy on teeth #3 and #22;

b. Proceeding with crown preparation on tooth #3 instead of RCT;

c. Failing to take x-rays of tooth #3 post pulpotomy;

d. Performing RCT on teeth #22 and 3 without use of rubber dam;

e. Failing to obtain x-rays of tooth #22 post insertion of crown to verify margins, contact and occlusion;

f. Initiating RCT on teeth #3 and 22 without x-rays;

g. Failing to obtain x-rays of teeth #3 and 22 post-RCT;

h. Failing to refer Patient 3 to specialist when indicated;

i. Failing to properly instrument canals on tooth #3; and

j. Using substandard materials that is not clinically recommended for build up on tooth #3.

18. The Respondent failed to keep adequate dental record with respect to Patient 3 for reasons including, but not limited to:

a. Failing to review and update medical history;

b. Failing to document oral cancer screening;

c. Failing to document intra/extra oral examination of hard and soft tissues;

d. Failing to document periodontal charting;

e. Failing to document signed treatment plans; and

f. Failing to document informed consent.

PATIENT 4

19. Patient 4, a male born in the 1980s, received dental care from the Respondent from approximately February 14, 2020, to January 20, 2021. At the initial visit on or about February 14, 2020, Patient 4 complained of pain to the upper right quadrant for which the Respondent prescribed Amoxicillin. Patient 4 returned on or about February 17, 2020, at which time the Respondent initiated RCT for Tooth #31. The Respondent began with

excavation with carious exposure and pulpotomy on Tooth #31. The Respondent never completed RCT on Tooth #31 and by April 22, 2020, found Tooth #31 to be unsalvageable and recommended an extraction.

20. Also, on or about April 22, 202, the Respondent initiated RCT on Tooth #29 with pulpotomy and temporary filling. The Respondent completed RCT on Tooth #29 on or about June 25, 2020 and began flowable buildup and crown preparation.

21. On or about January 8, 2021, the Respondent found gross caries on Tooth #18 and initiated RCT with excavation and pulpotomy. The Respondent completed RCT on Tooth #18 on or about January 20, 2021.

22. The Respondent's treatment and care of Patient 4 were inconsistent with generally accepted professional standards of care for reasons including, but not limited to:

a. Failing to obtain radiographs of Tooth #31 to determine pupal involvement or extent of decay;

b. Inappropriately performing a pulpotomy on Tooth #31 and without radiographic support;

c. Billing insurance for RCT on Tooth #31 that had yet to be initiated;

d. Failing to obtain radiographs of Tooth #31 after initiating RCT to determine prognosis;

e. Failing to obtain periapical radiographs of Teeth #31 and #29 to determine their clinical status;

f. Initiating RCT on Tooth #29 with only a positive percussion test and without obtaining radiographic support;

g. Determining that Tooth #31 was unsalvageable without documented support;

h. Failing to use rubber dam during RCT for Teeth #29 and #18;

i. Initiating RCT on Tooth #18 without obtaining periapical radiographs;

j. Inappropriately performing a pulpotomy on Tooth #18; and

k. Failing to obtain radiographs of Teeth #29 and #18 after completion of RCT.

23. The Respondent failed to keep adequate dental record with respect to Patient 4 for reasons including, but not limited to:

a. Failing to review and update medical history;

b. Failing to document clinical findings regarding Tooth #31 on April 15, 2020, including location of swelling, extent of swelling, pus formation, any mobility, or periodontal probing;

c. Failing to document support for prescribing antibiotics on April 20, 2020 and April 22, 2020; and

d. Failing to document a comprehensive examination on January 20, 2021, to include intra/extra oral examination of hard and soft tissues, oral cancer screen, periodontal charting, decay, and existing restorations.

PATIENT 5

24. Patient 5, a male born in the 1940s, received dental care from the Respondent from approximately April 2, 2009, to November 19, 2021.[4] On or about April 13, 2021, Patient 5 saw the Respondent with complaints of pain to the lower right quadrant. The Respondent performed a limited examination and obtained a panoramic radiograph. The Respondent diagnosed Patient 5 with periapical periodontitis of Tooth #30. The

[4] Although Patient 5 had been receiving dental care from the Respondent since April 2, 2009, the focus of the Board's Expert's review is from April 13, 2001, to November 19, 2021.

Respondent performed crown preparation and pulpotomy on Tooth #30 on or about April 16, 2021, and initiated RCT.

25. On or about June 20, 2021, the Respondent noted that he could not complete RCT on Tooth #30 due to calcified canals and referred Patient 5 to an Endodontist.

26. The Respondent's treatment and care of Patient 5 were inconsistent with generally accepted professional standards of care for reasons including, but not limited to:

a. Diagnosing Patient 5 with periapical periodontitis of Tooth #30 and initiating RCT based on a panoramic radiograph instead of periapical radiographs;

b. Failing to obtain diagnostic radiographs for Tooth #30;

c. Failing to refer Patient 5 to a specialist in a timely manner; and

d. Failing to perform diagnostic testing of Tooth #30 or adjacent teeth to include percussion test, thermal test and testing for periodontal involvement.

27. The Respondent failed to keep adequate dental record with respect to Patient 5 for reasons including, but not limited to:

a. Failing to review and update medical history; and

b. Failing to document intra/extra oral examination of hard and soft tissues, oral cancer screen and periodontal charting.

CONCLUSIONS OF LAW

Based on the foregoing Findings of Fact, the Board concludes as a matter of law that the Respondent's treatment and recordkeeping practices of Patients 1 through 5, as set forth in detail above, constitute: 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); demonstrating a course of conduct of providing dental care that is inconsistent with generally accepted professional standards of care in the practice of dentistry, in violation of Health Occ. § 4-315(a)(18); and violating any rule or regulation adopted by the Board, *i.e.* COMAR 10.44.30.02, and COMAR 10.44.30.03, in violation of Health Occ. § 4-315(a)(20).

ORDER

Based on the foregoing Findings of Fact and Conclusions of Law, it is this 6th day of December, 2023, by a majority of the Board considering this case:

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

ORDERED that the Respondent is placed on **PROBATION** for a minimum period of **TWO (2) YEARS**. During the probationary period, the Respondent must comply with the following terms and conditions:

1. Within **SIX (6) MONTHS,** the Respondent is required to take a four (4) credit-hour course(s) in endodontics and a four (4) credit-hour course(s) dental recordkeeping under the following terms and conditions:

    a. It is the Respondent's responsibility to locate, enroll in and obtain the Board's approval of the courses before they are begun;

    b. The Board will not accept courses taken over the internet, unless the Respondent shows that in-person courses are unavailable;

    c. The Respondent must provide documentation to the Board that the Respondent has successfully completed the courses;

    d. The courses may not be used to fulfill the continuing education credits required for license renewal; and

    e. The Respondent is responsible for the cost of the courses.

2. The Respondent shall be subject to supervision by a Board-approved supervisor who is licensed to practice dentistry in Maryland as follow:

a. Within **30 CALENDAR DAYS** of the effective date of this Consent Order, the Respondent shall provide the Board with the name, pertinent professional background information of the supervisor whom the Respondent is offering for approval, and written notice to the Board from the supervisor confirming his or her acceptance of the supervisory rule of the Respondent and that there is no personal or professional relationship with the supervisor;

b. The Respondent's proposed supervisor, to the best of the Respondent's knowledge, should not be an individual who is currently under investigation, and has not been disciplined by the Board within the past five years;

c. If the Respondent fails to provide a proposed supervisor's name within 30 days from the effective date of the order, such failure may constitute a violation of probation or this Consent Order;

d. The Board, in its discretion, may accept the proposed supervisor or request that the Respondent submit a name and professional background, and written notice of confirmation from a different supervisor;

e. The supervision begins after the Board approves the proposed supervisor;

f. The Board will provide the supervisor with a copy of this Consent Order and any other documents the Board deems relevant;

g. The Respondent shall grant the supervisor access to patient records selected by the supervisor, which shall, to the extent practicable, focus on the type of treatment at issue in the Respondent's charges;

h. If the supervisor for any reason ceases to provide supervision, the Respondent shall immediately notify the Board and shall not practice medicine beyond the 30th day after the supervisor has ceased to provide supervision and until the Respondent has submitted the name and professional background, and written notice of confirmation, from a proposed replacement supervisor to the Board;

i. It shall be the Respondent's responsibility to ensure that the supervisor:

i. Reviews the records of 10 patients each month, such patient records to be chosen by the supervisor and not the Respondent;

ii. Meets in-person with the Respondent at least once each month and discuss in-person with the Respondent the care the Respondent has provided for these specific patients;

iii. Be available to the Respondent for consultation on any patient;

iv. Maintain the confidentiality of all dental records and patient information;

v. Provides the Board with quarterly reports which detail the quality of the Respondent's practice, any deficiencies, concerns, or needed improvements, as well as any measures that have been taken to improve patient care; and

vi. Immediately reports to the Board any indication that the Respondent may pose a substantial risk to patients.

j. If the Board, upon consideration of the supervisory reports and the Respondent's response, if any, has a reasonable basis to believe that the Respondent is not in compliance with the Maryland Dentistry Act in his or her practice, the Board may find a violation of probation after a hearing.

k. The Respondent may file a written petition to request termination of the supervision requirement after one (1) year from the effective date of this Consent Order. After considering the petition, the Board may terminate the supervision requirement if it believes the Respondent has been practicing dentistry in compliance with the Maryland Dentistry Act and all laws and regulations pertaining thereto during his probationary period.

3. Within thirty (30) days of the effective date of this Consent Order, the Respondent shall pay of fine in the amount of **$1,250.00** to the Board.

AND IT IS FURTHER ORDERED that after the conclusion of **TWO (2) YEARS** from the date of this 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, 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 investigation or outstanding complaints of similar violations against her; 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 effective date of the Consent Order is the date the Consent Order is signed by the President of the Board or his or her designee. The President of the Board signs the Consent Order on behalf of the Board which has imposed the terms and conditions of this Consent Order; and it is further

ORDERED that the Respondent shall not apply for early termination of probation; and it is further

ORDERED that a violation of probation constitutes a violation of the Consent Order; and it is further

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).

12/6/23

Robert R. Windsor, D.D.S.
President
Maryland State Board of Dental Examiners

CONSENT

I, Robert R. Zebrowski, 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

CONSENT

I, Robert R. Zebrowski, 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.

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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.

11/6/2023
Date

Robert R. Zebrowski, D.D.S.

NOTARY

STATE OF MARYLAND
CITY/COUNTY OF MONTGOMERY

I HEREBY CERTIFY that on this 6TH day of NOVEMBER, 2023, ~~2021~~ 2023, before me, a Notary Public of the foregoing State and City/County personally appear Robert R. Zebrowski, D.D.S., and made oath in due form of law that signing the foregoing Consent Order was his voluntary act and deed.

AS WITNESSETH my hand and notary seal.

SANTIAGO J MANALO
Notary Public
Montgomery County
Maryland
My Commission Expires Oct. 25, 2026

Notary Public

My commission expires: OCT. 25, 2026

RECEIVED
NOV 30 2023
BOARD OF DENTAL EXAMINERS