IN THE MATTER OF	*	**BEFORE THE MARYLAND**
NANETTE LaROSE, D.D.S.	*	**STATE BOARD OF**
Respondent	*	**DENTAL EXAMINERS**
License Number: 12709	*	**Case Number: 2018-178**

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ORDER FOR SUMMARY SUSPENSION OF LICENSE TO PRACTICE DENTISTRY

The Maryland State Board of Dental Examiners (the "Board") hereby **SUMMARILY SUSPENDS** the license of **NANETTE LaROSE, D.D.S.** (the "Respondent"), License Number 12709, to practice dentistry in the State of Maryland. The Board takes such action pursuant to its authority under: Md. Code Regs. ("COMAR") 10.44.07.22, determining that there is a substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare; and Md. Code Ann., State Gov't § 10-226(c)(2) (2014 Repl. Vol.), concluding that the public health, safety and welfare imperatively require emergency action.

INVESTIGATIVE FINDINGS

The Board bases its action on the following findings:[1]

1. At all times relevant hereto, the Respondent has been licensed to practice dentistry in Maryland. The Respondent was initially licensed on or about November 15, 1999, under license number 12709. The Respondent's license is current through June 30, 2019.

[1] The statements describing the Respondent's conduct are intended to provide the Respondent with notice of the basis of the summary suspension. 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 this matter.

2. At all times relevant hereto, the Respondent, a sole practitioner, maintained an office for the private practice of dentistry located at 9652 Pennsylvania Avenue, Upper Marlboro, MD 20772 (the "Office").

Complaint

3. On or about February 27, 2018, the Board received a complaint (the "Complaint") from an individual (the "Complainant") who identified herself as a dental hygienist formerly employed at the Office.

4. In the Complaint, the Complainant indicated that the Respondent had failed to pay her wages owed for days she worked at the Office in December 2017 and January 2018.

5. The Complainant also alleged that the Office lacks critical equipment and supplies, and the Respondent is disregarding important sanitation protocols designed to prevent the spread of infection.

6. Based on the Complaint, the Board initiated an investigation regarding the Respondent's compliance with CDC guidelines. [2]

7. In furtherance of the investigation, the Board assigned an expert in infection control protocols (the "CDC Expert") to conduct an inspection of the Office.

8. On or about March 5, 2018, the CDC Expert, accompanied by a Board investigator and an infection control consultant, conducted an inspection of the Office to determine whether the Respondent was complying with the CDC guidelines.

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[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 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.

9. Following the inspection, the CDC Expert completed a report (the "Expert Report") regarding the Respondent's compliance with CDC Guidelines at the Office.

10. In the Expert Report, the CDC Expert noted "multiple serious issues to resolve in order to achieve full compliance with" the CDC Guidelines.

11. Although no patient care was observed that day, the CDC Expert noted a wide range of deficiencies, including: lack of documentation of compliance mandates, inconsistent instrument sterilization, questionable equipment maintenance, and basic cleanliness in the clinic area…" and concluded that based on these deficiencies, the Office presents "a serious risk of disease transmission to both patients and DHCPs [Dental Healthcare Professionals]."

Initial Appearance and Condition of the Office

12. The Office bears a sign outside with the name "Five Star Dental." At the reception area, business cards bearing the name "Five Star Dental" and "Dr. Nanette LaRose" are displayed.

13. Initially, the Respondent refused to allow the inspection. Eventually, the Respondent consented to the inspection but insisted that she was exempt from any CDC compliance responsibilities per her rental agreement.

14. The Office consists of a reception area, three treatment operatories, a sterilization/dental lab area, a dark room closet, a private office, a bathroom, a staff room, and a storage closet.

15. The dental units had torn upholstery, handpieces on the bracket trays, and debris-laden traps. Operatory sinks were stained and contained debris, and the floors were visibly soiled and littered with used cotton rolls, cotton tip applicators, and other single use items.

16. Used barriers were still in place in the first and second operatories, suggesting they are not changed after patient treatment.

17. Supplies for hand hygiene, including soap, were not available at all sinks. A first aid kit including the recommended medicaments was not available in the clinic area.

18. Household wipes are available for surface and object disinfection, but appropriate disinfectant, meeting the CDC standard of an EPA-registered hospital level disinfectant, was not available.

19. The radiographic equipment's registration with the Maryland Department of the Environment expired on 5/31/2015.

20. The fire extinguisher had not been inspected since 2015. A used coffee cup was in the sterilization area. The mandatory "We Take Precautions for You" poster was not posted.

21. Unprocessed instruments or instruments in torn processing bags and undated bags, were intermingled with bagged processed instruments in storage cupboards throughout the clinic area.

22. No records were available to indicate that the Respondent has instituted policies to ensure compliance with requirements for equipment calibration, testing, record keeping, staff training, or registrations.

23. In summary, there was no written infection control program that is tailored to the Office.

24. Additional areas in which the Office was noted to have serious deficiencies in compliance with CDC guidelines are outlined below in summary fashion.

Education and Training

25. There was no evidence of annual or initial training in infection control policies for staff.

Employee Health Records

26. There were no appropriate employee health records, including vaccination records or exposure records.

Exposure Management

27. There was no policy or manual to address post-exposure procedures, which must include emergency contact instructions, report forms, and a sharps injury log.

Infection and Environmental Control Policies and Logs

28. There were no practice-specific written policies regarding infection control policies for the Office. Missing were written policies regarding: sharps management, sterilization, personal protective equipment (PPE), hand hygiene, surface disinfection, and use of barriers.

29. Also missing were logs of practices that prevent the spread of infection of bloodborne and other pathogens, including: spore testing logs, waterline testing logs, equipment maintenance logs, and medical waste management logs.

CONCLUSIONS OF LAW

Based on the foregoing Investigative Findings, and pursuant to its authority under Md. Code Ann., State Gov't § 10-226(c)(2) (2014 Repl. Vol.), the Board concludes that the public health, safety, and welfare imperatively require this emergency action of summary suspension. In addition, pursuant to COMAR 10.44.07.22, the Board concludes that there is a substantial likelihood that the Respondent poses a risk of harm to the public health, safety, or welfare.

ORDER

Based on the foregoing, it is this **6th** day of **April**, **2018**, by the Board, hereby:

ORDERED that the Respondent's license to practice dentistry in the State of Maryland, under License Number 12709, is hereby **SUMMARILY SUSPENDED**; and it is further

ORDERED that upon the Board's receipt of a written request from the Respondent, a Show Cause Hearing shall be scheduled at the Board's next regularly scheduled meeting, not to exceed thirty (30) days from the Board's receipt, at which the Respondent will be given an opportunity to be heard as to why the Order the Summary Suspension should not continue; and it is further

ORDERED that if the Respondent fails to request a Show Cause Hearing or files a written request for a Show Cause Hearing and fails to appear, the Board shall uphold and continue the Summary Suspension; and it is further

ORDERED that upon service of this Order for Summary Suspension, the Respondent shall immediately surrender to the Board all indicia of licensure to practice dentistry issued by the Board that are in her possession, including but not limited to her original license, renewal certificates, and wallet size license; and it is further

ORDERED that this document constitutes an Order of the Board and is therefore a public document for purposes of public disclosure, as required by Md. Code Ann., General Provisions §§ 4-101 through 4-601 (Repl. Vol. 2014).

NOTICE OF HEARING

Following the Board's receipt of a written request for hearing filed by the Respondent, a Show Cause Hearing will be held at the offices of the Maryland Board of Dental Examiners, Spring Grove Hospital Center, Benjamin Rush Building, 55 Wade Avenue, Catonsville, Maryland 21228. The Show Cause Hearing will be scheduled for the Board's next regularly scheduled meeting, not to exceed thirty (30) days.

At the conclusion of the Show Cause Hearing held before the Board, the Respondent, if dissatisfied with the result of the hearing, may, within ten (10) days, file a written request an evidentiary hearing. Unless otherwise agreed to by the parties, the Board shall provide a hearing within forty-five (45) days of the Respondent's written request. The Board shall conduct an evidentiary hearing under the contested case provisions of Md. Code Ann., State Gov't §§ 10-210 *et seq.*

April 6, 2018
Date

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