

HAYWOOD, STEVEN WURSTER

MARYLAND STATE BOARD OF DENTAL EXAMINERS

STATE LICENSURE ACTION

Date of Action: 05/16/2018

Initial Action

- PROBATION OF LICENSE
- REPRIMAND OR CENSURE
- PUBLICLY AVAILABLE FINE/MONETARY PENALTY

Basis for Initial Action

- INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES

A. REPORTING ENTITY

Entity Name: MARYLAND STATE BOARD OF DENTAL EXAMINERS
Address: SPRING GROVE HOSPITAL CENTER
 55 WADE AVENUE, BENJAMIN RUSH BLDG
City, State, Zip: CATONSVILLE, MD 21228
Country:
Name or Office: SHARON J. OLIVER
Title or Department: COMPLIANCE MANAGER
Telephone: (410) 402-8528
Entity Internal Report Reference: 2017-036
Type of Report: INITIAL

B. SUBJECT IDENTIFICATION INFORMATION (INDIVIDUAL)

Subject Name: HAYWOOD, STEVEN WURSTER
Other Name(s) Used:
Gender: MALE
Date of Birth: 04/26/1960
Organization Name: DR. STEVEN W. HAYWOOD
Work Address: 108 W TIMONIUM RD STE 200
City, State, ZIP: LUTHERVILLE TIMONIUM, MD 21093-7320
Organization Type: DENTAL GROUP/PRACTICE (362)
Home Address: 108 W TIMONIUM RD STE 200
City, State, ZIP: LUTHERVILLE TIMONIUM, MD 21093-7320
Deceased: NO
Federal Employer Identification Numbers (FEIN):
Social Security Numbers (SSN): ***-**-5338
Individual Taxpayer Identification Numbers (ITIN):
National Provider Identifiers (NPI):
Professional School(s) & Year(s) of Graduation: UNIVERSITY OF DETROIT MERCY SCHOOL OF DENTISTRY (1987)
Occupation/Field of Licensure (Code): DENTIST
State License Number, State of Licensure: 10713, MD
Specialty: GENERAL DENTISTRY (NO SPECIALTY)
Drug Enforcement Administration (DEA) Numbers:
Unique Physician Identification Numbers (UPIN):
Name(s) of Health Care Entity (Entities) With Which Subject Is Affiliated or Associated (Inclusion Does Not Imply Complicity in the Reported Action.):
Business Address of Affiliate:
City, State, ZIP:
Nature of Relationship(s):

DCN: 5500000134917986
Process Date: 05/23/2018
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 HAYWOOD, STEVEN WURSTER
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 MARYLAND STATE BOARD OF DENTAL EXAMINERS

C. INFORMATION REPORTED

Type of Adverse Action: STATE LICENSURE
 Basis for Action: INADEQUATE OR IMPROPER INFECTION CONTROL PRACTICES (17)
 Name of Agency or Program That Took the Adverse Action Specified in This Report: MARYLAND STATE BOARD OF DENTAL EXAMINERS
 Adverse Action Classification Code(s): PROBATION OF LICENSE (1125)
 REPRIMAND OR CENSURE (1140)
 PUBLICLY AVAILABLE FINE/MONETARY PENALTY (1173)
 Date Action Was Taken: 05/16/2018
 Date Action Became Effective: 05/16/2018
 Length of Action: SPECIFIC PERIOD
 Years: 2
 Months:
 Days:
 Total Amount of Monetary Penalty, Assessment and/or Restitution: \$ 5,000.00
 Is Subject Automatically Reinstated After Adverse Action Period Is Completed?: NO
 Description of Subject's Act(s) or Omission(s) or Other Reasons for Action(s) Taken and Description of Action(s) Taken by Reporting Entity:

In a consent order, the Respondent and the Maryland State Board of Dental Examiners (MSBDE) agreed that the Respondent behaved unprofessionally, by failing to comply with the CDC's guidelines on universal precautions. The MSBDE received a complaint about failure to follow appropriate sterilization protocols, failure to use personal protective equipment (PPE) and hand hygiene protocols, failure to follow waste management protocols, and failure to properly label solutions. An expert consultant inspected the Respondent's practice and found failure to maintain required manuals, records, and documentation; violations of disinfection and sterilization standards, PPE practices, and waterline policies; inadequate spore testing; non-sterilized handpiece motors; unwrapped sterilized instrument cassettes; sterile and non-sterile instruments stored together; missing sharps containers; a contaminated needle left on a counter by an employee in the inspector's presence; missing training logs; and deficient waterline bacterial testing, and lack of waterline management policy. The Respondent and MSBDE agreed to formal public discipline of a reprimand, fine of \$5,000.00, probation for two years, quarterly unannounced inspections, and a requirement that the Respondent attend six additional hours of education in infection control protocols. Respondent may petition for termination of probation after two years.

Is the Adverse Action Specified in This Report Based on the Subject's Professional Competence or Conduct, Which Adversely Affected, or Could Have Adversely Affected, the Health or Welfare of Patient(s)?: YES

Subject identified in Section B has appealed the reported adverse action.

D. SUBJECT STATEMENT

If the subject identified in Section B of this report has submitted a statement, it appears in this section.

E. REPORT STATUS

Unless a box below is checked, the subject of this report identified in Section B has not contested this report.

- This report has been disputed by the subject identified in Section B.
- At the request of the subject identified in Section B, this report is being reviewed by the Secretary of the U.S. Department of Health and Human Services to determine its accuracy and/or whether it complies with reporting requirements. No decision has been reached.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services and a decision was reached. The subject has requested that the Secretary reconsider the original decision.
- At the request of the subject identified in Section B, this report was reviewed by the Secretary of the U.S. Department of Health and Human Services. The Secretary's decision is shown below:

Date of Original Submission: 05/23/2018

Date of Most Recent Change: 05/23/2018

This report is maintained under the provisions of: Title IV; Section 1921

The information contained in this report is maintained by the National Practitioner Data Bank for restricted use under the provisions of Title IV of Public Law 99-660, as amended, Section 1921 of the Social Security Act, and 45 CFR Part 60. All information is confidential and may be used only for the purpose for which it was disclosed. Disclosure or use of confidential information for other purposes is a violation of federal law. For additional information or clarification, contact the reporting entity identified in Section A.

END OF REPORT