

IN THE MATTER OF
KASHYAP D. PATEL, D.D.S.

Respondent

License Number: 15582

* BEFORE THE MARYLAND
* STATE BOARD OF DENTAL
* EXAMINERS
* Case Number: 2022-096

* * * * *

CONSENT ORDER

In or around January 2022, the Maryland State Board of Dental Examiners (the “Board”) opened an investigation of **KASHYAP D. PATEL, D.D.S.** (the “Respondent”), License Number 15582. 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.”) §§ 16-101 *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 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.

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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 25, 2014, under License Number 15582. The Respondent's license is current through June 30, 2024.

2. At all times relevant, the Respondent owned and practiced dentistry at a private practice located at 2703 Old Soper Road, Suite 2C, Camp Springs, Maryland 20746 (the "Office").

II. COMPLAINT

3. On or about January 2, 2022, 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 the Centers for Disease Control and Prevention ("CDC") guidelines.¹

¹ The Centers for Disease Control and Prevention 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.

III. INFECTION CONTROL INSPECTION

4. Due to allegations of potential infection control issues at the Office, on or about May 6, 2022, a Board-assigned infection control inspector (the "Board Inspector"), along with a Board investigator, visited the Office and conducted an infection control inspection.

5. The Respondent was present during the inspection, as was another dentist, an associate dentist (the "Associate Dentist"), the office manager (the "Office Manager"), a dental hygienist (the "Dental Hygienist"), three dental assistants ("Dental Assistant 1", "Dental Assistant 2" and "Dental Assistant 3") and two front desk employees. One of the front desk employees was a receptionist (the "Receptionist") and one was an insurance coordinator.

6. As part of the inspection, the Board Inspector utilized the publicly available Centers for Disease Control and Prevention 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:

CDC Update Covid Recommendations

Maryland State Board of Dental Examiners ("MSBDE")/Health Department Notification – COVID-19 Order requirements were submitted and notification was posted.

Personal Protective Equipment ("PPE") Inventory – PPE inventory was sufficient to support scheduled patients for treatment for approximately two weeks.

N95 Fit Test – The required N95 Fit Test documentation could not be verified.

Employee Screening – Daily screening and documentation of staff was not available for review. Hand sanitizer was available at the reception desk for patients’ use upon entry. “Cover Your Cough” poster was posted for patients to view before entry to the treatment area.

Patient Screening – The Office requests that patients call or text upon arrival. The Office’s check-in verification response requests that patients click on a link to screen for COVID-19 symptoms. The Receptionist did not verify that the patients completed the screening questions. Patients’ temperatures were not taken upon entry. Upon questioning about the protocol, the Office Manager and Receptionist correctly screened the next patient upon arrival and performed a temperature check.

Extra Oral Suction Units - There were no extra oral suction units.

Air Purifier – Air purifying units were placed in the reception/waiting room area and in the treatment operatories.

Amalgam Separator Installation – The Amalgam Separator was installed in the compressor room/closet.

Section I: Policies and Practices

I.1 Administrative Measures – The Office did not have the Occupational Safety and Health Administration (“OSHA”) Infection Control Manual available for review. The Office Manager stated that documentation was “online.”

I.2 Infection Prevention Education and Training – The Office did not have a practice-specific infection control manual available for review. The Office did not have the required infection control training for staff at the time of hire available for review. The Office did not have training on tuberculosis testing and/or screening available for review.

I.3 Dental Health Care Personnel Safety - The Office did not have an infection control manual available for review that specified practice-specific policies to identify specific staff whose assigned job duties could pose risk of exposure.

I.4 Program Evaluation - The Office did not have an infection control manual that specified practice-specific infection prevention policies or procedures. The Office did not have practice-specific protocol regarding proper use of personal protective equipment (“PPE”), use of disinfectants or instrument processing.

I.5 Hand Hygiene – The Office did not have an infection control manual available for review. The Office did not have practice-specific hand hygiene protocol available for

review. The Office did not have hand hygiene protocol posted in any of the treatment operatories, the instrument processing area, staff lounge or restrooms.

I.6 Personal Protective Equipment (PPE) - The Office did not have an infection control manual available for review. There was no practice-specific protocol for donning, doffing, disposing or use of PPE.

I.7 Respiratory Hygiene/Cough Etiquette – The Office had no practice-specific protocol available for inspection. “Cover Your Cough” protocol was posted for patients to view prior to entry. Hand sanitizer was available for patients to use upon check in. The Board’s “We Take Precautions For You” was not posted for patients to view. Screening of patients was not verified or performed prior to the inspector’s request for proof of policy or documentation. After the request, the Office Manager directed the Receptionist to perform patient screening.

I.8 Sharps Safety – Practice-specific written protocol for the handling and disposal of sharps was not available for review.

I.9 Safe Injection Practices - The Office did not have practice-specific written protocol for the safe handling and preparation of injectables used for patient treatment.

I.10 Sterilization and Disinfection of Patient Care Items and Devices - The Office did not have practice-specific written protocol for sterilization and/or disinfection for the reuse of patient care items or equipment. The Office did not have documentation of policy or staff training regarding the sterilization and/or disinfection for the reuse of patient care items or equipment.

I.11 Environmental Infection Prevention and Control - The Office did not have documentation of policy or staff training regarding the disinfection of environmental, touch and clinical contact surfaces in the patient treatment area. Barriers were placed on touch surfaces, dental light handles, dental unit control pads, and on the headrest covers of the dental chairs. Barriers were also placed on the x-ray imaging exposure button, but they were not changed after patient treatment.

I.12 Dental Unit Water Quality - The Office did not have practice-specific written protocol for monitoring dental unit water quality.

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

II.1 Hand Hygiene is Performed Correctly – The Office did not have hand hygiene protocol posted at any of the treatment operator sinks, in the instrument processing area, staff lounge, or in the restrooms. Treatment operator sinks require touching of the faucet to turn the water on and off. The Associate Dentist was observed performing hand

hygiene after removing gloves, but the Associate Dentist did not use a paper towel to turn off the faucet. Dental Assistant 1 and the Dental Hygienist were observed using hand sanitizer after removing gloves. Dental Assistant 3 was observed not performing hand hygiene after removing gloves nor before donning gloves.

II.2 Personal Protective Equipment (PPE) is Used Correctly – Surgical procedures are performed in the Office; however, sterile surgical gloves were not available for use. Overgowns were not changed after patient treatment. The Associate Dentist did not use a face shield during a clinical procedure and the Associate Dentist was observed wearing clinical attire to enter the business area. The Dental Hygienist did not wear a face shield when using a cavitron. Dental Assistant 3 did not wear an overgown when performing instrument decontamination and sterilization. Dental Assistant 2 did not position the earloop mask to seal the nose when chairside during documentation and Dental Assistant 2 did not wear an overgown or safety glasses when performing post-treatment disinfection.

II.3 Respiratory Hygiene/Cough Etiquette - The Office did not have COVID protocol posted at the practice entrance. Plexiglass partitions were not installed at the reception desk. The “Cover Your Cough” Poster is displayed on the door that separates the reception room from the treatment area. Hand sanitizer is available for patients’ use at the reception desk. The Board’s “We Take Precautions For You” poster was not posted for patients to view. Patients are instructed to notify the Office of their arrival by text, then they are sent a link to use to complete screening; however, compliance is not verified by the Office staff. Screening of patients was not verified or performed prior to the inspector’s request for proof of policy or documentation of patient or staff. After the inspector’s request, the Office Manager directed the Receptionist to perform patient screening. No documentation of staff screening was available for review.

II.4 Sharps Safety – The only sharps container was in the instrument processing area. There was no direct observation of removing needles and/or carpules in the treatment operatory or in the instrument processing area.

II.5 Safe Injection Practices – The Associate Dentist was observed using the “scoop” method to recap an aspirating syringe. There was no direct observation of preparation of the anesthetic carpule prior to assembling the aspirating syringe.

II.6 Sterilization and Disinfection of Patient Care Items and Devices – Instruments are transported to the instrument processing area on a tray that is not covered or secured. The Office’s positioning of equipment in the instrument processing area does not follow the single loop sequence of sterilization. The ultrasonic unit is placed next to the Midmark sterilization unit, which requires reuse of the contaminated area and a back-and-forth sequence of sterilization. Instrument processing protocol is not posted. Maintenance logs for the ultrasonic unit and the Midmark sterilizer did not contain any

recent entries. Benco Dental service receipts show that service was required for the Midmark sterilization unit in January and February of 2022. A spore test could not be verified. The spore test log did not contain any entries. Slow speed handpieces were not removed from the unit after patient treatment. Sterilization pouches were not identified as to date of processing. Sterilization pouches were not consistently packaged correctly; numerous pouches were not sealed at the perforation and there was evidence of torn sterilization pouches in storage. The implant drilling unit motor, irrigation tubing and the endo handpiece were still connected to the unit. An implant surgical cassette wrapped in a processing pouch was not sealed at the perforation and there was condensation in the package. The pouch was not identified as to date of processing. There were unwrapped cassettes in the treatment operatory cabinets. There were open sterilization pouches of implant cover screws and healing abutments located in the closed treatment operatory. Dental materials were stored in the same refrigerator as food in the staff lounge.

II.7 Environmental Infection Prevention and Control - The Office did not place barriers on the HVE/SVE handpiece or the air/water syringe. Disinfectant wipes were re-packaged in a clear canister and were not labeled. The canister lid was not secured. Barriers on the x-ray exposure button were not changed after exposure and patient dismissal. Based upon direct observation in the treatment operatory, the Office had inconsistent hand hygiene. Gloves were worn to remove contaminated items that were not changed before disinfecting the treatment room.

II.8 Dental Unit Water Quality – Based upon direct observation, the Office's post-treatment protocol did not include flushing handpieces or the air/water waterlines after patient treatment. Treatment operatory units are supplied with self-contained water bottles. There was no evidence that waterline testing was performed; no reports or results were made available.

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 notified of violations, the Respondents immediately engaged a Board-approved infection control specialist in May 2022 to ensure the Office was in full compliance of CDC Guidelines. The infection control specialist has since issued a report, dated December 13, 2022, with photo attachments detailing corrective actions taken by the Office to ensure full compliance with CDC Guidelines.

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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... unprofessionally... 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 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. 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 Collins
Christy Collins Ed.D., Executive Director
Maryland State Board of Dental Examiners

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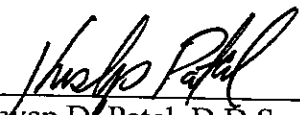
CONSENT

By this Consent, I, Kashyap D. Patel, 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.

1/3/2023
Date


Kashyap D. Patel, D.D.S.
Respondent

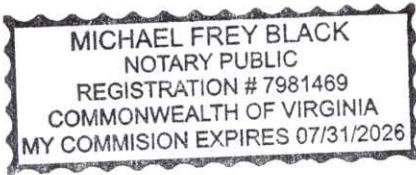
NOTARY PUBLIC

STATE OF Virginia

CITY/COUNTY OF: Fairfax

I HEREBY CERTIFY that on this 3 day of January,
2023, before me, a Notary Public of the State and County aforesaid, personally
appeared Kashyap D. Patel, 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.



Notary Public 

My commission expires: 07/31/2026

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