

IN THE MATTER OF
RICHARD ENGLANDER, D.D.S.

Respondent

License Number: 7482

* BEFORE THE MARYLAND
* STATE BOARD OF
* DENTAL EXAMINERS
* Case Number: 2019-149

* * * * *

**ORDER FOR SUMMARY SUSPENSION
OF LICENSE TO PRACTICE DENTISTRY**

The Maryland State Board of Dental Examiners (the “Board”) hereby **SUMMARILY SUSPENDS** the license of **RICHARD ENGLANDER, D.D.S.** (the “Respondent”), License Number 7482, 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. & 2018 Supp.), concluding that the public health, safety and welfare imperatively require emergency action.

INVESTIGATIVE FINDINGS

The Board bases its action on the following findings:¹

Background

1. The Respondent was initially licensed to practice dentistry in Maryland on or about May 21, 1981, under license number 7482. The Respondent’s license is current through June 30, 2020.

¹ The statements regarding the Respondent’s conduct identified herein are intended to provide the Respondent with reasonable notice of the asserted facts. 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.

2. At all times relevant, the Respondent practiced dentistry at a private dental practice which he owned. The practice had two locations, one in Timonium, Maryland and the other in in Baltimore, Maryland.

Complaint

3. On or about June 17, 2019, the Board received a complaint (the "Complaint") from an individual (the "Complainant") who identified herself as a former patient of the Respondent.

4. In the Complaint, the Complainant indicated that the Respondent's office located in Timonium, Maryland (the "Office") was "extremely [*sic*] unsanitary."

5. Based on the Complaint, the Board initiated an investigation regarding the Office's compliance with CDC guidelines.²

6. In furtherance of the investigation, the Board assigned an inspector in infection control protocols (the "Board Inspector") to conduct an inspection of the Office.

Office Inspection

7. On or about July 2, 2019, the Board Inspector, accompanied by a Board investigator, conducted an inspection to determine whether the Office was complying with the CDC guidelines. The Respondent, the office manager who is a DRT and is also the

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.

Respondent's spouse ("Office Manager"), one dental radiation technologist ("DRT"), and the office receptionist, were present at the Office during the inspection.

8. During the inspection the Office Manager informed the Board's investigator and the Board Inspector: 1) that the Respondent owned the practice at the Timonium, Maryland location as well as at another location, 2) the Respondent was in the process of selling the Timonium, Maryland location to another dentist, and 3) that the final ownership transfer is scheduled to take place on July 31, 2019.

9. Moreover, during the inspection, when asked by the Board Inspector to provide infection control documents as well as other documents for the dental practice, the Office Manager was able to provide a few documents to the Board Inspector but advised that the rest of the documents were kept at the Respondent's house. During the inspection the Board Inspector was able to make observations of the Respondent providing direct patient care.

Inspection Report

10. Following the inspection, the Board Inspector completed a report (the "Inspection Report") regarding compliance with CDC Guidelines at the Office.

11. In the Inspection Report, the Board Inspector noted violations of the CDC Guidelines in a range of areas, specifically as outlined below.³

³ The headings and numbering system used to outline the CDC-related issues herein are derived from the CDC's published "Infection Prevention Checklist," which the Board Inspector employed as a tool in completing her inspection.

Section I: Policies and Practices

- **I.1 Administrative Measures**
 - No documentation available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.2 Infection Prevention Education and Training**
 - No documentation of initial training at time of hire was available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.3 Dental Health Care Personnel Safety**
 - Post Exposure Adverse Event Form available (Office Manager reported no adverse events ever occurred)
 - Office Manager stated that the Respondent maintains documents at his private residence.
- **I.4 Program Evaluation**
 - No documentation available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.5 Hand Hygiene**
 - No documentation available for review. Office Manager stated that the Respondent maintains documents at his private residence.
 - No posting of Hand Hygiene protocol was placed within the practice.
- **I.6 Personal Protective Equipment (PPE)**
 - No documentation as to specific policy and procedure was available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.7 Respiratory Hygiene/Cough Etiquette**
 - No documentation available for review. Office Manager stated that the Respondent maintains documents at his private residence.
 - No posting of “Cover Your Cough” or “We Take Precautions” was placed for patient review.

- **I.8 Sharps Safety**
 - No documentation available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.9 Safe Injection Practices**
 - No documentation available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.10 Sterilization and Disinfection of Patient Care Items and Devices**
 - No documentation as to specific policy and procedure was available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.11 Environmental Infection Prevention and Control**
 - No documentation as to specific policy and procedure was available for review. Office Manager stated that the Respondent maintains documents at his private residence.
- **I.12 Dental Unity Water Quality**
 - No documentation was available for review. Office Manager stated that the Respondent maintains documents at his private residence.

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

- **II.1 Hand Hygiene is Performed Correctly**
 - The Respondent failed to perform proper hand hygiene including handwashing or utilizing hand sanitizer each time he put on gloves or removed gloves. The DRT consistently failed to follow hand hygiene protocol by handwashing or utilizing hand sanitizer after removing gloves.
- **II.2 Personal Protective Equipment (PPE) is Used Correctly**
 - Observations of DRT chairside assisting – no safety glasses, inconsistent wearing of mask. Jacket was not buttoned leaving shirt exposed. The DRT reported that they took their jacket outside of the work area in order to take the jacket home and launder it.
 - Observations of Respondent and DRT - mask was worn for multiple patient treatment procedures and not changed.

▪ **II.3 Respiratory Hygiene/Cough Etiquette**

- No Posting of “Cover Your Cough” at reception desk or near waiting area. Tissues and hand sanitizer were placed on counter at reception desk.

▪ **II.6 Sterilization and Disinfection of Patient Care Items and Devices**

- Instruments that were packaged in nylon “Nyclav” heat sealed tubes did not have any labels or indication of the date or cycle of processing.
- Some of the handpieces were packaged in nylon tubes that were not sealed and/or marked. Some of the other handpieces were not processed in any packaging.
- Slow Speed motors were not processed and were not removed from the dental unit after use.
- Instrument procedure “sets” were packaged in metal cassettes with visible rust present.
- Instruments were stored in a manner that risked cross-contamination by being stored after processing in open plastic bins in the instrument processing room next to contaminated items.
- Dental rotary burs were placed openly on metal mobile carts during treatment.
- Stainless steel perforated impression trays are not packaged and sterilized for reuse – trays are hung on hooks in a cabinet.
- Sterile Gloves are not available and not used for surgical procedures.
- “Cold Sterile” Glutaraldehyde solution is used, but date of activation was not indicated on gallon container.

▪ **II.7 Environmental Infection Prevention and Control**

- Barriers were not placed on the A/W syringe, HVE and SVE Handpieces, light handle on dental treatment light, x-ray tube head or x-ray exposure button.
- Disinfection solution was placed in a spray bottles that were not labeled as to solution or date of fill.

- The DRT did not change gloves or perform hand hygiene after removing instruments from treatment operatory; same gloves worn to clean and disinfect operatory and set up for next procedure.

▪ **II.8 Dental Unit Water Quality**

- Dental unit water lines are connected to municipal water system. Water lines were not flushed after each treatment. HVE/SVE lines were not flushed after each patient as well as flushed at end of day with enzymatic solution.

12. The Board Inspector concluded that based on the violations of the CDC Guidelines found during the CDC Inspection, in particular those listed below, there exists a risk to patient and staff safety.

- (a) Lack of hand hygiene protocol and training.
- (b) Lack of Personal Protective Equipment (PPE) protocol.
- (c) Outdated, and/or missing contents of office manual.
- (d) Unable to verify sterilization of dental instruments. Inconsistent seals on packages.
- (e) Lack of, or inconsistency of, barrier protection in dental treatment and dental devices.
- (f) Lack of initial or annual staff training log.
- (g) Inconsistency of correct hand hygiene observed, and lack of posted “Hand Hygiene” protocol.
- (h) Infection control posters, “Cover Your Cough” or “We Take Precautions,” not posted in patient waiting area.

- (i) Proof of Hepatitis B vaccination documentation, and baseline TB testing not available.
- (j) Sterile gloves not used for surgical procedures and not available for use.
- (k) Use of Glutaraldehyde as “Cold Sterile” missing required activation date.
- (l) Disinfectant solution used in unmarked container.
- (m) A/W syringe tips and slow speed motors placed on unit and reused – disinfected after treatment only.
- (n) No water line flush performed after patient treatment.

13. As a licensed dentist who practices at and owns the office located in Timonium, Maryland, the Respondent failed to ensure compliance with the CDC Guidelines at all times.

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. & 2018 Supp.), 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 by the Board hereby:

ORDERED that the Respondent's license to practice dentistry in the State of Maryland, under License Number 7482, 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 for Summary Suspension should not continue; and it is further

ORDERED that if the Respondent 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 his possession, including but not limited to his 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., Gen. Prov. §§ 4-101 through 4-601 (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 for 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.* (2014 Repl. Vol. & 2018 Supp.).

August 1, 2019
Date

Francis X. McLaughlin, Jr.
Francis X. McLaughlin, Jr., Executive Director
Maryland State Board of Dental Examiners