

**AGENDA
CONNECTICUT STATE DENTAL COMMISSION**

Wednesday, October 27, 2021 at 10:00 AM
Department of Public Health
410 Capitol Avenue, Hartford Connecticut

CALL TO ORDER

LICENSE REINSTATEMENT APPLICATION

- Mary Hamill, DDS
Presented by Jolanta Gawinski, RN, Health Program Supervisor, DPH

OFFICE OF LEGAL COMPLIANCE

Michael Greene, DDS – Petition No. 2021-577

Motion for Summary Suspension – Presented by Joelle Newton, Staff Attorney, DPH

ADJOURN

This meeting will be held by video conference.

State Dental Commission - Special Meeting via Microsoft Teams

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 860-840-2075 - Phone Conference ID: 263 695 987#](#)

Mary Hamill, D.D.S. license reinstatement reconsideration

Dr. Mary Hamill's license was issued on 09/13/1986. Her license expired on 08/31/2018. She is not licensed in another state and there is no disciplinary action taken against her Connecticut license. Dr. Hamill's last clinical practice was in 2018. She informed that she was diagnosed with Myasthenia Gravis in 2014. She reported that she did not renew her license and stopped practicing due to experiencing a Myasthenic crisis. She reported undergoing rehabilitation to regain strength.

She indicated that she hopes to practice in the academia or working at a public health clinic.

Dr. Hamill's reinstatement application was presented to the Commission on 06/16/2021. The commission recommended that the license be reinstated with a permanent restriction of no clinical practice.

The Department contacted Dr. Hamill and conveyed the Commission's recommendation. Dr. Hamill informed that the academic position she is considering would require a component of clinical oversight of students and, therefore, she would not agree to this restriction. She informed that her disease is in remission and is no longer affecting her ability to practice dentistry. Dr. Hamill agreed to obtain a neurological evaluation that would inform the Department and the Commission on her current status.

On 10/15/2021, the Department received a summary of an evaluation performed by Amiram Katz, MD, Board Certified Neurologist. Dr. Katz has been Dr. Hamill's treating neurologist. He reports that she has been diagnosed with Myasthenia Gravis in 2014 and has been in remission from this disease since August 2020. He assessed mental functions, motor strength, reflexes and cerebellar functions and believes all are preserved and intact. He feels she should be able to practice dentistry with reasonable skill and safety.

In light of the disease remission, Dr. Hamill requests reconsideration of the permanent restriction recommended by the Dental Commission.

Mary Frances Hamill, D.D.S.

Trumbull, Connecticut 06611

May 18, 2021

Dear Dental Commissioners,

I am writing about the reinstatement of my Connecticut Dental License. I have not been a practicing dentist since I became disabled due to a Myasthenia respiratory crisis.

During my time away from practice, I have continued to study journals, audit online courses and read everything I could get my hands on.

I am aware that I will not have the stamina or strength to practice dentistry as I did before I became disabled. I also am aware that there are alternative options that I can explore that will allow me to share my dental knowledge and skills.

I am interested in returning to academia and hopefully spending some time at a public health clinic.

I have been extremely fortunate to have had a private practice that I loved. I am now ready to move on to new adventures where I can share my knowledge and my love of the practice of dentistry.

Thank you for considering my application for the reinstatement of my Dental License.

Sincerely,

A handwritten signature in black ink that reads "Mary Frances Hamill DDS". The signature is fluid and cursive, with "Mary Frances" on the first line and "Hamill DDS" on the second line.

Mary Frances Hamill, D.D.S.

Mary Frances Hamill, D.D.S.

Trumbull, Connecticut 06611

Connecticut Department of Public Health
Dental Licensing
410 Capitol Avenue, MS #12 APP
P.O. Box 340308
Hartford, CT 06134

March 25th, 2021

Dear Connecticut State Dental Commissioners,

I am applying for a renewal of my dental license [# 006923] that I let lapse in 2018.

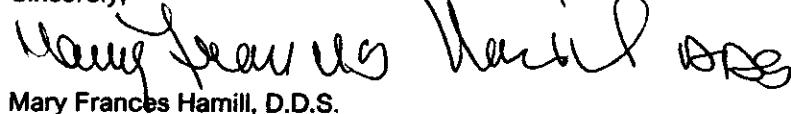
I was diagnosed with Myasthenia Gravis in 2014. I was fortunate to receive an early diagnosis and was able to continue practicing in my private practice, Mary Frances Hamill, D.D.S. at ..
Norwalk, CT 06851.

My failure to renew my dental license occurred, because of a Myasthenic crisis due to complications after a surgery. It has been a long and successful recovery. Learning to walk, sit, and building up the strength to use my arms has been a wild experience. It was during this period that I somehow missed my opportunity to renew my dental license.

I sincerely apologize for this. I decided to be a dentist in the 3rd grade and never wavered. I have always considered myself fortunate to love what I do, love my staff and my patients. I miss all of this more than you can imagine. I am hoping that you will renew my license so that I can once again fulfill my dreams.

Thank you for your consideration and time.

Sincerely,


Mary Frances Hamill, D.D.S.

Enc. application

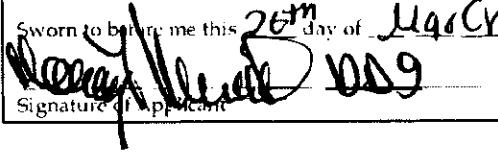
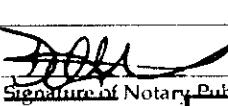
STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

Email: dph.dentalteam@ct.gov
 Web Site: www.ct.gov/dph/license

Dentist License Application

Please complete this application and submit it along with a two (2) checks: One in the amount of \$565.00 and the other in the amount of \$4.75, made payable to "Treasurer, State of Connecticut." Return your completed application and fees to:

CT DPH, Application Processing, 410 Capitol Ave., MS# 12MQA, PO Box 340308, Hartford, CT 06134

First Name Mary	MI F	Last Name Hamill	Maiden Hamill	Social Security Number	
Email Address	Street Address	City Trumbull	State CT	Postal Code 06611	
Telephone Number	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Date of Birth	Ethnicity: check (✓) <input type="checkbox"/> Hispanic or Latino <input checked="" type="checkbox"/> Not Hispanic or Latino		
Race - Please check (✓) all that apply <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input checked="" type="checkbox"/> White					
Are you now, or have you ever been, licensed as a dentist in any other state? If yes, please list all (Please abbreviate. Attach additional sheets as necessary):					
Have you held a Connecticut dental license in the past? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Lic. No. 006923					
Dental School Name Georgetown University School of Dentistry	City Washington	State DC	Country USA	Degree Earned D.D.S.	Degree Date 05-1986
Have you successfully completed the National Board Examination? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exam Date 1986					
Have you successfully completed the Northeast Regional Board Examination (NERB)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Exam Date 1986					
Have you completed a Regional Examination other than the NERB? (Applicants completing an exam other than the NERB are required to take the DSCE component of the NERB examination or residency.)				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Please List Board
Are you applying for waiver of the regional board examination requirement based on completion of 1 year of residency training? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Have you ever been censured, disciplined, dismissed or expelled from, had admissions monitored or restricted, had privileges limited, suspended or terminated, been put on probation, or been requested to resign or withdraw from any of the following: Any hospital, nursing home, clinic, or similar institution; Any health maintenance organization, professional partnership, corporation, or similar health practice organization, either private or public, Any professional school, clinical clerkship, internship, externship, preceptorship; or postgraduate training program; Any third party reimbursement program, whether governmental or private? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Have you ever had your membership in or certification by any professional society or association suspended or revoked for reasons related to professional practice? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Has any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction, denied your eligibility limited, restricted, suspended or revoked any professional license, certificate, registration or permit granted to you, or imposed a fine or reprimand, or taken any other disciplinary action against you? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Have you ever, in anticipation or during the pendency of an investigation or other disciplinary proceeding, voluntarily surrendered any professional license, certificate or registration issued to you by any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Have you ever been subject to, or do you currently have pending, any complaint, investigation, charge, or disciplinary action by any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, or a foreign jurisdiction or any disciplinary board/committee of any branch of the armed services? You need not report any complaints dismissed as without merit? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Have you ever entered into, or do you currently have pending, a consent agreement of any kind, whether oral or written, with any professional licensing or disciplinary body in any state, the District of Columbia, a United States possession or territory, any branch of the armed services or a foreign jurisdiction? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
Have you ever been found guilty or convicted as a result of an act which constitutes a felony under the laws of this state, federal law or the laws of another jurisdiction and which, if committed within this state, would have constituted a felony under the laws of this state? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No					
If you answered yes to any of the above questions regarding your professional history, please provide details in your own words in a separate notarized statement and provide supporting documentation (e.g. certified court copy with court seal affixed, complaint, answer, judgment, settlement or disposition) that will assist this office's review.					
NOTARIZATION On this <u>26th</u> day of <u>March</u> <u>20 21</u> the above referenced individual personally appeared before me, who being duly sworn says that he/she is the person referred to in the foregoing application, the photograph attached hereto is a true picture of self and that the statements made herein or on any document attached hereto are true in every respect.					
Sworn to before me this <u>26th</u> day of <u>March</u> <u>20 21</u>  Signature of Applicant					
My Commission Expires: <u>10/31/2023</u>  Signature of Notary Public					



Mary Frances Hamill, D.D.S., F.A.C.D., F.P.F.A.

Trumbull, Connecticut, 06611

Curriculum Vitae

Birthdate:

■

Education:

- Elon College – Bachelor of Arts in Chemistry, 1979
- Georgetown University School of Dentistry – Doctor of Dental Surgery, 1986

Dental License:

- State of Connecticut, 1986-2018

Professional Experience:

- Dental Group of Norwalk, Dentist, 1986-1987
- Mary Frances Hamill, D.D.S., L.L.C., Dentist & Owner, 1988-2018
- UConn School of Dental Medicine
 - Associate Professor, 1999-2015
 - Guest Lecturer, 1990-1992

Professional Affiliations:

- American College of Dentist – Fellowship
- Pierre Fauchard Academy – Fellowship
- American Dental Association
- Connecticut State Dental Association
- Greater Norwalk Dental Society
- National Dental PRBN
- Omicron Delta Kappa
- Beta Beta Beta

Professional Commitments:

- ADA House of Delegates
 - Alternate Delegate, 1996-1999
- Connecticut State Dental Foundation
 - President, 1997-1999
 - Secretary, 1996-1997
 - Board Member, 1994-2001

Mary Frances Hamill, D.D.S., F.A.C.D., F.P.F.A.

Professional Commitments (continued):

- CSDA House of Delegates
 - Delegate, 1993-1998
 - Alternate Delegate, 1991-1993
- CSDA
 - Committee for the Young Professional – Chairperson, 1989-1994
 - Membership Committee – Chairperson, 1989-1990
 - Ad-Hoc Sunset Review Committee – Member, 1988-1989
 - Council on Legislation – Member, 1988-1992
- Greater Norwalk Dental Society
 - Consultant to Executive Board, 1996-2003
 - Past President, 1996-1997
 - President, 1995-1996
 - Vice President, 1994-1995
 - Secretary, 1993-1994
 - Treasurer, 1992-1993
 - Program Chairperson, 1991-1992
 - Senior Screening Programs Chairperson, 1990-1991

Personal Commitments:

- Norwalk Seaport Association
 - Annual Gala – Co-Chairperson
 - Member and Volunteer
- Wilton High School
 - Athletic Booster Board Member
 - Department of Theatre – Costumes
- Wilton Department of Recreation – Assistant Soccer Coach
- Our Lady of Fatima, Wilton
 - Youth Group – Adult Leader and Co-Chairperson
 - CCD Instructor
 - Senior High School Retreats – Co-Director and Volunteer
- Fund Raising Committee
 - Cidermill School, Wilton
 - Middlebrook Middle School, Wilton
 - Wilton High School, Wilton
 - All Saints Catholic School, Norwalk
 - Our Lady Of Fatima, Wilton

Personal Interests:

Family; Research; Golf; Skiing; Boating; Reading; Entertaining; Dance; Landscape Design



letter of recommendation to Dr. Lawrence (Larry) DeLibero Mary Frances Hamill DDS <mhamilldds@gmail.com>

115 Technology Dr Trumbull, CT 06611

CT Dental Commission Recommendation

2 messages

deliberol@yahoo.com <deliberol@yahoo.com>
Reply-To: "deliberol@yahoo.com" <deliberol@yahoo.com>
To: Mary Frances Hamill DDS <mhamilldds@gmail.com>

Mon, Mar 15, 2021 at 8:32 AM

To Connecticut State Dental Commission

To Whom It May Concern,

I am writing this letter to recommend reinstatement of Dr Mary Hamill to the Connecticut State Dental Commission . I am a practicing Periodontist in Norwalk and Trumbull CT. I have worked with Dr. Hamill for over 20 years and I can tell you that we have had a great working relationship . In the time I have worked with Mary, she has demonstrated a high degree of skill and compassion toward her patients. Dr. Hamill understands the importance of early diagnosis and treatment of periodontal disease , as well having a high degree of clinical and cognitive skill. I would highly recommend you reinstate her so that she can continue to contribute to our great profession.

Sincerely,

Dr Lawrence DeLibero

mhamilldds <mhamilldds@gmail.com>
To: "deliberol@yahoo.com" <deliberol@yahoo.com>

Mon, Mar 15, 2021 at 9:34 AM

Thank you so much Larry. I'm crossing my fingers. I would love to stop by and say Hi, if you have any down time and you feel comfortable. I'm good with sitting outside with masks if that is better for you.

I can't tell you how much I appreciate all of your help.

I miss you guys,

Mary

Sent from my Sprint Samsung Galaxy S10+.
[Quoted text hidden]

Verification of Participation

This is to certify that on February 2, 2021
Mary Frances Hamill DDS FACD FPFA CT006923
completed the 3 CE credit hour
distance education course, #51602
Prescribing Opioids, Providing Naloxone, and Preventing
Drug Diversion: The West Virginia Requirement.

Freida S. O'Brien Erin K. Meinyer

Freida S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
Executive Director



PACE

ACADEMY
OF
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

NetCE
Nationally Approved PACE Program
Provider for FAGD/MAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
10/1/2015 to 9/30/2021
Provider ID #217994.

NetCE is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp. NetCE designates this activity for 3 continuing education credits. AGD Subject Code 134.

NetCE is approved as a provider of continuing education by the Florida Board of Dentistry, Provider #50-2405.

This course fulfills the West Virginia Board of Dental Examiners requirement for 3 hours of education related to Drug Diversion and Best Practice Prescribing of Controlled Substances.



Verification of Participation

This is to certify that on February 2, 2021
Mary Frances Hamill DDS FACD FPFA CT006923
completed the 3 CE credit hour
distance education course, #55150
Responsible and Effective Opioid Prescribing.

Freida S. O'Brien Erin K. Meinyer

Freida S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
Executive Director



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10/1/2015 to 9/30/2021
Provider ID #217994.

NetCE is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp. NetCE designates this activity for 3 continuing education credits. AGD Subject Code 340.

NetCE is approved as a provider of continuing education by the Florida Board of Dentistry, Provider #50-2405.



Professional Learning Services, LLC

VERIFICATION OF ATTENDANCE

This verifies that Mary Frances Hamill, DDS has completed the following continuing education:

Verification Code: ADA CERP, AADH#21HL1_1-27-2021-1

Total Credits: 1

Educational Method: Webinar Lecture and power point

Date/Time: January 27, 2021; 7:00 – 8:00 pm

Sexual Assault and Domestic Abuse: The Role of Dental Professionals in Detection and Reporting;

Description: Sexual assault and domestic abuse are major problems today. There are over ten million reported cases in the US each year and the clearance rate of sexual assault and domestic abuse cases is relatively low. It is the responsibility and federal/state requirement that dental care providers report such abuse incidents to the authorities.

Learning Objectives: Upon completion of this course participants will:

- increase the awareness of dental professionals of the complexity of sexual assault and domestic abuse cases
- improve the knowledge of how to aid in recognition and detection of the signs for sexual assault and domestic abuse.
- enhance awareness and support actions to meet the needs and rights of victims.
- reduce the opportunity for dental professionals to be wrongfully accused of sexual assaults.

Speaker: Dr. Henry C. Lee is one of the world's foremost forensic scientists. Dr. Lee's work has made him a landmark in modern-day criminal investigations. He has been a prominent player in many of the most challenging cases of the last 50 years. Dr. Lee has consulted with law enforcement agencies in helping to solve more than 8000 cases. In recent years, his travels have taken him to Western Europe, Australia, New Zealand, Bosnia, Canada, China, Brunei, Bermuda, Germany, Singapore, Thailand, Middle East, South America and other locations around the world.

CE Provider: Professional Learning Services, LLC

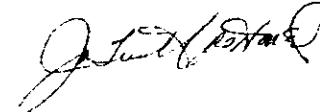
PLS is an ADA CERP recognized provider (1/1-12/31/21). ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or institutions, nor does it imply acceptance of credit hours by state or provincial Boards of Dentistry.

Concerns or complaints about a CE provider may be directed to the provider or to the Commission for Continuing Education Provider Recognition at ADA.org/CERP.

PLS is designated as an approved Provider by the American Academy of Dental Hygiene, Inc. (1/1-12/31/21)

Retain this record as verification of attendance to maintain compliance requirements.

Provider Signature



Joyce A. Turcotte, RDH, M.Ed., FAADH

January 27, 2021
Date



Verification of Participation

This is to certify that on February 2, 2021
Mary Frances Hamill DDS FACD FPFA CT006923
completed the 5 CE credit hour
distance education course, #54353
Medical Emergencies in the Dental Setting.

Freida S. O'Brien Erin K. Meinyer

Freida S. O'Brien
Director of Academic Affairs

Erin K. Meinyer
Executive Director



PACE
ACADEMY of
GENERAL DENTISTRY
PROGRAM APPROVAL
FOR CONTINUING
EDUCATION

NetCE
Nationally Approved PACE Program
Provider for FAGD/MAGD credit.
Approval does not imply acceptance by
any regulatory authority or AGD endorsement.
10/1/2015 to 9/30/2021
Provider ID #217994.

NetCE is an ADA CERP Recognized Provider. ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry. Concerns or complaints about a CE provider may be directed to the provider or to ADA CERP at www.ada.org/cerp. NetCE designates this activity for 5 continuing education credits. AGD Subject Code 142.

NetCE is approved as a provider of continuing education by the Florida Board of Dentistry, Provider #50-2405.





dentalcare.com CE Online Interactive Course

Procter & Gamble verifies that

Dr. Mary Frances Hamill DDS, FACD, FPFA

License Number(s): CT006923

Is Awarded 4 Hour(s) of Continuing Education Credit for Successful Completion of:

A Guide to Clinical Differential Diagnosis of Oral Mucosal Lesions

Michael W. Finkelstein, DDS, MS; Emily Lanzel, DDS, MS; John W. Hellstein, DDS, MS

Method: Self-instructional

AGD Subject Code(s): 730

Upon completion of this course, the dental professional should be able to:

- Classify oral lesions into surface lesions and soft tissue enlargements using a decision tree (flowchart).
- Describe the clinical features that are characteristic of each class of oral mucosal lesions in the decision tree, including: White surface lesions - epithelial thickening, surface debris, and subepithelial changeGeneralized pigmented surface lesionsLocalized pigmented surface lesions - intravascular blood, extravascular blood, melanin pigment, and tattooVesicular-ulcerated-erythematous surface lesions - hereditary, autoimmune, viral, mycotic, and IdiopathicReactive soft tissue enlargements of oral mucosaBenign tumors of oral mucosa - epithelial, mesenchymal, and salivary glandMalignant neoplasms of oral mucosaCysts of oral mucosa
- Describe the characteristic or unique clinical features of the most common and/or important diseases of the oral mucosa.
- Perform a step-by-step clinical differential diagnosis, using the decision tree, for patients with oral mucosal lesions.

02/01/2021

AGD Provider No. 211886; AGD Verification Code: 110020121

California Provider No. 04-3111-21044

CE Broker Publishing No. 20-14457

AADHPGC-CE110-02012104

ADA CERP Recognized Provider

The Procter & Gamble Company is an ADA CERP Recognized Provider.

ADA CERP is a service of the American Dental Association to assist dental professionals in identifying quality providers of continuing dental education. ADA CERP does not approve or endorse individual courses or instructors, nor does it imply acceptance of credit hours by boards of dentistry.

Concerns or complaints about a dental CE provider may be directed to the provider or to ADA CERP at:

<http://www.ada.org/cerp>

ADA CERP | Continuing Education Recognition Program

Approved PACE Program Provider



THE PROCTER & GAMBLE COMPANY

Nationally Approved PACE Program Provider for FAGD/MAGD credit.

Approval does not imply acceptance by any regulatory authority or AGD endorsement.

8/1/2017 to 7/31/2021

Provider ID# 211886

AADH Approved Program Provider



Procter & Gamble is designated as an approved Provider by the American Academy of Dental Hygiene, Inc. #AADHPGC (January 1, 2020-December 31, 2021). Approval does not imply acceptance by a state or provincial Board of Dentistry. Licensee should maintain this document in the event of an audit.

NOTE: Date of completion is based on Eastern Standard Time

SUMMARY SUSPENSION COVER SHEET

In re: Michael Greene, DDS

Petition No. 2021-577

1. Michael Greene of East Haven, Connecticut (hereinafter "respondent") was issued Connecticut dental license number 007029 in 1985.
2. On January 11, 2021, the Connecticut State Dental Commission ordered a Memorandum of Decision in Petition Number 2020-715 ("the Order") based, in part, on respondent's multiple violations of the standard of care for patient 1.
3. The Order placed respondent's dental license number 007029 on probation for one (1) year and included the following order:

Within the first four (4) months of the probationary period, Respondent shall attend and successfully complete each of the following coursework, pre-approved by the Department: i. Six (6) hours of in-person coursework in multi root endodontics; ii. Six (6) hours of in-person or online coursework in Informed Consent; iii. Six (6) hours of in-person or online coursework in Patient Records; iv. Six (6) hours of in-person or online coursework in Treatment Planning; v. Six (6) hours of in-person or online coursework in Standard of Care; 6 v. Six (6) hours of an in-person coursework on imaging ("coursework").
4. From approximately January 11, 2021, to date, respondent failed to attend and successfully complete any of the coursework within the first four (4) months of the probationary period as required by the Order. Respondent is in compliance with all other terms of the Order.
5. For the foregoing reasons, the Department believes that respondent's continued practice of dentistry represents a clear and immediate danger to the public health and safety. The Department respectfully requests that the Connecticut State Dental Commission summarily suspend respondent's license until a full hearing on the merits can be held.

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Michael Greene, DDS

Petition No. 2021-577

MOTION FOR SUMMARY SUSPENSION

The Department of Public Health (hereinafter "the Department") hereby moves, in accordance with Connecticut General Statutes §§4-182(c) and 19a-17(c), the Connecticut State Dental Commission to summarily suspend Michael Greene's Connecticut dental license. This motion is based on the attached Statement of Charges, affidavit, records and on the Department's information and belief that respondent's continued practice of dentistry represents a clear and immediate danger to the public health and safety.

Dated at Hartford, Connecticut on October 14, 2021.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
HEALTHCARE QUALITY AND SAFETY BRANCH

In re: Michael Greene, DDS

Petition No. 2021-577

STATEMENT OF CHARGES

Pursuant to the Connecticut General Statutes §§19a-10 and 19a-14, the Department of Public Health ("the Department") brings the following charges against Michael Greene:

1. Michael Greene of Hamden, Connecticut ("respondent") is, and at all times referenced in this Statement of Charges, the holder of Connecticut dental license number 007029.
2. On January 11, 2021, the Connecticut State Dental Commission ordered a Memorandum of Decision in Petition Number 2020-715 ("the Order") based, in part, on respondent's multiple violations of the standard of care for patient 1.
3. The Order placed respondent's dental license number 007029 on probation for one (1) year and included the following order:

Within the first four (4) months of the probationary period, Respondent shall attend and successfully complete each of the following coursework, pre-approved by the Department: i. Six (6) hours of in-person coursework in multi root endodontics; ii. Six (6) hours of in-person or online coursework in Informed Consent; iii. Six (6) hours of in-person or online coursework in Patient Records; iv. Six (6) hours of in-person or online coursework in Treatment Planning; v. Six (6) hours of in-person or online coursework in Standard of Care; 6 v. Six (6) hours of an in-person coursework on imaging ("coursework").

4. From approximately January 11, 2021, to date, respondent failed to attend and successfully complete any of the coursework within the first four (4) months of the probationary period as required by the Order.
5. The above describe facts constitute a violation of the Order and grounds for disciplinary action pursuant to Connecticut General Statutes §20-114, including but not limited to §§20-114(2).

THEREFORE, the Department prays that:

The Connecticut State Dental Commission, as authorized by the Connecticut General Statutes §§20-114 and 19a-17, revoke or order other disciplinary action against respondent's dental license as it deems appropriate and consistent with law.

Dated at Hartford, Connecticut on October 14, 2021.



Christian D. Andresen, MPH, CPH, Section Chief
Practitioner Licensing and Investigations Section
Healthcare Quality and Safety Branch

In re: Michael Greene, DDS

Petition No. 2021-577

EXHIBIT INDEX

Department of Public Health, Investigative Report pages 1-3

Memorandum of Decision in Petition Number 2020-715 pages 4-10

Affidavit Lavita Sookram page 11

Investigation Report

EXHIBIT A
OF

Date: July 13, 2021

To: Dana Dalton, MSN, RN, SNC, PLIS

From: Lavita D. Sookram, RN, BSN, PLIS

Re: Michael Greene, DDS
License No.: 2.007029
Memorandum of Decision (MOD)
Petition No.: 2017-1126

NEW PETITION No.: 2021-577

Background

1. Respondent's monitoring history consists of the following:
 - a. On January 11, 2021, the Connecticut State Dental Commission ("Commission") issued the MOD, Petition No. 2017-1126, which placed Respondent's license on probation. The Commission adopted the MOD based on Respondent's failure to meet the standard of care in that he did not complete root canal treatment on tooth #30 and/or #18, failed to remove a file, or part of a file that had broken off and was retained in the canal. Respondent failed to take pre-operative x-rays of tooth #30 and/or #31 and/or #18 and/or #19. Respondent failed to obtain and/or document informed consent to treat the root canal at tooth #30 and/or #18 and /or failed to document planning for tooth #30 and/or #18.
 - i. On January 11, 2021, the terms of probation became effective and included a civil penalty, probation of one (1) year, coursework and practice monitor with reports. Respondent was required to successfully complete a six hours course for each of the following topic areas multi root endodontics, informed consent, patient records, treatment planning, standard of care and imaging. The coursework should have been completed on May 11, 2021.
 - ii. Respondent was aware of the terms of his MOD through emails and letters.
 - 1) On January 14, 2021, the Hearing Office provided a copy of the MOD to Respondent.
 - 2) In an email dated January 19, 2021, Respondent contacted the Monitoring Program regarding his coursework. I telephoned Respondent and reviewed the terms of his MOD with him. A monitoring service company, Affiliated Monitors Inc., was suggested to Respondent or to contact his professional organization.
 - 3) In a letter dated January 21, 2021, the Monitoring Program provided Respondent a synopsis of his probationary terms. The monitoring documents were emailed and sent by first class mail to Respondent. The Notification letter advised Respondent to contact his professional organization and the Western School for educational courses. The Monitoring Program contacted Steven Lepowsky, DDS, UConn Health, School of Dental Medicine, regarding customizing coursework and provided the information to Respondent.
 - iii. In an email dated May 11, 2021, the Monitoring Program contacted Respondent and inquired about the status of his coursework. Although, Respondent stated that he had contacted Dr. Lepowsky's office there were no documented evidence that he was attempting to complete the required courses pursuant to the terms of the MOD.
 - b. The Department alleged that Respondent has violated paragraph 3a of the MOD regarding completion of coursework within the first four (4) months of the probationary period.

Respondent was scheduled to complete the required coursework by May 11, 2021. Respondent did not propose and/or seek the Department's approval for the courses.

- c. In a letter and email dated May 25, 2021, Respondent was issued a Notice of Non-Compliance for violation of paragraph 3a of the MOD. Respondent did contact the Department regarding the notification.

CERTIFICATION

I, Lavita D. Sookram, RN, BSN, Nurse Consultant, Practitioner Licensing and Investigations Section, Department of Public Health, being duly sworn, hereby attest that I have prepared and reviewed this report and it is a true, complete and accurate documentation of my monitoring of Michael Greene, DDS, professional license number: 2.007029.



Lavita D. Sookram, RN, BSN
Department of Public Health
Practitioner Licensing and Investigations Section

Subscribed and sworn to before me this 20 day of July 2021.



Ursula G. Wielhorski
Notary Public
My Commission Expires 03/31/2024

**STATE OF CONNECTICUT
CONNECTICUT STATE DENTAL COMMISSION**

Michael Green, D.D.S.
License no. 0070209

Petition No.: 2017-1126

MEMORANDUM OF DECISION

Procedural Background

The Department of Public Health (“Department”) presented the Connecticut State Dental Commission (“Commission”) with a Statement of Charges brought against Michael Green, D.D.S. (“Respondent”) dated May 16, 2019. Board Exhibit (“Bd. Ex.”) 1. The Statement of Charges and the Notice of Hearing were sent to Respondent by certified mail, return receipt requested, and first class mail on October 10, 2019. The Notice of Hearing directed Respondent to appear on December 11, 2019, before a duly authorized panel (“panel”) of the Commission for a hearing on the allegations contained in the Charges.¹ The panel included Steven Reiss, DDS, Anatoliy Ravin, DDS, and Robert Zager, Public Member. Bd Ex. 1.

The hearing convened on January 8, 2020. The hearing was conducted before the panel in accordance with *Conn. Gen. Stat.* (“Statutes”) Chapter 54, and §19a-9a-1 *et seq.* of the Regulations of Connecticut State Agencies (“the Regulations”). Respondent appeared *pro se*; Attorney David Tilles represented the Department. Both the Department and Respondent had the opportunity to present evidence, conduct cross-examination, and provide argument on all issues.

Respondent Answered the Charges on the record during the hearing on January 8, 2020. Transcript pages (“Tr., pp.”) 5-6, 21-23.

All panel members involved in this decision attest that they have either heard the case or read the record in its entirety. The Commission reviewed the panel’s proposed final decision in accordance with the provisions of § 4-179 of the Statutes. This decision is based entirely on the record and the specialized professional knowledge of the Commission in evaluating the evidence. *See Conn. Gen. Stat. § 4-178; Pet v. Department of Health Services*, 228 Conn. 651, 666 (1994). To the extent the findings of fact actually represent conclusions of law, they should be so considered, and vice versa. *SAS Inst., Inc., v. S & H Computer Systems, Inc.*, 605 F. Supp. 816 (Md. Tenn. 1985).

¹ Due to inclement weather, the hearing was rescheduled to January 8, 2020. Bd. Ex. 3.

Allegations²

1. In paragraph 1 of the Charges, the Department alleges that Respondent is, and has been at all times referenced in the Charges, the holder of Connecticut dentist license number 007029.
2. In paragraph 2 of the Charges, the Department alleges that Respondent provided care to Patient 1 at various times between on or about December 4, 2012 and on or about September 23, 2016. On or about September 13, 2016, Respondent began, but did not complete root canal treatment on tooth #30 and/or #18. In the course of that work, a file, or part of a file, broke off and was retained in the canal. Respondent's care for Patient 1 failed to meet the standard of care in one or more of the following ways:
 - a. he failed to take pre-operative x-rays of tooth 30 and/or 31; and/or tooth 18 and/or 19;
 - b. he failed to obtain and/or document informed consent and consent to treat the root canal at tooth 30 and/or 18 and/or failed to document treatment planning for tooth 30 and/or 18;
 - d. he failed to recognize and/or remove the retained file and/or treat the tooth with the retained file.
3. In paragraph 3 of the Charges, the Department alleges that the above-described facts constitute grounds for disciplinary action pursuant to the General Statutes of Connecticut, § 20-114(a)(2).

Findings of Fact

1. Respondent is the holder of Connecticut dentist license number 007029. Tr., p. 5.
2. Respondent provided care to Patient 1 at various times between on or about December 4, 2012 and on or about September 23, 2016. Tr., p. 6.
3. On or after November 18, 2014, Respondent performed a root canal on tooth 30 and/or 18 on Patient 1 in which a file broke off and was retained in the canal. Department Exhibits ("Dept. Exs.") 2, 5; Tr., pp. 23, 31, 32, 45, 46.

² During the hearing, the Department moved to amend the Statement of Charges by:

- adding "and/or tooth 18 and/or 19" to allegation 2 a. Tr., pp. 9
- adding "and/or 18" to allegation 2 and 2b.
- withdrawing allegation 2c.

Respondent did not object the Department's motion. The Board granted the Department's motion to amend. Tr., pp. 18-24.

4. Prior to the root canal, Respondent failed to take pre-operative x-rays of tooth 30 and/or 31, and/or 18 and/or 19. Dept. Exs. 2, 5; Tr., pp. 21, 22, 45.
5. Prior to the root canal, Respondent failed to obtain and/or document informed consent and consent to treat the root canal at tooth 30 and/or 18. Dept. Exs. 2, 5; Tr., pp. 22, 23.
6. Prior to the root canal, Respondent failed to document treatment planning for tooth 30 and/or 18. Dept. Ex. 2, 5; Tr., pp. 22, 23.
7. Following the root canal, Respondent recognized a retained file in the tooth. Tr., pp. 23, 31, 32.
8. After the root canal, Respondent provided care to Patient 1 on February 19, 2015, December 3, 2015, September 13, 2016, and September 29, 2016. Dept. Exs. 2, 5; Tr., p. 46.
9. On September 13, 2016, Respondent took an x-ray of the treated area and gave Patient 1 an antibiotic. Dept. Ex. 2; Tr., p. 46.
10. After the root canal, Respondent failed to remove the retained file and/or treat the tooth with the retained file. Dept. Exs. 2, 5; Tr., pp. 23, 46, 47.
11. The testimony of Stephen Charles DiBenedetto, DDS is reliable and credible. Tr., pp. 24-48.

Discussion and Conclusions of Law

The Department bears the burden of proof by a preponderance of the evidence in this matter. *Jones v. Connecticut Medical Examining Board*, 309 Conn. 727, 739-40 (2013).

In accordance with Conn. Gen. Stat. § 20-114(a)(2):

The Dental Commission may take any of the actions set forth in section 19a-17 for any of the following causes: . . . (2) proof that a practitioner has become unfit or incompetent or has been guilty of cruelty, incompetence, negligence or indecent conduct toward patients. . .

The Commission finds that the Department met its burden of proof with respect to allegations 1, 2a, 2b, and 2d.

With regard to allegation 1 of the Charges, Respondent admits that he is, and has been at all times referenced in the Charges, the holder of Connecticut dental license number 007029. Tr., p. 5. As such, the Department sustained its burden of proof.

With regard to the allegations in paragraph 2 of the Charges, Respondent admits that he provided care for Patient 1 between December 4, 2012 and September 23, 2016, that he began, but did not complete, root canal treatment on tooth 30 and/or 18, and in the course of that work, a

file, or part of a file, broke off and was retained in the canal. Tr., p. 6. As such, the Department sustained its burden of proof.

With regard to allegation 2a of the Charges, although Respondent denies that he failed to take pre-operative x-rays of tooth 30 and/or 31; and/or tooth 18 and/or 19; the Department met its burden of proof with respect to this allegation. Respondent claims that his records show that he took x-rays for Patient 1 on October 24, 2013, for the root canal he performed on Patient 1 on November 18, 2014. Tr., pp. 42-44. The Commission finds Respondent's claim is not credible. Dept. Ex. 2, 4. The Department's witness, Stephen Charles DiBenedetto, DDS, testified that a pre-operative x-ray taken a year or three years prior to a root canal does not meet the standard of care. A pre-operative x-ray should be taken prior to the procedure. Tr., pp. 43-45. He testified that Respondent's records are devoid of any pre-operative x-rays or any reference in the patient's chart to a pre-operative x-ray, and that the failure to do a pre-operative x-ray before a root canal is a violation of the standard of care. Tr., pp. 29-31. Dr. DiBenedetto's testimony is corroborated by his consultation report and Respondent's patient record. Dept. Exs. 2, 5. Therefore, a preponderance of the evidence establishes that Respondent failed to take pre-operative x-rays in violation of Conn. Gen. Stat. § 20-114(a)(2).

With regard to allegation 2b of the Charges, Respondent admits that he failed to obtain and/or document informed consent and consent to treat the root canal at tooth 30 and/or 18, and/or failed to document treatment planning for tooth 30 and/or 18. Tr., pp. 22, 23. Dr. DiBenedetto testified that the standard of care requires documentation of informed consent for root canal treatment and documentation of treatment planning with a patient. Dept. Ex. 5; Tr., p. 31. Therefore, Respondent's failure to obtain and/or document informed consent and consent to treat the root canal and his failure to document treatment planning constitutes a violation of Conn. Gen. Stat. § 20-114(a)(2).

With regard to allegation 2d of the Charges, Respondent denies that he failed to recognize the retained file, but admits that he failed to remove the retained file and/or treat the tooth with the retained file. Tr., p. 23. Respondent claims Patient 1 would show up to his office when she was in pain, but she did not have time for treatment. He claims she did not return until after his practice was closed.³ Dept. Ex. 4; Tr., pp. 52, 53. Dr. DiBenedetto testified that the Respondent's patient chart indicates that Respondent recognized there was a piece of file in the tooth, and that even in the exercise of due care, it can occur and does not qualify as a deviation

³ Respondent testified that he now works three days a week in a dental practice. Tr., p. 56.

from the standard of care. Dept. Exs. 3, 5; Tr., pp. 31, 32. However, he added that the standard of care requires the dentist to immediately contact the patient and devise a plan of treatment; there was nothing, however, in Respondent's records to indicate that he took these steps. Tr., pp. 32, 33. Dr. DiBenedetto testified that regardless of the dates offered by Respondent to explain his failure to remove the file, Respondent failed to document in his chart any communication with the Patient or entries that the Patient refused treatment, failed to show up, or didn't return. Tr., p. 47. Therefore, a preponderance of the evidence establishes that Respondent failed to meet the standard of care by failing to remove the retained file or treat the tooth with the file in violation of Conn. Gen. Stat. § 20-114(a)(2).

Order

Based upon the record in this case, the above findings of fact and the conclusions of law, and pursuant to the authority vested in it by Conn. Gen. Stat. §§ 19a-17 and 20-114(a), the Commission hereby issues the following order:

1. Respondent shall pay a civil penalty of two thousand dollars (\$2,000.00) by certified or cashier's check payable to "Treasurer, State of Connecticut." The check shall reference the Petition Number on the face of the check, and shall be payable within thirty (30) days of the effective date of this Decision.
2. Respondent's license number 007029 is hereby restricted from performing root canal/endodontics until he has completed the course required in paragraph 3a below to the satisfaction of the Department and in compliance with this Decision.
3. Respondent's license number 007029 to practice dentistry in the State of Connecticut is hereby placed on probation for a period of one (1) year during which time Respondent shall comply with the following terms and conditions:
 - a. Within the first four (4) months of the probationary period, Respondent shall attend and successfully complete each of the following coursework, pre-approved by the Department:
 - i. Six (6) hours of in-person coursework in multi root endodontics;
 - ii. Six (6) hours of in-person or online coursework in Informed Consent;
 - iii. Six (6) hours of in-person or online coursework in Patient Records;
 - iv. Six (6) hours of in-person or online coursework in Treatment Planning;
 - v. Six (6) hours of in-person or online coursework in Standard of Care;

- v. Six (6) hours of an in person coursework on imaging; and, Within thirty (30) days of the completion of such coursework, Respondent shall provide the Department with proof of certification for each course, to the Department's satisfaction, indicating the successful completion of such courses.
- b. No later than fifteen (15) days from the effective date of this Decision, Respondent shall submit to the Department for its pre-approval, the name of a dentist licensed in Connecticut ("practice monitor") who, at Respondent's expense, will review all of Respondent's patient records, created or updated during the probationary period. Within ten (10) days of the Department's approval, Respondent shall provide the monitor with a copy of this Decision. Respondent shall cause the monitor to confirm receipt of this Decision within ten (10) days after he has received the Decision.
 - i. Respondent's monitor shall meet the Respondent not less than once a week for the entire probationary period.
 - ii. The monitor shall have the right to monitor Respondent's practice by any other reasonable means which he or she deems appropriate. Respondent shall fully cooperate with the monitor in providing such monitoring.
 - iii. Respondent shall be responsible for providing written monitor reports directly to the Department monthly for the entire probationary period. Such monitor reports shall include documentation of dates and durations of meetings with Respondent, number and a general description of the patient records and patient medication orders and prescriptions reviewed, additional monitoring techniques utilized, and statement that Respondent is practicing with reasonable skill and safety.

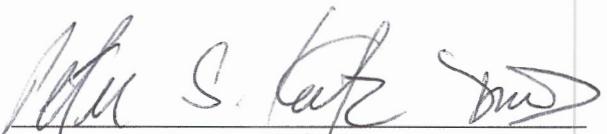
4. All correspondence and/or other communication with the Department and/or Commission required pursuant to this Order shall be sent to:

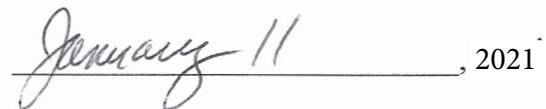
Lavita Sookram, Nurse Consultant
Department of Public Health
Division of Health Systems Regulation
410 Capitol Avenue, MS #12HSR
P.O. Box 340308
Hartford, CT 06134-0308

Ms. Sookram may also be contacted at the following e-mail address:
Lavita.Sookram@ct.gov

5. Respondent shall be responsible for all costs associated with satisfaction of the terms of this Memorandum of Decision.
6. This Memorandum of Decision shall become effective upon signature of the Commission Chairperson.

Connecticut State Dental Commission


By: Peter Katz, DMD, Chairperson



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PRACTITIONER LICENSING AND INVESTIGATIONS SECTION

AFFIDAVIT OF LAVITA D. SOOKRAM, RN

Re: Michael Greene, DDS

Petition No.: 2021-577

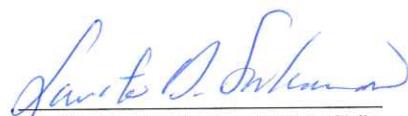
Lavita D. Sookram, RN, being duly sworn, deposes and says:

1. I am over the age of majority and understand the obligations of an oath.
2. I make this affidavit based on personal knowledge and a review of the monitoring file.
3. I am employed by the Practitioner Licensing and Investigations Section within the Department of Public Health (hereinafter "the Department") as a Nurse Consultant.
4. As part of my professional duties, I have responsibility for monitoring Michael Greene, DDS, ("respondent") under the terms of the Memorandum of Decision (MOD), Petition No. 2017-1126, dated January 11, 2021.
5. Paragraph 3a of the MOD stated that within the first four (4) months of the probationary period, Respondent shall attend and successfully completed six (6) hours for each course, pre-approved by the Department:
 - a. Respondent was required to complete coursework in multi root endodontics, informed consent, patient records, treatment planning, standard of care and imaging by May 11, 2021.
 - b. Respondent was aware of the terms of his MOD through emails, letters and/or telephone calls. The Department suggested that Respondent contact monitoring services, his professional organization and Dr. Steven Lepowsky regarding coursework and/monitoring services. Although, Respondent stated he contacted Dr. Lepowsky regarding his coursework. There is no documented evidence that Respondent sought approval or completed the coursework
6. In a letter and email dated May 25, 2021, Respondent was issued a Notice of Non-Compliance for violation of paragraph 3a of the MOD. Respondent did contact the Department regarding the notification.

The attached documents are true and accurate copies of documents either created or acquired by me during my activities in this case.

- A. Investigation Report
- B. Memorandum of Decision
- C. Correspondence

7/20/21
Date


Lavita D. Sookram, RN, BSN

Subscribed and sworn to before me this 20 day of July 2021.


Notary Public
My Commission Expires 03/31/2024