

BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

IN THE MATTER OF:

STEVEN J. KIZIOR, D.D.S.
(License No. 7693)

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CONSENT ORDER

THIS MATTER is before the North Carolina State Board of Dental Examiners ["Board" or "Dental Board"] as authorized by G.S. § 90-41 for consideration of a Consent Order for Dr. Steven J. Kizior, D.D.S. ["Dr. Kizior" or "Respondent"] in lieu of a formal administrative hearing. The parties hereby consent to the Findings of Fact and Conclusions of Law set out herein and to the entry of the Order of Discipline. Respondent acknowledges that the Board has evidence to demonstrate or prove the Findings of Fact and Conclusions of Law and to warrant the Order of Discipline. The Respondent is represented by Kenneth L. Jones. Crystal S. Carlisle represents the Investigative Panel of the Board. Based upon the consent of the parties hereto, the Board hereby enters the following:

FINDINGS OF FACT

1. The Dental Board is a body duly organized under the laws of North Carolina and is the proper party to bring this proceeding pursuant to the authority granted to it in Chapter 90 of the North Carolina General Statutes, including the Dental Practice Act and the Rules and Regulations of the North Carolina State Board of Dental Examiners.

2. Respondent was licensed to practice dentistry in North Carolina on July 21, 2003 and holds license number 7693. He has remained licensed to practice dentistry in

North Carolina since 2003 and was subject to the Dental Practice Act and the Board's Rules and Regulations at all times relevant hereto.

3. On November 6, 2013, SN presented to Respondent as a new patient. At this visit, Respondent removed the crown on tooth #18, and states that he excavated decay and prepared the tooth for a new crown.

4. Patient SN returned to Respondent's office on November 18, 2013 indicating the temporary crown on tooth #18 had come off. Respondent re-cemented the temporary crown.

5. The temporary crown on tooth #18 subsequently dislodged again and was re-cemented by Respondent on November 27, 2013. Respondent delivered and cemented a permanent crown on tooth #18 on December 5, 2013.

6. Patient SN returned to Respondent's office on September 30, 2014 for an adult prophylaxis and examination. Respondent began a root canal on tooth #2 at the same visit.

7. Respondent resumed the root canal on tooth #2 on October 14, 2014 and completed it on October 21, 2014. Respondent performed crown build-up and preparation of tooth #2 on the same date and took impressions.

8. On November 17, 2014, Respondent attempted to deliver the crown, but the patient indicated his bite did not feel correct. Respondent adjusted the crown and noticed metal showing through the occlusal surface. Respondent took impressions of tooth #2 for a new crown and delivered the new crown on December 9, 2014.

9. Patient SN presented to Respondent's office on August 4, 2015 stating the crown on tooth #18 had come off while he was eating Milk Duds. Respondent re-cemented the crown and scheduled another appointment for SN to replace an existing crown on tooth #15 due to a ledge and decay.

10. On August 18, 2015, Respondent removed the crown on tooth #15, prepared it for a new crown and delivered a temporary crown.

11. Respondent attempted to deliver the crown for tooth #15 on September 14, 2015, but SN indicated his bite was off. New bite registration was taken and a new temporary was fabricated for tooth #15. Respondent delivered the crown for tooth #15 on October 6, 2015.

12. On December 29, 2015, Respondent began root canal treatment on tooth #31 due to extensive decay on the facial of the tooth. Respondent noted the tooth had an old existing crown. On the same date, SN advised Respondent's staff that he was unhappy with the cosmetic appearance of the margin on tooth #2. Respondent observed that a portion of the facial margin was supragingival.

13. Respondent completed the root canal treatment of tooth #31 on January 5, 2016 and adjusted the bite on the temporary crown on tooth #31 on January 7, 2016.

14. On January 13, 2016, Respondent prepared tooth #31 for a full coverage crown and placed a temporary crown on tooth #31. Respondent delivered the permanent crown on tooth #31 on February 8, 2016. On the same date, patient SN advised Respondent that he would like the crown on tooth #2 to be redone because a portion of the facial margin was visible supra-gingival.

15. On February 23, 2016, Respondent prepped and delivered a temporary crown to tooth #2. Respondent delivered the new crown for tooth #2 on March 16, 2016.

16. On March 29, 2016, Respondent re-cemented the crown on tooth #2 with C&B Metabond. Respondent noted that the porcelain was fractured on tooth #14, creating a food trap.

17. Respondent removed the crown on tooth #14 on March 30, 2016. Respondent states he removed decay that he discovered under the crown, prepared the tooth for a new crown, and delivered a temporary crown.

18. On April 1, 2016, SN presented to Dr. HB for a consultation. Dr. HB removed temporary crown #14 and obtained four (4) bitewings and intraoral photographs.

19. At the April 1, 2016 visit, Dr. HB identified decay (soft caries) radiographically and clinically on the following teeth and surfaces: #13-DO, #14-M and D margins, and #15-M margin below the existing crown. She identified recurrent decay at tooth #2-L below/at crown margin and a deep restoration on tooth #18 below the gingiva-detectable margin.

20. Dr. HB recommended removal of decay on #14 to see how much tooth structure remained and expressed concern that tooth #14 may not be restorable after decay excavation.

21. Dr. HB also recommended the following plan: #13-DO filling, #15 remove crown and excavate decay – possible root canal treatment needed, possible referral to endodontist.

22. Patient SN returned to Dr. HB's office on April 13, 2016 to remove the temporary on #14 and the crown on #15 and to excavate decay to determine restorability for build-up and crowns.

23. When Dr. HB removed the crown on tooth #15, she noted the decay extended very deep within close proximity of the pulp. FUJI build-up was placed and SN was referred to an endodontist for evaluation of tooth #15 to see if root canal treatment was necessary. Dr. HB noted there was not a lot of tooth structure remaining.

24. When Dr. HB removed the temporary crown on tooth #14, she noted the following: soft decay on the prep; old amalgam filling with recurrent decay; gingival tissue extremely inflamed due to overcontoured temporary; not enough tooth structure for crown; and apical lesion not healed from previous root canal treatment. Dr. HB removed all fillings and decay and found margins to be subgingival with minimal tooth structure remaining. Dr. HB completed a build-up and fabricated new temporary crowns to allow SN to see an endodontist and oral surgeon for evaluation.

25. Patient SN presented to endodontist, Dr. HI, on April 19, 2016. Dr. HI determined tooth #14 had a poor prognosis and tooth #15 would need root canal treatment based on pulpal and periapical testing. Dr. HI also evaluated tooth numbers 2, 18 and 31 and stated these teeth had poor prognosis and recommended possible extraction.

26. On April 21, 2016, SN presented to Dr. KN. Dr. KN agreed with Dr. HI that teeth 2, 14, 15 and 31 were non-restorable and recommended implant placement.

27. Patient SN was evaluated by prosthodontist, Dr. WS, on June 13, 2016. Dr. WS stated the condition of tooth #2 rendered it un-restorable and it could not be saved. He opined that teeth #14 and 15 needed endodontic evaluation and tooth #31 was not restorable due to a deep filling approximating the furcation and the risk of fracture.

28. Endodontist, Dr. BW, evaluated SN on June 15, 2016. He stated teeth #14 and 15 either needed root canal treatment or extraction. He opined tooth #14 had a guarded prognosis at best. SN elected to have tooth #14 extracted and tooth #15 treated. Dr. BW performed the root canal treatment on tooth #15.

29. Dr. WS extracted teeth #2 and 31 on June 20, 2016 and referred SN to Dr. SH for a consultation on extraction/graft/sinus lift on tooth #14.

30. Dr. SH evaluated tooth #14 on July 13, 2016. Dr. SH's impression included failing root canal treatment/periapical abscess of #14. He recommended extracting #14 with a possible lateral sinus graft with implant placement. Dr. JJ extracted tooth #14 on July 15, 2016.

31. Respondent's failure to adequately remove decay before placing temporary or permanent crowns resulted in significant issues for patient SN, including the ultimate extraction of several teeth and the root canal therapy of tooth #15.

32. The standard of care for dentists licensed to practice in North Carolina requires dentists to adequately remove decay before placing crowns.

33. Respondent violated the standard of care for dentists licensed to practice dentistry in North Carolina by placing crowns over existing decay.

Based upon the foregoing Findings of Fact and with the consent of the parties hereto, the Hearing Panel enters the following:

CONCLUSIONS OF LAW

1. The Board has jurisdiction over the person of Respondent and the subject matter of this proceeding.

2. Respondent was properly notified of this matter and has agreed to the entry of this Consent Order.

3. Respondent's failure to comply with the applicable standard of care in his treatment of SN as set forth in the Findings of Fact constitute negligence in the practice of dentistry within the meaning of N.C. Gen. Stat. § 90-41(a)(12).

4. Respondent's negligent acts constitute a violation of Article 2, Chapter 90 of the North Carolina General Statutes within the meaning of N.C. Gen. Stat. § 90-41(a)(6).

Based upon the foregoing Findings of Fact and Conclusions of Law and with the consent of the parties hereto, it is ORDERED as follows:

ORDER OF DISCIPLINE

1. License number 7693 issued to Respondent for the practice of dentistry in North Carolina is suspended for three (3) years.

2. With Respondent's consent, his license to practice dentistry shall be immediately restored, with no period of active suspension, provided for three (3) years he complies with the following probationary terms and conditions:

- a. Respondent shall violate no provisions of the Dental Practice Act or the Board's Rules and Regulations;
- b. Respondent shall neither permit nor direct any of his employees to violate any provision of the Dental Practice Act or the Board's Rules and Regulations;
- c. Respondent shall permit the Board and its agents to inspect and observe his office and patient records and interview employers, employees, and co-workers at any time during normal office hours;
- d. Respondent shall, within one (1) year from the date of this Order, complete continuing education courses especially designed for him by either the University of North Carolina School of Dentistry or the East Carolina University School of Dentistry in conjunction with, and approved in advance by, the North Carolina State Board of Dental Examiners. These shall be comprehensive, remedial courses in restorative dentistry and crown and bridge. This requirement shall be in addition to the continuing education required by the Board for renewal of Respondent's dental license. Respondent shall submit to the Board's Deputy Operations Officer written proof of satisfactory completion of these courses before they

will be accepted in satisfaction of this requirement. It is the Respondent's responsibility to make all arrangements for and bear the costs of these courses within the specified time; and

- e. Within thirty (30) days of the date of this Order, Respondent shall reimburse the Board for the costs associated with the investigation of this matter in the amount of \$682.50.

3. If Respondent fails to comply with any provision of this Order or breaches any term or condition thereof, the Board shall promptly schedule a Show Cause Hearing to permit Respondent to show cause why his dental license should not be suspended. If, as a result of the Show Cause Hearing, the Board is satisfied that Respondent failed to comply with or breached any term or condition of this Order, Respondent's license shall be rescinded and, upon written demand, Respondent shall immediately surrender his dental license and current renewal certificate to the Board for a period of three (3) years. This sanction shall be in addition to and not in lieu of any sanction the Board may impose as a result of future violations of the Dental Practice Act or the Board's Rules.

This the 31st day of May, 2017.

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

By: Casie S. Goode
Casie S. Goode
Assistant Director of Investigations

STATEMENT OF CONSENT

I, Steven J. Kizior, D.D.S., do hereby certify that I have read the foregoing Consent Order in its entirety. I assent to its terms and conditions set out herein. I freely and voluntarily admit that there is a factual basis for the findings of fact herein, that the findings of fact support the conclusions of law, that I will not contest the findings of fact, the conclusions of law, or the order of discipline in any future proceedings before or involving the Dental Board, including if future disciplinary proceedings or action is warranted in this matter. I knowingly waive any right to appeal or otherwise later challenge this Consent Order once entered. I understand that the Board will report the contents of this Consent Order to the National Practitioner Data Bank and that this Consent Order will become part of the Board's permanent public record. I further acknowledge that this required reporting may have adverse consequences in other contexts and any potential effects will not be the basis for a reconsideration of this Consent Order. I have had the opportunity to consult with an attorney prior to signing this Consent Order.

This the 28 day of April, 2017.



Steven J. Kizior, D.D.S