BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

In the Matter of: HASSANA HAMEED ANSARI, D.D.S. (License No. 11383)

CONSENT ORDER

THIS MATTER is before the North Carolina State Board of Dental Examiners (the "Board") as authorized by G.S. § 90-41 for consideration of a Consent Order in lieu of a formal administrative hearing resulting from a settlement conference before the Board on October 13, 2023. Respondent Hassana Hameed Ansari, D.D.S. ("Respondent") was represented by Carrie Meigs, and Douglas J. Brocker represented the Investigative Panel ("IP") of the Board. The parties freely and voluntarily consent to the Findings of Fact and Conclusions of Law set out herein and to the entry of this Consent Order of Discipline.

FINDINGS OF FACT

1. The 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 Board.

2. Respondent was licensed to practice dentistry in North Carolina on May 31, 2019 and has held license number 11383 at all times relevant hereto.

3. Respondent is subject to the Dental Practice Act and the rules promulgated thereunder.

4. At all times relevant hereto, Respondent practiced as a general dentist in Durham and Cary, North Carolina.
Respondent's Treatment of Patient S.J.

5. On January 28, 2022, Respondent's patient S.J. filed a complaint against Respondent for treatment rendered while Respondent worked at O2 Dental Group in Durham, North Carolina. Respondent has since left O2 Dental Group and is with a different practice located in Cary, North Carolina.

6. Patient S.J. first presented to Respondent at O2 Dental Group on April 10, 2021, for a limited exam of tooth number 8. S.J.'s chief complaint was that she had chipped her tooth.

7. According to the treatment record, Respondent's office took periapical and bitewing radiographs and found a slight facio-incisal chip of tooth number 8. Respondent concluded that S.J. had lingual erosions and thinning of the enamel on teeth numbers 6-11 due to S.J.'s history of gastric acid reflux.

8. Respondent recommended smoothing out the incisal edge of number 8, which Respondent did on the same day, April 10, 2021.

9. According to the patient record, Respondent also treatment planned placing crowns on teeth numbers 6-11 at that initial visit and indicated that at the next visit she would make impressions for diagnostic wax ups and perform crown preparations.

10. On November 17, 2021, S.J. returned to the office and complained of sensitivity and TMJ.

11. At that second appointment, Respondent performed a comprehensive exam and took a panoramic radiograph, bitewing radiographs, periapical radiographs, and an iTero scan.
12. According to the record, the images taken on November 17, 2021, showed radiolucency in the coronal section of teeth numbers 6-11 with severe erosion and thinning of the enamel.

13. Respondent also diagnosed S.J. with generalized mild to moderate periodontal disease with increased bleeding-on-probing and calculus deposits. The probing depths for the teeth planned for treatment ranged from 2-6 mm.

14. Respondent did not initiate periodontal therapy at that time but instead proceeded with her planned restorative treatment.

15. At the same appointment, Respondent performed crown preparations on teeth numbers 6-11, took impressions for crowns, and seated temporary crowns.

16. The day following this appointment, S.J. returned to the office and reported that she was experiencing severe pain, a fever, trembling, and swelling to the point that she could not close her mouth.

17. During this appointment on November 18, 2021, S.J. raised concerns that her root(s) were exposed, but Respondent advised that the crowns were seated properly and advised S.J. to take antihistamines, according to the record.

18. On December 2, 2021, S.J. returned to Respondent's office for final crown delivery. At this appointment, Respondent diagnosed S.J. with localized gingival inflammation, but the treatment record indicated that there were no signs of infection or tenderness around teeth numbers 6-11.

19. Respondent proceeded to try the crowns in S.J's mouth, removed the temporaries, and cemented the permanent crowns. Respondent's treatment record stated: "Removed excess cement."
20. Respondent did not remove the excess cement from one of more crowns, as was determined in subsequent appointments.

21. Respondent left the O2 practice in Durham between the December 2 crown placement and the December 6 post-operative appointment for S.J.

22. On December 6, 2021, S.J. presented for her post-op appointment where she was seen by another dentist in the same practice, Dr. H.

23. During the appointment, S.J. reported that her teeth were still hurting and that they were sensitive. S.J. also reported that she felt there was still cement present and that her jaw was hurting because her teeth were not coming together.

24. Upon examination, Dr. H. found a slight gingival erythema with residual bonding agent/excess cement, an open margin on tooth number 7 mesiolingual, and a heavy occlusion on tooth number 7.

25. Dr. H. adjusted the occlusion on tooth number 7 and advised that they needed to remove the crown on tooth number 7 and take impressions for a new crown at S.J.’s next appointment.

26. S.J.’s last appointment with Respondent’s former practice was on December 22, 2021 when she returned for another post-op check with Dr. H. At this appointment, Dr. H diagnosed her with generalized gingivitis, an open margin, and excess cement on tooth number 7.

27. S.J. paid $3931 through Care Credit for the crown-related treatment Respondent rendered to her at O2 Dental.

28. Following this last appointment at O2 Dental, S.J. sought help from different providers beginning the following month.
29. Since being treated by Respondent, other subsequent treating dentists determined that the crowns placed by Respondent on S.J. were sub-standard and needed to be replaced, and further determined that one or more teeth needed root canal treatment as a result of exposed dentin.

30. All the crowns Respondent placed for S.J. were subsequently removed and replaced by a subsequent treating dentist.

31. During the investigation of S.J.'s complaint, the IP subpoenaed ten treatment records for other crown cases that Respondent has completed on additional patients ("Additional Patients") after her treatment of S. J. and after moving to a new dental practice during 2022 and 2023.

32. The Board had an independent evaluation conducted of Respondent's treatment records for S.J. and the ten Additional Patients.

33. The evaluation demonstrated that for one or more patients, Respondent:
   a. did not fully seat or otherwise place crowns in a technically correct manner;
   b. performed excessive axial tooth reductions;
   c. left open crown margins;
   d. left open proximal contact;
   e. allowed excessive centric occlusion;
   f. perforated a crown and did inform the patient;
   g. left excess cement after placement of the crowns;
   h. included template language in the record that did not accurately reflect the treatment provided;
i. did not take post-operative images of the crowns following placement when the treatment record indicated that images were taken; and
j. filled a root canal beyond the apex of the tooth.

34. Respondent did not comply with the standard of care and the Board's rules in one or more respects through her treatment of a majority of the eleven patients whose records the IP reviewed.

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 subject matter of this action and over Respondent.

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


4. Respondent violated N.C. Gen. Stat. § 90-41(a)(6), the Board's rule governing treatment records, 16T .0101, through her use of template language without necessary modifications resulting in the records not accurately reflecting the treatment provided to multiple patients during the same time frame.
ADDITIONAL FINDINGS AND CONCLUSIONS REGARDING DISCIPLINE

1. Respondent has not been subject to any prior disciplinary action by the Board.

2. Respondent cooperated during the IP's investigation by providing documents and information in response to all requests from the Board.

3. Respondent was candid and forthcoming with the Board at the settlement conference in acknowledging these issues and her willingness to take necessary remedial measures.

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

ORDER OF DISCIPLINE

1. License number 11383 issued to Respondent for the practice of dentistry in North Carolina is suspended for a period of one year but conditionally reinstated with no active suspension, provided that for a period of three (3) years ("Probationary Period"), Respondent complies with the requirements and conditions in paragraphs 2-5 of this Order of Discipline.

2. Respondent shall not perform crown, bridge, or endodontic treatment ("Restricted Practice Areas") until she has submitted to the IP satisfactory evidence of successful completion of the remediation requirements set forth in this paragraph. The remediation requirement shall be completed within twelve (12) months of the date of this Consent Order and shall include continuing education and hands-on clinical instruction (hereafter "Clinical Remediation Program"). The Clinical Remediation Program shall be
designed for Respondent by the University of North Carolina Adams School of Dentistry or the East Carolina School of Dental Medicine and must include a comprehensive remedial course covering (i) all major aspects of crowns and bridges, including treatment planning, sequence of treatment, impressions, preparation, core buildup, and all aspects of proper placement, including closed margins and contacts; (ii) endodontic treatment, including treatment planning and sequence and confirmation of working lengths of root canals and appropriate fill lengths; (iii) preparing a complete and individualized treatment record; and (iv) ethics and jurisprudence. The components of the Clinical Remediation Program shall be approved in advance by the Board’s IP and are in addition to the continuing education required by the Board for renewal of Respondent’s dental license. Respondent shall submit to the Board’s Director of Investigations written proof of satisfactory completion of these courses before they will be accepted in satisfaction of this requirement and must receive written confirmation from the IP before Respondent can resume the Restricted Practice Areas. Respondent is responsible for making all arrangements for and bearing the costs of these courses within the specified time.

3. Upon Respondent’s completion of the Clinical Remediation Program, Respondent shall engage a licensed North Carolina dentist approved by the Board’s IP to serve as a practice monitor related to any practice Respondent owns or in which she engages in the practice of dentistry. The practice monitor must be a dentist with experience and can therefore adequately assess compliance with the standard of care in the Restricted Practice Areas. Respondent shall submit and obtain approval from the Board’s IP, at its discretion, a proposed practice monitor. The practice monitor shall review the patient charts for each of the first two crown and first two endodontic treatments
performed by Respondent following completion of the Clinical Remediation Program and resumption of the Restricted Practice Areas. Respondent is responsible for immediately notifying the practice monitor when the first two cases each are complete and ready for review. Respondent shall ensure that the practice monitor prepares and submits a report to the Board regarding the practice monitor’s findings on the Respondent’s compliance with the standard of care and recordkeeping. The initial report is due within thirty (30) days of the practice monitor’s review of the first two cases. Thereafter, the practice monitor shall meet with Respondent regularly and no less than quarterly and review example patient charts and billing records selected by the monitor, not Respondent or her associates or employees. During all meetings, the monitor shall examine example patient records to determine Respondent’s compliance, including the following areas of particular concern: (i) restorative treatment including crown and bridge work; (ii) endodontic treatment, including lengths of root canal fills; and (iii) accuracy and completeness of treatment records. Respondent shall ensure that the monitor prepares and submits to the Board quarterly reports with findings concerning those issues for the quarter, including identifying the specific patient treatment records reviewed. The IP reserves the right to review the charts that the monitor selects for the report, which records Respondent shall provide to the IP upon its request. The reports shall be due no later than April 30, July 30, October 30, and January 30 for the previous quarter in each year. Respondent is responsible for payment of all costs associated with this monitoring. If the monitor reports information to the Board indicating that Respondent may be engaging in a violation of the Board’s statutes or regulations, Respondent understands that such findings may result in further disciplinary action by the Board, including potential activation of the suspension,
following notice to Respondent and an opportunity to be heard. The practice monitor shall monitor Respondent’s practice for the entire probationary period.

4. Within six (6) months of the date of this Consent Order, Respondent shall reimburse her patient, S.J., in the amount of $1179.30 that Respondent received for the treatment she rendered to S.J. at her former practice.

5. Respondent shall adhere to the following additional conditions throughout the Probationary Period:

(a) Respondent shall not violate any provision of the Dental Practice Act or the Board’s rules and regulations;

(b) Respondent shall neither direct nor permit any of her employees or others acting under her supervision to violate any provision of the Dental Practice Act or the Board’s regulations;

(c) Respondent shall permit the Board or its agents to inspect and observe her office, conduct a random review of patient treatment records, and interview employers, employees, and coworkers at any time during normal office hours and at the Board’s sole discretion, in part to ensure that the violations in this matter have been adequately remedied; and

(d) Respondent shall respond to requests for inspections or interviews promptly, and on the same day as the request, and fully cooperate with the Board or its agent during all inspections and interviews.

6. Respondent recognizes that the conditions, limitations, or requirements set forth in this Consent Order may present her with certain practical difficulties. The Board
concludes that each one is necessary to ensure public protection and it does not intend to modify or eliminate any of the conditions, limitations, or requirements set forth herein based on such potential difficulties.

7. If Respondent fails to comply with any provision of this Consent Order or breaches any term or condition thereof, the Board shall promptly schedule a public Show Cause Hearing to allow Respondent an opportunity to show cause as to why the suspension of Respondent's dental license shall not be activated for violating a valid order of the Board. If after the Show Cause Hearing, the Board is satisfied that Respondent failed to comply with or breached any term or condition of this Consent Order, the Board shall activate the suspension and may enter such other discipline or conditions as the evidence warrants for any proven violations of the Dental Practice Act or of the Board's regulations occurring after entry of this Consent Order.

8. This Consent Order and the provisions contained herein shall be effective upon entry.

9. The Board shall retain jurisdiction of this matter and Respondent to enforce the provisions herein or enter orders as necessary in the future.

This the 5th day of December, 2023.

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

Casie S. Goode
Director of Investigations
STATEMENT OF CONSENT

I, Hassana Hameed Ansari, D.D.S., consent as follows solely for the purposes of this proceeding and any future proceedings before or involving the Board, including if future Dental Board disciplinary proceedings or Dental Board action is initiated against me: I hereby certify that I have read the foregoing Consent Order in its entirety. I assent to its terms and conditions set out herein, and desire to resolve this matter without the need for formal proceedings. I freely and voluntarily acknowledge that there is sufficient evidence to form 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, the additional findings and conclusions regarding discipline, or the order in any future proceedings before or involving the Board. I knowingly waive any right to seek judicial review, appeal, or otherwise later challenge this Consent Order once entered. I agree to service of the Consent Order to the email or mailing address of record with the Board and waive service by any other method. 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. By entering into this Consent Order, I do not admit civil liability nor bind myself in any way in other proceedings not involving the Dental Board.

This the ___ day of December 2023.

Hassana Hameed Ansari, D.D.S.
Waiver of Limited Ex Parte Communication

I understand that the proposed Consent Order that I have signed is subject to review and approval and is not effective until approved by the Hearing Panel. I agree and consent that the Hearing Panel members may be provided the proposed Consent Order for review and consideration.

I further agree and consent that the Board staff, the Investigative Panel (IP), and its counsel may discuss the proposed Consent Order and related information and documentation with Hearing Panel members for the purpose of advocating approval of the proposed Consent Order without me or my counsel being present.

If the proposed Consent Order is not approved, I agree and consent that neither I nor anyone on my behalf will assert that these limited ex parte communications, including review of the documents, will disqualify any Hearing Panel members from considering and deciding this matter after a contested case hearing.

I also agree that I am not entitled to obtain or discover the above-referenced limited communications or the substance of these communications between the Hearing Panel members and the Board staff, the IP, and its counsel, regardless of whether the proposed Consent Order is approved.

I have consulted with counsel before signing and agreeing to this waiver of limited ex parte communication.

Hassana Hameed Ansari, D.D.S

11/28/2023
Date

Carrie E. Meigs
Counsel for Respondent

12/4/23
Date