BEFORE THE NORTH CAROLINA STATE BOARD OF DENTAL EXAMINERS

IN THE MATTER OF:		
Jean Woods, D.D.S. (License No. 6102)	)	**CONSENT ORDER**

THIS MATTER is before the North Carolina State Board of Dental Examiners [the "Board"] as authorized by N.C. Gen. Stat. § 90-41.1(b) for consideration of a Consent Order in lieu of a formal administrative hearing. Pursuant to the 21 NCAC 16U .0204, the Board held a settlement conference on August 8, 2025, with signed consent of the Respondent, Jean Woods, D.D.S. ["Respondent"], Maria Wood represented Respondent. Crystal Carlisle represented the Investigative Panel [the "IP"]. Amy Fitzhugh represents Respondent for purposes of this Consent Order. The parties freely and voluntarily consent to the following:

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 on June 17, 1991, and her license number 6102 remains active.

3. At all times relevant hereto, Respondent was subject to the Dental Practice Act and the Board's rules and regulations.

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4. Patient H.M. presented to Respondent's office on July 27, 2021 with complaints of pain in the area of her lower left bridge. Respondent noted the PFM bridge at #19-21 was loose, had extensive decay on the supporting teeth, and was beyond repair. Respondent recommended extractions of teeth #s 20 and 21 and a new bridge and temporarily cemented Patient H.M.'s old bridge until she could return for further treatment.

5. On August 12, 2021, Patient H.M. returned to Respondent's office for a comprehensive exam and extraction of teeth #s 20 and 21 with immediate placement of implants in the same areas.

6. The treatment notes for several subsequent follow-up appointments indicated the areas were healing well after the extractions and placement of implants.

7. On November 22, 2021, Respondent seated and prepped abutments on the implants. Respondent advised Patient H.M. that there was very little occlusal clearance and adjusted the occlusion on teeth #s 14 and 15 to allow for clearance.

8. On November 29, 2021, Patient H.M. presented for a try-in of the new bridge. Respondent adjusted the occlusion of teeth #s 18 and 19 on the new bridge and informed Patient H.M. that the porcelain would only be over the facial of tooth #18 because there was no clearance.

9. Respondent delivered Patient H.M.'s new bridge on December 15, 2021.

10. Patient H.M. returned to Respondent's office on December 21, 2021 with the new bridge off. Respondent attempted to recement the bridge, but Patient H.M. complained about the contour of the new bridge and stated that it was trapping food.

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Respondent took impressions to remake the bridge. In the interim, Respondent recemented Patient H.M.'s old bridge.

11. On February 7, 2022, Patient H.M.'s old bridge came off, and Respondent recemented it.

12. On February 22, 2022, Patient H.M. reported a chip on the lingual side of the bridge at tooth #20. Respondent smoothed the area and informed Patient H.M. that she could deliver the new bridge once the old bridge loosened up and could be removed.

13. Patient H.M. returned to Respondent's office on June 21, 2022 with complaints of pain on the lower left. Respondent noted that the implant bridge was slightly mobile with heavy wear.

14. On July 28, 2022, Respondent noted that the old bridge was finally loose enough to remove, and Respondent delivered and cemented the new bridge.

15. On August 2, 2022, Respondent adjusted the occlusion at the #18 area of the bridge.

16. Patient H.M. presented to Respondent's office with a chip on the new bridge of # 19 on the facial side on September 8, 2022 and on the lingual side on September 14, 2022. Respondent smoothed and polished the areas.

17. Patient H.M. did not return to Respondent's office after September of 2022.

18. Respondent's treatment records for Patient H.M. did not include important details concerning Patient H.M.'s dental treatment or important discussions Respondent claimed she had with Patient H.M. concerning her dental treatment.

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19. On April 18, 2023, Patient H.M. presented to Dr. M.S. for a clinical evaluation. She complained of broken porcelain on her new bridge placed by Respondent.

20. Dr. M.S.'s examination of Patient H.M. revealed fractured porcelain on the implant supported bridge at position #s 18-20.

21. Dr. M.S. explained to Patient H.M. that the bridge did not have adequate material thickness to be clinically acceptable due to the improper position of the implants and the supra-eruption of the opposing dentition.

22. Patient H.M. presented to Dr. T.S. on June 20, 2023 for an evaluation of the bridge at teeth #s 18-21.

23. Dr. T.S.'s clinical evaluation of Patient H.M. revealed that a majority of the porcelain was missing from the bridge, and the radiographs Dr. T.S. took demonstrated minimal interarch clearance as well as the coronal portion of the implants located supracrestal.

24. Based on the evaluations of Drs. M.S. and T.S., the IP requested that an independent evaluator review five (5) randomly selected implant cases from Respondent's practice.

25. The independent evaluator reviewed the treatment records for Patients B.B., N.M., P.Z., R.D., and T.A. Upon review of these additional treatment records, the independent evaluator determined that Respondent violated the standard of care in the following respects:

a. Lack of detail in the treatment records for the patients, including failing to include patients' chief concerns, clinical impressions,

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diagnoses related to treatment, periodontal charting, and the use of rubber dams during root canal treatment;

b. Failure to recognize the poor healing status of an implant after placement for Patient B.B.;

c. Poor placement of Patient P.Z.'s anterior implant resulting in a poor aesthetic result which displayed either a lack of understanding or a disregard of the fundamentals of placing and restoring anterior implants;

d. Failure to document and inform Patient R.D. regarding the perforation of his tooth during root canal treatment; and

e. Failure to document and inform Patient T.A. when an implant extended into her sinus area.

26. The standard of care for dentists licensed to practice dentistry in North Carolina requires that dentists performing implant and other procedures on patients:

a. Understand and implement the fundamentals of placing and restoring implants, including recognizing when an area is healing poorly; and

b. Recognize, document, and inform patients regarding issues that occur during treatment such as perforation of teeth and the placement of implants in the sinus area.

27. Respondent breached the standard of care in her care and treatment of Patient H.M. and multiple other patients as indicated in paragraphs 4-26.

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28. The standard of care for dentists licensed to practice in North Carolina and 21 NCAC 16T .0101 require that dentists keep adequate patient records.

29. Respondent violated the standard of care for Patients H.M., B.B., N.M., P.Z., R.D., and T.A. as described in paragraphs 18, 25-26, and 28.

30. The Board entered a Final Agency Decision concerning Respondent on January 22, 2018, and it is fully incorporated herein by reference.

31. Respondent entered into a Consent Order with the Board on September 11, 2018, and it is fully incorporated herein by reference.

CONCLUSIONS OF LAW

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

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

3. Respondent engaged in negligence in the practice of dentistry in violation of N.C. Gen. Stat. § 90-41(a)(6) and (12) in her care and treatment of Patient H.M. and multiple other patients as indicated in paragraphs 4-26 above.

4. Respondent failed to keep adequate treatment records in violation of N.C. Gen. Stat. § 90-41(a)(6) and (12) and 21 NCAC 16T .0101 by inadequately documenting patient treatment in patient treatment records as indicated in paragraphs 18, 25-26, and 28 above.

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 No. 6102 issued to Respondent for the practice of dentistry in North Carolina is hereby suspended for a period of one (1) year. The suspension is stayed, and Respondent's dental license is provisionally restored with no active suspension, provided Respondent complies with the probationary terms and conditions set forth in paragraphs 2-7 below for a period of five (5) years from the date of entry of this Consent Order. If Respondent ceases practicing dentistry at any point during the five (5) years from the date of entry of this Consent Order, she may seek a stay of these conditions; provided that if the stay is granted and she later resumes practicing dentistry, the probationary conditions will continue to apply until Respondent completes five (5) full years of probation.

2. Respondent shall violate no provision of the Dental Practice Act or the Board's rules and regulations.

3. Respondent shall neither direct nor permit any of her employees to violate any provision of the Dental Practice Act or the Board's rules.

4. Respondent shall permit the Board or its agents to inspect and observe her office, conduct a random review of patient chart records, and interview employers, employees, and co-workers at any time during normal office hours.

5. Within six (6) months from the entry of this Order, Respondent shall complete a comprehensive remedial course especially designed for her by Dr. Samuelson

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at the University of North Carolina School of Dentistry and approved in advance by the Board's IP covering: recordkeeping, patient selection, ethics, periodontal diagnosis, and periodontal charting. 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 Director of Investigations written proof of satisfactory completion of this course before it will be accepted in satisfaction of this requirement. It is Respondent's responsibility to make all arrangements for and bear the costs of this course within the specified time.

6. Respondent shall engage a commercial practice monitor ["Monitor"] approved by the Board's IP to serve as practice monitor related to any practice in which she engages in the practice of dentistry. Within 30 days of entry of the Consent Order, Respondent shall submit a proposed Monitor for review and potential approval by the Board's IP, at its discretion. The Monitor shall meet with Respondent regularly and no less than quarterly and review example patient charts and billing records selected by the Monitor, not by Respondent or her employees. During these meetings, the Monitor shall examine example patient records to determine Respondent's compliance with all the areas at issue in this Consent Order, including recordkeeping, patient selection, adequate disclosures to patients, ethics, periodontal diagnosis, and periodontal charting. 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 and billing 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 January 30, April 30,

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July 30, and October 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 her one-year suspension, following notice to Respondent and an opportunity to be heard. If the Monitor timely submits quarterly reports indicating that Respondent has been engaged in the practice of dentistry and has been in full compliance with the Board's statutes and regulations for three (3) consecutive years, Respondent may petition the Board's Hearing Panel to reduce or eliminate this practice monitor requirement.

7. Respondent shall obtain a preliminary screening by the North Carolina Caring Dental Professionals ("NC CDP"). Respondent shall follow all of NC CDP's recommendations resulting from the preliminary screening and fully cooperate with NC CDP. Respondent shall sign a release with NC CDP permitting NC CDP to share information with the Board regarding the preliminary screening and her participation and cooperation with NC CDP.

8. 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 other than as provided for in paragraph 6, it does not intend to modify or eliminate any of the conditions, limitations, or requirements set forth herein, based on such potential difficulties.

9. If Respondent fails to comply with any provision of this Order or breaches any term or condition thereof, including those in paragraphs 2-7 above, the Board may

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schedule a public Show Cause Hearing to allow Respondent an opportunity to show cause as to why Respondent's suspension 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 or breached any term or condition of this Order, the Board shall activate the suspension and may enter such other discipline or conditions as the evidence warrants for proven violations of the Dental Practice Act or of the Board's Rules occurring after entry of this Order.

10. 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 16 day of February 2026.

THE NORTH CAROLINA STATE
BOARD OF DENTAL EXAMINERS

Casie S. Goode
Director of Investigations

STATEMENT OF CONSENT

I, Jean Woods, 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 freely, voluntarily, and without coercion or duress. I acknowledge, exclusively for the purposes of this disciplinary proceeding, and any other proceedings before the Board, 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, and that I will not contest the findings of fact, the

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conclusions of law, 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 of my counsel 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 my attorney, Amy Fitzhugh, prior to signing this Consent Order.

This the 12 day of February 2026.

Jean Woods, D.D.S.

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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 had the opportunity to consult with counsel before signing and agreeing to this waiver of limited ex parte communication.

Jean Woods, D.D.S. — 02 / 12 / 2026 — Date

Amy Fitzhugh — 02 / 12 / 2026 — Date

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