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STATE OF NEW JERSEY
DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS
BOARD OF DENTISTRY

IN THE MATTER OF THE LICENSE OF :
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John Vecchione, D.D.S. :
License No. 22DI02217300 : Administrative Action
: :
: :
: INTERIM CONSENT ORDER
TO PRACTICE DENTISTRY :
IN THE STATE OF NEW JERSEY :

The New Jersey State Board of Dentistry ("Board") reviewed information regarding the dental practice of John Vecchione, D.D.S. ("Respondent") after being advised that two individuals were each diagnosed with bacterial endocarditis, both requiring heart

surgery. Prior to their diagnosis of bacterial endocarditis, both individuals were treated by Respondent for wisdom tooth extractions at Respondent's Budd Lake office. Previously, in 2012, another individual contracted bacterial endocarditis, requiring heart valve replacement surgery, after undergoing a bone graft and implant procedure at Respondent's Budd Lake office. Although no blood samples were retained from the three cases, making it difficult to establish a causative relationship, all three individuals contracted the bacterial strain of enterococcus faecalis. Given the nature of the disease and the rarity of three individuals independently contracting the specific strain of enterococcus faecalis, as well as the Respondent's office being a common link among all three cases, the Board authorized two inspections of Respondent's Budd Lake office in order to ensure proper adherence to optimal procedures, protocols and standards of infection control in dental office settings. The first inspection included the Department of Health ("DOH") and local health officials and the second inspection included experts in the fields of oral surgery and infectious disease to specifically focus on practices and procedures in dental office settings. Respondent, at all times, fully cooperated with the inspections.

On November 14, 2014, Enforcement Bureau ("EB") investigators, DOH officials as well as the local Mount Olive health officials performed the first inspection of Respondent's Budd Lake office and

served a subpoena requesting patient records, including those relating to the three individuals diagnosed with bacterial endocarditis. The subpoena also sought the production of additional documentation as to office policies, protocols and procedures relating to equipment maintenance, infectious disease standards and medication logs. Respondent fully complied with the subpoena and provided the requested documentation. The inspection of Respondent's office revealed the following, including but not limited to: the use of a single use vial of Propofol for more than one vial, use of common alcohol pumps, prefilled syringes of medication (including CDS), expired vials and open multi-dose vials of medication, non-sterile preparation of instruments and poor documentation of medication units used and wasted. While no causative link between the above observations and the three incidents of bacterial endocarditis was established during the inspection, the Board determined that Respondent's office would benefit from improved infection prevention protocols.

On January 13, 2015, the EB, DOH officials and experts in oral surgery and infectious disease performed an unannounced second inspection of Respondent's Budd Lake office. Respondent fully cooperated with the inspection. This second inspection revealed that Respondent had already implemented many of the protocol changes recommended after the first inspection. These changes included but were not limited to: use of individual alcohol pads,

filling syringes as needed and immediately before a procedure, disposal of expired and opened medication, storage of CDS medications in a locked cabinet and maintaining the sterility of instruments until ready for use. In addition to Respondent's improvements, further adjustments were recommended as a result of the second inspection, including but not limited to; maintenance of daily narcotics logs, timely disposal of outdated medication, development and implementation of additional written policies and procedures on infection control, and providing for an adequate space for clean and dirty medication preparation areas. Although ~~these additional changes were recommended, no causative link was~~ established between the above observations and the three incidents of bacterial endocarditis.

On March 12, 2015, Respondent voluntarily hired, at his own cost and expense, a DOH approved infection prevention consultant to evaluate his office and provide an even greater level of feedback on his office's practices, policies and procedures. The recommendations from the consultant did not provide any findings on a link between Respondent's office and the documented cases of bacterial endocarditis, but the report identified additional areas for potential improvement. The recommendations included ensuring that Respondent reviews all documentation, sterilization and disinfection procedures, obtaining copies of CDC Guidelines and making them accessible to clinical staff, implementing a

tuberculosis control program, monitoring hand hygiene and implementing appropriate needle safety. The consult also revealed that, among other improvements, Respondent had already created an adequate space for a clean medication preparation area, free of potential contamination with blood, bodily fluids and other potential contaminants.

Based on its review of the materials provided to date as well as the results of the two inspections and infection prevention consult, it appears to the Board that Respondent made prompt improvements to his office practices and procedures concerning issues related to infection prevention protocols. Notwithstanding the fact that a causative link has not been established between the Respondent's office and the three incidents, the Board reserves its right to bring any action it deems appropriate based on Respondent's conduct now known or hereafter developed. Respondent, without making any factual admissions and without conceding the accuracy of the inspection results, and fully reserving his ability to defend against any action that may be brought, has agreed to the entry of the proactive changes set forth in this order. The Board finds the entry of the interim consent order to be adequately protective of the public health, safety and welfare.

THEREFORE, IT IS ON THIS 7th DAY OF July, 2016,
HEREBY ORDERED AND AGREED THAT:

1. Respondent, John Vecchione, D.D.S., agrees that he will continue to maintain the changes noted to have been made and recited here after the January 2015 inspection and the March 12, 2015 Infection Prevention consult and will implement the additional following changes for all of his offices:

- a. Maintenance of daily narcotics logs, including amounts of each medication used and wasted;
- b. Timely disposal of outdated medication;
- c. Development and implementation of written policies and procedures on infection control;
- d. No medication will be stored in a refrigerator with other food items;
- e. Implementation of appropriate needle safety techniques, including the review and maintenance of a list of non-safety needles currently in use with a description of the reasons for the use of non-safety needles;
- f. Continue to provide an adequate space for clean medication preparation areas, free of potential contamination with blood, bodily fluids and other potential contaminants;

- g. Minimal usage of multidose vial medications;
- h. Implementation of single-use, sterile alcohol pads for use as preparation for the skin and for cleaning medication vials prior to access;
- i. Use of strict aseptic technique when handling medications; at minimum, adherence with CDC recommendations on water line maintenance, biofilm, and water quality for oral surgical and non-surgical procedures.

Until further Order of the Board, Respondent shall submit a monthly report to the Board verifying that the above changes have been implemented in all offices. The reports are to include the date of when the item was completed, the office locations where the changes were made, up-to-date copies of all written policies and procedures on infection control and aseptic technique and a current monthly narcotics log from all office locations.

2. Respondent must successfully complete a seven (7) hour Board-approved course in record keeping, which shall cover the appropriate documentation of Controlled Dangerous Substances (CDS) and anesthetic agents. Documentation of full attendance and successful completion of the course shall be provided to the Board within 21 days of completion of the coursework, which must be completed within six months of the entry of this Consent Order. This course is in addition to Respondent's regularly required

continuing education hours. "Successful completion" means that Respondent attended all sessions, fully participated and received a final evaluation of an unconditional pass. Respondent shall complete the attached continuing education course approval form. The attached form is made a part of this Consent Order. A separate form shall be used for each course. Respondent shall be entirely responsible for any and all costs or expenses relating to the course.

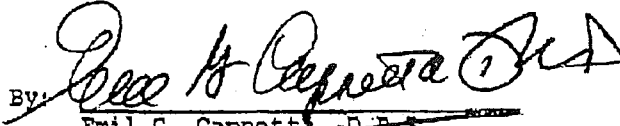
3. Respondent agrees to consult with a Board-approved infection control expert every six months for a period of one year and undergo a full evaluation and review of all of his offices as well as his practice policies and procedures to ensure an appropriate level of infection control is maintained. Respondent further agrees to implement the suggestions and/or changes recommended as a result of each infection control review. All documentation of the evaluation, proposed changes and actual changes made by Respondent shall be submitted to the Board in a timely manner.

4. The Board shall retain jurisdiction to enforce the terms of this Order. Upon receipt of any reliable information indicating that Respondent has violated any term of this Order, the Board reserves the right to bring disciplinary action, including an application for suspension of license on short notice.


5. The parties hereby stipulate that entry of this Order is without prejudice to further action, by this Board or the Acting

Attorney General; the Drug Control Unit, the Director of the Division of Consumer Affairs or other law enforcement entities resulting from Respondent's conduct prior to the entry of this Order.


NEW JERSEY STATE BOARD OF DENTISTRY

BY: 
Emil G. Cappetta, D.D.S.
Board President

I have read and understand this Interim Consent Order and agree to be bound by its terms. I consent to the entry of this Order.


John Vecchione, D.D.S. Date 7/7/16
Respondent

I hereby consent as to form and entry of this Order.


Michael Keating, Esq. Date 7/7/16
Attorney for Respondent