

**BEFORE THE MINNESOTA**

**BOARD OF DENTISTRY**

In the Matter of  
Sheldon Las, D.H.  
License No. H6244

**STIPULATION AND ORDER FOR  
LIMITED AND CONDITIONAL LICENSE**

**STIPULATION**

Sheldon Las, D.H. ("Licensee") and the Minnesota Board of Dentistry's Complaint Committee ("Committee") agree the above-referenced matter may be resolved without trial of any issue or fact as follows:

**I.**

**JURISDICTION**

1. The Minnesota Board of Dentistry ("Board") is authorized pursuant to Minnesota Statutes chapter 150A, section 214.10, and section 214.103 to license and regulate dental hygienists and to take disciplinary action when appropriate.

2. Licensee holds a license from the Board to practice dental hygiene in the State of Minnesota and is subject to the jurisdiction of the Board with respect to the matters referred to in this Stipulation and Order.

**II.**

**CONFERENCE**

3. On July 29, 2016, Licensee appeared before the Committee, composed of Board members Neal Benjamin, D.D.S., Nancy Kearn, D.H., and Steven Sperling, D.D.S., to discuss allegations made in a Notice of Conference dated June 27, 2016. Jennifer C. Middleton, Assistant Attorney General, represented the Committee at the conference.

4. Although Licensee was informed at the conference that he could be represented by legal counsel, Licensee has knowingly and voluntarily waived that opportunity.

### **III.**

#### **FACTS**

5. The parties agree this Stipulation and Order is based upon the following facts:

a. Licensee failed to provide appropriate periodontal care to more than one of his patients. Examples include the following:

1) In February 2016, Licensee provided scaling and root planing to patient 1. Intraoral photographs taken subsequent to the treatment revealed a traumatic tissue lesion at the buccal attached gingival area of teeth #7 and #8 where the tissue appeared split with a loss of attachment and a loss of ideal gingival margin placement for tooth #8, which had loose tissue. The tissues of the lesion also appeared edematous/erythematous at the margins and the center of the lesion appeared black. As a result, patient 1 was referred to a periodontist for an evaluation of the gingival lesion between teeth #7 and #8.

a) In March 2016, patient 1 saw a periodontist to evaluate the gingival lesion between teeth #7 and #8. The periodontist noted his diagnosis and findings regarding the lesion between teeth #7 and #8 for patient 1, as follows: the traumatized area will have gingival recession and vertical and horizontal bone loss; and a defect, if there is significant bone loss. The periodontist also recommended that patient 1 have a connective tissue graft between teeth #7 and #8, if the bone loss is minimal.

b) Two additional periodontists were consulted regarding patient 1's gingival tissue lesion between teeth #7 and #8, and made the following diagnoses and findings: (1) the lesion appeared to be a tear in the gingiva with separation of the soft tissue from

the interproximal and facial of tooth #8; (2) the lesion was likely caused by over-instrumentation during scaling and root planing; (3) the lesion not attributed to acute necrotizing ulcerative gingivitis due to the lack of pain; (4) the periodontal probing depth measurements and classification appeared inaccurate based upon the radiographs showing minimal to no bone loss, which did not support the need for scaling and root planing; (5) no documentation in record as to the type of instrumentation or equipment used when scaling and root planing; and (6) the use of Marcaine is not considered a routine local anesthetic for this type of procedure due to its long acting effect.

2) In February 2016, Licensee provided scaling and root planing to patient 2. Intraoral photographs taken subsequent to the treatment revealed patient 2's gingival tissue lesions had a torn-like appearance in two spots by teeth #8 and #10 caused by some type of trauma. The tissue also appeared puffy with unattached pseudo-pockets from gingival overgrowth.

a) In March 2016, two periodontists were consulted regarding patient 2's gingival tissue lesions and gingival overgrowth, and made the following diagnoses and findings: (1) no documentation of the gingival overgrowth present in the upper anterior gingival tissues prior to the scaling and root planing; (2) the lesions and gingival overgrowth was likely caused by over-instrumentation during scaling and root planing; (3) recommended soft tissue grafting depending upon the amount of bone loss; (4) the periodontal probing depth measurements and classification appeared inaccurate based upon the radiographs showing minimal bone loss, which did not support the need for scaling and root planing; (5) no documentation in record as to the type of instrumentation or equipment used when scaling and root planing; and (6) the use of Marcaine is not considered a routine local anesthetic for this type of procedure due to its long acting effect.

3) In February 2016, Licensee provided scaling and root planing to patient 3. Subsequently, patient 3's gingival tissue was inflamed and puffy, especially on the buccal aspect between teeth #9 and #10 where the unsupported gingiva has cratered due to the lack of underlying bone. Intraoral photographs were later taken on patient 3 when the patient returned for a re-evaluation of the traumatic lesion between teeth #9 and #10. The photographs revealed the area appeared to be healing well, and the tissue was not simply hanging like a flap.

a) In March 2016, patient 3 saw a periodontist to evaluate the gingival lesion between teeth #9 and #10. The periodontist indicated that patient 3's gingival lesion was likely caused by over-instrumentation during scaling and root planing. The periodontist also stated that patient 3 will have some recession in this area, but no further treatment is needed at this time.

4) For patient 4, Licensee performed scaling and root planing on the upper left quadrant in February 2016. Additional appointments with Licensee had also been scheduled to have scaling and root planing on the remaining quadrants of patient 4's mouth.

a) In March 2016, patient 4's periodontal conditions were reassessed by her general dentist, who indicated the following diagnosis and findings: (1) the patient was periodontally stable having a healthy periodontium with limited calculus for the last six years, which did not support the need for scaling and root planing by Licensee; (2) a review of Licensee's documentation in the patient's progress notes seemed inaccurate regarding the amount and type of calculus and the health of the tissues, compared to the dentist's recent examination; and (3) whether Licensee understood the difference between cementum and calculus.

5) Licensee failed to properly use and maintain certain hygiene instruments, such as gracey curettes, universal curettes, and cavitron tips. These instruments were found to have broken tips or improperly sharpened tips into a pointed end, which could damage tissues and roots of teeth during scaling and root planing. A total of 20 hygiene instruments had to be returned to the manufacturers for re-contouring of the ends due to breakage or improper sharpening.

#### **IV.**

#### **LAWS**

6. Licensee acknowledges the conduct described in section III. above constitutes a violation of Minnesota Statutes section 150A.08, subdivision 1(6), Minnesota Rules 3100.6200(B) and 3100.6200(E), and justifies the disciplinary action described in section V. below.

#### **V.**

#### **DISCIPLINARY ACTION**

The parties agree the Board may take the following disciplinary action and require compliance with the following terms:

#### **LIMITATIONS**

7. The Board places the following **LIMITATIONS** on Licensee's license:
- a. Effective immediately, Licensee is prohibited from performing scaling and root planning and entering into a collaborative agreement, as follows:
    - 1) Performing scaling and root planing procedures under general supervision by a dentist until after he successfully completes the Scaling and Root Planing course described below in paragraph 9.a.(1). In the interim, Licensee must perform scaling and root planing procedures under indirect supervision by a dentist; and

2) Entering into a collaborative agreement with a dentist until after he successfully completes the following: (a) the Scaling and Root Planing course described below in paragraph 9.a.(1); and (b) the Monitoring Scaling and Root Planing described below in paragraph 9.c.

After having complied with these limitations, Licensee may petition the Committee for removal of the limitations.

### **Removal of Limitations**

8. Licensee may petition to have the limitations removed from Licensee's license at any regularly scheduled Board meeting provided that Licensee's petition is received by the Board at least 30 days prior to the Board meeting. Licensee shall have the burden of proving that Licensee has complied with the limitations and that Licensee is qualified to practice dental hygiene without limitations. Licensee's compliance with the foregoing requirements shall not create a presumption that the limitations should be removed. Upon consideration of the evidence submitted by Licensee or obtained through Board investigation, the Board may remove, amend, or continue the limitations imposed by this Stipulation and Order.

### **CONDITIONS**

9. The Board places the following **CONDITIONS** on Licensee's license:

a. Coursework. Licensee shall successfully complete the coursework described below. **All coursework must be approved in advance by the Committee.** Licensee is responsible for locating, registering for, and paying for all coursework taken pursuant to this Stipulation and Order. None of the coursework taken pursuant to this Stipulation and Order may be used by Licensee to satisfy any of the continuing dental education/professional development requirements of Minnesota Rules 3100.5100, subpart 2. The coursework is as follows:

1) Scaling and Root Planing. Within three months of the effective date of this Order, Licensee shall successfully complete at least two full-days of one-on-one instruction in scaling and root planing through the University of Minnesota School of Dentistry or another accredited dental institution. The scaling and root planing instruction must have a hands-on component and focus on scaling and root planing using hand instruments and ultrasonic scalers, and proper sharpening of instruments. If Licensee decides to complete this instruction through the University of Minnesota School of Dentistry, Licensee must first contact the University's program administrator, Peg Hanssen, regarding enrollment as indicated within the attached cover letter to this Order.

2) Ethics and Law in Dental Hygiene. Within nine months of the effective date of this Order, Licensee shall successfully complete the on-line continuing education course entitled "Ethics and Law in Dental Hygiene" offered through the Health Studies Institute. Licensee must provide proof of course completion by submitting a copy of the course's post-test to the Committee. [Information regarding the course, the textbook, and the post-test can be found at [www.healthstudies.com](http://www.healthstudies.com).]

b. Coursework Reports. Within 30 days after completing each of the courses listed above, Licensee shall submit to the Committee:

- 1) Proof of Licensee's attendance and completion of the course;
- 2) Copies of all materials used or distributed in the courses; and
- 3) A summary report of what Licensee learned in the course and specific information addressing how Licensee will incorporate this recently gained knowledge into Licensee's practice.

4) Licensee's reports shall be typewritten in Licensee's own words, double-spaced, at least two pages in length but no more than three pages, and shall list references used to prepare the report.

5) All coursework reports submitted by Licensee are subject to review and approval by the Committee.

c. Monitoring Scaling and Root Planing. After successfully completing the Scaling and Root Planing course described above in paragraph 9.a.(1), Licensee must submit in writing the names of one or more Minnesota licensed dentists for one-on-one monitoring services (hereafter the "monitor") regarding performing scaling and root planing treatment on patients. **The evaluator must be approved in advance by the Committee.**

After a monitor has been approved by the Committee, Licensee must have the monitor evaluate his competency when performing scaling and root planing treatment on patients. Regarding the treatment rendered, Licensee shall have the monitor submit bimonthly written reports to the Committee for a period of six months.

In addition, Licensee must provide the monitor with a copy of this Stipulation and Order. Licensee's signature on this Stipulation and Order constitutes authorization for the monitor to provide the Committee with copies of the monitor's written reports. Licensee's signature also authorizes the Committee to communicate with the monitor, before, during, and after about Licensee's needs, performance, and progress. Licensee shall bear all costs associated with this requirement to obtain a monitor including, but not limited to, the preparation of written reports.

#### **Removal of Conditions**

10. Licensee may petition to have the conditions removed from Licensee's license at any regularly scheduled Board meeting provided that Licensee's petition is received by the Board

at least 30 days prior to the Board meeting. Licensee shall have the burden of proving that Licensee has complied with the conditions and that Licensee is qualified to practice dental hygiene without conditions. Licensee's compliance with the foregoing requirements shall not create a presumption that the conditions should be removed. Upon consideration of the evidence submitted by Licensee or obtained through Board investigation, the Board may remove, amend, or continue the conditions imposed by this Stipulation and Order.

## **VI.**

### **CONSEQUENCES FOR NONCOMPLIANCE OR ADDITIONAL VIOLATIONS**

11. Licensee shall comply with the laws or rules of the Board of Dentistry. Licensee agrees that failure to comply with the Board's laws or rules shall be a violation of this Stipulation and Order.

12. In Licensee's practice of dentistry, Licensee shall comply with the most current infection control requirements of Minnesota Rules parts 3100.6300 and 6950.1000 to 6950.1080, and with the Centers for Disease Control and Prevention, Public Health Service, and the United States Department of Health and Human Services.

13. Licensee shall fully and promptly cooperate with the Board's reasonable requests concerning compliance with this Stipulation and Order, including requests for explanations, documents, office inspections, or appearances at conferences. Minnesota Rules 3100.6350 shall be applicable to such requests.

14. It is Licensee's responsibility to ensure all payments, reports, evaluations, and documentation required to be filed with the Board pursuant to this Stipulation and Order are timely filed by those preparing the payment, report, evaluation, or documentation. Failure to file

payments, reports, evaluations, and documentation on or before their due date is a violation of this Stipulation and Order.

### **Imposition of Fine**

15. If information or a report required by this Stipulation and Order is not submitted to the Board by the due date, or if Licensee otherwise violates this Stipulation and Order, the Committee may fine Licensee \$100 per late report or other violation. Licensee shall pay the fine and correct the violation within five days after service on Licensee of a demand for payment and correction. If Licensee fails to do so, the Committee may impose additional fines not to exceed \$500 per violation. The total of all fines may not exceed \$5,000. Licensee waives the right to seek review of the imposition of these fines under the Administrative Procedure Act, by writ of certiorari under Minnesota Statutes section 480A.06, by application to the Board, or otherwise. Neither the imposition of fines nor correction of the violation will deprive the Board of the right to impose additional discipline based on the violation.

### **Noncompliance or Violation With Stipulation and Order**

16. If Licensee fails to comply with or violates this Stipulation and Order or it is determined Licensee has further violated Minnesota Statutes chapter 150A or Minnesota Rules chapter 3100, the Committee may, in its discretion, seek additional discipline either by initiating a contested case proceeding pursuant to Minnesota Statutes chapter 14 or by bringing the matter directly to the Board pursuant to the following procedure:

a. The Committee shall schedule a hearing before the Board. At least ten days prior to the hearing, the Committee shall mail Licensee a notice of the violation(s) alleged by the Committee. In addition, the notice shall designate the time and place of the hearing. Within seven

days after the notice is mailed, Licensee shall submit a written response to the allegations. If Licensee does not submit a timely response to the Board, the allegations may be deemed admitted.

b. The Committee, in its discretion, may schedule a conference with the Licensee prior to the hearing before the Board to discuss the allegations and to attempt to resolve the allegations through the procedures of Minnesota Statutes Section 214.103, subdivision 6.

c. Prior to the hearing before the Board, the Committee and Licensee may submit affidavits and written argument in support of their positions. At the hearing, the Committee and Licensee may present oral argument. Argument shall not refer to matters outside the record. The evidentiary record shall be limited to the affidavits submitted prior to the hearing and this Stipulation and Order. The Committee shall have the burden of proving by a preponderance of the evidence that a violation has occurred. If Licensee has failed to submit a timely response to the allegations, Licensee may not contest the allegations, but may present argument concerning the appropriateness of additional discipline. Licensee waives a hearing before an administrative law judge, discovery, cross-examination of adverse witnesses, and other procedures governing hearings pursuant to Minnesota Statutes chapter 14.

d. Licensee's correction of a violation prior to the conference, hearing or meeting of the Board may be taken into account by the Board but shall not limit the Board's authority to impose discipline for the violation. A decision by the Committee not to seek discipline when it first learns of a violation will not waive the Committee's right to later seek discipline for that violation, either alone or in combination with other violations, at any time while this order is in effect.

e. Following the hearing, the Board will deliberate confidentially. If the allegations are not proved, the Board will dismiss the allegations. If a violation is proved, the

Board may impose additional discipline, including additional conditions or limitations on Licensee's practice, suspension, or revocation of Licensee's license.

f. Nothing herein shall limit the Committee's or the Board's right to temporarily suspend Licensee's license pursuant to Minnesota Statutes section 150A.08, subdivision 8, based on a violation of this Stipulation and Order or based on conduct of Licensee not specifically referred to herein.

## **VII.**

### **ADDITIONAL INFORMATION**

17. Within ten days of execution of this Stipulation and Order, Licensee shall provide the Board with the names of all states in which Licensee is licensed to practice as a dental professional or holds any other professional or occupational license or registration.

18. If while residing or practicing in Minnesota, Licensee should become employed at any other dental clinic or facility or move, Licensee shall notify the Board in writing of the new address and telephone number within ten days.

19. In the event Licensee should leave Minnesota to reside or to practice outside of the state, Licensee shall notify the Board in writing of the new address and telephone number within ten days. Periods of residency or practice outside of Minnesota will not apply to the reduction of any period of Licensee's discipline in Minnesota unless Licensee demonstrates that practice in another state conforms completely to this Stipulation and Order. If Licensee leaves the state, the terms of this order continue to apply unless waived in writing.

20. Licensee waives the contested case hearing and all other procedures before the Board to which Licensee may be entitled under the Minnesota and United States constitutions, statutes, or rules.

21. Licensee waives any claims against the Board, the Minnesota Attorney General, the State of Minnesota, and their agents, employees, and representatives related to the investigation of the conduct herein, or the negotiation or execution of this Stipulation and Order, which may otherwise be available to Licensee.

22. This Stipulation and Order, the files, records, and proceedings associated with this matter shall constitute the entire record and may be reviewed by the Board in its consideration of this matter.

23. Either party may seek enforcement of this Stipulation and Order in any appropriate civil court.

24. Licensee has read, understands, and agrees to this Stipulation and Order and has voluntarily signed this Stipulation and Order. Licensee is aware this Stipulation and Order must be approved by the Board before it goes into effect. The Board may approve the Stipulation and Order as proposed, approve it subject to specified change, or reject it. If the changes are acceptable to Licensee, the Stipulation and Order will take effect and the order as modified will be issued. If the changes are unacceptable to Licensee or the Board rejects the Stipulation and Order, it will be of no effect except as specified in the following paragraph.

25. Licensee agrees that if the Board rejects this Stipulation and Order or a lesser remedy than indicated in this settlement, and this case comes again before the Board, Licensee will assert no claim that the Board was prejudiced by its review and discussion of this Stipulation and Order or of any records relating to it.

26. This Stipulation and Order shall not limit the Board's authority to proceed against Licensee by initiating a contested case hearing or by other appropriate means on the basis of any

act, conduct, or admission of Licensee which constitutes grounds for disciplinary action and which is not directly related to the specific facts and circumstances set forth in this document.

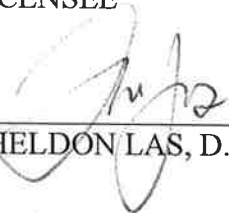
### VIII.

#### DATA PRACTICES NOTICES

27. This Stipulation and Order constitutes disciplinary action by the Board and is classified as public data pursuant to Minnesota Statutes section 13.41, subdivision 5. Data regarding this action will be provided to data banks as required by Federal law or consistent with Board policy. While this Stipulation and Order is in effect, information obtained by the Board pursuant to this Order is considered active investigative data on a licensed health professional, and as such, is classified as confidential data pursuant to Minnesota Statutes section 13.41, subdivision 4.

28. This Stipulation contains the entire agreement between the parties, there being no other agreement of any kind, verbal or otherwise, which varies this Stipulation.

LICENSEE

 RDH, BS  
\_\_\_\_\_  
SHELDON LAS, D.H.

Dated: Sept. 6, 2016

COMPLAINT COMMITTEE

By: \_\_\_\_\_  
BRIDGETT ANDERSON, L.D.A., M.B.A.  
Executive Director

Dated: Sept 6<sup>th</sup>, 2016

## ORDER

Upon consideration of the foregoing Stipulation and based upon all the files, records, and proceedings herein,

The terms of the Stipulation are approved and adopted, and the recommended disciplinary action set forth in the Stipulation is hereby issued as an Order of this Board effective this 13th day of January, 2017.

MINNESOTA BOARD  
OF DENTISTRY

By:

A handwritten signature in blue ink, appearing to read "John M. Manahan", written over a horizontal line.

JOHN MANAHAN, J.D.  
President