

**BEFORE THE BOARD OF DENTAL EXAMINERS
OF THE STATE OF IOWA**

IN THE MATTER OF:)	
DAVID L. KEHM, D.D.S.)	
25 Second Avenue NW)	
LeMars, IA 51031)	NOTICE OF HEARING
License #6472)	
Respondent)	

You are hereby notified that on April 15, 2005, the Board found probable cause to file a Statement of Charges against you. If any of the allegations against you are founded, the Board has authority to take disciplinary action against you under Iowa Code chapters 17A, 147, 153, and 272C (2005), and 650 Iowa Administrative Code Chapter 51. A copy of the Statement of Charges is attached, and sets forth the particular statutes and rules which you are alleged to have violated, and further provides a short and plain statement of the matters asserted.

IT IS HEREBY ORDERED that a disciplinary contested case hearing be held upon the Statement of Charges on August 25, 2005, before the full Board or a panel of the Board. The hearing shall begin at 8:30 a.m. and shall be located in the 1st Floor Conference Room, Iowa Board of Dental Examiners at 400 SW 8th Street, Ste D, Des Moines, Iowa. The Board shall serve as presiding officer, but the Board may request an Administrative

Law Judge make initial rulings on prehearing matters, and be present to assist and advise the Board at hearing.

Within twenty (20) days of the date you are served with the Statement of Charges and Notice of Hearing, you are required by 650 Iowa Administrative Code 51.12(2) to file an Answer to the Charges. In that Answer, you should also state whether you will require an adjustment of the date and time of the hearing.

At hearing, you may appear personally or be represented by counsel at your own expense. You will be allowed the opportunity to respond to the Charges against you. The procedural rules governing the conduct of the hearing are found at 650 Iowa Administrative Code Chapter 51.

The office of the Attorney General is responsible for representing the public interest (the State) in this proceeding. Pleadings shall be filed with the Board and copies should be provided to counsel for the State at the following address:

Theresa O'Connell Weeg
Assistant Attorney General
Iowa Attorney General's Office
2nd Floor, Hoover State Office Building
Des Moines, IA 50319
Phone (515) 281-6858

If you fail to appear at the hearing, the Board may enter a default decision or proceed with the hearing and render a decision in your absence, in accordance with Iowa Code section 17A.12(3) and 650 Iowa Administrative Code 51.22.

This matter may be resolved by settlement agreement. The procedural rules governing the Board's settlement process are found at 650 Iowa Administrative Code

51.19. If you are interested in pursuing settlement of this matter, please contact Constance L. Price, Executive Director, at 515-281-5157.

Dated this 15th day of April, 2005.



DEENA R. KUEMPEY, D.D.S.
Chairperson
Iowa Board of Dental Examiners
400 SW 8th Street, Ste. D
Des Moines, IA 50309

cc: Theresa O'Connell Weeg
Assistant Attorney General
Office of the Attorney General
Hoover State Office Building
Des Moines, IA 50319

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LeMars, IA 51031)	STATEMENT OF CHARGES
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Respondent)	

- 1) The Board has jurisdiction in this matter pursuant to Iowa Code Chapters 153 and 272C (2005).
- 2) On July 30, 1979, David L. Kehm, D.D.S., the Respondent, was issued license number 6472 by the Board to engage in the practice of dentistry, subject to the laws of the State of Iowa and the rules of the Board.
- 3) License number 6472 is current and on active status until June 30, 2006.

COUNT I

The Respondent is charged under Iowa Code Section 153.34(8) (2005) with failure to maintain a reasonably satisfactory standard of competency in the practice of dentistry, in violation of 650 Iowa Administrative Code Section 30.4(16).

COUNT II

Respondent is charged under Iowa Code Section 153.34(4) (2005) with willful or repeated violations of the rules of the Board by failing to maintain records in a manner consistent with the protection of the welfare of the patient, in violation of 650 Iowa Administrative Code Section 27.11.

THE CIRCUMSTANCES

1. The Board received multiple complaints questioning the level of care that Respondent was providing.
2. The Board reviewed these complaints and asked Respondent to explain the treatment that he provided.
3. The Board then reviewed the records along with Respondent's response.
4. Following this review the Board obtained additional patient records from Respondent's dental office to be reviewed by a consultant.
5. The consultant reviewed the additional patient records and submitted a report to the Board which concluded that Respondent is not practicing to the standard of care due to the following:
 - a) On patient B.F., Respondent took radiographs in 1998 which indicate visible bone loss. Later radiographs continue to show further bone loss but Respondent's records fail to reflect any diagnosis of periodontal disease. Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent's records for this patient contained no health record nor any entries indicating that health history updates were done. Respondent failed to document use of a rubber dam while performing a root canal treatment on this patient.
 - b) On patient N.K., Respondent's radiographs from 1994 indicate there is subgingival calculus present. Respondent's 2004 radiographs indicate that subgingival calculus remains even though the patient visited Respondent on numerous visits to have her teeth cleaned. Respondent's

records indicate that the patient's health history information has not been updated since 1984. Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed.

- c) On patient D.H.#1, Respondent's radiographs dated in 1990 indicate bone loss but there is no diagnosis of periodontal disease in the record. Respondent's 2003 radiographs indicate that the periodontal disease has progressed and yet there is still no diagnosis of the disease in the record. Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent's records failed to include health history information or updates. Respondent failed to document use of a rubber dam while performing a root canal treatment on this patient. Respondent failed to record the type and quantity of anesthesia used for dental procedures.
- d) On patient D.H.#2, Respondent's 2003 radiographs indicate that bone loss is evident, but there is no diagnosis of periodontal disease. Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent's records failed to include health history information or updates. Respondent failed to record the type and quantity of anesthesia used for dental procedures.
- e) On patient G.F., Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent's records failed to include health history information or

updates. Respondent failed to record the type and quantity of anesthesia used for dental procedures.

- f) On patient G.G., Respondent failed to record the type or quantity of anesthetic used for dental procedures.
- g) On patient M.I., Respondent's 2001 radiographs indicate bone loss and the presence of calculus. Respondent's 2004 radiographs show further bone loss and still indicate the presence of calculus even though the patient has been seen by Respondent numerous times for maintenance. Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent's records failed to include health history information or updates. Respondent failed to record the type and quantity of anesthesia used for dental procedures.
- h) On patient C.T., Respondent's records indicate that he scaled the lower incisors which have periodontal problems, but there is no entry discussing treatment recommendations or follow-up visits.
- i) On patient R.W., Respondent's radiographs show bone loss present, but there is no diagnosis listed in the record. The record reflected that probings were taken, but the results were not placed in the record.
- j) On patient J.R., Respondent's radiographs show bone loss present, but there is no diagnosis listed in the record. Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent failed to record the type and quantity of anesthesia used for dental procedures.

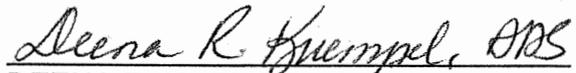
- k) On patient B.R., Respondent's radiographs show bone loss present, but there is no diagnosis listed in the record. Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent's records failed to include health history updates. Respondent failed to record the type and quantity of anesthesia used for dental procedures.
- l) On patient M.S., Respondent's records contained no documentation that a full mouth periodontal probing or PSR were ever performed. Respondent's records failed to include health history information or updates. Respondent failed to record the type and quantity of anesthesia used for dental procedures.
- m) On patient M.B., Respondent's records contained no documentation that a full mouth periodontal probing was ever performed. Respondent's records failed to include health history updates. Respondent failed to record the type and quantity of anesthesia used for dental procedures.
- n) On patient G.B., Respondent's records contained no documentation that a full mouth periodontal probing was ever performed. Respondent's records failed to include health history updates. Respondent failed to record the type and quantity of anesthesia used for dental procedures.
- o) On patient A.B., Respondent's radiographs show bone loss present, but there is no diagnosis listed in the record. Respondent's records contained no documentation that a full mouth periodontal probing was ever performed. Respondent's records failed to include health history updates.

Respondent failed to record the type and quantity of anesthesia used for dental procedures.

p) The consultant concluded that there are serious concerns about the level of care that Respondent is providing.

6. The Board consultant concluded following his review that Respondent's record keeping falls below the standard of care. Respondent's records routinely lacked health histories, periodontal probings, and the necessary assessments to correctly treat patients.

On this 15th day of April, 2005, the Iowa Board of Dental Examiners found probable cause to file this Statement of Charges and to order a hearing in this case.


DEENA R. KUEMPEL, D.D.S.
Chairperson
Iowa Board of Dental Examiners
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