

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
OFFICE OF DIRECTOR**

**ACTION REFERRAL**

TO	DATE
<i>Singleton</i>	<i>10-23-09</i>

DIRECTOR'S USE ONLY	ACTION REQUESTED
1. LOG NUMBER  <i>100190</i>	<input type="checkbox"/> Prepare reply for the Director's signature DATE DUE _____
2. DATE SIGNED BY DIRECTOR  	<input type="checkbox"/> Prepare reply for appropriate signature DATE DUE _____ <input type="checkbox"/> FOIA DATE DUE _____ <input checked="" type="checkbox"/> Necessary Action

APPROVALS (Only when prepared for director's signature)	APPROVE	* DISAPPROVE (Note reason for disapproval and return to preparer.)	COMMENT
1.			
2.			
3.			
4.			



South Carolina  
Department of Labor, Licensing and Regulation

Board of Dentistry

Mark Sanford  
Governor  
Adrienne Riggins Youmans  
Director

  
110 Centerview Drive  
Post Office Box 11329  
Columbia, SC 29211-1329  
Phone: (803) 896-4599  
FAX: (803) 896-4719  
[www.llr.state.sc.us](http://www.llr.state.sc.us)

TO: INTERESTED PARTIES  
FROM: SOUTH CAROLINA STATE BOARD OF DENTISTRY  
RE: TIMOTHY G. JOSEPH, DMD  
DATE: October 21, 2009

Enclosed please find a copy of the public order of the South Carolina State Board of Dentistry in the above referenced matter.

VR/cjc

Enclosures

**RECEIVED**

OCT 28 2009

Department of Health & Human Services  
OFFICE OF THE DIRECTOR

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF DENTISTRY**

In the Matter of:

**TIMOTHY JOSEPH, D.M.D.**  
License No. DGD.3376

**CONSENT AGREEMENT**

OGC # 09-0008  
OIE # 2008-12

Respondent

By agreement of the State Board of Dentistry of South Carolina, hereinafter referred to as the Board, and the above-named Respondent, the following disposition of this matter is entered pursuant to the provisions of S.C. Code Ann. § 1-23-320(f) (Supp. 2008) of the South Carolina Administrative Procedures Act:

**FINDINGS OF FACT**

1. Respondent admits that he is licensed to practice as a dentist in the State of South Carolina and was so licensed at all times relevant to the matters asserted in this case. The Board has jurisdiction over this matter.
2. Respondent admits that has violated the Dental Practice Act as set forth in the Amended Formal Accusation, a copy of which is attached hereto and incorporated herein as Exhibit 1.
3. Respondent further admits that as a result of the previous admissions herein, Respondent has violated S.C. Code of Laws § 40-15-190(A)(14) (Supp. 2006).
4. Respondent waives any further findings of fact with respect to this matter.

**CONCLUSIONS OF LAW**

5. Respondent admits that the conduct in this matter constitutes sufficient grounds for disciplinary or corrective action under § 40-15-190, *supra*. Respondent hereby waives any further conclusions of law with respect to this matter.
6. Respondent has full knowledge that he has the right to a hearing and to be represented by counsel in this matter, and freely, knowingly and voluntarily waives such rights by entering into this Consent Agreement. Respondent understands and agrees that by entering into this Consent Agreement he voluntarily relinquishes any right to judicial review of Board action(s) which may be taken concerning any related matters. Respondent understands and agrees that this Consent

Agreement will not become effective unless and until approved by the Board. Respondent understands and agrees that a representative of the General Counsel's Office may be present during presentation of this Consent Agreement to the Board. Respondent understands and agrees that if this Consent Agreement is not approved, it shall not constitute an admission against interest in this proceeding or prejudice the right of the Board to adjudicate this matter.

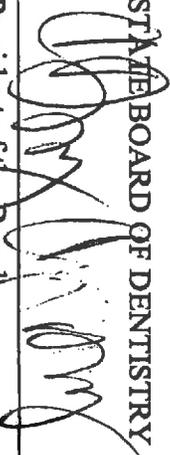
HEREFORE, IT IS UNDERSTOOD AND AGREED THAT:

1. Respondent is hereby publicly reprimanded.
2. Respondent's license to practice dentistry in this State shall be placed on probation for a period of twenty-four (24) months from the effective date of this Consent Agreement. Respondent shall also faithfully comply with the following terms and conditions, which shall continue in effect until further Order of the Board:
  - a. Respondent shall pay a fine of Four Thousand (\$4,000.00) Dollars. The said fine shall be due at such time as this Consent Agreement is submitted to the full Board for approval. Payment must be in the form of a cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate temporary suspension of the Respondent's license to practice dentistry in this State until such amount is paid in full.
  - b. Respondent shall, at his own expense, successfully complete a pre-approved course in periodontal dentistry, consisting of at least eight (8) hours, within twelve (12) months of the effective date of this agreement, and provide the Board with adequate verification of satisfactory completion of the course.
  - c. Respondent shall pay the cost of the investigation of this matter, Fifteen Hundred Dollars (\$1500.00) at the time this matter is submitted to the Board. Payment must be in the form of a cashier's check, money order, or other good funds. Failure to pay the said fine shall result in the immediate temporary suspension of the Respondent's license to practice dentistry in this State until such amount is paid in full.
3. Respondent understands that failure to comply with the letter, intent or spirit of this Consent Agreement shall result in the immediate temporary suspension of his license to practice dentistry in the State of South Carolina pending a hearing into the matter and until further Order of the Board. It is understood and agreed that if Respondent fails to meet the conditions agreed to in this Consent Agreement, Respondent's license may be immediately suspended pending compliance. Non-compliance may result in further discipline. Any license law violations by Respondent constitute a failure to meet the conditions of this Consent Agreement. In addition, the failure to comply with the letter, intent or spirit of this Consent Agreement may result in the immediate lifting of any stay that may be in effect, in accordance with South Carolina Code Ann. § 1-23-370 (c) (1976, as amended).

3. Respondent agrees to comply with all state and federal statutes and regulations governing the practice of dentistry.
4. Respondent understands his right to legal representation and enters into this Consent Agreement freely and voluntarily and not under duress, restraint or compulsion.
5. Pursuant to the South Carolina Freedom of Information Act, this Consent Agreement, with attachments, is a public document, and this action will be reported to the National Practitioner Data Bank in accordance with P.L. 99-660.
6. This Consent Agreement shall take effect immediately upon receipt of the signed Consent Agreement by Respondent or his counsel.

AND IT IS SO AGREED.

STATE BOARD OF DENTISTRY

  
 \_\_\_\_\_  
 President of the Board

Columbia, South Carolina

Oct 16, 2009

WE CONSENT:

  
 \_\_\_\_\_  
 TIMOTHY JOSEPH, D.M.D.  
 Respondent

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date served this Consent Agreement in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party (ies) or their attorney (s), to the following address: PO Box 1173, 1901 Main St. Ok SC 29304

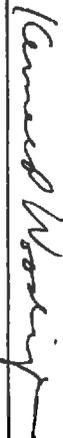
This 20<sup>th</sup> day of October 2009  
 By: Carolyn J. Coats Admin. Asst.  
 \_\_\_\_\_  
 Carolyn J. Coats  
 Printed name, title & signature

CERTIFICATE OF SERVICE BY MAIL

This is to certify that the undersigned has this date served this Consent Agreement in the above entitled action upon all parties to this cause by depositing a copy hereof, in the United States mail, postage paid, or in the Interagency Mail Service addressed to the party (ies) or their attorney (s), to the following address: P.O. Box 558, Georgetown, SC 29142

This 20<sup>th</sup> day of October 2009  
 By: Carolyn J. Coats Admin. Asst. Carolyn J. Coats  
 \_\_\_\_\_  
 Carolyn J. Coats  
 Printed name, title & signature

WITNESS OR ATTORNEY

  
 \_\_\_\_\_  
 KENNETH P. WOODINGTON  
 1611 Devonshire Drive, Second Floor  
 Post Office Box 8568  
 Columbia, South Carolina 29202  
 (803) 806-8222

Attorney for the Department of Labor, Licensing and Regulation

**SOUTH CAROLINA DEPARTMENT OF LABOR, LICENSING AND REGULATION  
BEFORE THE STATE BOARD OF DENTISTRY**

**IN THE MATTER OF:**

**TIMOTHY JOSEPH**  
License No. DGD.3376

OGC #09-0008  
OIE #2008-12

**AMENDED  
FORMAL ACCUSATION**

Respondent.

**The Board alleges:**

I.

The Respondent is a dentist, duly licensed by the Board of Dentistry (hereinafter “the Board”), to practice dentistry in South Carolina, and was so licensed at all times relevant to the matters asserted in this case. The Board of Dentistry has jurisdiction over Respondent and the subject matter of this action.

II.

That upon information and belief, Respondent has engaged in misconduct that violates S.C. Code Ann. § 40-15-190(A)(14), including the commission of the following acts:

1. Respondent actively treated patient J.S. (whose name is known to Respondent) for a period of approximately 6 years, specifically, from March 4, 2000 to December 22, 2006.
2. On her initial visit on March 4, 2000, Respondent noted J.S. had several 4-5mm pocket depths around molars. His records for this visit indicate that her “gums are not very healthy.” On July 18, 2000, the records also noted, “gums bleed badly – patient said they always bleed.”
3. On or about December 20, 2004, Respondent performed a periodontal screening and recording (PSR); the readings indicated that a full mouth probing should have been performed. However, there is no record that a full mouth probing was done.
4. On or about April 2, 2007, J.S. went to see Dr. David Grabeman for a consultation. Dr. Grabeman referred J.S. to periodontist Dr. Jeanne L. Fourier for a periodontal evaluation. Dr. Fourier evaluated J.S. on August 21, 2007 and noted generalized moderate to severe periodontitis.

5. On or about October 8, 2007, Respondent performed a full mouth exam and probing after being notified by J.S. of Dr. Fourier's assessment. He referred J.S. for a second opinion to periodontist and endodontist, Dr. Michael E. Piepenbring.
6. On or about October 9, 2007, J.S. was examined by Dr. Piepenbring, who found that J.S. presented with periodontitis associated with #3, 18, and generalized mild periodontitis.
7. Respondent's provision of services did not meet the requisite standard of care of a dentist practicing in the state of South Carolina in the following respect:
  - a. Respondent failed to perform a full mouth probing in 2004, when the results of the PSR indicated that a full mouth probing should have been performed.

III.

**PURSUANT** to S.C. Code Ann. § 40-15-200, if you are found guilty of the alleged violations, the Board of Dentistry has the power to revoke or suspend your license or registration, reprimand you either publicly or privately, or take any other reasonable action short of revocation or suspension, such as placing you on probation. Further, if you are found guilty, the Board may assess a civil fine of up to ten thousand dollars (\$10,000) per violation.

**TAKE NOTICE** that you are entitled to an opportunity to be heard with respect to these charges. You will be given a minimum of thirty (30) days notice of the hearing. Hearings are held in accordance with S.C. Code Ann. § 1-23-310, *et seq.*, which describes your procedural rights, including, but not limited to the right to respond and present evidence and argument on all issues involved. You may wish to retain legal counsel to represent you in this matter so as to more fully understand, protect and assert your legal rights.

**STATE BOARD OF DENTISTRY**  
Columbia, S.C.

BY: \_\_\_\_\_



C. Timothy Asssey, DMD  
President of the Board  
P.O. Box 11329  
Columbia, SC 29211  
(803) 896-4599

September 18, 2009