

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

PROBABLE CAUSE
BOARD OF DENTISTRY AGENDA
SCHEDULED FOR NOVEMBER 15, 2016

Notice 01
AC-01

Notices – Dismissal of Charge
Administrative Complaints

The Probable Cause Panel meeting scheduled for November 15, 2016 will commence at 8:00 a.m., or as soon as possible thereafter, at the following location:

MEET-ME NUMBER

****Toll Free Number- 1-888-670-3525****

*Everyone will need to call in on the above number for the public and non-public sections of the agenda at all PCP Meetings.

*After dialing in, you will be asked to enter a conference code number:

MEET ME NUMBER
1-888-670-3525

PUBLIC CODE
4552635641

Members scheduled to participate:

Joe Thomas, D.D.S. – Chairperson
Leonard Britten, D.D.S. - Panel Member
Joseph Calderone, D.M.D. - Panel Member
Jennifer Wenhold – Board Office
David Flynn, Esq. – Assistant Attorney General & Board Counsel
Louise Wilhite-St. Laurent – Deputy General Counsel
Bridget McDonnell, Esq. – Assistant General Counsel
Gail Hill, Esq. – Assistant General Counsel
Tobey Schultz, Esq. – Assistant General Counsel
Rose Garrison, Esq. – Assistant General Counsel

NOTICES

Notice-01 Darren Pike, DMD
Report of Dismissal by Department

2014-17504

LSL

ADMINISTRATIVE COMPLAINTS

The Agency attorney will state a short synopsis of the facts with a listing of the counts. A Panel member will make a motion on whether to find probable cause. This motion can then be seconded and the Panel members should discuss the case to reflect their understanding of the allegations. After the panel's deliberations, the members will vote on the motion. If probable cause is found, an administrative complaint will be filed.

AC-01 Steven Schroeter, DMD

2014-08551

GSH

**STATE OF FLORIDA
DEPARTMENT OF HEALTH**

BOARD: Dentistry

CASE NUMBER: 2014-17504

RESPONDENT: Darren Robert Pike, D.M.D.
1865 NW Boca Raton, Blvd.
Boca Raton, Florida 33432

DATE OF COMPLAINT: October 16, 2014

REPORT OF DISMISSAL OF COUNT BY DEPARTMENT

THE FACTS: On September 9, 2016, the Probable Cause Panel of the Board of Dentistry (Panel) determined that probable cause existed to support the prosecution of Respondent for having violating Sections 466.028(1)(x) and (m), Florida Statutes (2013). During the meeting, Prosecution presented alleged facts to support violation of Section 466.028(1)(x) alone. During discussion, the Panel determined that probable cause existed to also support a violation of Section 466.028(1)(m), which provides that “[f]ailing to keep written dental records and medical history records justifying the course of treatment of the patient including, but not limited to, patient histories, examination results, test results, and X rays, if taken[,]” shall constitute grounds for disciplinary action by the Board of Dentistry.

The Department has determined that there is insufficient evidence to support the prosecution of Section 466.028(1)(m), Florida Statutes, in this matter. The facts needed to support a violation of Section 466.028(1)(m), are distinct from those needed to support a violation of Section 466.028(1)(x). The Department has determined that it does not have sufficient facts at this time to pursue an allegation that Respondent failed to meet the requirements of Section 466.028(1)(m), Florida Statutes. Therefore, the Department dismisses the count charging Respondent with a violation of Section 466.028(1)(m), Florida Statutes.

THE LAW: Pursuant to Section 456.073(2), Florida Statutes, the Department finds that there is insufficient evidence to support the prosecution of Section 466.028(1)(m), Florida Statutes.

Accordingly, the Department hereby dismisses the count charging Respondent with a violation of Section 466.028(1)(m), Florida Statutes.

DONE this ____ day of _____, 2016.

Louise Wilhite-St. Laurent
Deputy General Counsel

**STATE OF FLORIDA
BOARD OF DENTISTRY**

DEPARTMENT OF HEALTH,

Petitioner,

v.

CASE NO. 2014-08551

STEVEN A. SCHROETER, D.M.D.,

Respondent.

_____ /

ADMINISTRATIVE COMPLAINT

Petitioner Department of Health, by and through its undersigned counsel, files this Administrative Complaint against the Respondent, STEVEN ANTON SCHROETER, D.M.D., and alleges:

1. Petitioner is the agency charged with regulating the practice of Dentistry pursuant to Section 20.43, Florida Statutes; Chapter 456, Florida Statutes; and Chapter 466, Florida Statutes.

2. Respondent is, and has been at all times material hereto, a licensed dentist in the State of Florida, having been issued license numbered DN 14941.

3. Respondent's address of record is 5700 Clark Road, Sarasota, Florida 34233.

4. On December 30, 2010, Patient GW appointed with Respondent Dr. Schroeter for adjustment of his lower partial prosthesis, at which time he and Dr. Schroeter discussed the treatment option of implant placement to support a lower partial prosthesis. Patient GW elected to have a single implant placed in each side of his lower jaw as distal abutments to support a bridge.

5. On January 14, 2011, Dr. Schroeter placed those two implants, as well as a third implant, at #19, #28, and #30.

6. Minimum standards of performance in implant therapy and treatment require appropriate post-operative radiographs to verify correct placement of the implants, particularly in an area such as the posterior mandible where impingement on the inferior alveolar nerve could possibly be involved.

7. Respondent Dr. Schroeter failed to obtain post-operative radiographs of the three implants he placed in Patient GW's posterior mandible.

8. According to Patient GW, the numbness from the anesthetic did not wear off the following day.

9. Dr. Schroeter's post-operative clinical notes do not address the possible complication of possible paresthesia until January 20, 2011, at which

time he notes that Patient GW has a tingling sensation on the left side that seems to be lessening, and that he will discuss nerve impingement with the patient and perform an evaluation at the next appointment.

10. Minimum standards of performance in dental treatment of a paresthesia complication require comprehensive neurosensory evaluation and testing to ascertain whether a sensory deficit exists, to define and quantify the extent of the nerve injury, to record a baseline for recovery, and to determine when referral to a specialist in neurosurgery is indicated.

11. Dr. Schroeter failed to perform a comprehensive neurosensory evaluation, perform testing, or map the extent of the paresthesia to define and quantify the extent of the injury.

12. Patient GW returned to the office the following day and again on January 24, 2011, for prosthetic adjustments; however, no nerve injury evaluation was performed on either date.

13. On January 25, 2011, Patient GW appointed for another lingual flange area adjustment; the clinical notes disclose that the tingling sensation has lessened but the area was feeling numb. No nerve injury evaluation was performed on that date; instead, Dr. Schroeter notes that he will perform an evaluation at the next appointment.

14. Patient GW returned the following day with complaints of continued discomfort with the left flange area of his bridge; he informed Dr. Schroeter that he had no sensation in the lower left area of his jaw.

15. Dr. Schroeter again did not perform a nerve injury evaluation; instead, he noted that he would plan to remove implant #19 at the next visit if no sensation had returned by then.

16. According to Patient GW, Dr. Schroeter told him that the numbness should go away in two weeks but could last for months.

17. Because prompt intervention allows for the best chance of neurosensory recovery, minimum standards of performance in dental diagnosis and treatment require that the dentist provide the patient a timely referral to a practitioner experienced in nerve injury assessment and repair if there is no improvement.

18. Dr. Schroeter did not refer Patient GW to a specialist in nerve injuries.

19. After his January 26 appointment, Patient GW did not return to Dr. Schroeter for further treatment. Instead, on January 31, 2011, he appointed with Dr. Craig Misch for a consultation on the numbness he was experiencing.

20. Dr. Misch obtained a CT scan which revealed that the apical area around the mandibular left implant appeared to violate the superior aspect of the mandibular canal, resulting in paresthesia. He advised Patient GW that prognosis for recovery from the nerve injury was questionable and recommended that the implant be removed.

21. Patient GW agreed, and Dr. Misch removed the implant that afternoon.

22. Section 466.028(1)(x), Florida Statutes (2008-2009), states that “[b]eing guilty of incompetence or negligence by failing to meet the minimum standards of performance in diagnosis and treatment when measured against generally prevailing peer performance, including, but not limited to, the undertaking of diagnosis and treatment for which the dentist is not qualified by training or experience or being guilty of dental malpractice[,]” shall constitute grounds for disciplinary action by the Board of Dentistry.

23. By failing to take post-operative radiographs of the implants, and also by failing to properly manage the complication of nerve injury and paresthesia, Respondent Dr. Schroeter failed to meet minimum standards of performance in diagnosis and treatment, thereby violating section 466.028(1)(x), Florida Statutes.

WHEREFORE, Petitioner respectfully requests that the Board of Dentistry enter an order imposing one or more of the following penalties: permanent revocation or suspension of Respondent's licensure, or restriction of Respondent's practice, imposition of an administrative fine, issuance of a reprimand, placement of Respondent on probation, corrective action, refund of fees billed or collected, remedial education and/or any other relief that the Board deems appropriate.

SIGNED this _____ day of _____, 2016.

Celeste Philip, M.D., M.P.H.
Surgeon General & Secretary,

Gail Scott Hill
Assistant General Counsel
DOH Prosecution Services Unit
4052 Bald Cypress Way, Bin C-65
Tallahassee, Florida 32399-3265
Florida Bar # 909289
PHONE: 850.245.4640
FAX: 850.245.4684

PCP:

PCP Members:

NOTICE OF RIGHTS

Respondent has the right to request or petition for an administrative hearing to be conducted in accordance with Sections 120.569 and 120.57, Florida Statutes. Respondent has the right to be represented by counsel or other qualified representative, to call and cross-examine witnesses, and to have subpoenas and subpoenas duces tecum issued on his or her behalf if a formal administrative hearing is requested. Administrative hearings are also governed by Rule 28-106, Florida Administrative Code.

A request or petition for an administrative hearing must be in writing and must be received by the Department within twenty-one (21) days from the date this Administrative Complaint is served. A request or petition for a hearing must be in conformance with Chapter 28-106.2015(5), Florida Administrative Code and must be sent to the Department at the following address:

Department of Health
Prosecution Services Unit
Attention: Gail S. Hill, Esq.
4052 Bald Cypress Way, Bin #C65
Tallahassee, Florida 32399-1701

Mediation is not available as an alternative remedy.

If your request or petition for a formal administrative hearing is not received by the Department within twenty-one (21) days from the date of service of this Administrative Complaint, that failure will constitute a waiver of your right to an administrative hearing.

DOH v. STEVEN ANTON SCHROETERd.m.d., 2014-08551

2014-08551

FILED
DEPARTMENT OF HEALTH
DEPUTY CLERK
CLERK: *Angel Sanders*
DATE: NOV 01 2016

STATE OF FLORIDA
DEPARTMENT OF HEALTH

WAIVER OF CONFIDENTIALITY
UNDER SECTION 456.073(10), FLORIDA STATUTES

Effective on filing with the Department of Health, pursuant to Section 456.073(10), Florida Statutes, Steven A. Schroeter, D.M.D. hereby waives confidentiality of the complaint and investigative materials contained in Department of Health Case Number 2014-08551 except those materials protected under Section 456.057 or 42 C.F.R. Part 2


Steven A. Schroeter, D.M.D.

I HEREBY CERTIFY that the foregoing instrument was acknowledged, under oath or by affirmation, before me this 25 day of October, 2016, by Steven A. Schroeter, D.M.D., who is personally known to me or who produced CL Sanders Reserve as identification.


NOTARY PUBLIC

My Commission expires: 07/09/2019



Tatianna Grieff
State of Florida
MY COMMISSION # FF 897741
Expires: July 9, 2019



Medical Investigation Defense Unit

Fax Transmittal

To:	MQA Agency Clerk	From:	Jon M. Pellett
Company:	Department of Health	Date:	November 1, 2016
Voice Number:		Voice Number:	904-360-3296
Fax Number:	850-487-9537	Fax Number:	888-288-2144
Total Pages: (Including This Cover)	2		

Subject: **Case 2014-08551, Steven Schroeter, DDS**

notes \ comments:

Good morning,

Attached for filing is Dr. Schroeter's waiver of confidentiality of his investigation in Case 2014-08551.

Could you please return a filed stamped copy to my attention at jpellett@thedoctors.com?

Should there be any questions, please let me know.

Jon Pellett
904-360-3296

THIS MESSAGE IS INTENDED ONLY FOR THE USE OF THE INDIVIDUAL OR ENTITY TO WHICH IT IS ADDRESSED AND MAY CONTAIN INFORMATION THAT IS PRIVILEGED, CONFIDENTIAL, AND EXEMPT FROM DISCLOSURE UNDER APPLICABLE LAW. If the reader of this message is not the intended recipient, or the employee or agent responsible for delivery of the message to the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately by telephone or return the original message to us via the postal service. Thank you.

9414 7266 9904 2081 0811 57

TO:

Jon Pellett, Esquire
12724 Gran Bay Parkway, West
Suite 401
Jacksonville, Florida

SENDER: C Taylor

REFERENCE:
2014-08551
456 comp rsp

PS Form 3800, January 2005

RETURN RECEIPT SERVICE	Postage	
	Certified Fee	
	Return Receipt Fee	
	Restricted Delivery	
	Total Postage & Fees	

USPS®
Receipt for
Certified Mail®
No Insurance Coverage Provided
Do Not Use for International Mail

POSTMARK OR DATE
10/4/2016

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



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Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

October 5, 2016

Jon Pellett, Esquire
The Doctors Company
Medical Investigation Defense Unit
12724 Gran Bay Parkway West
Suite 401
Jacksonville, Florida 32258



Re: Complaint No. 2014-08551
Respondent: Steven Shroeter, DDS

Dear Mr. Pellett:

Pursuant to section 456.073(10), Florida Statutes, enclosed is a copy of the Department's complete investigative file in this matter. Section 456.073(10), Florida Statutes provides in part:

... Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the Department. ...

Pursuant to the provisions of section 456.073(10), Florida Statutes, your written response must be received by no later than twenty (20) days from the date of this letter. Any requests for an extension of time must be made to my office prior to the expiration of the original twenty (20) days. The CD is password protected. Please contact Carol Taylor at (850) 245-4640 ext. 8188 or Catherine Gilyard at (850) 245-4640 ext. 8160 to obtain the password. An invoice for duplication of the file will follow.

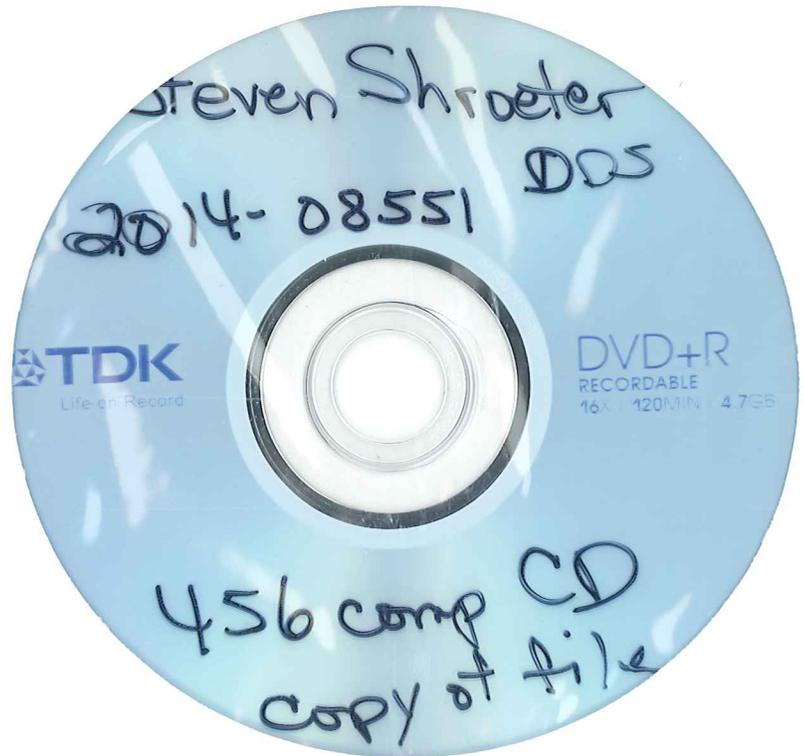
If you have any questions please give me a call at (850) 245-4640.

Respectfully,

Gail Scott Hill

Gail Scott Hill
Assistant General Counsel

GSH/ct
Enclosure: Investigative File (CD)



Steven Shroeter

2014-08551

DDS

TDK
Life on Record

DVD+R
RECORDABLE
16X 120MIN 4.7GB

456 comp CD
copy of file

6

Gerald W. Bird, D.M.D., P.A.
Jay A. Johnson, D.M.D.

Oral and Maxillofacial Surgery

MARINER SQUARE-SUITE 105
96 Willard Street (SR 520)
Cocoa, Florida 32922-8008

(321) 631-7000
drsbirdandjohnson.com

June 20, 2016

TO: Ms. Gail Scott Hill
Florida Department of Health, Prosecution Services Unit

FROM: Jay A. "Drew" Johnson D.M.D.
Diplomate, American Board of Oral and Maxillofacial Surgery

RE: **DOH v. Steven A. Schroeter D.M.D., Case number 2014-08551**

Dear Ms. Hill:

I have completed review of the above mentioned case. Below you will find a brief case synopsis, answers to your specific questions, and a summery/conclusion.

Case synopsis:

From review of the record provided it appears that patient GW had been a patient of Dr. Schroeter since 2009. On January 14, 2011 GW underwent implant placement in the # 19, 28, and 30 areas. The record does not reflect any intra operative or immediate post operative issues; however the record reflects that GW returned on January 20th, 2011 complaining of tingling in the left lower lip. The record reflects the possibility of "nerve impingement" with the plan to evaluate it again in a few days. GW had a few other post operative appointments; however the nerve issue was not mentioned in the notes again until January 25th when GW stated, according to the record, that the tingling had reduced and now there was "numbness". On January 26, 2011 Dr. Schroeter noted in the record that the implant in the #19 area would be removed if the numbness failed to go away by the next visit. It appears this was the last time GW saw Dr. Schroeter.

On January 31st GW saw Dr. Craig Misch, an oral and maxillofacial surgeon who diagnosed that the implant was in close proximity to the left inferior alveolar nerve and removed the implant.

The record reviewed does not include any evidence that GW had any resolution of the numbness or if GW underwent any further consultations or evaluations for his condition.

Answers to specific questions:

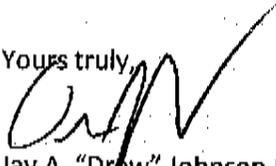
- 1) I certify that I do not know Dr. Schroeter or, prior to my review of this case, have had any prior knowledge of the case
- 2) I further certify that I am a board certified oral and maxillofacial surgeon. I have been in continuous practice in Florida since 1995 and have been continuously board certified by the American Board of Oral and Maxillofacial Surgery since 1997. On a routine basis I do perform procedures such as the ones involved in this case, namely the placement of dental implants.
- 3) It is my opinion that the prevailing standard of care was NOT met by Dr. Schroeter with regards to the treatment of GW. Standard of care for the surgical placement of dental implants requires that a post operative radiograph be taken after initial placement to verify implant position, particularly in an area such as the posterior mandible where the inferior alveolar nerve could possibly be involved. Even a conventional radiograph could have possibly shown the impingement of the implant on the nerve and immediate action to back the implant out, or remove it could have been taken. When nerves undergo trauma time is of the essence in making the diagnosis and treating the complication. The earlier the problem is recognized and treated the better the prognosis for recovery. Furthermore, the record reflects that GW referred to tingling and numbness at multiple post operative visits after the initial surgery. It does not appear that any formal evaluation of GW's complaints began until approximately two weeks after the initial surgery. Again, since time is critical in nerve injury cases, standard of care requires timely recognition, radiographic evaluation, and formal nerve testing to document the extent of the injury, such things as pain, light touch, brush stroke direction, and two point discrimination. A formal nerve exam and objective documentation is critical early on as both providers and patients can interject subjective complaints and observations into the treatment which can further cloud the issue as to the extent of the injury and the amount of spontaneous recovery actually happening. Standard of care also dictates timely treatment of the complication or prompt referral to another provider or specialist who can assist with the diagnosis and treatment or provide referral to someplace such as a tertiary care center.
- 4) The response from Dr. Cullen who was the expert opinion given on behalf of Dr. Cullen. In short, I agree with the statement that a pre operative CAT scan is not standard of care, some kind of post operative radiograph is to verify placement of the implant next to critical structures like nerves and sinuses. When evaluating patients with nerve injuries, or potential nerve injuries objective testing and data collection is critical to avoid the subjective nature of patient comments as to their condition and whether it is improving or not. This could have been accomplished with the use of a nerve evaluation form as included with this letter.

Summary/Conclusion:

This case involves an unfortunate but well recognized complication of surgical placement of dental implants- nerve injury. The standard of care was not met with regard to the timely post operative evaluation of the implant location and also not met with regard to the timely recognition, formal evaluation, and treatment of a dental implant placed in close proximity to a critical neurological structure such as the inferior alveolar nerve.

Thank you for allowing me to participate in the review of this case. If you have any questions please contact my office at your convenience.

Yours truly,



Jay A. "Drew" Johnson D.M.D.

Diplomate, American Board of Oral and Maxillofacial Surgery
Fellow, American Board of Oral and Maxillofacial Surgeons

Enclosure: Nerve/neurological evaluation form

PRELIMINARY NEUROLOGICAL EXAMINATION

Patient's Name _____

Date of Exam _____

Date of Surgery: _____

Chief Complaint: _____

Subjective Symptoms: _____

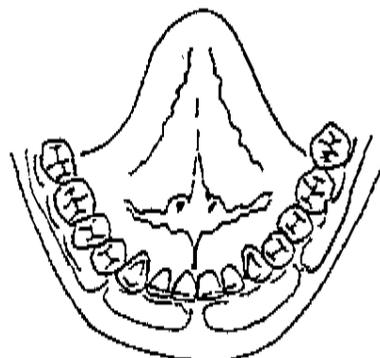
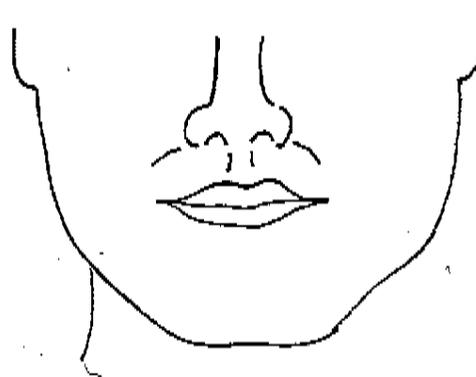
Clinical Findings:

- Touch (brush) _____ + -
- Direction (brush) _____ + -
- Pressure (blunt) _____ + -
- Pain (pin prick) _____ + -
- Temperature (ice, ethyl cl.) _____ + -

- Two-point discrimination and localization _____ + -
- Normal = _____ mm
- Test = _____ mm

Taste

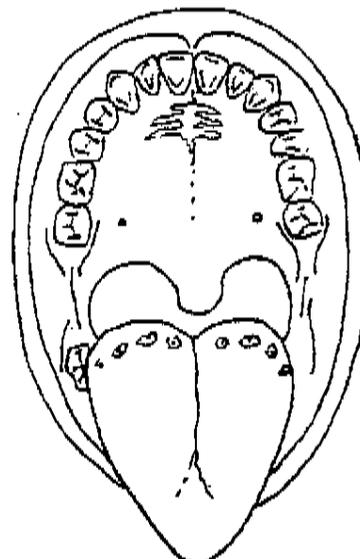
- Sweet _____ + -
- Salt _____ + -
- Sour _____ + -
- Bitter _____ + -



Descriptive Symptoms (pares, etc.):

Comments:

Radiograph:



CURRICULUM VITAE

Jay Andrew Johnson D.D.S.
1760 Hidden Lake Drive
Rockledge, Florida 32955
Home: (321) 638-4606
Cellular: (321) 427-2841
Office: (321) 631-7000

PRESENT POSITION:

Private Practice, Partner
Drs. Gerald W. Bird and Jay A. Johnson
Oral and Maxillofacial Surgery
96 Willard Street, Suite 105
Cocoa, Florida 32922

BOARD CERTIFICATION:

Diplomate, American Board of Oral and Maxillofacial Surgery
Initial Certification: March 1997
Recertified: October 2005

PERSONAL INFORMATION:

Date of Birth: August 21, 1965
Married: Wife- Jill Decker Johnson
Children: Emily Ann May 3, 1996
Elizabeth Ann December 22, 1999

Member of Faith Viera Lutheran Church
Board of Directors- Cape Coast Volleyball Club
Hobbies: Masters swimming, fitness, travel

EDUCATION:

July 1991-June 1995

Internship and Residency in oral and maxillofacial surgery:
University of Cincinnati Medical Center, Cincinnati, Ohio.
Certificate in oral and maxillofacial surgery; June 30, 1995

July 1987-May 1991

Medical College of Virginia, School of Dentistry. Doctor of
Dental Surgery (D.D.S.) May 18, 1991

August 1985-May 1987

University of Florida, Gainesville, Florida. Bachelor of Science

(BS) in Microbiology and Cell Science; May 2, 1987

August 1983-May 1985

Brevard Community College, Cocoa, Florida. Associate of Arts (AA); May 1985

PUBLICATIONS:

Pieper, S.; Schimmele, S.; **Johnson, J.**; Harper, J.;
A Prospective Study of Various Gloving Techniques in the
Application of Erich Arch Bars; Journal of Oral and
Maxillofacial Surgery, October, 1995, Volume 53:
pp. 1174-1176

PROFESSIONAL CERTIFICATIONS:

Advanced Cardiac Life Support (ACLS) - Initial Certification August 1991; last recertification; May, 2014

ACLS- Instructor; Initial instructor credentials, September 1993; Last recertification, May, 2014

Advanced Trauma Life Support (ATLS)-Certified, May 1992

Pediatric Advanced Life Support (PALS)-Certified, May 1993

PROFESSIONAL ORGANIZATIONS:

American Association of Oral and Maxillofacial Surgeons (AAOMS) - Fellow

American College of Oral and Maxillofacial Surgeons (ACOMS) - Fellow

Florida Society of Oral and Maxillofacial Surgeons (FSOMS)

American Dental Association (ADA)

Florida Dental Association (FDA)

Central Florida District Dental Association (CFDDA)

Brevard County Dental Society

*Past President of Brevard County Dental Society 2004-2005

American Society of Dental Anesthesiology

Florida Society of Dental Anesthesiology

Pierre Fauchard Academy (2007)

Fellow, American College of Dentists (2011)

Presently; Delegate to the Florida Dental Association, House of Delegates
Delegate to the Central Florida District Dental Association, House of Delegates
Probable Cause Investigator for State of Florida Dept of Professional Regulation-
Board of Dentistry
Volunteer Dentist for Brevard Dentists Care – indigent care clinic

LICENSURE: Florida Dental License # DN13757
Licensed for general anesthesia

HOSPITAL APPOINTMENTS:

Wuesthoff Memorial Hospital, Rockledge, Florida
110 Longwood Ave, Rockledge, Florida 32955
Active Medical Staff privileges in Oral and Maxillofacial Surgery
Chairman, Medical Records Committee
Member; Medical Staff Bylaws Committee
Member; Department of Surgery

CONTINUING EDUCATION:

List of current continuing education courses attended available upon request

LETTERS OF RECOMMENDATION AVAILABLE ON REQUEST

Mission:
To protect, promote & improve the health
of all people in Florida through integrated
state, county & community efforts.



Rick Scott
Governor

Celeste Philip, MD, MPH
Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

PERSONAL AND CONFIDENTIAL

June 2, 2016

Jay A. "Drew" Johnson, D.M.D.
Mariner Square, Suite 105
96 Willard Street
Cocoa, FL 32922-9008

RE: Complaint No. 2014-08551, Steven A. Schroeter, D.M.D.

Dear Dr. Johnson,

Thank you very much for agreeing to review the above referenced case. The Department of Health is currently reviewing allegations that the medical professional referenced above may have failed to provide medical care that meets the minimum standards for that profession in the State of Florida.

Please review this case and return your opinion within 30 calendar days from receipt of the file. If you are unable to complete your review within the requested timeframe, please contact Kim Mulligan or April Ralston at Abbason at (407) 766-0882. Please contact me with any questions you might have about compiling your report.

REVIEW MATERIALS

The following materials are being provided by the Department for your review:

Final Investigative Report, including Exhibits 1 through 10.

If you cannot read any material parts of the medical records or information provided, or if additional information is required before you can render an opinion, please contact Kim Mulligan or April Ralston at Abbason at (407) 766-0882.

AFTER YOUR REVIEW

Please contact me as soon as possible after your review for a telephone consultation regarding your initial impressions. Be sure to inform Kim Mulligan or April Ralston about the date, time, and length of the conference call.

When you are ready to render your written opinion, let Kim Mulligan or April Ralston know and they will send you dictation instructions.

When your written opinion is complete, please forward it to Kim Mulligan, along with your billable time amount, to submit securely via the Department's portal.

Please be advised that your testimony may be needed at a later date, should a formal hearing be necessary to resolve the allegations in this case. You will be notified first of the Probable Cause Panel's decision to either close or file an administrative complaint in this case, and second, by the litigation attorney if an administrative complaint is referred to the Division of Administrative Hearings. You should retain this letter and the enclosed materials pending notification from the Department regarding final disposition of this matter.

CONFIDENTIALITY

Materials submitted are confidential until 10 days following a finding of probable cause, and should not be discussed with anyone except members of the Department legal staff unless prior approval from the Department is secured. Should any other party contact you regarding this case, please contact me immediately.

The Department would like to thank you in advance for your time and effort spent in the review of this matter.

Sincerely,

Gail Scott Hill

Gail Scott Hill
Assistant General Counsel



STATE OF FLORIDA

DEPARTMENT OF HEALTH



INVESTIGATIVE REPORT

Office: Area VIII - Fort Myers	Date of Case: 09/05/14	Case Number: 201408551
Subject: STEVEN ANTON SCHROETER, DMD 5700 Clark Rd. Sarasota, FL. 34233 (941) 953-5272 (W)	Source: Department of Health/Department of Financial Services/Closed Claim (GW%)	
Related Case(s): None	Date and Type of Report: 07/21/15 - SUPPLEMENTAL 1	
Alleged Violation: F.S. 456.072(1)(k)(dd) and 466.028(1)(x)(mm)		
Synopsis: This investigation is predicated upon the receipt of request from PSU to obtain GW's patient records from subsequent provider CRAIG MISCH, DDS, MDS.		
EXHIBITS:		
<p>*S1-1 PSU request for additional information.....p.2 *S1-2 Certification of Completeness of Records from MISCH Implant Dentistry.....p. 3 *S1-3 GW's patient records from MISCH Implant Dentistry..... pp. 4 - 235 *S1-4 Jump drive from STEVEN SCHROETER, DMD provided by attorney JON PELLETT.....pp. 236 - 315</p>		
<p>INVESTIGATOR NOTE: Exhibit S1-3 contains a compact disc that was opened and viewed by Investigator JIMENEZ. Exhibit S1-4 contains a jump drive that was opened and viewed by Investigator JIMENEZ. The compact disc and jump drive are being sent to PSU separately.</p>		
Investigator/Date: 07/21/15 Ylonka M. Jimenez, Medical Quality Assurance Investigator, FI-72	Approved By/Date: 07/24/15 Kelley Collins Investigation Manager, FI-73	
Distribution: HQ/ISU		Page 1

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

RECEIVED

JUN 17 2015

Investigative Services
Fort Myers

Rick Scott
Governor

John H. Armstrong, MD, FACS
State Surgeon General & Secretary

PSU REQUEST FORM

FROM: Chelsea R. Enright, Esq.	TO: ISU Ft. Myers, Ylonka Jimenez (FI-72)
Date: June 16, 2015	TO:
Phone #: 850-245-4444, ext 8189	CC:

Case Number: 2014-08551	Board: Dentistry	Status: 67
Subject: Dr. Steven Anton Schroeter	HL Code: 121A	
Requested Completion Date: July 7, 2015		

(PSU) TYPE OF REQUEST: (describe details below)

- Process Service* (**Activity Code 160**)
- Additional Information Requested (**Activity Code 145**)
- Deficiency in Investigative Work (**Activity Code 150**)

Details: (1) Please obtain Patient G.W.'s records from subsequent provider, Dr. Craig Misch.

Please contact me if you have any questions. Thank you.

*The following additional information is needed for each service request:

Subject's contact information:

Last Known Address:

Last Known Name & Phone Number:

Has Contact Been Made With This Individual? YES No ; If Yes, When?

Was this case originally worked by CSU or in an area office different from where this service request is being sent?

YES ** No NOTE: All process service requests need to be sent to appropriate field office.

****IF YES, please send a copy of the original Investigative Report without attachments.**

(ISU/CSU) RESPONSE:

- Process Service Completed (Activity Code 161) Process Service NOT Completed (Activity Code 162)
- Additional Info Sent to Legal (Activity Code 156)
- Supp. Investigation Request Cancelled (Activity Code 157)

Email to:

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[Consumer Services](#) [ULA](#)



STATE OF FLORIDA

DEPARTMENT OF HEALTH



INVESTIGATIVE REPORT

Office: Area VIII - Fort Myers	Date of Complaint: 09/05/14	Case Number: 201408551
Subject: STEVEN ANTON SCHROETER, DMD 5700 Clark Rd. Sarasota, FL. 34233 (941) 953-5272 (W)	Source: Department of Health/Department of Financial Services/Closed Claim (GW%)	
Profession: Dentist	License Number and Status: 14941 - Clear/Active	
Related Case(s): None	Period of Investigation and Type of Report: 09/10/14 through 06/05/15 - FINAL	
Alleged Violation: F.S.456.072(1)(k)(dd) and 466.028(1)(x)(mm)		
<p>Synopsis: This investigation is predicated upon the receipt of a closed claim stating on or about 08/07/13 GW (78 yoa/male) was awarded \$50,000 indemnity paid. GW present to STEVEN SCHROETER, DMD on 11/14/11 for implant placement to anchor partial lower dental plate. GW alleged SCHROETER failed to obtain pre-op and post-op imaging to identify nerve location proximity to implant #19 resulting in permanent numbness or interior alvcolar nerve, leading to food spillage and altered facial expression.</p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject Responded? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Patient Notification Completed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Above referenced licensure checked in database/COMPAS? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Board certified? Name of Board: Date: Specialty: </p> <p> Law Enforcement <input type="checkbox"/> Notified Date: <input type="checkbox"/> Involved Agency: </p> <p> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Subject represented by an attorney? Attorney information: JON M. PELLETT located at 12724 Gran Bay Parkway West, Suite 401, Jacksonville, FL. 32258; (904) 360-3296. PELLETT requests a copy of the complete investigative file. </p>		
Investigator/Date: 06/05/15 Ylonka M. Jimenez, Medical Quality Assurance Investigator, FI-72	Approved By/Date: 06/05/15 Kelley Collins, Investigation Manager, FI-73	
Distribution: HQ/ISU		Page 1

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* Exhibits contain information which identifies patient(s) by name and are sealed pursuant to section 456.057(9)(a) Florida Statute.

***This exhibit contains confidential records concerning reports of abuse, neglect or exploitation of the vulnerable adult, including reports made to the central abuse hotline, and is sealed pursuant to section 415.107(1), Florida Statutes

INVESTIGATIVE DETAILS

INVESTIGATOR NOTE: This investigation was predicated upon the receipt of a closed claim involving STEVEN SCHROETER, DMD and patient GW. On 08/07/13 the patient was awarded a \$50,000 idemnity. A patient notification letter was sent to GW certified on 09/10/14. GW received and signed for delivery on 09/15/14. Telephone messages were left for GW on 10/02/14, 10/09/14 and 10/22/14 requesting a return telephone call to Investigator Ylonka Jimenez and/or the signed patient release. As of 12/01/14 GW has not returned the patient release or telephone calls. On 11/25/14 Investigator Jimenez attempted face to face contact with GW at his home. The community is gated and the wife of GW would not allow Investigator Jimenez to come into the community.

The application affidavit for patient records subpoena without patient release was completed by Investigator JIMENEZ on 12/01/14 and the Board of dentistry approved the application on 02/13/15.

INVESTIGATOR NOTE: GW's attorney has not responded to the original fax sent on 09/16/14 for court documents or telephone messages left on 09/16/14, 10/22/14 or 02/18/15. The court documents are necessary to determine prior and post treaters. Any additional records obtained will be forwarded in a supplemental to PSU.

INTERVIEW OF ERIN HUMPHRIES (WITNESS)

Employment:

First Professionals Insurance Company, Inc.

P.O. Box 4609

East Lansing, MI 48826

(904) 360-3000

ERIN HUMPHRIES was interviewed via telephone on 06/05/15 by Investigator YLONKA JIMENEZ. HUMPHRIES verified the indemnity paid was \$50,000 and it was closed on 08/07/13.

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9/10/2014

CONFIDENTIAL TO:

Steven Anton Schroeter, DMD
5700 Clark Road
Sarasota, FL. 34233

Case Number: 2014-08551

Dear Dr. Schroeter:

We are currently investigating the enclosed document received by the Department of Health. This investigation was initiated after it was determined that you may have violated your practice Act.

Within **20 days** of receiving this letter, you may:

- * submit a **written response** to the address below; **or**
- * call our office to schedule an **interview** at (239) 338-2624

Please provide a copy of your **curriculum vitae** and identify your **specialty** even if you choose not to submit a response. Include the above-referenced complaint number in any correspondence that you send.

Florida law requires that this complaint and all investigative information remain confidential until 10 days after the Probable Cause Panel has determined that a violation occurred or you give up the right to confidentiality. Therefore, the contents of the investigation cannot be disclosed to you or the general public.

You may make a written request for a copy of the investigative file and it will be sent to you when the investigation is complete. You may submit an additional written response to the information in the investigative file within 20 days of receipt. Your response (if one is provided), along with the information in the file, will be considered by the panel when determining whether a formal administrative complaint should be filed in this matter.

You are not required to answer any questions or give any statement, and you have the right to be represented by an attorney. It is not possible to estimate how long it will take to complete this investigation because the circumstances of each investigation differ. You may reach me by telephone at (239) 338-2624.

The mission of the Department of Health is to promote, protect and improve the health of all people in Florida. If you have any questions, please call us at (239) 338-2621. In addition, if you have any concerns or suggestions about our complaint process, please fill-out our Customer Concerns or Suggestions form at www.floridashealth.com/mqa/survey.html.

Sincerely,

Ylonka M. Jimenez
Medical Quality Assurance Investigator

/YJ
Enclosure

Florida Department of Health
Division of Medical Quality Assurance • Bureau of Enforcement
2295 Victoria Avenue - Suite 319 • Fort Myers, Florida 33901
Phone: 239/338-2621

www.FloridasHealth.com
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EXHIBIT #2