BEFORE THE
STATE BOARD OF DENTISTRY
CAUSE NUMBER: 2019 ISBD 0004

IN THE MATTER OF THE LICENSE OF:)
)
CHRISTINA WEBER, D.D.S.)
LICENSE NO.: 12011714A)

FILED
FEB 14 2020
Indiana Professional
Licensing Agency

FINAL ORDER ACCEPTING AMENDED PROPOSED SETTLEMENT AGREEMENT

The State of Indiana ("Petitioner"), by counsel Alyssa D. Servies, Deputy Attorney General, and Christina Weber, D.D.S. ("Respondent"), by counsel Todd Ess, signed an Amended Proposed Settlement Agreement ("Agreement") which purports to resolve all issues involved in the action by Petitioner and the State Board of Dentistry ("Board") regarding the Respondent's license, and which Agreement has been submitted to the Board for approval.

The Board, after reviewing the Agreement at the December 6, 2019, meeting held in the Conference Room W064 of the Indiana Government Center South, 402 West Washington Street, Indianapolis, Indiana, now finds it has been entered into fairly and without fraud, duress, or undue influence, and is fair and equitable between the parties. The Board hereby incorporates the Agreement which is attached hereto and incorporated herein as **Exhibit A** and approves and adopts in full the Agreement as a resolution of this matter. The Board approved this Agreement by a vote of 10-0-0. Incorporated into the Agreement was the consensus of both parties to Findings of Fact, Conclusions of Law, and Order.

WHEREFORE, the Board hereby accepts and approves the Agreement, settling all matters in this case consistent with the terms of the Agreement between the parties, and Respondent is hereby ORDERED to abide by all the terms of the Agreement.

SO ORDERED, this 14th day of February, 2020.

STATE BOARD OF DENTISTRY

By: Maureen Bennett
for Mara Catey-Williams, D.M.D.
Board President

CERTIFICATE OF SERVICE

I certify that a copy of the "Final Order Accepting Amended Proposed Settlement Agreement" has been duly served upon:

Christina Elizabeth Weber, D.D.S.
7052 Foxwood Drive
Schererville, Indiana 46375
Service by U.S. Mail

Todd Ess, Attorney
Brown Law Office, P.C.
6214 Broadway Street
Indianapolis, Indiana 46220
Service by U.S. Mail

Alyssa D. Servies, Deputy Attorney General
Office of the Attorney General
Indiana Government Center South, Fifth Floor
302 West Washington Street
Indianapolis, Indiana 46204-2770
Email: Alyssa.Servies@atg.in.gov
Service by Email

2/14/2020
Date

Cindy Vaught
Cindy Vaught, Board Director

Indiana State Board of Dentistry
Indiana Government Center South
402 West Washington St., Room W072
Indianapolis, IN 46204
Phone: 317-234-2043
Fax: 317-233-4236
Email: cvaught@pla.in.gov

Explanation of Service Methods
Personal Service: by delivering a true copy of the aforesaid document(s) personally.
Service by U.S. Mail: by serving a true copy of the aforesaid document(s) by First Class U.S. Mail, postage prepaid.
Service by Email: by sending a true copy of the aforesaid document(s) to the individual's electronic mail address.

BEFORE THE INDIANA STATE BOARD OF DENTISTRY
CAUSE NUMBER: 2019 ISBD 0004

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DEC 03 2019
Indiana Professional Licensing Agency

IN THE MATTER OF THE LICENSE OF:)
CHRISTINA WEBER, D.D.S.)
LICENSE NOS: 12011714A)

AMENDED PROPOSED SETTLEMENT AGREEMENT

The State of Indiana ("Petitioner"), by counsel Alyssa D. Servies, Deputy Attorney General, and Christina Weber, D.D.S. ("Respondent"), by counsel Todd Ess, hereby execute this Amended Proposed Settlement Agreement ("Agreement") to a disposition of the Administrative Complaint filed in this cause. This Agreement is subject to the review and approval of the Board pursuant to Ind. Code § 25-1-9 *et seq.* and the Administrative Orders and Procedures Act, Ind. Code § 4-21.5-3 *et seq.*

STIPULATED FACTS

1. Respondent is a licensed dentist ("D.D.S.") in Indiana holding license number 12011714A.

2. Respondent also maintains a controlled substances registration ("C.S.R"), 12011714B.

3. Respondent's address on file with the Board is 7052 Foxwood Drive, Schererville, Indiana 46375.

4. Respondent's address on file with the Office of the Indiana Attorney General is 76 Morena Terrace, Crown Point, Indiana, 46307.

5. On January 8, 2018, Respondent was hired as a D.D.S. at IH Dental, P.C. a.k.a. Aspen Dental ("Aspen Dental") in Michigan City, Indiana.

EXHIBIT A

6. On February 5, 2018, Respondent began working and seeing patients at Aspen Dental.

7. Aspen Dental staff began having concerns about Respondent being under the influence of alcohol at work shortly after she began seeing patients.

8. Staff members heard the sound of a can being opened when Respondent would go into the bathroom with her purse. The sound became so frequent, staff members began recording the time they heard the sound of cans being opened contemporaneously with hearing the sound.

9. Staff members smelled a strong odor on Respondent's breath on multiple occasions, including during dental procedures.

10. While at work at Aspen Dental, Respondent would become shaky, her eyes would become red, and she would become emotional or upset for no apparent reason.

11. On February 27, 2018:

a. Patient CN presented to Aspen Dental for a reline of his non-Aspen implant retained full lower denture.

b. In the process of doing the reline, the denture sat for too long and became stuck.

c. Respondent became increasingly upset about the denture, and left in the middle of the procedure to go to the bathroom.

d. The staff member assisting Respondent heard a can open at that time.

e. When Respondent returned to the patient room, the staff member observed that Respondent had a strong odor on her breath.

f. Respondent then cut the denture out of the patient's mouth.

12. On February 28, 2018, Aspen Dental's Senior Regional Manager, Maggie Braden ("Braden"), arrived at Aspen Dental. Braden entered the breakroom, where Respondent was having lunch. Braden observed Respondent to be shaky, jittery, and confused. Additionally, Respondent's eyes were red and glassy.

13. Braden met with the office manager, who indicated that staff were concerned about Respondent being under the influence of alcohol due to Respondent's behavior. Based on her observations and concerns of staff, Braden conducted an investigation which included interviewing staff.

14. Braden also conducted a search of Respondent's locker, which revealed beer cans in Respondent's purse.

15. Following staff interviews and her investigation, Braden expressed concerns to Respondent, who denied she had been drinking. Braden indicated Respondent would be suspended pending further investigation. Respondent insisted that she drive herself home.

16. On April 2, 2018, Respondent was charged with Operating a Vehicle While Intoxicated Endangering a Person, a Class A Misdemeanor, Operating a Vehicle with Alcohol concentration Equivalent to .15 or More, a Class A Misdemeanor, Operating a Vehicle While Intoxicated, a Class A Misdemeanor, Public Intoxication, a Class B Misdemeanor, and Open Alcoholic Beverage Container During Operation of a Motor Vehicle, an infraction, in Boone Superior Court in a cause docketed as 06D02-1804-CM-000687. The probable cause affidavit alleges:

a. On March 29, 2018, Respondent was involved in a two-car accident near the 128 mile marker on north bound Interstate 65.

b. Respondent rear-ended the van in front of her, which caused the car to spin out and drive into the median.

c. Respondent told the responding officer that she was on her way to work up north.

d. The responding officer could smell the odor of an alcoholic beverage coming from Respondent, respondent's balance was unsteady, and she had slurred speech.

e. Respondent's portable breath test showed a result of 0.213 BAC.

17. On May 4, 2018, Respondent entered into an agreement with the Indiana Well-Being Program for Dentists.

18. On January 25, 2019, Respondent pled guilty to and was convicted of Operating a Vehicle with Alcohol concentration Equivalent to .15 or More, a Class A Misdemeanor, in Boone Superior Court in a cause docketed as 06D02-1804-CM-000687. Respondent was sentenced to one year of supervised probation.

MITIGATING FACTORS

19. When the aforementioned events occurred, Respondent was experiencing personal grief and loss of family members.

20. Respondent has been compliant with her Dental Well-Being contract.

21. Respondent is doing well at her current employer, Dental Dreams LLC.

STIPULATED CONCLUSION OF LAW

The parties further stipulate:

22. Respondent's conduct in being convicted of Operating a Vehicle with Alcohol concentration Equivalent to .15 or More, a Class A Misdemeanor, in Boone Superior Court in a

cause docketed as 06D02-1804-CM-000687 subjects her license to discipline pursuant to Ind. Code § 25-1-9-4(a)(2)(A) because Respondent has been convicted of a crime that has a direct bearing on her ability to practice competently.

23. Respondent's conduct in seeing patients while under the influence of alcohol on February 27, 2017 and operating a motor vehicle while under the influence on March 29, 2018 subjects her license to discipline pursuant to Ind. Code § 25-1-9-4(a)(4)(D) because Respondent has continued to practice although she has become unfit to practice due to addiction to, abuse of, or severe dependency upon alcohol that endangers the public by impairing her ability to practice safely.

AGREED DISPOSITION

It is now therefore agreed by Respondent and Petitioner as follows:

1. The Board has jurisdiction over Respondent and the subject matter in this disciplinary action.

2. The parties execute this Agreement voluntarily.

3. Both parties voluntarily waive their rights to a public hearing on the Administrative Complaint.

4. Petitioner agrees the terms of this Agreement will resolve any and all pending claims or allegations relating to disciplinary action against Respondent's license.

5. Respondent's license shall be placed on **INDEFINITE PROBATION**.

6. Respondent may not petition for withdrawal of the probation until she successfully completes her Indiana Dental Association Well Being Program Treatment and After Care Contract ("Contract"). Per the Contract, her completion date is May 4, 2023.

7. While on probation, Respondent's license shall be governed by the following conditions:

a. Respondent shall keep the Board apprised of her current personal contact information, including her address, telephone number, and email address.

b. Respondent shall keep the Board apprised of her current employment contact information, including the name and contact information of her supervisor.

c. Respondent shall maintain complete, continuous compliance with her Indiana Dental Association Well Being Program contract.

d. Respondent shall cause the Indiana Dental Association Well Being Program's Coordinator to submit quarterly reports to the Board indicating Respondent's treatment progress.

e. Respondent shall cause her treatment providers, including her psychiatrist and addiction counselor, to submit quarterly reports to the Board indicating Respondent's treatment progress.

f. Respondent shall notify the Board in writing of any noncompliance, including positive drug or alcohol screening results, with ten (10) days of the noncompliance.

g. Respondent shall attend AA meetings on a regular basis for a period not less than two (2) years.

h. Respondent shall cause her dental employer to submit quarterly reports to the Board indicating her professional competence, sense of responsibility, work habits, mental attitude, and ability to work with others. If Respondent is

unemployed as a dentist or is self-employed, she shall submit quarterly reports to the Board on her personal circumstances.

i. Respondent shall provide her dental employer with a copy of the Final Order in this matter and cause them to return a signed copy to the Board within ten (10) days of employment.

j. Respondent shall maintain compliance with her criminal probation, and notify the Board of any noncompliance within ten (10) days of the noncompliance.

k. Respondent shall report any future arrests to the Board in writing within ten (10) days of any arrest.

l. ~~Respondent shall agree to unannounced visits by a Compliance Officer approved by the Board, wherein the Compliance Officer shall ask the Respondent to submit to a blood alcohol test.~~

12/6/19

12/6/19

m. Respondent shall personally appear in front of the Board every four (4) months to discuss the status of her treatment.

8. Prior to petitioning for withdrawal, Respondent shall, pursuant to Ind. Code § 4-6-14-10(b), pay a **FEE** in the amount of **FIVE DOLLARS ($5.00)** to be deposited into the Health Records and Personal Identifying Information Protection Trust Fund. This fee shall be paid by check or money order payable to the State of Indiana, and submitted to the following address:

Office of the Indiana Attorney General
Attn: Teresa Henson
302 West Washington Street, 5th Floor
Indianapolis, IN 46204

9. Respondent has carefully read and examined this agreement and fully understands its terms and that, subject to a final order issued by the Board, this Agreement is a final disposition of all matters and not subject to further review.

10. Respondent further understands that a violation of the Final Order, any non-compliance with the statutes or regulations regarding the practice of dentistry, or any violation of this Agreement may result in Petitioner requesting a summary suspension of Respondent's license, an Order to Show Cause as may be issued by the Board, or a new cause of action pursuant to Ind. Code § 25-1-9-4, any or all of which could lead to additional sanctions, up to and including a revocation of Respondent's license.

11. The parties agree to the continuing jurisdiction of the Board and that the discipline agreed to, terms of discipline, and licensure status will apply even if the Board renews Respondent's license at a later date.

12/2/19
Date

Christina Weber, D.D.S.
Respondent

12-2-2019
Date

Todd Ess
Counsel for Respondent
Attorney No. 22842-49

12/3/19
Date

Alyssa D. Servies
Deputy Attorney General
Attorney No. 34773-49

STATE OF Indiana)
) SS:
COUNTY OF Lake)

Before me a Notary Public for said County and State, personally appeared **Christina Weber, D.D.S.**, first duly sworn by me upon her oath, says that the facts alleged in the foregoing instrument are true.

Signed and sealed this 2 day of Dec, 2019.

Signature

Diana A Hoover
Printed

My Commission Expires: January 10, 2025

County of Residence: Lake

DIANA AIDEE HOOVER
Lake County
My Commission Expires
January 10, 2025