

**DEPARTMENT OF HEALTH  
OFFICE OF HEALTH PROFESSIONS  
BOARD OF DENTURISTS  
POLICY**

---

**TITLE:** Initial Assessment Thresholds      **NUMBER:** DN 06

---

**REFERENCE:** Chapter 18.130 RCW - Uniform Disciplinary Act and  
Chapter 18.30 RCW – Denturist

---

**CONTACT:** Trina Crawford, Executive Director

---

**EFFECTIVE DATE:** April 27, 2023

**SUPERSEDES:** September 26, 2013 and April 26, 2018

---

**APPROVED:**



---

Josh Brooks, Chair, Board of Denturists

---

**POLICY STATEMENT**

This policy provides criteria for consistent, fair, and uniform assessment of reports and complaints.

Any report that is classified below threshold may be reconsidered for investigation if new documentation is received, if a pattern of the violation occurs, or if the Board of Denturists (board) otherwise deems that an investigation is appropriate.

Reports that are not within the board’s statutorily mandated jurisdiction shall be classified as No Jurisdiction.

**Definition**

A report may be classified as “Below Threshold” when one or more of the following are true:

- When the allegation set forth in a report or violation poses minimal risk of harm or impact to the public health safety or welfare.

**OR**

- If investigated, would likely not result in a Statement of Charges or Stipulation to Informal Disposition, but may result in a closure with Evidence does not Support or Notice of Correction.

## **I. Reports Requiring Investigation**

A board panel determines when an investigation is required of a report received.

The following have been identified as generally not appropriate for a below threshold disposition.

- All complaints concerning a patient death.
- Alleged violations that are moderate or severe in nature.
- Alleged violations that result in moderate or severe injury.
- Alleged violations that create a moderate or severe risk of harm.
- Convictions of a gross misdemeanor or felony.
- Alleged violations of physical abuse.
- Alleged violations of injury (mental or physical).
- Alleged violations of sexual misconduct.

## **II. Below Threshold Determination**

A board panel determines when a report is considered below threshold. Before a report is closed without investigation, the board panel must consider prior discipline and any previous reports or complaints regarding the practitioner.

The following have been identified as possible criteria for a below threshold determination. To assign the below threshold disposition to a report, the alleged violation must be at least one of the following classes of violations:

### **1. No Violation at the time the event occurred**

Reports when at the time of care or alleged incident, there was no violation.

### **2. Risk minimal and not likely to reoccur**

Reports of no patient harm and low risk of reoccurrence.

### **3. Communication and Personality Disputes**

Reports that appear to be the result of unintentional miscommunication, or mistake of fact. This category includes, but is not limited to, personality disputes that involve rudeness or minor verbal abuse.

### **4. Practice on an Expired Credential**

Reports of alleged practicing on an expired credential (license, certification, registration, or permit) where the credential was renewed within 14 days of expiration date and there is no allegation of patient harm. The following factors may be considered: length of

time credential has been active, first time license has expired, method of report, effect on other licensees, billing, and remorse.

## **5. Profession Specific**

- a. Reports of violating confidentiality.
- b. Reports of inappropriate delegation to unlicensed person that does not involve invasive procedures or piercing of skin.
- c. Reports of failure to supervise resulting in no harm or minor harm to a patient.
- d. Reports of an isolated incident which suggests little or no patient harm, not like to reoccur.
- e. Reports of advertising that is a technical violation  
Advertising that does not appear to be false, fraudulent, or misleading.
- f. Reports that are dated.  
Reports when alleged issue occurred more than a year ago and no steps were taken by the complainant to resolve the issue. The board may investigate if warranted as there is no statute of limitation.
- g. Reports of personnel issues  
Employer/employee issues that don't already fall within the scope of the Uniform Disciplinary Act.
- h. Reports of misdemeanors  
Conduct which is considered a misdemeanor in a court of law but it is not directly related to the practice of denturism.

## **6. Otherwise Resolved**

Reports where an allegation has been resolved by another state agency, federal government, or entity.

## **7. No Jurisdiction**

Reports where the board does not have regulatory authority over professional or situation.  
Example: care provided in another state.

## **8. Insufficient Information**

Reports that do not contain necessary information for the commission to determine if it warrants an investigation. Anonymous reports that are received with no complainant's name and do not contain allegations of significant harm or potential harm. Cases can be investigated when the board determines allegations warrant an investigation (example: infection control.)

## **9. Billing/Fee Disputes**

Reports when the complainant asserts unfair business practices related to billings and fee disputes. This category does not include fraud or additional misrepresentation.

## **10. If Allegations are true, no Violation of Law Occurred**

Reports when the alleged incident would not be a violation of law.

**11. Referral to Another Program or Agency**

Reports when respondent holds more than one credential and allegation does not relate to denturism care or board.

**12. Incident Reported by Facility**

Reports related to facilities. Usually not associated to individual health professions.