RESTRICTED DELIVERY CERTIFIED MAIL RETURN RECEIPT REQUESTED

Before the Iowa Department of Health and Human Services

IN THE MATTER OF:	Case Number: E 23-12-05
Garden Grove EMS Attn: Glenda Wineland 200 S. Jefferson Street	NOTICE OF PROPOSED ACTION
Garden Grove, IA 50103	CITATION AND WARNING/ CIVIL PENALTY
Service # 9276200	

Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (IAC) 641—132.5(147A), the Iowa Department of Health and Human Services is proposing to issue a **CITATION AND WARNING** and impose a **CIVIL PENALTY** of \$250 to the EMS service program authorization identified above

Statutes and Rules. Service program authorization may be denied, issued a civil penalty not to exceed \$1,000, issued a citation and warning, placed on probation, suspended, revoked, or otherwise disciplined by the department in accordance with Iowa Code section 147A.5(3) for any of the following reasons:

132.3(5) Data reporting:

A service program shall report data electronically to the department.

132.3(5)c

A service program shall submit data in a format approved by the department.

132.3(5)d

A service program shall submit reportable data to the department no later than the last day of the month following the month services were provided.

132.3(5)e

A service program will develop, maintain and follow a written data submission policy. 132.3(5)k

132.5(3) Service program authorization may be denied, issued a civil penalty not to exceed \$1,000,issued a citation and warning, placed on probation, suspended, revoked, or otherwise disciplined by the department in accordance with Iowa Code section 147A.5(3) for any of the following reasons:

Failure to submit required reports and documents.

132.5(3)b

Failure or repeated failure of the applicant or alleged violator to meet the requirements or

standards established pursuant to Iowa Code chapter 147A or the rules adopted pursuant to that chapter.

132.5(3)f

Factual Circumstances. A Statement of Factual Circumstances has been provided to you as an attachment to this Notice of Proposed Action. This Notice of Proposed Action is a public record as of the date of issuance. The Statement of Factual Circumstances shall become a public record as of the date of final agency action in this matter.

A civil penalty in the amount of \$250 is imposed, and you are hereby **CITED** for failing to report required data to the department. You are **WARNED** that violating the Department's statutes and rules in the future may result in further disciplinary action, including suspension or revocation of your emergency medical care service program authorization. The imposed civil penalty must be paid in full within 90 days of this notice becoming the Department's final action.

Right to Request a Hearing. You have the right to request a hearing concerning this notice of disciplinary action. A request for a hearing must be submitted in writing to the Department by certified mail, return receipt requested, within twenty (20) days of receipt of this Notice of Proposed Action. The written request must be submitted to the Iowa Department of Health and Human Services, Bureau of Emergency Medical and Trauma Services, Lucas State Office Building, 321 East 12th Street, Des Moines, Iowa 50319. If the request is made within the twenty (20) day time limit, the proposed action is suspended pending the outcome of the hearing.

Final Agency Action. If no request for a hearing is received within the twenty (20) day time period, the disciplinary action proposed herein shall become effective and shall be final agency action.

Margot McComas, Chief

Bureau of Emergency Medical and Trauma Services Iowa Department of Health and Human Services

Margot McComas

321 E. 12th St

Des Moines, IA 50319

December 29, 2023

Date