

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF	Case: 13-08-14
Rechelle Vander Linden 1076 150 th Avenue Knoxville, Iowa 50138-8777	NOTICE OF PROPOSED ACTION
Certification: EMT-17-1009-01	PROBATION

Pursuant to the provisions of Iowa Code Sections 17A.18 and 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7, the Iowa Department of Public Health is proposing to place the emergency medical care provider certification identified above on **PROBATION** for a period of one year from the effective date of this notice.

The Department may place an EMS provider on probation when it finds that the applicant or certificate holder has committed any of the following acts or offenses:

Knowingly making misleading, deceptive, untrue or fraudulent representations in the practice of the profession or engaging in unethical conduct or practice harmful or detrimental to the public. Proof of actual injury need not be established. Proof of actual injury need not be established. Acts which may constitute unethical conduct include, but are not limited to:

(5) Falsification of medical records

Iowa Code Section 147A.7(1)f and IAC 641—131.7(3)f

Violating a statute of this state, another state, or the United States, without regard to its designation as either a felony or misdemeanor, which relates to the provision of emergency medical care, including but not limited to a crime involving dishonesty, fraud, theft, embezzlement, controlled substances, substance abuse, assault, sexual abuse, sexual misconduct, or homicide. A copy of the record of conviction or plea of guilty is conclusive evidence of the violation.

Iowa Code Section 147A.7(1)j and IAC 641—131.7(3)t

The following events have led to this notice:

In 2009, you received a deferred conviction for False Report of Indictable Crime to Law Enforcement.

In 2010, you received a deferred convicted for tampering with records.

The 2010 conviction was related to you back-dating patient care charts in your position with a nursing home.

Your probation shall be subject to the following terms and conditions:

- a. You shall submit quarterly reports to the Department (filed no later than January 10, April 10, July 10, and October 10) which shall include the following information:
 - i. The time period covered by the report
 - ii. Verification that you have complied with the terms of probation as specified in this Notice.

- b. You shall make a personal appearance before the Department upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- c. You shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- d. You shall notify any current or prospective employer, to include direct supervisors, service directors and medical directors, of the terms, conditions and restrictions imposed by this notice. Within fifteen days of this notice taking effect, or of undertaking new employment, your direct supervisor, service director and medical director shall report to the Department, in writing, acknowledging that the employer and medical director have read this document and understands it.
- e. You shall notify any EMS training program you enroll in for courses leading to certification or endorsement of the reasons for this probation. Within fifteen days of this notice taking effect, or entering an EMS training program, the training program director and medical director shall report to the bureau, in writing, acknowledging that the training program and medical director have read this document and understands it.
- f. You shall notify the bureau of any change in address within one week of said change.
- g. In the event you violate or fail to comply with any of the terms or provisions of your probation, the department may initiate appropriate action to revoke or suspend your certification or to impose other appropriate discipline.
- h. This Notice shall be part of the permanent record of the Department and shall be considered by the bureau in determining the nature and severity of any disciplinary action to be imposed in the event of future violations.

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 Public Health, Bureau of Emergency Medical 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. Prior to, or at the hearing, the Department may rescind the notice upon satisfaction that the reason for the action has been or will be removed.

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.



Rebecca Curtiss
Bureau Chief
Iowa Department of Public Health
Center for Disaster Operations and Response

9/4/13
Date