RESTRICTED DELIVERY CERTIFIED MAIL RETURN RECEIPT REQUESTED

Before the Iowa Department of Health and Human Services

IN THE MATTER OF:	Case Number: L 24-01-33
Heather Fraise 1443 Primrose Road	NOTICE OF PROPOSED ACTION
Donnellson, IA 52625	CITATION AND WARNING/
Provider: PM-16-300-04	EDUCATIONAL HOURS

Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.7, and Iowa Administrative Code (I.A.C.) 641—131.7 the Iowa Department of Health and Human Services is proposing to issue a **CITATION AND WARNING** and impose an **EDUCATIONAL HOURS** penalty to the emergency medical care provider identified above.

Statutes and Rules. The Department may issue a citation and warning when an emergency medical care provider has committed any of the following acts or offenses:

131.7(4) The department may deny an application for issuance or renewal of an emergency medical care provider certificate, including endorsement, or may impose any of the disciplinary sanctions provided in subrule 131.7(3) when it finds that the individual or certificate holder has committed any of the following acts or offenses:

Negligence in performing emergency medical care. 641-IAC 131.7(4)a

A substantial deviation from the standards of learning or skill ordinarily possessed and applied by other emergency medical care providers in the state of Iowa acting in the same or similar circumstances.

641-IAC 131.7(4)f(2)

A failure to exercise the degree of care which is ordinarily exercised by the average emergency medical care provider acting in the same or similar circumstances.

641-IAC 131.7(4)f(3)

Failure to conform to the minimal standard of acceptable and prevailing practice of certified emergency medical care providers in this state.

641-IAC 131.7(4)f(4)

Willful or repeated violations of Iowa Code chapter 147A or these rules. 641-IAC 131.7(4)t

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.

This Citation and Warning shall be subject to the following terms and conditions:

Documentation of the following training shall be required:

- 1. ACLS (entire class)
- 2. 3 hours of EKG interpretation
- 3. 3 hours of professional ethics

Hours completed for this notice may not be used for any renewal period.

Continuing education hours are imposed, and you are hereby **CITED** for violating the Department's rules cited above. You are **WARNED** that violating the Department's rules in the future may result in further disciplinary action, including suspension or revocation of your emergency medical care provider certification. The imposed continuing education requirements must be completed 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	February 22, 2024
Margot McComas	Date
Bureau Chief	
Iowa Department of Health and Human Services	
Bureau of Emergency Medical and Trauma Services	

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Provider: PM-16-300-04	STATEMENT OF FACTUAL CIRCUMSTANCES

The following statement of facts support the allegations contained in the Notice of Proposed Action.

On January 26, 2024, you responded to a 911 call for assistance. Upon arrival you failed to begin CPR on a patient that did not qualify for withholding CPR, you failed to treat a patient in cardiac arrest with a shockable rhythm and possible short down time, and failed to contact online medical direction to terminate resuscitation.

Margot McComas, Chief
Bureau of Emergency Medical and Trauma Services
Iowa Department of Health and Human Services
321 E. 12th St

Margot McComas

Des Moines, IA 50319

February 22, 2024

Date