

**RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

IN THE MATTER OF: Larchwood Emergency Medical Service PO Box 377 Larchwood, Iowa 51241-0377 Program: 9608200	Case Number: 15-07-26 NOTICE OF PROPOSED ACTION CITATION AND WARNING
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Pursuant to the provisions of Iowa Code Sections 17A.18, 147A.5, and Iowa Administrative Code (I.A.C.) 641--132.10(3), the Iowa Department of Public Health is proposing to issue a **Citation and Warning** to the service program identified above.

The department may issue a citation and warning when a service program has committed any of the following acts or offenses:

Delegating professional responsibility to a person when the service program knows that the person is not qualified by training, education, experience or certification to perform the required duties.

IAC 641—132.10(3)c

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.

IAC 641—132.10(3)f

Specifically, Ambulance and nontransport service programs shall:

Ensure that personnel duties are consistent with the level of certification and the service program's level of authorization.

IAC 641—132.8(3)c

Maintain current personnel rosters and personnel files. The files shall include the names and addresses of all personnel and documentation that verifies EMS provider credential including, but not limited to:

(1) Current provider level certification

IAC 641—132.8(3)d

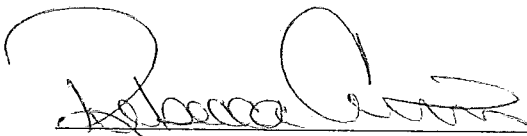
The following incidents resulted in issuance of this proposed action:

Larchwood Emergency Medical Services allowed a non-certified individual to function as an Emergency Medical Responder for a period of time from February 2014 through July 2015.

You are hereby **CITED** for allowing a non-certified individual to function as an Emergency Medical Responder. You are **WARNED** that violating the Department's rules in the future may result in further disciplinary action, including suspension or revocation of your service authorization.

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 St, Des Moines, Iowa 50309. 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
Bureau of Emergency and Trauma Services

9/2/15
Date

SEP 2 2015