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RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Madrid Fire Department 303 South Water Street Madrid, Iowa 50156-1333</p> <p>Service #: 9088100</p>	<p>Case Number: 15-06-08</p> <p>NOTICE OF PROPOSED ACTION</p> <p>CITATION AND WARNING</p>
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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:

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

Failure to correct a deficiency within the time frame required by the department.

IAC 641-132.10(3)i

Specifically:

An ambulance or nontransport service in this state that desires to provide emergency medical care, in the out-of-hospital setting, shall apply to the department for authorization to establish a program utilizing certified emergency medical care providers for delivery of care at the scene of an emergency or nonemergency, during transportation to a hospital, during transfer from one medical care facility to another or to a private home, or while in the hospital emergency department and until care is directly assumed by a physician or by authorized hospital personnel. Application for authorization shall be made on forms provided by the department. Applicants shall complete and submit the forms to the department at least 30 days prior to the anticipated date of authorization.

IAC 641—132.7(1)a

A service program seeking ambulance authorization shall:

IAC 641—132.8(1)

Provide as a minimum, on each ambulance call, the following staff:

- (2) One currently licensed driver. The service shall document each driver's training in CPR (AED training not required), in emergency driving techniques and in the use of the services communications equipment. Training in emergency driving techniques shall include:*

The following events have led to this action:

The Department performed an on-site inspection with the Madrid Fire Department on April 13, 2015. At the time of the inspection, deficiencies were identified and the service was given 30 days to resolve the deficiencies. The service failed to correct the deficiencies identified above within 30 days.

The service is hereby **CITED** for failing to correct service program deficiencies within 30 days. The service is hereby **WARNED** that failing to correct deficiencies or violating the Department's rules in the future may result in further disciplinary action, including suspension or revocation of Respondent's service program 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 and Trauma Services, Lucas State Office Building, 321 E 12th St, 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
Bureau of Emergency and Trauma Services

6/9/15
Date

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Steve Mercer

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Iowa Department of Public Health
Promoting and protecting the health of Iowans



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EMS Service Details (Last updated 5/18/2015) [Back to EMS Services](#)

Service Name Madrid Fire Department
 Program Number 9088100
 Status Active
 Is Temporary No
 Initial Authorization Date 11/30/2000
 Authorization Effective Date 5/4/2012
 Authorization Expiration Date 12/31/2015
 Last On-site Date 5/2/2012
 Region South Central Region
 Physical Address 303 S Water St
 Madrid, IA 50156-1333
 Boone County
 Mailing Address 303 S Water St
 Madrid, IA 50156-1333
 Service Type Non-transport
 Level EMT - B
 Staffing Type Minimum Staffed
 Base of Operation Fire
 Personnel Type Volunteer
 Response Type Emergency and Non-Emergency
 Pharmacy Type N/A
 Regular Meetings Schedule monthly

Next Scheduled Onsite

- Not Scheduled

Satellites

No satellites associated with service.

Contact Information

Contact Same as Service Director

Service Director

Name Deb Browns
 Daytime Phone 515-795-3007
 Evening Phone 515-795-3698
 Cell Phone 515-782-5110
 Fax Number 515-795-2138
 Email Address edndeb69@gmail.com

Dispatch Center Information

Dispatch Center Name Boone County
 Contact Name Greg Ellsberry
 Non-Emergency Phone 515-433-0524
 Call System Type Enhanced 911
 Telecommunicator Trained? No
 Is EMD Provided? No

Service Ownership Information