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RESTRICTED DELIVERY CERTIFIED MAIL
RETURN RECEIPT REQUESTED

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p>Fremont Ambulance Unit 122 North Pine Street PO Box 192 Fremont, Iowa 52561-0192</p> <p>Service #: 2620500</p>	<p>Case Number: 14-08-17</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:

Service program operational requirements. Ambulance and nontransport service programs shall:

IAC 641—132.8(3)

Implement a continuous quality improvement program that provides a policy to include as a minimum:

(2) Skills competency

IAC 641—132.8(3)m

The following events have led to this action:

The Bureau of EMS performed an on-site inspection with Fremont Ambulance Unit on July 2, 2014. 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 Medical 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
Center for Disaster Operations and Response

8/22/14
Date

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