

**RESTRICTED DELIVERY CERTIFIED MAIL  
RETURN RECEIPT REQUESTED**

Before the Iowa Department of Public Health

<p>IN THE MATTER OF:</p> <p><b>Menlo Fire and Rescue</b> 412 Sherman Street Menlo, Iowa 50164</p> <p>Service #: 2390800</p>	<p>Case Number: W 19-12-01</p> <p>NOTICE OF PROPOSED ACTION</p> <p><b>PROBATION / CIVIL PENALTY</b></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 place the EMS service program authorization identified above on **PROBATION** for a period of two years from the date of this notice and impose a **CIVIL PENALTY** against the service program in the amount of \$800.00.

The Department may place an EMS service on probation and levy a civil penalty when it finds an EMS service 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 operations requirement. Ambulance and non-transport service programs shall:*

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

*(2) Current course completions/certifications/endorsements as may be required by the medical director.*

*IAC 641—132.8(3)d(2)*

*f. Have a medical director and 24-hour-per-day, 7-day per week on-line medical direction available.*

*IAC 641—132.8(3)f*

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

*(1) Medical audits.*

*IAC 641—132.8(3)(m)(1)*

*(2) Skills competency.*

*IAC 641—132.8(3)(m)(2)*

*(3) Follow-up (loop closure/resolution).*

*IAC 641—132.8(3)(m)(3)*

*Equipment and vehicle Standards. The following standards shall apply:*

*All drugs shall be maintained in accordance with the rules of the state board of pharmacy examiners.*

*IAC 641—132.8(4)d*

*The medical director's duties include, but need not be limited to:*

*c. Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcome that reflect the goals and standards of the EMS system. IAC 641—132.9(2)c*

*The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:*

*a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance.*

*IAC 641—132.9(4)a*

*b. Response time and time spent at the scene.*

*IAC 641—132.9(1)b*

*c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response.*

*IAC 641—132.9(4)c*

*d. Completeness of documentation.*

*IAC 641—132.9(4)d*

The following events have led to this action:

**In October 2014 the following deficiencies were noted and resolved with technical assistance:**

*A service program seeking ambulance authorization shall:*

*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). IAC 641—132.8(1)c(2)*

*Service program operations requirement. Ambulance and non-transport service programs shall:*

*b. Utilize department protocols as the standard of care. The service program medical director may make changes to the department protocols provided the changes are within the EMS provider's scope of practice and within acceptable medical practice. A copy of the changes shall be filed with the department. IAC 641—132.8(3)b.*

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

*(2) Current course completions/certifications/endorsements as may be required by the medical director. IAC 641—132.8(3)d(2)*

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

*(1) Medical audits. IAC 641—132.8(3)m(1)*

*(2) Skills competency. IAC 641—132.8(3)m(2)*

*(3) Follow-up (loop closure/resolution). IAC 641—132.8(3)m(3)*

*Equipment and vehicle standards. The following standards shall apply:*

*b. All EMS service programs shall carry equipment and supplied in quantities as determined by the medical director and appropriate to the service program's level of care and available certified EMS personnel and as established in the service program's approved protocols.*

*The medical director's duties include, but need not be limited to:*

*c. Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcome that reflect the goals and standards of the EMS system. IAC 641—132.9(2)c*

*The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:*

*a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance.*

*IAC 641—132.9(4)a*

*b. Response time and time spent at the scene.*

*IAC 641—132.9(1)b*

*c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response.*

*IAC 641—132.9(4)c*

*d. Completeness of documentation.*

*IAC 641—132.9(4)d*

**In January 2015 Menlo Fire and Rescue, an authorized transport EMS service program, received a citation and warning (case # 15-01-09) for failure to correct the following deficiencies:**

*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:

*Equipment and vehicle standards. The following standards shall apply:*

*d. All drugs shall be maintained in accordance with the rules of the state board of pharmacy examiners. IAC 641—132.8(4)d*

*e. Accountability for drug exchanges, distribution, storage, ownership, and security shall be subject to applicable state and federal requirements. The method of accountability shall be described in the written pharmacy agreement. A copy of the written pharmacy agreement shall be submitted to the department.*

*IAC 641—132.8(4)e*

*A service program shall:*

*Submit reportable data identified in 136.2(1) to the department for each calendar quarter. Reportable patient data shall be submitted no later than 90 days after the end of the quarter. IAC 641—136.2(3)b*

**Upon re-inspection in September 2017, the following deficiencies were noted and resolved with technical assistance:**

*A service program seeking ambulance authorization shall:*

*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). IAC 641—132.8(1)c(2)*

*Service program operations requirement. Ambulance and non-transport service programs shall:*

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

*(2) Current course completions/certifications/endorsements as may be required by the medical director. IAC 641—132.8(3)d(2)*

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

*(1) Medical audits. IAC 641—132.8(3)m(1)*

*(2) Skills competency. IAC 641—132.8(3)m(2)*

*(3) Follow-up (loop closure/resolution). IAC 641—132.8(3)m(3)*

*The medical director's duties include, but need not be limited to:*

*c. Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcome that reflect the goals and standards of the EMS system. IAC 641—132.9(2)c*

*Equipment and vehicle Standards. The following standards shall apply:*

*All drugs shall be maintained in accordance with the rules of the state board of pharmacy examiners. IAC 641—132.8(4)d*

*The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:*

- a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance. IAC 641—132.9(4)a*
- b. Response time and time spent at the scene. IAC 641—132.9(1)b*
- c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response. IAC 641—132.9(4)c*
- d. Completeness of documentation. IAC 641—132.9(4)d*

**Upon re-inspection in October 2018, the following repeat deficiencies were noted and resolved with technical assistance:**

*Service program operations requirement. Ambulance and non-transport service programs shall:*

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

*(2) Current course completions/certifications/endorsements as may be required by the medical director. IAC 641—132.8(3)d(2)*

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

*(1) Medical audits. IAC 641—132.8(3)m(1)*

*(2) Skills competency. IAC 641—132.8(3)m(2)*

*(3) Follow-up (loop closure/resolution). IAC 641—132.8(3)m(3)*

*The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:*

*a. Reviewing the patient care provided by service program personnel and remedying any deficiencies or potential deficiencies that may be identified regarding medical knowledge or skill performance. IAC 641—132.9(4)a*

*b. Response time and time spent at the scene. IAC 641—132.9(1)b*

*c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response. IAC 641—132.9(4)c*

*d. Completeness of documentation. IAC 641—132.9(4)d*

The Department performed an on-site inspection of the Menlo Fire and Rescue on November 1, 2019. At the time of the inspection, ten deficiencies were identified and the service was given 30 days to resolve the deficiencies. The service failed to correct eight of those deficiencies within the 30 days.

**Upon re-inspection in November 2019, the following repeat deficiencies were noted and resolved with technical assistance:**

*A service program seeking ambulance authorization shall:*

*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). IAC 641—132.8(1)c(2)*

*Document an equipment maintenance program to ensure proper working condition and appropriate quantities. IAC 641—132.8(3)o*

**The following repeat deficiencies were noted and were not resolved with technical assistance:**

*Service program operations requirement. Ambulance and non-transport service programs shall:*

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

*(2) Current course completions/certifications/endorsements as may be required by the medical director. IAC 641—132.8(3)d(2)*

*f. Have a medical director and 24-hour-per-day, 7-day per week on-line medical direction available. IAC 641—132.8(3)*

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

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- b. Response time and time spent at the scene. IAC 641—132.9(1)b*
- c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response. IAC 641—132.9(4)c*
- d. Completeness of documentation. IAC 641—132.9(4)d*

*The medical director's duties include, but need not be limited to:*

- c. Monitoring and evaluating the activities of the service program and individual personnel performance, including establishment of measurable outcome that reflect the goals and standards of the EMS system. IAC 641—132.9(2)c*

*The medical director or other qualified designees shall randomly audit (at least quarterly) documentation of calls where emergency medical care was provided. The medical director shall randomly review audits performed by the qualified appointee. The audit shall be in writing and shall include, but need not be limited to:*

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- c. Overall EMS system response to ensure that the patient's needs were matched to available resources including, but not limited to, mutual aid and tiered response. IAC 641—132.9(4)c*
- d. Completeness of documentation. IAC 641—132.9(4)d*

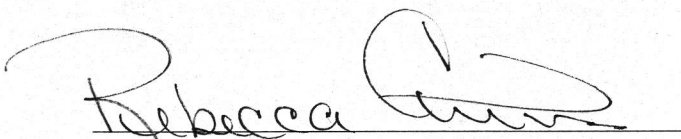


Your probation shall be subject to the following terms and conditions:

- a. All deficiencies identified in this action must be corrected and submitted to the EMS Field Coordinator within 30 days of this action becoming the Department's final action.
- b. An on-site inspection will be completed within 6 months of this action becoming the Department's final action.
- c. Full payment of the civil penalty imposed is due to the Department within 90 days of this action becoming the Department's final action.
- d. A Menlo Fire and Rescue representative shall make a personal appearance before the bureau upon request. You shall be given reasonable notice of the date, time, and place of appearance.
- e. The Menlo Fire and Rescue service program shall obey all federal, state, and local statutes and rules governing the provisions of emergency medical services.
- f. The Menlo Fire and Rescue service program shall complete and submit to the Department a self-inspection checklist by July 1, 2020, January 1, 2021, July 1, 2021 and January 1, 2022.
- g. The Menlo Fire and Rescue service program shall schedule and complete an on-site inspection conducted by an authorized member of the Department for each year probation is in effect. The inspection shall be completed and deficiencies shall be corrected by November 1, 2020 and November 1, 2021.
- h. The Menlo Fire and Rescue service program shall keep an up to date personnel roster in the programs designated AMANDA Portal site.
- i. In the event the Menlo Fire and Rescue service program violates or fails to comply with the self-inspection checklist, has any on-site deficiencies, or violates any of the terms or provisions of your probation, the department may initiate appropriate action to revoke or suspend your authorization or to impose other appropriate discipline.
- j. This Notice shall be part of the permanent record of the bureau 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 and Trauma Services, Lucas State Office Building, 321 E 12<sup>th</sup> 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

12/19/2019  
Date