

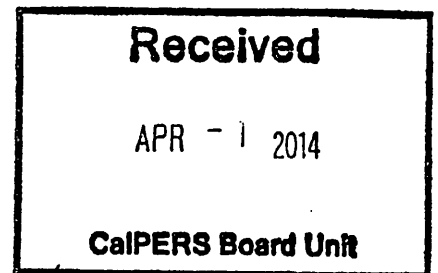
ATTACHMENT A

RESPONDENT'S PETITION FOR RECONSIDERATION

March 25, 2014

Ref. No. 2013-0255

Celia Kastner



Subject: "Respondent's Argument"

Cheree ~~Sweden~~sky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
Post Office Box 942701
Sacramento, Ca. 94229-2701

Dear Calpers:

I Celia Kastner have enclosed
additionally paper work in which
is ~~which~~ lead to "Respondent Argument."

Sincerely -

Celia Kastner
Celia Kastner

March 13, 2014

Ref. NO. 2013-0255

Celia Hastner

Cheree Suedensky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
P.O. Box 942701
Sacramento, CA 94229-2701
Fax: (916) 795-3972

Subject: "Petition for Reconsideration"

Dear Calpers:

I really don't understand as to why I have to keep appealing my rights for retirement disability.

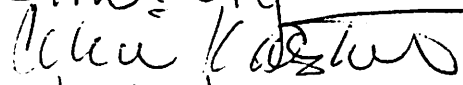
I have over nine-hundred pages of medical reports, stating I have a disability.

I have recently had a hearing on February 25, 2014.

Ref. No. 2013-0255

the decision that was made was fully favorable. Currently I was found to have multi impairments or combination of impairment is so severe that I am unable to perform any work existing in significant numbers in the national economy.

In this letter I am asking for reconsideration for my disability retirement and hopefully the Board of Administration California Public Employees' Retirement System adopts my disability.

Thank you—
Sincerely —

Celia Kastner



California Public Employees' Retirement System
Legal Office
P.O. Box 942707
Sacramento, CA 94229-2707
TTY: (877) 249-7442
(916) 795-3675 phone • (916) 795-3659 fax
www.calpers.ca.gov

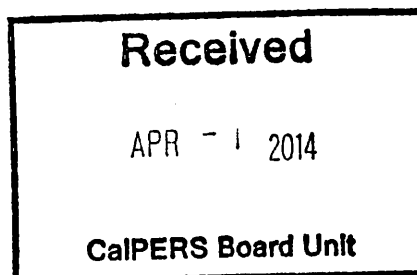
COPY

Ref. No. 2013-0255
OAH #2013041110

VIA OVERNIGHT PRIORITY MAIL

March 19, 2014

Edwin J. Rambuski
Law Offices of Edwin J. Rambuski
1401 Higuera Street
San Luis Obispo, CA 93401



Subject: In the Matter of the Application for Disability Retirement of CELIA L. KASTNER, Respondent, and DEPARTMENT OF STATE HOSPITALS ATASCADERO, Respondent.

Dear Mr. Rambuski:

This will acknowledge receipt of your client's Petition for Reconsideration requesting that the Board reconsider its Decision in the above matter.

A Stay of Execution of the Board's Decision has been granted to extend the effective date of the Decision so that the Petition may be presented to the Board at its April 16, 2014, meeting. At this meeting, the Board of Administration will determine whether to order reconsideration.

Should the Board decide to grant the Petition for Reconsideration, the transcript and exhibits of the administrative hearing would be provided to each Board member. The Board would receive written and/or oral argument at a subsequent meeting, and adopt a new decision upon reconsideration.

Should the Board decide to deny the Petition, the Board's Decision of February 20, 2014, will become effective immediately and you will have 30 days to appeal to the courts.

No oral argument will be permitted; however, written argument up to six typewritten pages in length may be submitted to the Board for consideration. Your submission of written argument in this case must be received by CalPERS

no later than April 4, 2014. Please note that if you miss this date, the Board may consider this matter without your argument. Any written argument in this case should be submitted to the CalPERS Board Secretary and **must clearly be titled as "Respondent's Argument."** The address for submission of written argument is:

Cheree Swedensky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
Post Office Box 942701
Sacramento, CA 94229-2701

The secretary to the Board will include any written arguments in the agenda item package, which will be distributed to the Board members approximately ten days before the meeting. The secretary will also provide you and the Legal Office with a copy of the entire reconsideration agenda item.

If you have any questions, please feel free to contact me.

Sincerely,


RORY J. COFFEY
Senior Staff Attorney

RJC:clb

Enclosure - Stay of Execution

cc: Celia L. Kastner; and
Personnel Officer, Atascadero State Hospital

①

January 30, 2014

Ref No. 2013-0255

Celia Kastner

Subject: "Respondents Argument"

Dear Calpers:

I Celia Kastner various visit of doctors appointments. I have had approximately twenty-thirty as adviser through many appointments for neck, shoulder and back, upper to lower back.

I Celia Kastner has on going medical appointments etc., due to many referrals ended up bilateral wrists and hands disabilities, which I can not perform my regular job duties as an Custodian at Alascadero State Hospital.

I Celia Kastner during all this, I've felt nausea, dizziness, vomiting, migraines, headaches, extended back pain, shoulder pain, numbness and loss of strength.

2

and all this denied.

Ref NO. 2013-
0255

I Celia Kastner, "Respondent", enclosing
my job description as a Janitor/Custodian
for "Argument" of my disabilities

Thank you for your attention to this
matter.

Sincerely,

Celia Kastner

DUTY STATEMENT
DEPARTMENT OF MENTAL HEALTH
ATASCADERO STATE HOSPITAL

Program VI

| |
|------------------------------------|
| JOB CLASSIFICATION: JANITOR |
|------------------------------------|

1. MAJOR TASKS, DUTIES, AND RESPONSIBILITIES

Performs janitorial duties in keeping an assigned area clean and orderly; may instruct, lead or supervise clients/patients. Area of responsibility includes all areas of the unit except for patient rooms/dorms except for terminal cleaning of bed and living space as required for patient transfer or room exchanges.

- | | |
|------|--|
| 50 % | <u>Clean:</u> Dusts, polishes cabinets and furniture/woodwork; cleans ceilings, walls, window shades, light fixtures, interior glass partitions, venetian blinds. Sweeps, scrubs, mops, waxes floors, vacuums rugs/carpets. Empties/cleans waste receptacles, cleans stairwells, escalators, elevators, hallways, restrooms, offices, lobbies, refills lavatory dispensers. Must be able to squat, stoop, twist and kneel. Must be able to move about. |
| 25 % | <u>Instruct and Supervise Patients:</u> Employee instructs and supervises patients in housekeeping vocational skills and on operation of housekeeping cleaning methods and techniques and infection control procedures. To work safely within the hospital's standard safety guidelines. Must be able to communicate with patients and staff. Employee keeps patient's work time and completes vocational monthly evaluations. |
| 15 % | <u>Housekeeping Equipment:</u> Operates scrubbers, buffers, and other equipment and machinery. Must be able to use your arms to steer the equipment, legs and feet to control equipment and must be able to lift 45# and push and pull 25#. May operate a freight or passenger elevator. |
| 10 % | Supervises at least two patient VSA housekeeping workers for a total of at least 173 hours per pay period to qualify for IWSP pay. Submits completed time sheets and monthly evaluation of patient workers to the Nursing Coordinator by the fourth day of each month. |

2. SUPERVISION RECEIVED

Unit Supervisor or designee.

3. SUPERVISION EXERCISED

Supervises assigned patients workers.

4. KNOWLEDGE AND ABILITIES

KNOWLEDGE OF: Methods, materials, chemicals, disinfectants, equipment, and safety practices used in janitorial work.

ABILITY TO:

Use and care for janitorial equipment and supplies; follow written and oral directions; read and write at a level appropriate to the classification. Ability to supervise and teach patient workers patient workers in housekeeping skills on Vocational Services Assignment to the Program; teach correct procedures, techniques and safe methods of using cleaning equipment and pre-mixed chemicals; infection control techniques and personal safety within the hospital standard safety guidelines. Teaches patients good body mechanics, cleaning procedures and safety in handling equipment and pre-mixed chemicals. Keeps accurate records of patients' time worked on patients' Planned Scheduled Treatment record and patients' work attendance records for payroll purposes.

5. REQUIRED COMPETENCIES

SAFETY / INFECTION CONTROL

Actively supports a safe and hazard free workplace through practice of personal safety and vigilance in the identification of safety or security hazards. Review, observe and follow hospital safety policies and procedures. Report all safety hazards to supervisor. Participate in all mandatory and safety training including timely reviewing of material Safety data sheets and hazardous substance lists. Observe all safety precautions taught in New Employee Health and Safety and Back Care Classes. Applies knowledge of correct methods for controlling the spread of pathogens appropriate to job class and assignment. Applies knowledge of correct methods for controlling the spread of pathogens appropriate to job class and assignment.

CPR

Not required.

AGE SPECIFIC

Provides services commensurate with age of clients/patients being served. Demonstrates knowledge of growth and development of the following age categories:

☐ Pediatric ☐ Adolescent ☒ Adult ☒ Geriatric

DUTY STATEMENT - Janitor

Page #3

MANAGEMENT OF ASSAULTIVE BEHAVIOR

Applies and demonstrates knowledge of correct methods in the management of assaultive behavior (PMAB).

CULTURAL AWARENESS

Demonstrates awareness to multicultural issues in the workplace that enables the employee to work effectively.

SITE SPECIFIC COMPETENCIES

Safely operates housekeeping equipment and machinery such as scrubbers, buffers, and other equipment and machinery to clean offices, dayrooms, therapy rooms, classrooms, conference rooms, hallways and all other areas not used for patient sleeping by cleaning walls, windows, screens, furniture, light fixtures, doors, phone booths, showers, bathrooms walls, vents, windows, light fixtures, floors and baseboards and to mop, strip, wax, and buff floors as directed. Maintains outdoor areas by cleaning porches, stairs, landings, sidewalks, windows, etc. Maintains stairwells by cleaning walls, windows, screens, stairs, landings, doors, light fixtures, handrails, grills/vents, etc. Maintains outdoor areas by cleaning porches, stairs, landings, sidewalks, windows, etc. Maintains stairwells by cleaning walls, windows, screens, stairs, landings, doors, light fixtures, handrails, grills/vents, etc.

TECHNICAL PROFICIENCY (SITE SPECIFIC)

THERAPEUTIC RELATIONSHIPS / RELATIONSHIP SECURITY

Demonstrates the ability to maintain professional therapeutic relationships with patients to assist them with problem solving while learning job skills, and to teach/model principles of the norm of non-violence.

TRAINING

Attends and applies knowledge in cleaning processes learned in scheduled janitorial training classes and annual review classes.

6. LICENSE OR CERTIFICATION NOT APPLICABLE

7. TRAINING – Training Category = 04

The employee is required to keep current with the completion of all required training.

DUTY STATEMENT - Janitor

Page #4

8. WORKING CONDITIONS

The employee is required to work any shift and schedule in a variety of settings throughout the hospital and may be required to work overtime and float to other work locations as determined by the operational needs of the hospital. All employees are required to have an annual health review and repeat health reviews whenever necessary to ascertain that they are free from symptoms indicating the presence of infection and are able to safely perform their essential job duties.


Employee Signature

Colia L. Hastnot
Print Name

7/26/11
Date


Supervisor Signature

Gina Circus US
Print Name

7/13/11
Date


Reviewing Supervisor Signature

Floyd E. H.
Print Name

7/13/2011
Date

THEY WILL BE THE FIRST TO SAY THAT THEY ARE NOT A PART OF THE PROBLEM.

I=0000



15339 1 MB 0.435



Celia L Kastner

0000001 RCTLDNN 0000/CN-100-NC7/MN ZO OIA.Q





SOCIAL SECURITY ADMINISTRATION

Refer To:

Office of Disability Adjudication and Review
Suite 206
222 East Carrillo St
Santa Barbara, CA 93101-7154

Date: February 25, 2014

Celia Lorraine Kastner

Notice of Decision –Fully Favorable

I carefully reviewed the facts of your case and made a fully favorable decision on your application(s) for a period of disability, disability insurance benefits, and Supplemental Security Income filed on January 6, 2012 and January 6, 2012. I stated the basis for my decision at your hearing held on February 25, 2014. I adopt the findings of fact and reasons that I gave at the hearing. Please read this notice of decision.

I found you disabled as of July 29, 2010 because your impairment or combination of impairments is so severe that you cannot perform any work existing in significant numbers in the national economy.

If you would like more information about my decision, I can provide you with a record of my oral decision. You must ask for this record in writing. You may mail or bring your request to any Social Security or hearing office. Please put the Social Security number shown above on your request.

Another office will process my decision and decide if you meet the non-disability requirements for Supplemental Security Income payments. That office may ask you for more information. If you do not hear anything within 60 days of the date of this notice, please contact your local office. The contact information for your local office is at the end of this notice.

If You Disagree With My Decision

If you disagree with my decision, you may file an appeal with the Appeals Council.

How To File An Appeal

To file an appeal you or your representative must ask in writing that the Appeals Council review my decision. You may use our Request for Review form (HA-520) or write a letter. The form is available at www.socialsecurity.gov. Please put the Social Security number shown above on any appeal you file. If you need help, you may file in person at any Social Security or hearing office.

Please send your request to:

**Appeals Council
Office of Disability Adjudication and Review
5107 Leesburg Pike
Falls Church, VA 22041-3255**

Time Limit To File An Appeal

You must file your written appeal **within 60 days** of the date you get this notice. The Appeals Council assumes you got this notice 5 days after the date of the notice unless you show you did not get it within the 5-day period.

The Appeals Council will dismiss a late request unless you show you had a good reason for not filing it on time.

What Else You May Send Us

You or your representative may send us a written statement about your case. You may also send us new evidence. You should send your written statement and any new evidence **with your appeal**. Sending your written statement and any new evidence with your appeal may help us review your case sooner.

How An Appeal Works

The Appeals Council will consider your entire case. It will consider all of my decision, even the parts with which you agree. Review can make any part of my decision more or less favorable or unfavorable to you. The rules the Appeals Council uses are in the Code of Federal Regulations, Title 20, Chapter III, Part 404 (Subpart J) and Part 416 (Subpart N).

The Appeals Council may:

- Deny your appeal,
- Return your case to me or another administrative law judge for a new decision,
- Issue its own decision, or
- Dismiss your case.

The Appeals Council will send you a notice telling you what it decides to do. If the Appeals Council denies your appeal, my decision will become the final decision.

The Appeals Council May Review My Decision On Its Own

The Appeals Council may review my decision even if you do not appeal. They may decide to review my decision within 60 days after the date of the decision. The Appeals Council will mail you a notice of review if they decide to review my decision.

When There Is No Appeals Council Review

If you do not appeal and the Appeals Council does not review my decision on its own, my decision will become final. A final decision can be changed only under special circumstances. You will not have the right to Federal court review.

If You Have Any Questions

We invite you to visit our website located at www.socialsecurity.gov to find answers to general questions about social security. You may also call (800) 772-1213 with questions. If you are deaf or hard of hearing, please use our TTY number (800) 325-0778.

If you have any other questions, please call, write, or visit any Social Security office. Please have this notice and decision with you. The telephone number of the local office that serves your area is (855) 207-4865. Its address is:

Social Security
3240 S Higuera St
San Luis Obispo, CA 93401-6920

1st Dale A. Garwal

Dale A Garwal
Administrative Law Judge

February 25, 2014
Date

Enclosures:
Form HA-L15 (Fee Agreement Approval)

cc: Bradford D. Myler
Law Offices Of Brad D. Myler & Associates
P.O. Box 127
Lehi, UT 84043-0127

SOCIAL SECURITY ADMINISTRATION
Office of Disability Adjudication and Review

ORDER OF ADMINISTRATIVE LAW JUDGE

IN THE CASE OF

Celia Lorraine Kastner
(Claimant)

(Wage Earner)

CLAIM FOR

Period of Disability, Disability Insurance
Benefits, and Supplemental Security Income

(Social Security Number)

I approve the fee agreement between the claimant and her representative subject to the condition that the claim results in past-due benefits. My determination is limited to whether the fee agreement meets the statutory conditions for approval and is not otherwise excepted. I neither approve nor disapprove any other aspect of the agreement.

YOU MAY REQUEST A REVIEW OF THIS ORDER AS INDICATED BELOW

Fee Agreement Approval: You may ask us to review the approval of the fee agreement. If so, write us within 15 days from the day you get this order. Tell us that you disagree with the approval of the agreement and give your reasons. Your representative also has 15 days to write us if he or she does not agree with the approval of the fee agreement. Send your request to this address:

William J. King, Jr.
Regional Chief Administrative Law Judge
SSA ODAR Regional Ofc
5th Floor
555 Battery St
San Francisco, CA 94111-2305

Fee Agreement Amount: You may also ask for a review of the amount of the fee due to the representative under this approved fee agreement. If so, please write directly to me as the deciding Administrative Law Judge within 15 days of the day you are notified of the amount of the fee due to the representative. Your representative also has 15 days to write me if he/she does not agree with the fee amount under the approved agreement.



Celia Lorraine Kastner

Page 2 of 2

You should include the social security number(s) shown on this order on any papers that you send us.

/s/ Dale A Garwal

Dale A Garwal
Administrative Law Judge

February 25, 2014

Date

cc: Bradford D. Myler
Law Offices Of Brad D. Myler & Associates
P.O. Box 127
Lehi, UT 84043-0127

Received
MAR 13 2014
CalPERS Board Unit

Received
MAR 13 2014
CalPERS Board Unit

Received
MAR 13 2014
CalPERS Board Unit

March 13, 2014

Ref. No. 2013-0255

Celia Hastner

Cherree Swedensky, Assistant to the Board
Executive Office
California Public Employees' Retirement System
P.O. Box 94201
Sacramento, Ca. 94229-2701
Fax: (916) 795-3972

Subject: "Petition for Reconsideration"

Dear Calpers:

I really don't understand as to why I have to keep appealing my rights for retirement disability?

I have over nine-hundred pages of medical reports, stating I have a disability.

I have recently had a hearing on
~~Johnas Johnson~~ 25. 2014.

Reb. No. 2013-0255

the decision that was made was fully favorable. Currently I was found to have multi impairments or combination of impairment is so severe that I am unable to perform any work existing in significant numbers in the national economy.

In this letter I am asking for reconsideration for my disability retirement and hopefully the Board of Administration California Public Employees' Retirement System adopts my disability.

Thank you—

Sincerely—

~~Celia Kastner~~
Celia Kastner

STAPLES copy&printcenter

Complimentary Self-Serve Fax Cover Sheet

To: Cherie Swedensky

Fax #: 1 (916) 795-3972

Date: 3/13/14

Number of Pages (Including Cover): 3

Assistant to the Board
Execute Office
California Public Employees'
Retirement System

From: Celia Kastner - Ret. No. 2013-0255

Phone #:

Reply Fax #:

Urgent ☐ Confidential ☐ Confirm Receipt ☒

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cc0361@StaplesCopyCenter.com
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