

DEPARTMENT OF INDUSTRIAL RELATIONS
DIVISION OF WORKERS' COMPENSATION
OFFICE OF THE ADMINISTRATIVE DIRECTOR
1515 Clay Street, Suite 1700
Oakland, California 94612
Tel (510) 286 -7100 Fax (510) 286-0687



May 21, 2024

Laura A. Braun
425 Bonair St., Apt. 6
La Jolla, CA 92037

NOTICE OF PROVIDER SUSPENSION – WORKERS' COMPENSATION

Dear Ms. Braun:

The Administrative Director of the Division of Workers' Compensation (DWC) is required by Labor Code section 139.21(a)(1)(C) to suspend you from participation in the California workers' compensation system because your license, certification, or approval to provide healthcare services has been surrendered or revoked. Enclosed are copies of the documents relied upon by the Administrative Director as the basis for taking this action. You can access the quarterly updates to the list of suspended and ineligible providers maintained by the State Department of Health Care Services for the Medi-Cal program at <https://mcweb.apps.prd.cammis.medi-cal.ca.gov/references/sandj>.

Your suspension will start 30 calendar days after the date of mailing of this notice, unless you submit a written request for a hearing, which will stay the suspension pending the outcome of the hearing. Your request must be made within 10 calendar days of the date of mailing of this notice. If you do not request a hearing within the 10-day time limit, you will be suspended from participation in the California workers' compensation system pursuant to California Code of Regulations, title 8, section 9788.2(b).

Your request for a hearing must contain:

- Your current mailing address;
- The legal and factual reasons as to why you do not believe Labor Code section 139.21(a)(1) is applicable to you;
- Your original signature or the original signature of your legal representative; and
- A valid email address for subsequent service of pleadings and/or correspondence.

The scope of the hearing is limited to whether or not Labor Code section 139.21(a)(1) is applicable to you. The Administrative Director is required to suspend you unless you provide proof in the hearing that Labor Code section 139.21(a)(1) does not apply.

Your original request for a hearing and one copy of the request must be filed with the Administrative Director. Additionally, you must also serve one copy of the request for a hearing on the DIR Anti-Fraud Unit. This may be completed either by regular mail or via email to: AntiFraudUnit@dir.ca.gov.

May 21, 2024
Laura A. Braun

The mailing address for the Administrative Director is:

Hearing Request
Administrative Director
Division of Workers' Compensation
1515 Clay Street, Suite 1700
Oakland, CA 94612

And/or if needed:

Hearing Request
Department of Industrial Relations
Office of the Director – Anti-Fraud Unit
1515 Clay Street, Suite 701
Oakland, CA 94612

The original and all copies of the request for hearing must have a proof of service attached. A sample proof of service, containing all necessary elements, can be found on the DWC website at <https://www.dir.ca.gov/dwc/forms.html>, under the category "Court Forms," and then "Proof of Service." The Administrative Director is required to hold your hearing within 30 days of the receipt of your written request. The hearing will be conducted by a hearing officer appointed by the Administrative Director. You will be notified shortly after the receipt of your request of the date and time of the hearing.

For more information about the suspension procedure, please refer to Provider Suspension Regulations, California Code of Regulations, title 8, sections 9788.1 - 9788.4, which can be found on the DWC website at <https://www.dir.ca.gov/dwc/dwcproregs/provider-suspension-procedure/Final/Clean-Text-of-Regulations.doc>.

Sincerely,

/S/ George Parisotto
George Parisotto
Administrative Director
Division of Workers' Compensation

Encls:

- Board of Registered Nursing-Decision and Order on Stipulated Settlement, Case No. 4002021007403, Effective Date 4/20/2023
- CA Board of Registered Nursing Licensing Details dated 3/22/2024
- Declaration of Louis Andrews in Support of Notice of Provider Suspension
- Proof of Service (Certificate of Service by Mailing)