



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358

www.nj.gov/health

June 25, 2024

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

VIA CERTIFIED MAIL RRR

Margie Abigail Izaguirre

**Re: Notice of Revocation for Nurse
Aide Certification**

Margie Abigail Izaguirre vs. New Jersey
Department of Health

Certification No: NA319250

Agency Reference No. OPC 24-14690

Dear Ms. Izaguirre:

The Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services, under authority of federal law, imposes a requirement on state governments to ensure that nurse aides have the education and clinical skills necessary to care for residents of long-term care facilities. See 42 C.F.R. Part 483. These regulations also require that each State maintain a nurse aide Registry, which, pursuant to 42 C.F.R. 483.156(c)(1)(iv), must contain all substantiated findings by the State of resident mistreatment, abuse, neglect, or misappropriation of resident property by a certified nurse aide.

The Certification Program of the New Jersey State Department of Health (Department) was notified of the results of an investigation in which there was sufficient information that you committed acts of neglect when you did not follow a resident's care plan to use a two-person assist to provide morning care, and you failed to report an injury.

The incident occurred on January 20, 2024, while you were employed as a certified nurse aide at Complete Care at Hamilton, in Hamilton, New Jersey. Specifically, an investigation revealed that you neglected a resident's care plan to use a two-person assist to provide morning care when you repositioned the resident alone; subsequently, you heard the resident's arm pop. When the nurse assessed the resident, the resident's arm was swollen, and the resident was unable to move his arm. As a result of this improper repositioning, the resident was transferred and admitted to the hospital for a fractured right arm. Your actions were willful and constitute neglect in accordance with the federal definitions under 42 C.F.R. 483.5.

The Department issued a Right to Hearing Notice on May 7, 2024. You failed to request a hearing in the allotted 30 days from the date of the Right to Hearing Notice. In

addition, the Department has not received any evidence that you did not receive the notice.

Therefore, in accordance with 42 C.F.R. 483.156(c)(1)(iv), please be advised that a finding of neglect will be placed next to your name on the Registry and will remain on the Registry for a minimum of one year. Please also be advised that your certification is hereby revoked.

Please surrender your nurse aide certificate and wallet card to:

Office of Program Compliance-Reporting
120 South Stockton Street, 3rd Floor
Trenton, NJ 08625-0358

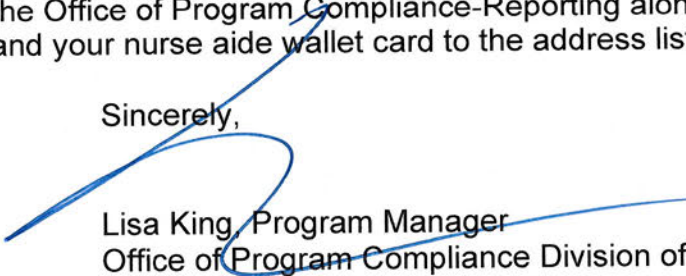
The certificate and the wallet card are no longer valid, and the status of your nurse aide certification is now revoked.

Please be advised that pursuant to N.J.A.C. 8:39-43.1(a)(1), only individuals who maintain a currently valid nurse aide certificate and are registered in good standing on the Registry are considered by the Department to be competent to work as a certified nurse aide in a licensed long term care facility. A certified nurse aide is no longer registered in good standing if a finding of abuse, neglect or misappropriation by the certified nurse aide's name is included on the Registry. Therefore, you are prohibited from employment as a certified nurse aide when a finding of neglect remains next to your name on the Registry.

In accordance with 42 C.F.R. 483.156 and N.J.A.C. 8:39-43.7, you are entitled to submit a written statement contesting the findings noted above. This statement will be maintained on the Registry. If you wish to submit such a written statement, you must do so within 20 days of the date of this letter. Your letter should reference "Notice of Revocation of Nurse Aide Certificate: Contested Findings."

Please forward this statement to the Office of Program Compliance-Reporting along with your nurse aide certification and your nurse aide wallet card to the address listed above.

Sincerely,


Lisa King, Program Manager
Office of Program Compliance Division of
Certificate of Need and Licensing
New Jersey Department of Health

LK:JC

Date: June 25, 2024

CERTIFIED MAIL:

Return Receipt Requested

US FIRST CLASS MAIL