

State of New Jersey DEPARTMENT OF HEALTH

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

www.nj.gov/health

June 20, 2019

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

Sandra Garcider

PHILIP D. MURPHY

Governor

SHEILA Y. OLIVER

Lt. Governor

Notice of Revocation of Nurse Aide Certificate

Dear Ms. Garcider,

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 (42CFR Part 483, et al.) to ensure that nurse aides have the education and clinical skills necessary to care for residents of long-term care facilities. These regulations also require that each State maintain a nurse aide Registry, which pursuant to 42CFR 483.156(c)(1)(iv), must contain all substantiated findings by the State of abuse, neglect or misappropriation of resident property by a certified nurse aide.

The Office of Program Compliance of the New Jersey State Department of Health ("Department") was notified of the results of an investigation conducted by a representative of Buttonwood Behavioral Health in Pemberton, New Jersey in which sufficient information was obtained to substantiate charges of abuse and neglect committed by you on March 18, 2018, while you were employed at Buttonwood.

On April 19, 2018, you were notified by the Department advising you that your nurse aide certification was Summarily Suspended and no longer valid for the reasons set forth in the Summary Suspension.

On or about May 2, 2019, the Department received notification that you entered into Pretrial Intervention ("PTI") on September 4, 2018, for charges of abandonment and neglect of an elderly/disabled person and the tampering with records associated with those charges. Additional conditions of PTI indicated that the "defendant must forfeit CNA license."

Based on the aforementioned, the Department has revoked your nurse aide certification on the New Jersey Registry. This is a permanent revocation. Please forward your nurse aide certificate and nurse aide wallet card to the address below, as they are no longer valid.

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 statement, you must do so within 20 days of receipt of this letter. Your letter should reference "Notice of Revocation of Nurse Aide Certificate". Please mail this statement to:

Office of Program Compliance-Reporting P O Box 358,2nd Floor Trenton, NJ 08625-0358

<u>Please be advised that the status of your certification on the New Jersey Nurse Aide Registry is revoked and will remain revoked permanently.</u>

Sincerely,

Lisa King, M.S., J.D.

Program Manager

Office of Program Compliance Certificate of Need and Licensing

(609) 984-8128

CERTIFIED MAIL: Return Receipt Requested US FIRST CLASS MAIL

Cc: Kareem J. Crawford, Esquire