



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA
Commissioner

December 10, 2021

VIA CERTIFIED MAIL RRR

Maimouna Diarra

**Re: Notice of Revocation of
Nurse Aide Certification
Certification No.: NA8670696
OPC No.: 20-13195**

Dear Ms. Diarra:

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 abused a vulnerable elderly person.

Specifically, an investigation resulted in evidence establishing that you aggressively and roughly grabbed a resident to pull her up out of a chair, you grabbed the resident's hand to bend it backwards, and you pulled the resident's hair and yelled "I'm going to hurt you!" Additionally, facility staff had to wedge themselves between you and the resident to prevent you from further abusing the resident. Your abuse and mistreatment of the resident resulted in causing pain and the resident being frightened by your actions.

The Department summarily suspended your Certification on July 30, 2020. Judge Jeffrey R. Wilson issued an Initial Decision on August 17, 2021 upholding the Department's Summary Suspension. The Department issued a Right to Hearing letter on October 13, 2021 for revocation of your Certification. You failed to request a hearing in the allotted 30 days from the date of the Right to Hearing notice. The Department has not received any evidence that you did not receive the referenced notice.

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

Please surrender your nurse aide certificate and wallet card to:

Office of Program Compliance-Reporting
120 South Stockton Street, 3rd Floor
PO Box 358
Trenton, NJ 08625-0358

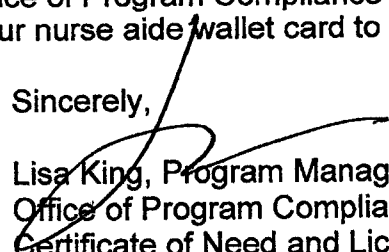
The certificate and the wallet card are no longer valid, and the status of your nurse aide certification is now revoked.

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 Abuse 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 in this letter.

Sincerely,


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

LK:mdj
CERTIFIED MAIL:
Return Receipt Requested
US FIRST CLASS MAIL