



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

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

Notice of Revocation of
Nurse Aide Certification
NA: 8618956
OPC No: 18-11529

Julio Rivera

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 have been accused of abuse and neglect of a nursing home resident. This occurred on or about January 29, 2018, while you were employed as a certified nurse aide at Mystic Meadows located in Little Egg Harbor, New Jersey.

Specifically, on January 29, 2018, while caring for a resident entrusted to your care, you roughly and inappropriately transferred the resident to bed causing injury to the resident's right hand and pain to his head. You also refused to allow the resident to wear his requested hat to bed, and then took the hat away from the resident and refused to return it.

On May 10, 2018, you were sent a Notice of Right to Hearing letter advising you of the Department's intent to place a finding of abuse and neglect next to your name on the New Jersey Nurse Aide Registry (Registry), and to revoke your certification. At that time, you were notified that you had 30 days to request a hearing to contest the charge against you. This office received no such request within the prescribed time. The first-class mail letter was not returned to this office. The letter was sent to the address of record on the New Jersey Nurse Aide Registry (Registry).

A check of the New Jersey Nurse Aide Registry on July 5, 2018, did not indicate a new address. If you moved, it is your responsibility to notify the Nurse Aide Registry of your new address.

Therefore, in accordance with 42 C.F.R. 483.156(c)(1)(iv), please be advised that a finding of Abuse and Neglect will be placed next to your name on the Registry on July 9, 2018, and will remain on the Registry permanently. Please also be advised that your certification is revoked.

Julio Rivera

Please surrender your nurse aide certificate and wallet card to:

Office of Program Compliance-Reporting
25 South Stockton Street, 2nd 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 no 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 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 is included on the registry. Therefore, as long as a finding of Abuse and Neglect remains next to your name on the Registry, you are prohibited from employment as a certified nurse aide in a licensed long term care facility.

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, Regulatory Officer
Office of Program Compliance
and Health Care Financing
Division of Certificate of Need and Licensing

LK/jn

DATE: July 10, 2018

REGULAR AND

CERTIFIED MAIL: 7009 1680 0002 1239 0545