



State of New Jersey  
DEPARTMENT OF HEALTH

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

[www.nj.gov/health](http://www.nj.gov/health)

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

JUDITH M. PERSICHILLI, RN, BSN, MA  
Commissioner

Corey Ray Williams

RE: Notice of Revocation of Nurse Aide Certification  
Nurse Aide No.: 200018842  
OPC No: 20-13175

Mr. Williams:

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 CFR 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 information that you abused a resident of a long-term care facility, which occurred on or about June 14, 2020, while you were employed as a certified nurse aide at Venetian Care and Rehabilitation Center, in South Amboy, New Jersey. Specifically, it is alleged that on June 14, 2020, you continued to provide care after the resident advised you to stop, cursed at the resident, made a vulgar hand sign towards the resident and threw an object at the same resident.

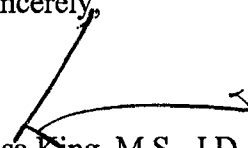
On September 30, 2020, the Department sent you a Notice of Right to Hearing. Based on the aforementioned abuse, and your failure to request a hearing, the Department has revoked your nurse aide certification on the New Jersey Registry. **This is a permanent revocation.** Please forward your nurse aide certificate and nurse aide wallet card to the address below, as they are no longer valid.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  
Trenton, NJ 08625-0358

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

Sincerely,



Lisa King, M.S., J.D.  
Program Manager  
Office of Program Compliance  
Certificate of Need and Licensing  
(609) 376-7742

LK/jc/dj  
DATE: January 25, 2021  
Certified Mail and US FIRST CLASS MAIL