



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 Certificate
Certification No.: NA 8314566**

Adeline Philippe
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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 (42 C.F.R. 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 42 C.F.R. 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 New Jersey Firemen's Home in Boonton, New Jersey, in which sufficient information was obtained to substantiate charges of abuse and neglect committed by you on August 24, 2016, while you were employed at New Jersey Firemen's Home.

On October 20, 2016, you were notified by the Department that your nurse aide certification was Summarily Suspended and no longer valid for the reasons set forth in the Summary Suspension.

On March 5, 2018, the Department received notification that you entered into Pretrial Intervention ("PTI") on February 20, 2018, for charges of assault upon an institutionalized elderly person. Additional conditions of PTI indicated that you, the defendant, "agreed to forfeit certified home health aide license and certified nurse assistant 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 Please forward your nurse aide certificate and nurse aide wallet card, as they are no longer valid.

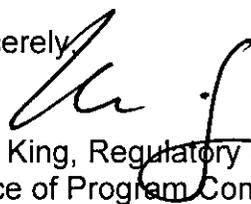
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Notice of Revocation

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

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, Regulatory Officer
Office of Program Compliance
Division of Certificate of Need and Licensing
New Jersey Department of Health

LK/jlm
Date: December 20, 2018
CERTIFIED MAIL: Return Receipt Requested
US FIRST CLASS MAIL

c. Keith R. Campbell, Esquire