

## State of New Jersey DEPARTMENT OF HEALTH

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

www.nj.gov/health

JUDITH M. PERSICHILLI, RN, BSN, MA Commissioner

February 28, 2020

John Hoff

PHILIP D. MURPHY

Governor

SHEILA Y. OLIVER

Lt. Governor



RE: Notice of Revocation of Nurse Aide Certificate pursuant to Final Agency Decision in John P. Hoff v. Department of Health; OAL Docket No. HLT 04136-2019

Dear Mr. Hoff,

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 <u>CFR</u> § 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 <u>CFR</u> § 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.

Please be advised that the Department has revoked your nurse aide certification on the New Jersey Registry as a result of a Final Agency Decision in the above-referenced matter. Please forward your nurse aide certificate and nurse aide wallet card to the address below, as they are no longer valid.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

Should you have any questions about this matter, kindly contact me at the telephone number below.

Sincerely,

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

Program Manager

Office of Program Compliance Certificate of Need and Licensing

(609) 376-7742

LK: jac

CERTIFIED MAIL: Return Receipt Requested