



State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0358

PHILIP D. MURPHY
Governor

TAHESHA L. WAY
Lt. Governor

www.nj.gov/health

KAITLAN BASTON, MD, MSc, DFASAM
Commissioner

January 14, 2025

VIA CERTIFIED MAIL RRR

Jovi Esperanza
[REDACTED]

**Re: Notice of Revocation for Nurse
Aide Certification**

Jovi Esperanza vs. New Jersey
Department of Health
Certification No: NA200046412
Agency Reference No. OPC 24-14921

Dear Mr. Esperanza:

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 committed acts of abuse, and mistreatment when you posed a risk to a long-term care resident entrusted in your care.

The incident occurred on October 14, 2024, while you were employed at Crystal Lake Rehabilitation, in Berkeley, New Jersey. An investigation by the facility established credible evidence that you physically abused and mistreated a resident by punching them in the head and body which resulted in the resident sustaining a ruptured spleen with internal bleeding. Subsequently, this was reported to the Berkeley Township Police Department and on October 15, 2024, you were charged with Aggravated Assault 2C:12-1B (1). Your actions were recorded on video, were willful, and constitute abuse in accordance with the federal definitions under 42 C.F.R. 483.5.

The Department summarily suspended your nurse aide certification on October 18, 2024. You failed to request a hearing regarding the summary suspension in the allotted time. Thereafter, the Department issued a Right to Hearing Notice on December 5,

2024. You failed to request a hearing in the allotted 30 days from the date of the Right to Hearing Notice. In addition, the Department has not received any evidence that you did not receive the 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
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,

A handwritten signature in blue ink, appearing to read "Lisa King".

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

LK:JC
Date: January 14, 2025
CERTIFIED MAIL:
Return Receipt Requested
US FIRST CLASS MAIL