

State of New Jersey DEPARTMENT OF HEALTH

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

www.nj.gov/health

JEFFREY A. BROWN Acting Commissioner

June 10, 2025

VIA CERTIFIED MAIL RRR

Jaime Martin

PHILIP D. MURPHY

Governor

TAHESHA L. WAY

Lt. Governor

: Notice of Revocation for Nurse Aide Certification

Jaime Martin vs. New Jersey Department of Health Certification No: NA 200034868

Agency Reference No. OPC 25-15082

Dear Ms. Martin:

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 misappropriation when you wrongfully obtained two candy bars from a long-term care resident entrusted in your care.

The incident occurred around January 4, 2025, while you were employed as a certified nurse aide at NJ Veterans Memorial Home-Vineland, in Vineland, New Jersey. Specifically, an investigation by the facility established video evidence that on January 4, 2025, you entered the resident's room when they were not in the facility. Thereafter, you rummaged through their nightstand, and you first pulled out two lottery tickets and checked them. You placed them down after carefully reviewing them, then you took out two candy bars and placed them in your pocket.

The Department summarily suspended your nurse aide certification on March 21, 2025. You failed to request a hearing regarding the summary suspension within the allotted time. Thereafter, the Department issued a Right to Hearing Notice on April 28, 2025. 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 <u>C.F.R.</u> 483.156(c)(1)(iv), please be advised that a finding of misappropriation will be placed next to your name on the Registry and will remain on the Registry <u>permanently</u>. Please also be advised that your certification is hereby 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 misappropriation remains next to your name on the Registry.

In accordance with 42 <u>C.F.R.</u> 483.156 and <u>N.J.A.C.</u> 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, Program Manager
Office of Program Compliance Division of
Certificate of Need and Licensing

New Jersey Department of Health

LK:JC
Date: June 10, 2025
CERTIFIED MAIL:
Return Receipt Requested
US FIRST CLASS MAIL