State of New Jersey
DEPARTMENT OF HEALTH
PO BOX 358
TRENTON, N.J. 08625-0360

MIKIE SHERRILL
Governor

DR. DALE G. CALDWELL
Lt. Governor

www.nj.gov/health

DR. RAYNARD E. WASHINGTON
Acting Commissioner

Notice of Revocation
of Nurse Aide Certificate
Certification No.: NA 200040133

Francis Obilo
[redacted]

Mr. Obilo,

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") received credible evidence that on December 15, 2024, while you were assigned by an agency to work as a certified nurse aide at Assisted Living at Fellowship Village in Basking Ridge, New Jersey, you invaded the privacy of a staff member when you hid a video camera in a public restroom in the facility.

The Department subsequently received notification that you entered into Pretrial Intervention ("PTI") on January 20, 2026, related to charges of Criminal Attempt, in violation of N.J.S.A. 2C:5-1A(3), and Invasion of Privacy, in violation of N.J.S.A. 2C:14-9B1. The special conditions of your PTI require you to forfeit your nurse aide certification and the right to obtain a certification at any time in the future. 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 Please forward your nurse aide certificate and nurse aide wallet card, as they are no longer valid.

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 receiving 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, 3rd 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

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

LK:JLM:nj
Date: March 6, 2026
CERTIFIED MAIL: Return Receipt Requested
US FIRST CLASS MAIL