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

MIKIE SHERRILL
Governor

www.nj.gov/health

DR. RAYNARD E. WASHINGTON
Commissioner

October 7, 2026

VIA CERTIFIED MAIL RRR

Montice Whitfield
[redacted]

Re: Notice of Revocation for Nurse Aide Certification
Montice Whitfield vs. New Jersey Department of Health
Certification No: NA 503763
Agency Reference No. OPC 26-15917

Dear Ms. Whitfield:

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 abused and mistreated a long-term care resident entrusted in your care. Specifically, an investigation resulted in video evidence establishing that you abused and mistreated a resident by punching the resident in the face. Your actions were willful and constitute abuse and mistreatment in accordance with the federal definitions under 42 C.F.R. 483.5.

The Department summarily suspended your nurse aide certification on March 5, 2026. The Department received your request for an expedited hearing to contest the summary suspension within the 30-day timeframe of receipt, and it was transmitted to the Office of Administrative Law (OAL) for hearing. Subsequently, the Department issued a Right to Hearing Notice on April 9, 2026, setting forth the Department's intent to permanently revoke your nurse aide certification. However, despite notifying you that if you wanted to challenge the revocation you must request another hearing, you have not requested a hearing on the proposed revocation. Pursuant to N.J.S.A. 26:2H-13, you had 30 calendar

days from the date of the Right to Hearing Notice to request a hearing to challenge the revocation. Because you failed to request a hearing within those 30 days, you forfeit all rights to such a hearing.

Therefore, in accordance with 42 C.F.R. 483.156(c)(1)(iv), please be advised that a finding of abuse and mistreatment 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 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 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 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:JLM:nj

Date: October 7, 2026
CERTIFIED MAIL
Return Receipt Requested
US FIRST CLASS MAIL