



State of New Jersey
DEPARTMENT OF HEALTH

PO BOX 358
TRENTON, N.J. 08625-0358
www.nj.gov/health

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

SHEREEF M. ELNAHAL, MD, MBA
Commissioner

**Notice of Revocation
of Nurse Aide Certificate
Certification No.: NA 8178470**

Wilson Fruelda

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.

On November 21, 2018, the Office of Program Compliance of the New Jersey State Department of Health ("Department") summarily suspended your nurse aide certification due to credible allegations that you physically and inappropriately sexually abused a resident of Rehab at River's Edge on October 17, 2018.

The Somerset County Prosecutor's Office informed the Department that, on February 27, 2019, you waived prosecution by indictment and trial by jury and requested to be tried on accusation on the charge of Criminal Sexual Contact, Fourth Degree, in violation of N.J.S.A. 2C:14-3b. In addition, on February 27, 2019, the Superior Court of New Jersey, with your consent, entered an order for permanent forfeiture of your nurse aide certification.

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 Please forward your nurse aide certificate and nurse aide wallet card, as they are no longer valid.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 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, 2nd Floor
Trenton, NJ 08625-0358

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Notice of Revocation

Please be advised that the status of your certification on the New Jersey Nurse Aide Registry is revoked and will remain revoked permanently.

Sincerely,



Gene Rosenblum, Director
Office of Program Compliance
Division of Certificate of Need and Licensing
New Jersey Department of Health

GR/jlm

Date: March 4, 2019

CERTIFIED MAIL: Return Receipt Requested

US FIRST CLASS MAIL

c. Thomas C. Huth, Esquire