



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

JUDITH M. PERSICILLI, RN, BSN, MA
Commissioner

March 9, 2020

Adria Gutierrez
a/k/a Adria Gutierrez-Duran
106 Iriquois Drive
[REDACTED]

RE: Notice of Revocation of Nurse Aide Certificate

Dear Ms. Gutierrez,

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 CFR § 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 CFR § 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.

Further, pursuant to N.J.S.A. 26:2H-1, et al., and its implementing regulations, specifically N.J.A.C. 8:39-43.5(a)(1), a certificate issued to a nurse aide shall be revoked upon a finding of abuse, neglect or misappropriation of property of a resident of a long-term care facility.

The Office of Program Compliance of the New Jersey State Department of Health ("Department") was notified of credible evidence that, on or about January 11, 2018 and January 12, 2018, while you were employed as a nurse aide at Royal Gate Healthcare in Galloway, New Jersey, it is alleged that you stole a credit card from a resident of the facility; and that on January 11, 2018 and January 12, 2018, you made multiple fraudulent purchases with the stolen card.

Based on the aforementioned misappropriation of resident property, 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revocation.** Please forward your nurse aide certificate and nurse aide wallet card to the address below, as they are no longer valid.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
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,

A handwritten signature in black ink, appearing to read 'Lisa King', with a long horizontal flourish extending to the right.

Lisa King, M.S., J.D.
Program Manager
Office of Program Compliance
Certificate of Need and Licensing
(609) 376-7742

LK: jac
CERTIFIED MAIL: Return Receipt Requested
US FIRST CLASS MAIL