



December 11, 2014

UPS GROUND

Mr. Thomas Ryan  
Executive Director  
Fulton Friendship House, Inc.  
P.O. Box 292  
18 Cayadutta Street  
Gloversville, New York 12078-0003

Re: Provider #12190  
Operating Certificate #171210015  
PRU #51297

Dear Mr. Ryan:

Operating Certificate #171210015 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This Operating Certificate renews authorization for Fulton Friendship House, Inc. to operate a Part 819 chemical dependence community residential service at 8-10 First Avenue, Gloversville, effective January 1, 2015.

The three year term of the Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

Fulton Friendship House, Inc. is responsible for complying with applicable building occupancy limitations and securing any necessary approvals from other governmental entities.

This Operating Certificate is to be prominently displayed at the service site.

The Mental Hygiene Law requires services to be operated in accordance with the terms of the Operating Certificate. Therefore, please carefully examine this certificate and notify the Bureau of Certification immediately if it contains any inaccuracies.

Sincerely,

Janet L. Paloski  
Director  
Bureau of Certification and Systems Management

Enclosures

Mr. Thomas Ryan  
Page 2 of 2  
December 11, 2014

cc w/encs.: Charles W. Monson  
Kathy Murphy  
Tim Donovan  
Gail Keeler  
Ernest J. Gagnon (Fulton County)  
Thomas Jennings (President, Fulton Friendship House, Inc.)  
Doreen Ashabranner (Program Director, Fulton Friendship House, Inc.)

**NEW YORK STATE OFFICE OF ALCOHOL AND SUBSTANCE ABUSE SERVICES  
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION**

**OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET**

|                                     |                               |
|-------------------------------------|-------------------------------|
| Provider Legal Name:                | Fulton Friendship House, Inc. |
| Active Parent Corporation:          |                               |
| Certified Program/Service Reviewed: | Community Residential         |

|                    |                           |
|--------------------|---------------------------|
| Building:          | Victorian Manor           |
| Room/ Floor        | Basement - 1st-3rd Floors |
| Street Address:    | 8-10 First Avenue         |
| City and Zip Code: | Gloversville, 12078       |

|                                   |                         |
|-----------------------------------|-------------------------|
| Provider Number:                  | 12190                   |
| Operating Certificate Number:     | 1712 10015              |
| Recertification Review Number:    | AL14056                 |
| Recertification Review Conducted: | 7/15/2014 to: 7/17/2014 |

PRU Number(s): 51297 Capacity: 20

**RECERTIFICATION REVIEW COMPLIANCE RATING TABLE**

| <u>Compliance Scores</u> | <u>Compliance Ratings</u> | <u>Term of Renewed Operating Certificate</u> |
|--------------------------|---------------------------|--|
| ---                      | Quality Services Review   | 9 months                                     |
| ---                      | Red Flag Deficiency(ies)  | 6 months                                     |
| 0 - 1.75                 | Noncompliance             | 6 months                                     |
| 1.76 - 2.50              | Minimal Compliance        | 1 year                                       |
| 2.51 - 3.25              | Partial Compliance        | 2 years                                      |
| 3.26 - 4.00              | Substantial Compliance    | 3 years                                      |

**RECERTIFICATION REVIEW RESULTS**

**COMPLIANCE STATUS**

|   | <u>Quality Indicator</u> | <u>Overall</u> | <u>Yes/No</u> | <u>Renewal Term</u> |
|---|--------------------------|----------------|---------------|---------------------|
| ▶ Case Records  | 3.64                     | 3.73           |               | 3 years             |
| ▶ Service Management  | 4.00                     | 4.00           |               | 3 years             |
| ▶ Red Flag Deficiency(ies)<br>(For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review) |                          |                |               |                     |
| ▶ Quality Services Review   |                          |                |               | n/a                 |

**FACILITY INSPECTION RESULTS**

| Site# | Address  | Site Type | Ins # | Date       | Deficiency | Renewal Term |
|-------|--|-----------|-------|------------|------------|--------------|
| 1147  | Victorian Manor, 1st-3rd Floors, Basement, 8-10 First Avenue, Gloversville 12078 | ML        | 20659 | 10/16/2014 | None       | 3 years      |

**Site Type Codes**

|                          |
|--------------------------|
| ML - Main Location       |
| AL - Additional Location |
| Apt - Apartment          |

**Deficiency Code Examples**

|  |
|--|
| Red Flag - imminent structural failure; fire service sprinkler system disabled; or a required exit that is permanently blocked |
| Significant - pathways to exits blocked; fire alarm systems in trouble mode; or broken stair treads                            |
| Notable - any other OASAS or building code violation   |

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES  
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION

OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

**FISCAL VIABILITY REVIEWS**

- |   |          |
|---|----------|
| <input type="checkbox"/> Fiscal viability package not submitted.  | 6 months |
| <input type="checkbox"/> Data received insufficient to determine fiscal viability.  | 6 months |
| <input type="checkbox"/> Current financial position NOT viable; however, an acceptable financial recovery plan submitted.   | 2 years  |
| <input type="checkbox"/> Current financial position viable; however, overall financial position NOT viable.   | 2 years  |
| <input checked="" type="checkbox"/> Current and overall financial positions viable.   | 3 years  |
| <input type="checkbox"/> Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28). | n/a      |

**CERTIFICATE TERM**

The term for the enclosed Operating Certificate is three years

State of New York

# Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

## Fulton Friendship House, Inc.

is hereby granted this

# CHEMICAL DEPENDENCE OPERATING CERTIFICATE

authorizing the operation of Chemical Dependence Services, in compliance with the requirements of  
14 NYCRR Parts 800 and 814 and the laws and regulations of the State of New York

Site

Victorian Manor  
Basement  
1st-3rd Floors  
8-10 First Avenue  
Gloversville, New York 12078-  
0004

Program Name(s)

● Part 819 Community Residential - 20 beds

Service(s)



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

171210015

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: January 01, 2015

EXPIRATION DATE: December 31, 2017