



January 26, 2015

UPS GROUND

Alethea Simon, Ph.D.  
President/Executive Director  
Greenhope Services for Women, Inc.  
435 East 119<sup>th</sup> Street  
New York, New York 10035

Re: Provider #31030  
Operating Certificate #170110083  
PRU #1809

Dear Dr. Simon:

Operating Certificate #170110083 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 Greenhope Services for Women, Inc. to operate a Part 819 chemical dependence intensive residential rehabilitation service at 435-439 East 119<sup>th</sup> Street, New York, effective February 1, 2015.

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

Greenhope Services for Women, 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

Alethea Simon, Ph.D.

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January 26, 2015

cc w/encs.: Charles W. Monson

Steven Rabinowitz

Ivan Garcia

Gail Keeler

Hillary Kunins, MD, MPH, MS (NYC Dept. of Health and Mental Hygiene)

Gail Goldstein (NYC Dept. of Health and Mental Hygiene)

Luke Bergmann (NYC Dept. of Health and Mental Hygiene)

Norma Carmona-Rodriguez (NYC Dept. of Health and Mental Hygiene)

Robin D. Stone (Board Chair, Greenhope Services for Women, Inc.)

Delores Blackwell (Director Residential Services, Greenhope Services for Women,  
Inc.)

**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**

|                                     |                                      |
|-------------------------------------|--------------------------------------|
| Provider Legal Name:                | Greenhope Services for Women, Inc.   |
| Active Parent Corporation:          |                                      |
| Certified Program/Service Reviewed: | Intensive Residential Rehabilitation |

|                    |                           |
|--------------------|---------------------------|
| Building:          |                           |
| Room/ Floor        | Basement & Floors 1-8     |
| Street Address:    | 435-439 East 119th Street |
| City and Zip Code: | New York, 10035           |

|                                   |                       |
|-----------------------------------|-----------------------|
| Provider Number:                  | 31030                 |
| Operating Certificate Number:     | 1701 10083            |
| Recertification Review Number:    | NY14046               |
| Recertification Review Conducted: | 1/5/2015 to: 1/9/2015 |

PRU Number(s): 1809 Capacity: 72

**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  | 3.91                     | 3.61           |               | 3 years             |
| ▶ Service Management  | 4.00                     | 3.93           |               | 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 |
|-------|--|-----------|-------|----------|---------------|--------------|
| 6241  | Basement & Floors 1-8, 435-439 East 119th Street, New York 10035 | ML        | 20051 | 4/8/2014 | CAP Completed | 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  
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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 checked="" 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 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 two years

State of New York

# Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 82 of the Mental Hygiene Law

## Greenhope Services for Women, 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

Basement & Floors 1-8  
435-439 East 119th Street  
New York, New York 10035-3627

Program Name(s)

- Part 819 Intensive Residential Rehabilitation - 72  
Adult beds and up to 28 beds for their children

Service(s)



Charles W. Monson

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

170110083

CERTIFICATE NUMBER

EFFECTIVE DATE: February 01, 2015  
EXPIRATION DATE: January 31, 2017

Renewed