



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.
Commissioner

UPS GROUND

February 9, 2016

Mr. Robert McMahon
Chief Executive Officer
820 River St., Inc.
428 Duane Avenue
Schenectady, New York 12304

Re: Provider #35210
Operating Certificate #180110135
PRU #51761

Dear Mr. McMahon:

Operating Certificate #180110135 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 820 River St., Inc. to operate a Part 819 chemical dependence supportive living service at the administrative site located at 38-40 Lawrence Street, Glens Falls with the certified sites listed on the Operating Certificate Addendum, effective, February 1, 2016.

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

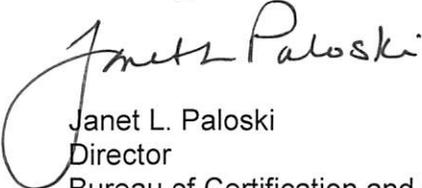
820 River St., Inc. is at the approved 12-bed capacity authorized under Operating Certificate #180110135.

820 River St., 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. Robert McMahon

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cc w/encs.: Charles W. Monson

Tim Donovan

Deb Czubak

Janet Rucki

Darin Samaha (Schenectady County)

Katherine Alonge-Coons (Rensselaer County)

Kevin Luibrand, Esq. (Board of Directors President, 820 River St., Inc.)

Dereck Cassidy (Director, Onsite Program Manager, 820 River St., 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:	820 River St., Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Supportive Living

Building:	Administrative Building
Room/ Floor	
Street Address:	38-40 Lawrence Street
City and Zip Code:	Glens Falls, 12801

Provider Number:	35210
Operating Certificate Number:	1801 10135
Recertification Review Number:	AL15057
Recertification Review Conducted:	6/29/2015 to: 7/1/2015

PRU Number(s): 51761 Capacity: 12

<u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u>		
<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	3.91		3 years
▶ Service Management	4.00	4.00		3 years
▶ Facility	3.33	3.53		3 years
▶ Red Flag Deficiency(ies) (For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review)				
▶ Quality Services Review				n/a

FISCAL VIABILITY REVIEWS

Term

- Fiscal viability package not submitted.
- Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28).

Fiscal Viability Levels	
Current Ratio Current Assets to Current Liabilities	Total Ratio Total Assets to Total Liabilities
.90 to 1.0 = 3 year Certificate	1.0 to 1.0 = 3 year Certificate
.60 to .89 = 2 year Certificate	.60 to .99 = 2 year Certificate
.40 to .59 = 1 year Conditional Certificate	.40 to .59 = 1 year Conditional Certificate
< .40 = 6 month Conditional Certificate	< .40 = 6 month Conditional Certificate

Current Ratio 0.72 Overall Ratio 0.81 2 year

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 32 of the Mental Hygiene Law

820 River St., 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

<u>Site</u>	<u>Program Name(s)</u>	<u>Service(s)</u>	
Administrative Building 38-40 Lawrence Street Glens Falls, New York 12801-3743		● Part 819 Supportive Living - 12 beds	Supportive Living Addendum Attached



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

180110135

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: February 01, 2016
EXPIRATION DATE: January 31, 2018