



**Office of Alcoholism and  
Substance Abuse Services**

ANDREW M. CUOMO  
Governor

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

April 22, 2016

UPS GROUND

Ms. Glen Smith  
Executive Director  
Pathways Houses of Rochester, New York, Inc.  
1600 South Avenue  
Rochester, New York 14620

Re: Provider #37330  
*Conditional* Operating Certificate #C161010159  
PRU #51024

Dear Ms. Smith:

*Conditional* Operating Certificate #C161010159 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This *Conditional* Operating Certificate provides authorization for Pathways Houses of Rochester, New York, Inc. to operate a Part 819 supportive living service, at the administrative site located at 1600 South Avenue, Rochester; Counseling only at 10 Manhattan Square, Rochester, with the certified sites listed on the Operating Certificate Addendum, effective May 1, 2016.

The six month term of this *Conditional* Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

A standard Operating Certificate may be issued upon determination by OASAS that Pathways Houses of Rochester, New York, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

Pathways Houses of Rochester, New York, 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

Ms. Glen Smith  
Page 2 of 2  
April 22, 2016

cc w/encs.: Charles W. Monson  
Tim Donovan  
Donna Pagano-Stott  
Marjorie Catalano  
Jane Gifford  
Cathy Shippey  
John Van Horn  
Janet Rucki  
Rate Based Provider Unit (DOH)  
David Putney (Monroe County)  
Diane Knerr (Board President, Pathways Houses of Rochester, New York, 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:	Pathway Houses of Rochester, New York, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Supportive Living

Building:	Administrative Site:
Room/ Floor	Suite 125 - 1600 South Avenue
Street Address:	Rochester, New York 14620-3922
City and Zip Code:	Rochester, 14607

Provider Number:	37330
Operating Certificate Number:	1610 10159
Recertification Review Number:	AL15125
Recertification Review Conducted:	11/2/2015 to: 11/5/2015

PRU Number(s): 51024 Capacity: 59

<b>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</b>		
<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	2.91	3.32		2 years
▶ Service Management	4.00	3.87		3 years
▶ Facility	2.40	2.35		1 year
▶ 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

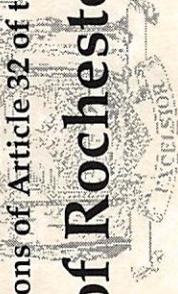
- Fiscal viability package not submitted.
- Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28).

Fiscal Viability Levels	
Current Ratio	Total Ratio
Current Assets to Current Liabilities	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 0.39 Overall Ratio 39.37 6 months

**CERTIFICATE TERM** The term for the enclosed Operating Certificate is 6 months

State of New York  
Office of Alcoholism and Substance Abuse Services  
Pursuant to the provisions of Article 32 of the Mental Hygiene Law  
Pathway Houses of Rochester, New York, 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

Administrative Site:  
Suite 125

1600 South Avenue  
Rochester, New York 14620-  
3922

Counseling only:  
10 Manhattan Square  
Rochester, New York 14607-3951

Program Name(s)

Service(s)

- Part 819 Supportive Living - 59 beds

Supportive Living Addendum Attached

*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

C161010159

CERTIFICATE NUMBER  
CONDITIONAL

EFFECTIVE DATE: May 01, 2016  
EXPIRATION DATE: October 31, 2016