



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

May 20, 2015

UPS GROUND

Ms. Beth Schuster
Executive Director
Twin County Recovery Services, Inc.
802 Columbia Street, Suite 2
Hudson, New York 12534-1907

Re: Provider #35010
Operating Certificate #180510339
PRU #51765

Dear Ms. Schuster:

Operating Certificate #180510339 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 Twin County Recovery Services, Inc. to operate a Part 819 chemical dependence community residential service at 428 West Main Street, Catskill, effective June 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*.

Twin County Recovery Services, 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. Beth Schuster
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cc w/encs.: Charles W. Monson
Manuel Mosquera
Tim Donovan
Lynn DeFruscio
Michael Cole (Columbia County)
Margaret Graham (Greene County)
Thomas Luzzi (President of the Board of Directors, Twin County Recovery Services,
Inc.)
Renee Pine (Residential Program Director, Twin County Recovery Services, 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:	<u>Twin County Recovery Services, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Community Residential</u>

Building:	_____
Room/ Floor	<u>Grade Level</u>
Street Address:	<u>428 West Main Street</u>
City and Zip Code:	<u>Catskill, 12414</u>

Provider Number:	<u>35010</u>
Operating Certificate Number:	<u>1805 10339</u>
Recertification Review Number:	<u>AL14136</u>
Recertification Review Conducted:	<u>2/24/2015 to: 2/27/2015</u>

PRU Number(s): 51765 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	<u>3.82</u>	<u>3.71</u>		<u>3 years</u>
▶ Service Management	<u>4.00</u>	<u>4.00</u>		<u>3 years</u>
▶ 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

FACILITY INSPECTION RESULTS

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
2061	Grade Level, 428 West Main Street, Catskill 12414	ML	21065	2/24/2015	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

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OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

FISCAL VIABILITY REVIEWS

Term

- Fiscal viability package not submitted.
- Data received insufficient to determine fiscal viability.
- 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 3.87 Overall Ratio 7.83 3 year

CERTIFICATE TERM

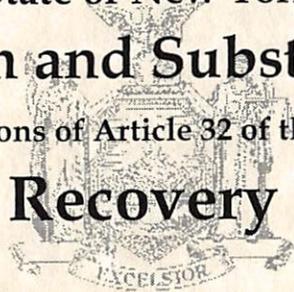
The term for the enclosed Operating Certificate is three years

State of New York

Office of Alcoholism and Substance Abuse Services

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

Twin County Recovery Services, 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

Grade Level
428 West Main Street
Catskill, New York 12414-1657

Program Name(s)

Riverside Recovery Residence

Service(s)

- Part 819 Community Residential - 12 Adult beds and up to 6 beds for their children [maximum certified occupancy can be no more than 16 persons]



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

180510339

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: June 01, 2015
EXPIRATION DATE: May 31, 2018