



November 12, 2014

UPS GROUND

Fr. Bill Drobach, SA  
President & Chief Executive Officer  
St. Christopher's Inn, Inc.  
Box 150, 21 Franciscan Way  
Garrison, New York 10524-3432

Re: Provider #25360  
Operating Certificate #171110564  
PRU #51900

Dear Fr. Drobach:

Operating Certificate #171110564 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 St. Christopher's Inn, Inc. to operate Part 822-4 chemical dependence outpatient and outpatient rehabilitation services at 21 Franciscan Way, Garrison, effective December 1, 2014.

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

St. Christopher's Inn, 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

Fr. Bill Drobach, SA  
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November 12, 2014

cc w/encs.: Charles W. Monson  
Kathy Murphy  
Deborah Czubak  
Holly Livingston  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Michael J. Piazza (Putnam County)  
Michael Elms (Board Chair, St. Christopher's Inn, Inc.)  
David Gerber (Administrative Clinical Director, St. Christopher's Inn, 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:	St. Christopher's Inn, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Rehabilitation Services

Building:	
Room/ Floor	
Street Address:	21 Franciscan Way
City and Zip Code:	Garrison, 10524

Provider Number:	25360
Operating Certificate Number:	1711 10564
Recertification Review Number:	NY14018
Recertification Review Conducted:	9/2/2014 to: 9/5/2014

PRU Number(s): 51900 Capacity:

**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	3.92	3.64		3 years
▶ Service Management	3.62	3.85		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

**FACILITY INSPECTION RESULTS**

<u>Site#</u>	<u>Address</u>	<u>Site Type</u>	<u>Ins #</u>	<u>Date</u>	<u>Deficiency</u>	<u>Renewal Term</u>
7011	21 Franciscan Way, Garrison 10524	ML	20184	5/13/2014	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

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

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Certified Program/Service Reviewed:	Outpatient Services

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Room/ Floor	
Street Address:	21 Franciscan Way
City and Zip Code:	Garrison, 10524

Provider Number:	25360
Operating Certificate Number:	1711 10564
Recertification Review Number:	NY14018
Recertification Review Conducted:	9/2/2014 to: 9/5/2014

PRU Number(s): 51663 Capacity:

**RECERTIFICATION REVIEW COMPLIANCE RATING TABLE**

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OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

**FISCAL VIABILITY REVIEWS**

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**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  
**St. Christopher's Inn, 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

21 Franciscan Way  
Garrison, New York 10524-3432

Program Name(s)

St. Anthony's Outpatient Clinic  
St. Anthony's Outpatient Clinic

Service(s)

- Part 822-4 Outpatient Services
- Part 822-4 Outpatient Rehabilitation Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

171110564

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: December 01, 2014

EXPIRATION DATE: November 30, 2017