

November 12, 2014

UPS GROUND

Adrienne Marcus, Ph.D.  
Executive Director  
Lexington Center for Recovery, Inc.  
116 Radio Circle, Suite 307-309  
Mount Kisco, New York 10549-2814

Re: Provider #34200  
Operating Certificate #171110575  
PRU #50818

Dear Dr. Marcus:

Operating Certificate #171110575 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 Lexington Center for Recovery, Inc. to operate a Part 822-4 chemical dependence outpatient service at 24 Smith Avenue, Mount Kisco, 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*.

Lexington Center for Recovery, 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

Dr. Adrienne Marcus  
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cc w/encs.: Charles W. Monson  
Kathy Murphy  
Deborah Czubak  
Holly Livingston  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Sherlita Amler, M.D. (Westchester County)  
Timothy Sanker (Board President, Lexington Center for Recovery, Inc.)  
Carey Wardell (Program Director, Lexington Center for Recovery, 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:	Lexington Center for Recovery, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	24 Smith Avenue
City and Zip Code:	Mount Kisco, 10549

Provider Number:	34200
Operating Certificate Number:	1711 10575
Recertification Review Number:	NY14019
Recertification Review Conducted:	10/14/2014 to: 10/16/2014

PRU Number(s): 50818 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	3.53	3.81		3 years
▶ Service Management	4.00	4.00		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>
2005	24 Smith Avenue, Mount Kisco 10549	ML	20680	9/30/2014	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

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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 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

State of New York

# Office of Alcoholism and Substance Abuse Services

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

## Lexington Center for Recovery, 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

24 Smith Avenue  
Mount Kisco, New York 10549-  
2814

Program Name(s)

Service(s)

- Part 822-4 Outpatient Services [with ancillary withdrawal services]



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

171110575

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: December 01, 2014

EXPIRATION DATE: November 30, 2017