



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

November 19, 2015

UPS GROUND

Mr. Mark Epley
Chief Executive Officer
Seafield Services, Inc.
7 Seafield Lane
Westhampton Beach, New York 11978-2714

Re: Provider #17440
Operating Certificate #171110582
PRU #50895

Dear Mr. Epley:

Operating Certificate #171110582 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 Seafield Services, Inc. to operate a Part 822 chemical dependence outpatient service at 37 John Street, Amityville, effective December 1, 2015.

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

Seafield 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

cc w/encs.: Charles W. Monson
Steven Rabinowitz
Antonette Whyte-Etere
Cathy Shippey
Gail Keeler
Rate Based Provider Unit (DOH)
Arthur Flescher (Suffolk County)
Brian Matonti (Executive Director, Seafield 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: | Seafield Services, Inc. |
| Active Parent Corporation: | |
| Certified Program/Service Reviewed: | Outpatient Services |

| | |
|--------------------|-------------------|
| Building: | |
| Room/ Floor | 1st & 2nd Floors |
| Street Address: | 37 John Street |
| City and Zip Code: | Amityville, 11701 |

| | |
|-----------------------------------|------------------------|
| Provider Number: | 17440 |
| Operating Certificate Number: | 1711 10582 |
| Recertification Review Number: | NY15069 |
| Recertification Review Conducted: | 6/3/2015 to: 6/10/2015 |

PRU Number(s): 50895 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 | 2.54 | 3.30 | | 2 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> |
|--------------|--|------------------|--------------|-------------|-------------------|---------------------|
| 6557 | 1st & 2nd Floors, 37 John Street, Amityville 11701 | ML | 20949 | 3/12/2015 | 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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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 3.56 Overall Ratio 2.77 3 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

Seafield 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

Program Name(s)

Service(s)

1st & 2nd Floors
37 John Street
Amityville, New York 11701-
2930

The Seafield Amityville Clinic

- Part 822 Outpatient Services



Charles W. Monson

171110582

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: December 01, 2015
EXPIRATION DATE: November 30, 2017