



NEW YORK STATE  
OFFICE OF ALCOHOLISM & SUBSTANCE ABUSE SERVICES  
*Addiction Services for Prevention, Treatment, Recovery*

Governor  
Andrew M. Cuomo

Commissioner  
Arlene González-Sánchez, M.S., L.M.S.W.

May 24, 2012

UPS GROUND

Mr. Martin Teller  
Executive Director  
Finger Lakes Addictions Counseling and Referral Agency, Inc.  
28 East Main Street, 5<sup>th</sup> Floor  
Clifton Springs, New York 14432-1293

Re: Operating Certificate #150510785

Dear Mr. Teller:

Operating Certificate #150510785 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 Finger Lakes Addictions Counseling and Referral Agency, Inc. to operate a Part 822-4 chemical dependence outpatient service at 28 East Main Street, Clifton Springs, effective June 1, 2012.

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

Finger Lakes Addictions Counseling and Referral Agency, 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  
Acting Director  
Bureau of Certification and Systems Management

Enclosures

Mr. Martin Teller

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May 24, 2012

cc w/encs.: Charles W. Monson  
Kathy Murphy  
Holly Livingston  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Fran Weisberg (Finger Lakes HSA)  
William M. Swingly (Ontario County)  
Deb Germain (Chairperson, Finger Lakes Addictions Counseling and Referral  
Agency, Inc.)  
Gail L. Colaneri (Clifton Springs Outpatient Clinic Manager, Finger Lakes  
Addictions Counseling and Referral Agency, 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:	Finger Lakes Addictions Counseling and Referral Agency, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	3rd Floor
Street Address:	28 East Main Street
City and Zip Code:	Clifton Springs, 14432

Provider Number:	39040
Operating Certificate Number:	1505 10785
Recertification Review Number:	AL11057
Recertification Review Conducted:	3/6/2012 to: 3/9/2012

PRU Number(s)    50072    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	3.77	3.69		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>
2338	3rd Floor, 28 East Main Street, Clifton Springs 14432	ML	17959	3/27/2012	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

## Finger Lakes Addictions Counseling and Referral Agency, 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

3rd Floor  
28 East Main Street  
Clifton Springs, New York  
14432-1231

Program Name(s)

FLACRA Addictions Clinic

Service(s)

- Part 822-4 Outpatient Services



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

150510785

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: June 01, 2012

EXPIRATION DATE: May 31, 2015