



November 12, 2014

UPS GROUND

Mr. David S. Gandino  
Executive Director  
Forensic Consultants, Ltd.  
319 East Water Street  
Syracuse, New York 13202-1123

Re: Provider #16530  
Operating Certificate #161110789  
PRU #51472

Dear Mr. Gandino:

Operating Certificate #161110789 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 Forensic Consultants, Ltd. to operate a Part 822-4 chemical dependence outpatient service at 319 East Water Street, Syracuse, effective December 1, 2014.

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

Forensic Consultants, Ltd. 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

Mr. David S. Gandino  
Page 2 of 2  
November 12, 2014

cc w/encs.: Charles W. Monson  
Kathy Murphy  
Rochelle Cardillo  
Holly Livingston  
Janet Rucki  
Rate Based Provider Unit (DOH)  
Robert Long (Onondaga County)  
Cheryl Gandino (President, Forensic Consultants, Ltd.)

**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:	Forensic Consultants, Ltd.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	1st and 2nd Floors
Street Address:	319 East Water Street
City and Zip Code:	Syracuse, 13202

Provider Number:	16530
Operating Certificate Number:	1611 10789
Recertification Review Number:	AL14044
Recertification Review Conducted:	6/9/2014 to: 6/12/2014

PRU Number(s): 51472 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	3.32		2 years
▶ Service Management	4.00	3.82		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**

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
6687	1st and 2nd Floors, 319 East Water Street, Syracuse	ML	19067	5/7/2013	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 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

## Forensic Consultants, Ltd.

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

1st and 2nd Floors  
319 East Water Street  
Syracuse, New York 13202-1123

Program Name(s)

- Part 822-4 Outpatient Services

Service(s)



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

161110789

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: December 01, 2014

EXPIRATION DATE: November 30, 2016