



February 6, 2014

UPS GROUND

Ann Errichetti, M.D.
CEO & Vice President of Acute Care
St. Peter's Hospital of the City of Albany
315 South Manning Boulevard
Albany, New York 12208

Re: Provider #83060
Operating Certificate #170211018
PRU #50230

Dear Dr. Errichetti:

Operating Certificate #170211018 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. Peter's Hospital of the City of Albany to operate a Part 822-4 chemical dependence outpatient service at 55 Mohawk Street, Cohoes, effective March 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. Peter's Hospital of the City of Albany 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

Ann Errichetti, M.D.
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cc w/encs.: Charles W. Monson
Kathy Murphy
Tim Donovan
Holly Livingston
Gail Keeler
Rate Based Provider Unit (DOH)
Stephen J. Giordano, Ph.D. (Albany County)
Robert W. Johnson, III (Chairman of the Board, St. Peter's Hospital of the City of
Albany)
Jennifer Mansky (Program Manager, St. Peter's Hospital of the City of Albany)

**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. Peter's Hospital of the City of Albany
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	55 Mohawk Street
City and Zip Code:	Cohoes, 12047

Provider Number:	83060
Operating Certificate Number:	1702 11018
Recertification Review Number:	AL13090
Recertification Review Conducted:	10/8/2013 to: 10/11/2013

PRU Number(s) 50230 Capacity:

<u>RECERTIFICATION REVIEW COMPLIANCE RATING TABLE</u>		
<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	3.84		3 years
▶ Service Management	3.71	3.92		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
7161	55 Mohawk Street, Cohoes 12047	ML	19291	7/3/2013	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 type="checkbox"/> Current and overall financial positions viable. | 3 years |
| <input checked="" 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

St. Peter's Hospital of the City of Albany

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

55 Mohawk Street
Cohoes, New York 12047-2600

Program Name(s)

SPARC

Service(s)

● Part 822-4 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170211018

CERTIFICATE NUMBER

EFFECTIVE DATE: March 01, 2014

Renewed

EXPIRATION DATE: February 28, 2017