



April 29, 2013

UPS GROUND

Mr. Jeremy Klemanski
President and Chief Executive Officer
Syracuse Brick House, Inc.
770 James Street
Syracuse, New York 13203-2117

Re: Operating Certificate #160411038

Dear Mr. Klemanski:

Operating Certificate #160411038 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 Syracuse Brick House, Inc. to operate a Part 822-4 chemical dependence outpatient service at 329 North Salina Street, Syracuse, effective May 1, 2013.

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

Syracuse Brick House, 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. Jeremy Klemanski
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cc w/encs.: Charles W. Monson
Kathy Murphy
Rochelle Cardillo
Holly Livingston
Gail Keeler
Rate Based Provider Unit (DOH)
Sara Bollinger (Central New York HSA)
Robert Long (Onondaga County)
Jeffrey Crouse (Board Chair, Syracuse Brick House, Inc.)
Kathi Meadows (Outpatient Service Director, Syracuse Brick House, Inc.)

**NEW YORK STATE OFFICE OF ALCOHOL AND SUBSTANCE ABUSE SERVICES
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION**

OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

Provider Legal Name:	Syracuse Brick House, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	
Street Address:	329 North Salina Street
City and Zip Code:	Syracuse, 13203

Provider Number:	36090
Operating Certificate Number:	1604 11038
Recertification Review Number:	AL12095
Recertification Review Conducted:	3/4/2013 to: 3/7/2013

PRU Number(s) 50041 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

- ▶ Case Records
- ▶ Service Management
- ▶ 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

COMPLIANCE STATUS

<u>Quality Indicator</u>	<u>Overall</u>	<u>Yes/No</u>	<u>Renewal Term</u>
3.69	3.65		3 years
4.00	3.96		3 years
			n/a

FACILITY INSPECTION RESULTS

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
7487	329 North Salina Street, Syracuse 13203	ML	18547	8/16/2012	None	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

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

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

Syracuse Brick House, 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

329 North Salina Street
Syracuse, New York 13203-1703

Program Name(s)

Syracuse Brick House Chemical
Dependence Clinic

Service(s)

● Part 822-4 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

160411038

CERTIFICATE NUMBER

EFFECTIVE DATE: May 01, 2013

Renewed

EXPIRATION DATE: April 30, 2016