



January 6, 2014

UPS GROUND

Mr. David Freed
President and Chief Executive Officer
The Nyack Hospital
160 North Midland Avenue
Nyack, New York 10960-1912

Re: Provider #83100
Operating Certificate #161211065
PRU #51650

Dear Mr. Freed:

Operating Certificate #161211065 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 The Nyack Hospital to operate a Part 822-4 chemical dependence outpatient service at 160 North Midland Avenue, Nyack, and including the certified site listed on the Operating Certificate Addendum, effective January 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*.

The Nyack Hospital 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 Freed
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cc w/encs.: Charles W. Monson
Kathy Murphy
Deborah Czubak
Holly Livingston
Lynn DeFruscio
Janet Rucki
Rate Based Provider Unit (DOH)
Mary Ann Walsh-Tozer (Rockland County)
Richard Kohlhausen (Chairman, Board of Trustees, The Nyack Hospital)
Teri Aliotta (Director of Addiction Services, The Nyack Hospital)

**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:	The Nyack Hospital
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	Building C
Room/ Floor	3rd Floor
Street Address:	160 North Midland Avenue
City and Zip Code:	Nyack, 10960

Provider Number:	83100
Operating Certificate Number:	1612 11065
Recertification Review Number:	NY13107
Recertification Review Conducted:	10/1/2013 to: 10/3/2013

PRU Number(s) 51650 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	3.60		3 years
▶ Service Management	3.73	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
5766	Building C, 3rd Floor, 160 North Midland Avenue, Nyack 10960	ML	18424	9/27/2012	None	3 years
7391	7 North Main Street, Spring Valley 10977	AL	17813	1/26/2012	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

NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
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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
The Nyack Hospital

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

Building C
3rd Floor
160 North Midland Avenue
Nyack, New York 10960-1912

Program Name(s) Service(s)

- Part 822-4 Outpatient Services [with ancillary withdrawal services]

Additional Location(s) Addendum Attached



Charles W. Monson 161211065

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: January 01, 2014

EXPIRATION DATE: December 31, 2016

State of New York

Office of Alcoholism and Substance Abuse Services

CHEMICAL DEPENDENCE

ADDENDUM TO OPERATING CERTIFICATE NUMBER 161211065

The Nyack Hospital

CERTIFIED ADDITIONAL LOCATION(S)

As of January 01, 2014

Site

7 North Main Street
Spring Valley, New York 10977-4962

Service(s)

- Part 822-4 Outpatient Services

Site

Service(s)