



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,
L.M.S.W.**
Commissioner

UPS GROUND

April 24, 2015

Fr. Bill Drobach, SA
President & Chief Executive Officer
St. Christopher's Inn, Inc.
Box 150
21 Franciscan Way
Garrison, New York 10524-3432

Re: Provider #25360
Operating Certificate #180311243
PRU #8053

Dear Fr. Drobach:

Operating Certificate #180311243 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. Christopher's Inn, Inc. to operate a Section 816.8 medically supervised outpatient withdrawal & stabilization service, without the use of methadone, at 21 Franciscan Way, Garrison, effective April 1, 2015.

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

OASAS received St. Christopher's Inn, Inc.'s letter dated August 25, 2014, indicating that no changes have been made to the currently approved Medical Detoxification Protocols. Please refer to Local Services Bulletin No. 2010-01, OASAS Policy Regarding Medical Detoxification and the Use of Medications (2/11/10), prior to making modifications in these protocols.

St. Christopher's Inn, 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
Director
Bureau of Certification and Systems Management

Enclosures

Fr. Bill Drobach
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cc w/encs.: Charles W. Monson
Belinda Greenfield
Gregory James
Manuel Mosquera
Deborah Czubak
Sarita Wells
Janet Rucki
Rate Based Provider Unit (DOH)
Mike Ogborn (DOH)
Michael J. Piazza (Putnam County)
Mark Goldberg (Chairman, St. Christopher's Inn, Inc.)
Marianne Taylor-Rhoades (COO, St. Christopher's Inn, Inc.)
David Gerber (Administrative Clinical Director, St. Christopher's Inn, 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:	St. Christopher's Inn, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Medically Supervised Outpatient Withdrawal & Stabilization

Building:	
Room/ Floor	
Street Address:	21 Franciscan Way
City and Zip Code:	Garrison, 10524

Provider Number:	25360
Operating Certificate Number:	1803 11243
Recertification Review Number:	NY13297
Recertification Review Conducted:	1/13/2015 to: 1/14/2015

PRU Number(s): 8053 Capacity: 10

<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	3.89	3.88		3 years
▶ Service Management	3.80	3.95		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
7005	21 Franciscan Way, Garrison 10524	ML	18309	7/26/2012	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

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OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

FISCAL VIABILITY REVIEWS

Term

- Fiscal viability package not submitted.
- Data received insufficient to determine fiscal viability.
- Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28).

Fiscal Viability Levels

Current Ratio Current Assets to Current Liabilities	Total Ratio Total Assets to Total Liabilities
.90 to 1.0 = 3 year Certificate	1.0 to 1.0 = 3 year Certificate
.60 to .89 = 2 year Certificate	.60 to .99 = 2 year Certificate
.40 to .59 = 1 year Conditional Certificate	.40 to .59 = 1 year Conditional Certificate
< .40 = 6 month Conditional Certificate	< .40 = 6 month Conditional Certificate

Current Ratio 6.71 Overall Ratio 7.96 3 year

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. Christopher's Inn, 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

21 Franciscan Way
Garrison, New York 10524-3432

Program Name(s)

St. Christopher's Inn

Service(s)

- Part 816.8 Medically Supervised Outpatient
Withdrawal & Stabilization - 10 patients [without the
use of methadone]



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

180311243

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: April 01, 2015
EXPIRATION DATE: March 31, 2018