



May 1, 2014

UPS GROUND

Ms. Jacqueline L. Nicastro  
Chief Executive Officer  
Buffalo Beacon Corporation d/b/a Beacon Center  
3131 Sheridan Drive, Suite 106  
Amherst, New York 14226-1977

Re: Provider #32812  
Operating Certificate #170511256  
PRU #7330

Dear Ms. Nicastro:

Operating Certificate #170511256 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 Buffalo Beacon Corporation d/b/a Beacon Center to operate a Part 822-4 chemical dependence outpatient service at 473 Third Street, Niagara Falls, effective June 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*.

Buffalo Beacon Corporation d/b/a Beacon Center 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

Ms. Jacqueline L. Nicastro  
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cc w/encs.: Charles W. Monson  
Kathy Murphy  
Patrick Morrison  
Rochelle Cardillo  
Holly Livingston  
Lynn DeFruscio  
Rate Based Provider Unit (DOH)  
Antoinette Lech (Niagara County)  
Mary E. Lewis (Clinical Supervisor, Buffalo Beacon Corporation  
d/b/a Beacon Center)

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**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:                | Buffalo Beacon Corporation d/b/a Beacon Center |
| Active Parent Corporation:          |  |
| Certified Program/Service Reviewed: | Outpatient Services                            |

|                    |                      |
|--------------------|----------------------|
| Building:          |                      |
| Room/ Floor        | Suites 101 & 102     |
| Street Address:    | 473 Third Street     |
| City and Zip Code: | Niagara Falls, 14301 |

|                                   |                        |
|-----------------------------------|------------------------|
| Provider Number:                  | 32812                  |
| Operating Certificate Number:     | 1705 11256             |
| Recertification Review Number:    | AL13119                |
| Recertification Review Conducted: | 1/8/2014 to: 1/10/2014 |

PRU Number(s) 7330 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  | 4.00                     | 3.90           |               | 3 years             |
| ▶ Service Management  | 4.00                     | 4.00           |               | 3 years             |
| ▶ Red Flag Deficiency(ies)<br>(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 |
|-------|---|-----------|-------|------------|---------------|--------------|
| 6187  | Suites 101 & 102, 473 Third Street, Niagara Falls 14301 | ML        | 18543 | 11/16/2012 | 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   |

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**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

## Buffalo Beacon Corporation

### d/b/a Beacon Center

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

Suites 101 & 102  
473 Third Street  
Niagara Falls, New York 14301-  
1500

Program Name(s)

● Part 822-4 Outpatient Services

Service(s)



Charles W. Monson

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

170511256

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: June 01, 2014

EXPIRATION DATE: May 31, 2017