



October 4, 2013

UPS GROUND

Mr. Ronald J. Corti
President and CEO
St. John's Riverside Hospital, Inc.
Andrus Pavilion
967 North Broadway
Yonkers, New York 10701

Re: Provider #87150
Operating Certificate #161011284
PRU #50638 (Outpatient)
PRU #51947 (Outpatient Rehabilitation)

Dear Mr. Corti:

Operating Certificate #161011284 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. John's Riverside Hospital, Inc. to operate Part 822-4 chemical dependence outpatient and outpatient rehabilitation services at 20 East First Street, Mount Vernon, effective November 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*.

St. John's Riverside Hospital, 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. Ronald J. Corti
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October 4, 2013

cc w/encs.: Charles W. Monson
Kathy Murphy
Deb Czubak
Holly Livingston
Lynn DeFruscio
Rate Based Provider Unit (DOH)
Melissa Staats (Westchester County)
Joseph A. Di-Salvo (Chairman, St. John's Riverside Hospital, Inc.)
Raymond Zacchio (Program Director, St. John's Riverside Hospital, 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. John's Riverside Hospital, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Services

Building:	
Room/ Floor	1st Floor
Street Address:	20 East First Street
City and Zip Code:	Mount Vernon, 10550

Provider Number:	87150
Operating Certificate Number:	1610 11284
Recertification Review Number:	NY13055
Recertification Review Conducted:	6/25/2013 to: 7/1/2013

PRU Number(s) 50638 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	3.29	3.48		3 years
▶ Service Management	3.81	3.87		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

<u>Site#</u>	<u>Address</u>	<u>Site Type</u>	<u>Ins #</u>	<u>Date</u>	<u>Deficiency</u>	<u>Renewal Term</u>
640	1st Floor, 20 East First Street, Mount Vernon 10550	ML	19264	6/27/2013	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

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

**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. John's Riverside Hospital, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Outpatient Rehabilitation Services

Building:	
Room/ Floor	1st Floor
Street Address:	20 East First Street
City and Zip Code:	Mount Vernon, 10550

Provider Number:	87150
Operating Certificate Number:	1610 11284
Recertification Review Number:	NY13055
Recertification Review Conducted:	6/25/2013 to: 7/1/2013

PRU Number(s) 51947 Capacity:

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State of New York
Office of Alcoholism and Substance Abuse Services
Pursuant to the provisions of Article 32 of the Mental Hygiene Law
St. John's Riverside Hospital, 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

1st Floor
20 East First Street
Mount Vernon, New York
10550-3374

Program Name(s)

- Part 822-4 Outpatient Services
- Part 822-4 Outpatient Rehabilitation Services

Service(s)



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

161011284

CERTIFICATE NUMBER

EFFECTIVE DATE: November 01, 2013

Renewed

EXPIRATION DATE: October 31, 2016