



January 7, 2014

UPS GROUND

Donald C. Schultz, Ph.D.  
Executive Director  
Fellowship House, Inc.  
M.P.O. Box 606  
625 Buffalo Avenue  
Niagara Falls, New York 14302-1322

Re: Provider #38030  
Operating Certificate #151111302  
PRU #51206

Dear Dr. Schultz:

Operating Certificate #151111302 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 Fellowship House, Inc. to operate a Part 819 chemical dependence intensive residential rehabilitation service at 5586 Niagara Street Extension, Lockport, effective December 1, 2013.

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

Fellowship 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  
Director  
Bureau of Certification and Systems Management

Enclosures

Donald C. Schultz, Ph.D.

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cc w/encs.: Charles W. Monson

Kathy Murphy

Patrick Morrison

Gail Keeler

Antoinette Lech (Niagara County)

Linda A. D'Amore-O'Grady (Chairperson, Board of Directors, Fellowship House,  
Inc.)

Deborah Schultz (Program Director, Fellowship House, 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:	Fellowship House, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Intensive Residential Rehabilitation

Building:	
Room/ Floor	
Street Address:	5586 Niagara Street Extension
City and Zip Code:	Lockport, 14094

Provider Number:	38030
Operating Certificate Number:	1511 11302
Recertification Review Number:	AL13052
Recertification Review Conducted:	10/22/2013 to: 10/25/2013

PRU Number(s) 51206 Capacity: 16

**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	3.60	3.78		3 years
▶ Service Management	4.00	3.62		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
2276	5586 Niagara Street Extension, Lockport 14094	ML	18830	3/15/2013	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

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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 checked="" 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 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 two years

State of New York  
Office of Alcoholism and Substance Abuse Services

Pursuant to the provisions of Article 32 of the Mental Hygiene Law

Fellowship 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

5586 Niagara Street Extension  
Lockport, New York 14094-1804

Program Name(s)

Madonna House

Service(s)

- Part 819 Intensive Residential Rehabilitation - 16  
Adult beds and up to 12 beds for their children



*Charles W. Monson*

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

151111302

CERTIFICATE NUMBER

EFFECTIVE DATE: December 01, 2013

Renewed

EXPIRATION DATE: November 30, 2015