



March 10, 2015

UPS GROUND

Ms. Rachel Handler
Executive Director of Behavioral Health Services
Seton Health System, Inc.
2215 Burdett Avenue
Troy, New York 12180-2466

Re: Provider #83320
Operating Certificate #170311396
PRU #50831

Dear Ms. Handler:

Operating Certificate #170311396 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 Seton Health System, Inc. to operate a Part 818 chemical dependence inpatient rehabilitation service at 1300 Massachusetts Avenue, Troy, effective April 1, 2015.

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

Seton Health System, 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
cc w/encs.:

Charles W. Monson
Kathy Murphy
Tim Donovan
Sarita Wells
Lynn DeFruscio
Rate Based Provider Unit (DOH)
Katherine Alonge-Coons (Rensselaer County)
Robert W. Johnson, III (Chairman of the Board, Seton Health System, Inc.)
Kristin Hensen (Director of Addiction Services, Seton Health System, 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:	Seton Health System, Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Inpatient Rehabilitation Services

Building:	
Room/ Floor	4th Floor
Street Address:	1300 Massachusetts Avenue
City and Zip Code:	Troy, 12180

Provider Number:	83320
Operating Certificate Number:	1703 11396
Recertification Review Number:	AL14107
Recertification Review Conducted:	9/29/2014 to: 10/2/2014

PRU Number(s): 50831 Capacity: 20

<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	3.73	3.21		2 years
▶ Service Management	3.20	3.84		2 years
▶ Red Flag Deficiency(ies) (For specific Red Flag Deficiency(ies), please refer to Program Review Report issued at conclusion of Recertification Review)				n/a
▶ Quality Services Review				n/a

FACILITY INSPECTION RESULTS

Site#	Address	Site Type	Ins #	Date	Deficiency	Renewal Term
119	4th Floor, 1300 Massachusetts Avenue, Troy 12180	ML	19684	11/20/2013	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

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

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

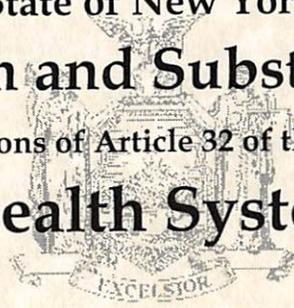
The term for the enclosed Operating Certificate is two years

State of New York

Office of Alcoholism and Substance Abuse Services

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

Seton Health System, 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

4th Floor
1300 Massachusetts Avenue
Troy, New York 12180-1628

Program Name(s)

St. Mary's Hospital Campus

Service(s)

● Part 818 Inpatient Rehabilitation Services - 20 beds



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170311396

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: April 01, 2015

EXPIRATION DATE: March 31, 2017