



September 10, 2014

UPS GROUND

Adrienne Marcus, Ph.D.
Executive Director
Lexington Center for Recovery, Inc.
Suite 307-309
116 Radio Circle
Mount Kisco, New York 10549-2814

Re: Provider #34200
Operating Certificate #170911461
PRU #s 51940, 50386

Dear Dr. Marcus:

Operating Certificate #170911461 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 Lexington Center for Recovery, Inc. to operate Part 822-4 chemical dependence outpatient and outpatient rehabilitation services at 3 Cottage Place, New Rochelle, and including the certified site listed on the Operating Certificate Addendum, effective October 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*.

Lexington Center for Recovery, 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,

Charles W. Monson
Associate Commissioner
Quality Assurance and Performance Improvement

Enclosures

Adrienne Marcus, Ph.D.
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September 10, 2014

cc w/encs.: Janet L. Paloski
Kathy Murphy
Deb Czubak
Holly Livingston
Gail Keeler
Rate Based Provider Unit (DOH)
Sherlita Amler, M.D. (Westchester County)
Timothy Sanker (Board President, Lexington Center for Recovery, Inc.)
Judy Curcio (Program Director, Lexington Center for Recovery, 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: Lexington Center for Recovery, Inc.
 Active Parent Corporation: _____
 Certified Program/Service Reviewed: Outpatient Rehabilitation Services

Building: _____
 Room/ Floor: 2nd Floor
 Street Address: 3 Cottage Place
 City and Zip Code: New Rochelle, 10801

Provider Number: 34200
 Operating Certificate Number: 1709 11461
 Recertification Review Number: NY13300
 Recertification Review Conducted: 6/13/2014 to: 6/20/2014

PRU Number(s) 51940 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	3.42	3.62		3 years
▶ Service Management	4.00	3.94		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>
6939	2nd Floor, 3 Cottage Place, New Rochelle 10801	ML	19297	7/9/2013	CAP Completed	3 years
7403	Fanshaw Cottage (1st & 2nd Floor),, Bradish Cottage (1st Floor),, Lanza Activities Center (Upper Level),, Johnson Cottage (1st Floor),, Dobbs Ferry 10522	AL	19449	9/3/2013	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
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 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

**NEW YORK STATE OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES
DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION**

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Certified Program/Service Reviewed:	<u>Outpatient Services</u>

Building:	_____
Room/ Floor	<u>2nd Floor</u>
Street Address:	<u>3 Cottage Place</u>
City and Zip Code:	<u>New Rochelle, 10801</u>

Provider Number:	<u>34200</u>
Operating Certificate Number:	<u>1709 11461</u>
Recertification Review Number:	<u>NY13300</u>
Recertification Review Conducted:	<u>6/13/2014 to: 6/20/2014</u>

PRU Number(s) 50386 Capacity:

RECERTIFICATION REVIEW COMPLIANCE RATING TABLE

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DIVISION OF QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT -- BUREAU OF CERTIFICATION

OPERATING CERTIFICATE RENEWAL - COMPLIANCE SUMMARY SHEET

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CERTIFICATE TERM

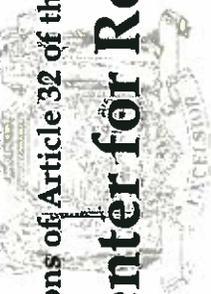
The term for the enclosed Operating Certificate is three years

State of New York

Office of Alcoholism and Substance Abuse Services

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

Lexington Center for Recovery, 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

2nd Floor
3 Cottage Place
New Rochelle, New York 10801-
4201

Program Name(s)

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

Service(s)

Additional Location(s) Addendum Attached



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170911461

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: October 01, 2014

EXPIRATION DATE: September 30, 2017

State of New York
Office of Alcoholism and Substance Abuse Services
CHEMICAL DEPENDENCE
ADDENDUM TO OPERATING CERTIFICATE NUMBER 170911461
Lexington Center for Recovery, Inc.

CERTIFIED ADDITIONAL LOCATION(S)

As of October 01, 2014

Site

Children's Village - 1 Echo Hills
Fanshaw Cottage (1st & 2nd Floor),
Bradish Cottage (1st Floor),
Lanza Activities Center (Upper Level),
Jotnson Cottage (1st Floor),
Dobbs Ferry, New York 10522-3600

Service(s)

- Part 822-4 Outpatient Services

Site

Service(s)