



**Office of Alcoholism and  
Substance Abuse Services**

**ANDREW M. CUOMO**  
Governor

**ARLENE GONZÁLEZ-SÁNCHEZ, M.S.,  
L.M.S.W.**  
Commissioner

August 18, 2015

UPS GROUND

Mr. Bob McMahon  
Chief Executive Officer  
820 River St., Inc.  
428 Duane Avenue  
Schenectady, New York 12304

Re: Provider #35210  
Operating Certificate #170811470  
PRU #51903

Dear Mr. McMahon:

Operating Certificate #170811470 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 820 River St., Inc. to operate a Part 819 chemical dependence supportive living service at 9-10 Saint Joseph's Terrace, Albany, effective September 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*.

820 River St., Inc. has 15 beds authorized under Operating Certificate #170811470.

820 River St., 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

Mr. Bob McMahon  
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cc w/encs.: Charles W. Monson  
Manuel Mosquera  
Tim Donovan  
Lynn DeFrusco  
Stephen Giordano, Ph.D. (Albany County)  
Darin Samaha (Schenectady County)  
Kevin Luibrand, Esq. (President, 820 River St., Inc.)  
Erika McDonald (Program Manager, 820 River St., 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:	820 River St., Inc.
Active Parent Corporation:	
Certified Program/Service Reviewed:	Supportive Living

Building:	
Room/ Floor	
Street Address:	9-10 Saint Joseph's Terrace
City and Zip Code:	Albany, 12210

Provider Number:	35210
Operating Certificate Number:	1708 11470
Recertification Review Number:	AL15006
Recertification Review Conducted:	3/3/2015 to: 3/5/2015

PRU Number(s): 51903 Capacity: 15

**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	3.82	3.91		3 years
▶ Service Management	3.60	3.90		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
5975	9-10 Saint Joseph's Terrace, Albany 12210	ML	21050	3/3/2015	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**

**Term**

- Fiscal viability package not submitted.
- Data received insufficient to determine fiscal viability.
- Fiscal viability determination not applicable, given the service provider is a governmental entity or New York State Department of Health certified hospital (Article 28).

Fiscal Viability Levels

Current Ratio Current Assets to Current Liabilities	Total Ratio Total Assets to Total Liabilities
.90 to 1.0 = 3 year Certificate	1.0 to 1.0 = 3 year Certificate
.60 to .89 = 2 year Certificate	.60 to .99 = 2 year Certificate
.40 to .59 = 1 year Conditional Certificate	.40 to .59 = 1 year Conditional Certificate
< .40 = 6 month Conditional Certificate	< .40 = 6 month Conditional Certificate

Current Ratio 0.72 Overall Ratio 0.81 2 year

**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

**820 River St., 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

Program Name(s)

Service(s)

9-10 Saint Joseph's Terrace  
Albany, New York 12210-2513

Eleanor Young Residence

- Part 819 Supportive Living - 15 beds for women.



*Charles W. Monson*

170811470

CHARLES W. MONSON  
ASSOCIATE COMMISSIONER

CERTIFICATE NUMBER  
Renewed

EFFECTIVE DATE: September 01, 2015  
EXPIRATION DATE: August 31, 2017