



**Office of Alcoholism and
Substance Abuse Services**

ANDREW M. CUOMO
Governor

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

December 16, 2015

UPS GROUND

Ms. Letia Barnes
Executive Director
Taylormayd, Inc.
1st Floor
51 Westchester Square
Bronx, New York 10461-3526

Re: Provider #44980
Operating Certificate #181011553
PRU #52046

Dear Ms. Barnes:

Operating Certificate #181011553 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 Taylormayd, Inc. to operate a Part 822 chemical dependence outpatient service at 51 Westchester Square, Bronx, effective November 1, 2015.

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

Taylormayd, 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	Gail Goldstein (NYC Dept. of Health and Mental Hygiene)
	Steven Rabinowitz	Norma Carmona-Rodriguez (NYC Dept. of Health and Mental Hygiene)
	Gideon Rabino	Andress Williams (Board President, Taylormayd, Inc.)
	Cathy Shippey	Rosemarie Rosa (Clinical Director, Taylormayd, Inc.)
	Gail Keeler	
	Rate Based Provider Unit (DOH)	
	Hillary Kunins, MD, MPH, MS (NYC Dept. of Health and Mental Hygiene)	

**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:	<u>TaylorMayd, Inc.</u>
Active Parent Corporation:	_____
Certified Program/Service Reviewed:	<u>Outpatient Services</u>

Building:	_____
Room/ Floor	<u>1st Floor</u>
Street Address:	<u>51 Westchester Square</u>
City and Zip Code:	<u>Bronx, 10461</u>

Provider Number:	<u>44980</u>
Operating Certificate Number:	<u>1810 11553</u>
Recertification Review Number:	<u>NY15055</u>
Recertification Review Conducted:	<u>8/13/2015 to: 8/20/2015</u>

PRU Number(s): 52046 Capacity: _____

<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	<u>3.31</u>	<u>3.60</u>		<u>3 years</u>
▶ Service Management	<u>3.73</u>	<u>3.92</u>		<u>3 years</u>
▶ Facility	<u>4.00</u>	<u>3.76</u>		<u>3 years</u>
▶ 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

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	
<u>Current Ratio</u>	<u>Total Ratio</u>
<u>Current Assets to Current Liabilities</u>	<u>Total Assets to Total Liabilities</u>
.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 3.38 Overall Ratio 3.38 3 year

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

TaylorMayd, 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)

1st Floor
51 Westchester Square
Bronx, New York 10461-3526

- Part 822 Outpatient Services



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

181011553

CERTIFICATE NUMBER
Renewed

EFFECTIVE DATE: November 01, 2015
EXPIRATION DATE: October 31, 2018