



UPS GROUND

September 17, 2014

Ms. Jennifer Barnett
Executive Director
Belvedere Health Services, LLC
1 Van Tromp Street
Albany, New York 12207-2213

Re: Provider #45570
Operating Certificate #170911607
PRU #52087

Dear Ms. Barnett:

Operating Certificate #170911607 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 Belvedere Health Services, LLC to operate a Part 824 Specialized Services at 39 Columbia Street, Albany, 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*.

Belvedere Health Services, LLC 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

Enclosure

cc w/encs.: Janet Paloski
Kathy Murphy
Tim Donovan
Holly Livingston
Janet Rucki
Rate Based Provider Unit (DOH)

Stephen J. Giordano, Ph.D. (Albany County)
John McCooey (Board President, Belvedere Health Services, LLC)
Michael Loiselle (Program Director, Belvedere Health Services, LLC)

**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:	Belvedere Health Services, LLC
Active Parent Corporation:	
Certified Program/Service Reviewed:	Specialized Services

Building:	
Room/ Floor	3rd Floor
Street Address:	39 Columbia Street
City and Zip Code:	Albany, 12207

Provider Number:	45570
Operating Certificate Number:	1709 11607
Recertification Review Number:	AL14026
Recertification Review Conducted:	4/15/2014 to: 4/17/2014

PRU Number(s) 52087 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		3.57		3 years
▶ Service Management		3.81		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
7395	3rd Floor, 39 Columbia Street, Albany 12207	ML	18366	8/30/2012	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 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

State of New York

Office of Alcoholism and Substance Abuse Services

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

Belvedere Health Services, LLC

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

3rd Floor
39 Columbia Street
Albany, New York 12207-2707

Program Name(s)

● Part 824 Specialized Services -

Service(s)



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

170911607

CERTIFICATE NUMBER

Renewed

EFFECTIVE DATE: October 01, 2014

EXPIRATION DATE: September 30, 2017