



November 18, 2014

UPS GROUND

Mr. Michael J. Spicer
President and Chief Executive Officer
St. Josephs Hospital, Yonkers
127 South Broadway
Yonkers, New York 10701-4006

Re: Provider #81050
Operating Certificate #171111741
PRU #s 52564 and 52565

Dear Mr. Spicer:

Operating Certificate #171111741 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 St. Josephs Hospital, Yonkers to operate Part 822-4 chemical dependence outpatient and outpatient rehabilitation services at 275 North Street, Harrison, effective December 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*.

St. Josephs Hospital, Yonkers 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. Michael J. Spicer
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November 18, 2014

cc w/encs.: Charles W. Monson
Kathy Murphy
Deb Czubak
Holly Livingston
Lynn DeFruscio
Rate Based Provider Unit (DOH)
Sherlita Amler, M.D. (Westchester County)
James Landy (President Board of Directors, St. Josephs Hospital, Yonkers)
John Rubin (Program Director, St. Josephs Hospital, Yonkers)

**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: | St. Josephs Hospital, Yonkers |
| Active Parent Corporation: | |
| Certified Program/Service Reviewed: | Outpatient Services |

| | |
|--------------------|-------------------|
| Building: | Spellman Building |
| Room/ Floor | 1st Floor |
| Street Address: | 275 North Street |
| City and Zip Code: | Harrison, 10528 |

| | |
|-----------------------------------|------------------------|
| Provider Number: | 81050 |
| Operating Certificate Number: | 1711 11741 |
| Recertification Review Number: | NY14042 |
| Recertification Review Conducted: | 7/24/2014 to: 8/4/2014 |

PRU Number(s): 52564 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 | 3.29 | 3.67 | | 3 years |
| ▶ Service Management | 4.00 | 4.00 | | 3 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 |
|-------|--|-----------|-------|-----------|---------------|--------------|
| 7224 | Spellman Building, 1st Floor, 275 North Street, Harrison 10528 | ML | 20120 | 4/30/2014 | 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

- | | | |
|-------------------------------------|--|----------|
| <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 three years

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|-------------------------------------|------------------------------------|
| Provider Legal Name: | St. Josephs Hospital, Yonkers |
| Active Parent Corporation: | |
| Certified Program/Service Reviewed: | Outpatient Rehabilitation Services |

| | |
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| Building: | Spellman Building |
| Room/ Floor | 1st Floor |
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| City and Zip Code: | Harrison, 10528 |

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| Provider Number: | 81050 |
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| ▶ Quality Services Review | | | | n/a |

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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

St. Josephs Hospital, Yonkers

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

Spellman Building
1st Floor
275 North Street
Harrison, New York 10528-1140

Program Name(s)

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

Service(s)



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

171111741

CERTIFICATE NUMBER

EFFECTIVE DATE: December 01, 2014
EXPIRATION DATE: November 30, 2017

Renewed