



Office of Alcoholism and
Substance Abuse Services

ANDREW M. CUOMO
Governor

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

October 28, 2016

UPS GROUND

Mr. George Basher
President/CEO
Loyola Recovery Foundation, Inc.
Suite 240
1159 Pittsford Victor Road
Pittsford, New York 14534

Re: Provider #70570
Conditional Operating Certificate #C170211909
PRU #52890

Dear Mr. Basher:

Conditional Operating Certificate #C170211909 is issued by the Office of Alcoholism and Substance Abuse Services (OASAS) pursuant to the New York State Mental Hygiene Law. This *Conditional* Operating Certificate provides authorization for Loyola Recovery Foundation, Inc. to operate a Part 818 chemical dependence inpatient rehabilitation service at 411 Canisteo Street, Hornell, effective September 1, 2016.

The six month term of this *Conditional* Operating Certificate is based on the scores identified on the attached *Operating Certificate Renewal Compliance Summary Sheet*.

A standard Operating Certificate may be issued upon determination by OASAS that Loyola Recovery Foundation, Inc.'s deficiencies noted on the attached compliance summary sheet have been resolved. Such determination will be based on the next scheduled review.

Loyola Recovery Foundation, 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. George Basher
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October 28, 2016

cc w/encs.: Charles W. Monson
Tim Donovan
Donna Stott
Marjorie Catalano
Jane Gifford
Cathy Shippey
Gail Keeler
Rate Based Provider Unit (DOH)
David L. Putney (Monroe County)
Rodney Corry (Monroe County)
Henry Chapman (Steuben County)
Chris Labatt-Simon (Chair, Loyola Recovery Foundation, Inc.)
Joel Yager (Director, Loyola Recovery Foundation, 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: Loyola Recovery Foundation, Inc.
 Active Parent Corporation: _____
 Certified Program/Service Reviewed: Inpatient Rehabilitation Services

Building: _____
 Room/ Floor: Floor 3W
 Street Address: 411 Canisteo Street
 City and Zip Code: Hornell, 14843

Provider Number: 70570
 Operating Certificate Number: 1702 11909
 Recertification Review Number: AL16009
 Recertification Review Conducted: 7/5/2016 to: 7/8/2016

PRU Number(s): 52890 Capacity: 20

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 | 2.60 | 2.05 | | 1 year |
| ▶ Service Management | 4.00 | 3.70 | | 3 years |
| ▶ Facility | n/a | 3.56 | | 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 |

FISCAL VIABILITY REVIEWS

Term

- Fiscal viability package not submitted.
- 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

.90 to 1.0 = 3 year Certificate
 .60 to .89 = 2 year Certificate
 .40 to .59 = 1 year Conditional Certificate
 < .40 = 6 month Conditional Certificate

Total Ratio
 Total Assets to Total Liabilities

1.0 to 1.0 = 3 year Certificate
 .60 to .99 = 2 year Certificate
 .40 to .59 = 1 year Conditional Certificate
 < .40 = 6 month Conditional Certificate

Current Ratio 0.49 Overall Ratio 0.26 6 months

CERTIFICATE TERM

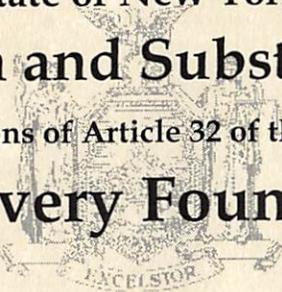
The term for the enclosed Operating Certificate is 6 months

State of New York

Office of Alcoholism and Substance Abuse Services

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

Loyola Recovery Foundation, 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

Floor 3W
411 Canisteo Street
Hornell, New York 14843-2104

Program Name(s)

Service(s)

- Part 818 Inpatient Rehabilitation Services - 20 beds



Charles W. Monson

CHARLES W. MONSON
ASSOCIATE COMMISSIONER

C170211909

CERTIFICATE NUMBER
CONDITIONAL

EFFECTIVE DATE: September 01, 2016
EXPIRATION DATE: February 28, 2017