



Department of Health

ANDREW M. CUOMO
Governor

HOWARD A. ZUCKER, M.D., J.D.
Commissioner

SALLY DRESLIN, M.S., R.N.
Executive Deputy Commissioner

February 23, 2018

DAL: DAL 18-03
SUBJECT: Statement of Administrator
Qualifications for Adult Care
Facilities

Dear Administrator:

The purpose of this letter is to inform Adult Care Facility Operators that the Department of Health Statement of Administrator Qualifications – for Adult Residential Care Facilities (DSS-3233) has been revised. Modifications include the removal of outdated information to improve the sequencing of information and official form designation (DOH-5259) now referred to as the Statement of Administrator Qualifications for Adult Care Facilities.

The DOH-5259 form is available as an attachment to this letter and is posted on the Department of Health's website under ACF forms at the following link:
https://www.health.ny.gov/facilities/adult_care/forms.htm

Please be reminded that the Statement of Administrator Qualifications for Adult Care Facilities (DOH-5259) must be completed in its entirety, and submitted to your Regional Office for approval **prior to appointing** an Adult Home Administrator.

Patricia Hasan
Capital District Regional Office
875 Central Avenue
Albany, NY 12206
(518) 408-5287

John VanDyke
Central New York Regional Office
217 South Salina Street, 4th floor
Syracuse, NY 13202
(315) 477-8472

Bobbie Barrington
Metropolitan Area Regional Office
90 Church Street, 15th floor
New York, NY 10007
(212) 417-4440

Norine Nickason
Western Regional Office
335 East Main Street, 1st floor
Rochester, NY 14604
(585) 423-8185

If you have any questions regarding the DOH-5259 form, please contact my office at (518) 408-1133 for further clarification.

Sincerely,

Valerie A. Deetz, Director
Division of ACF/Assisted Living Surveillance

cc: B. Barrington
P. Hasan
N. Nickason
J. Pinto
J. VanDyke

Attachment: Statement of Administrator Qualifications for Adult Care Facilities (DOH-5259)