



**Office of Alcoholism and
Substance Abuse Services**

**JUSTICE CENTER
DETERMINATION
CORRECTIVE ACTION PLAN**

Once complete, please submit this document and any additional materials to:

oversightandmonitoring@oasas.ny.gov

PROVIDER INFORMATION			
Provider Name	Provider Executive Director	Operating Certificate Number	
INCIDENT INFORMATION			
VPCR Case Serial Number	VPCR Incident Serial Number	Incident Location	
VPCR CORRECTIVE ACTION PLAN			
Areas of Systemic Concern Identified by Justice Center	Actions Taken to Address Areas of Systemic Concern	Name & Title of Person Responsible for Implementation of Actions	Dates Action Completed
1.			
2.			
3.			

Areas of Systemic Concern Identified by Justice Center	Actions Taken to Address Areas of Systemic Concern	Name/Title of Person Responsible for Implementation of Actions	Dates Action Completed
4.			
5.			
<p>My signature represents an assurance that I have reviewed this Corrective Action Plan, and I attest that our organization has taken or will complete the required actions identified in this report in order to ensure the health and safety of the patients/residents at our facility and to follow through on all corrective actions as outlined above. Please be advised that as the Executive Director of this OASAS-certified program, I understand I am responsible to ensure that the plan is appropriately implemented and will submit documentation demonstrating completion of the Plan by the date(s) indicated.</p>			
Executive Director Signature			Date

Area of Systemic Concern	Definition/Guidance
Program/Services/Treatment	Actions recommended to establish additional services or treatment and/or to improve services to meet an individual receiving services needs/wishes. Actions recommended to meet standards set by treatment/service plan, regulations and/or facility policies.
Personnel/Training	Actions recommended to implement or improve administrative oversight of staff supervision, staffing patterns, and/or staff training to meet regulatory requirements and facility policies.
Policies/Procedures	Actions recommended to implement or improve policy/procedure in order to meet regulatory requirements.
Incident Management	Actions recommended to improve the incident management practices of the provider. This may include internal and/or external reporting, investigation procedures or reports and/or incident review activities.
Physical Plant/Environmental	Actions recommended for correction of identified physical plant/environmental issues (e.g., fire safety; improvement of sanitation; environmental controls; heating & cooling).
Documentation	Actions recommended to address missing or incomplete documentation.
Safety/Basic Needs/Patient Rights	Actions recommended to make corrections to meet basic needs such as clothing, food, shelter, protection of individual's rights guaranteed by law/regulation.