Office of Addiction Services and Supports

OVERSIGHT AND MONITORING CORRECTIVE ACTION PLAN

INSTRUCTIONS --- This form is to document any action taken immediately following a reportable incident of alleged abuse and/or neglect, or in response to a Justice Center determination of an allegation of abuse and/or neglect. A Corrective Action Plan (CAP) evaluation must be conducted by the provider for all reportable incidents, even where the incident is unsubstantiated. All CAP activities must be supported with appropriate documentation to demonstrate implementation.

Once complete, please submit this document and any additional materials to: oversightandmonitoring@oasas.ny.gov

PROVIDER INFORMATION

Provider Name	Provider Executive Director/CEO	Email Address	Operating Certificate Number

INCIDENT INFORMATION

VPCR Case Serial Number	VPCR Incident Serial Number	Incident Location

Actions Taken to Address Areas of Concern Immediately following the Incident or Determination	Name & Title of Person Responsible for Implementation	Dates Action Completed
EMPLOYMENT ACTION: Actions taken to terminate, suspend or correct staff behavior, including a report to a licensing or certifying entity. Please note that a Provider must submit information through the Administrative Action Reporting Mechanism (AARM) for all substantiated allegations of abuse or neglect. The provider must document on this form that the AARM has been completed. To complete the AARM, visit the Justice Center page: https://vpcr.justicecenter.ny.gov/SEL/		

Actions Taken to Address Areas of Concern Immediately following the Incident or Determination	Name & Title of Person Responsible for Implementation	Dates Action Completed
TRAINING: Actions taken to educate appropriate staff on new or existing policies, best practices, ethical requirements, codes of conduct, regulatory requirements or provider expectations.		
PROGRAM/SERVICES/TREATMENT: Established additional services or treatment to improve services to meet an individual receiving services needs/wishes; or to meet standards set by treatment/service plan, regulations and/or facility policies.		
POLICIES/PROCEDURES: Actions taken to implement or improve policy/procedure or in order to meet regulatory requirements.		

Actions Taken to Address Areas of Concern Immediately following the Incident or Determination	Name & Title of Person Responsible for Implementation	Dates Action Completed
INCIDENT MANAGEMENT: Actions taken 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 taken for correction of identified physical plant/environmental issues (e.g., fire safety; improvement of sanitation; environmental controls; heating & cooling).		
DOCUMENTATION: Actions taken to address missing or incomplete documentation.		

Actions Taken to Address Areas of Concern Immediately following the Incident or Determination	Name & Title of Person Responsible for Implementation	Dates Action Completed
SAFETY/BASIC NEEDS/PATIENT RIGHTS: Actions taken to make corrections to meet basic needs such as clothing, food, shelter, protection of individual's rights guaranteed by law/regulation.		

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 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.

Executive Director Signature	**Date**