DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **33**
License #: **9448-14-009**
Organization Name: **Pure Faith House Inc.**

Date of Inspection: **08-11-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-800. A. (1) - There shall be evidence of a structured program of care designed to: 1. Meet each resident's physical and emotional needs;	N	Pure Faith House Inc This regulation was NOT MET as evidenced by: The provider failed to ensure that Individual #1's physical and emotional needs were adequately addressed, contributing to Individual #1 leaving the designated area without authorization.	PR) 09/13/2026 Pure Faith House Inc. was found noncompliant with 12VAC35-46-800(A)(1) due to Individual #1's identified physical and emotional needs not being adequately addressed, which contributed to the individual leaving the designated area without authorization. Upon identification of the deficiency, the Program Director and Treatment Team reviewed the individual's needs, behaviors, safety concerns, supervision needs, and individualized interventions to ensure appropriate supports were identified and communicated to applicable staff. To address the deficient practice and reduce the likelihood of recurrence, Pure Faith House Inc. conducts weekly Treatment Team Meetings to review each youth's current physical and emotional needs, behaviors, safety concerns, supervision needs, recent incidents, and the effectiveness of current interventions. Resident-specific interventions will be reviewed and adjusted as needed based on identified needs. The Program Director will monitor through weekly Treatment Team Meetings and follow up on identified concerns. The Risk Manager will monitor CAP compliance and follow up on identified deficiencies. The Chief Executive Officer will provide administrative oversight and address compliance concerns requiring leadership intervention. OLR) Accepted 09/14/2026	8/31/2026
12VAC35-46-800. A. (2) - There shall be	N	Pure Faith House Inc	PR) 09/13/2026	8/31/2026

Investigation ID: **33**
License #: **9448-14-009**
Organization Name: **Pure Faith House Inc.**

Date of Inspection: **08-11-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;		This regulation was NOT MET as evidenced by: The provider failed to provide adequate protection, guidance, and supervision to Individual #1, resulting in Individual #1 leaving the designated area without authorization and leaving while under the care of the provider.	Pure Faith House Inc. was found noncompliant with 12VAC35-46-800(A)(2) due to inadequate implementation of supervision and resident-specific safety interventions, which resulted in Individual #1 leaving the designated area without authorization while under the care of the provider. Upon identification of the deficiency, the Program Director and Treatment Team reviewed the individual's supervision needs, behaviors, safety concerns, and individualized interventions. Applicable staff were reminded of the importance of maintaining required supervision, knowing residents' whereabouts, and following established Safety and Elopement Plans and resident-specific interventions. To address the deficient practice and reduce the likelihood of recurrence, Pure Faith House Inc. conducts weekly Treatment Team Meetings to review each youth's current needs, behaviors, safety concerns, supervision needs, recent incidents, and effectiveness of current interventions. Resident-specific interventions are reviewed and adjusted as needed based on identified needs and concerns. The Program Director will monitor through weekly Treatment Team Meetings and follow up on identified supervision and safety concerns. The Risk Manager will monitor CAP compliance and follow up on identified deficiencies. The Chief Executive Officer will provide administrative oversight and address compliance concerns requiring leadership intervention. OLR) Accepted 09/14/2026	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **33**
License #: **9448-14-009**
Organization Name: **Pure Faith House Inc.**

Date of Inspection: **08-11-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

General Comments / Recommendations:
Please respond to the CAP on or before the due date. If you should have any questions or require further assistant, please contact me via CONNECT or at 804-393-0663.

I understand it is my right to request a conference with the reviewer and the reviewer's supervisor should I desire further discussion of these findings. By my signature on the Corrective Action Plan, I pledge that the actions to be taken will be completed as identified by the date indicated.

Donna Ross, Licensing Specialist	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined