DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **12-09-2025**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-105-150. (4) - The provider including its employees, contractors, students, and volunteers shall comply with: 4. Section 37.2-400 of the Code of Virginia and related human rights regulations adopted by the state board;	N	Pure Faith House Inc This regulation was NOT MET as evidenced by: See OHR citations below.		1/31/2026
12VAC35-115-230. A. (3a) - Providers shall collect, maintain, and report the following information concerning abuse, neglect, and exploitation: 3. The investigating authority shall provide a written report of the results of the investigation of abuse or neglect to the director and human rights advocate via the department's web-based reporting application within 10 working days from the date the investigation began unless an extension has been granted	N	Pure Faith House Inc This regulation was NOT MET as evidenced by: Employee #1 failed to provide results of investigation of abuse or neglect to human rights advocate via CHRIS within 10 working days from the date of the investigation.	PR) 01/20/2026 1. Statement of the Issue and Correction of the Deficient Practice Pure Faith House Inc. did not meet the requirements of 12VAC35-115-230 A.3.a as the results of an abuse or neglect investigation were not submitted to the Human Rights Advocate through the CHRIS web-based reporting system within ten working days from the date the investigation began. The noncompliance occurred because Employee #1 failed to ensure timely submission of the investigation results following completion of the investigation. Upon identification of the deficiency, agency leadership immediately reviewed the cited investigation, confirmed the missed CHRIS reporting deadline, and addressed the failure through corrective action. Employee #1 received formal counseling for noncompliance with required CHRIS reporting timelines, declined to acknowledge the corrective counseling, and subsequently voluntarily resigned from employment. Leadership reviewed the investigation results to ensure completeness and	1/31/2026

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(see 12VAC35-115-175). This report shall include: 3a. Whether abuse, neglect, or exploitation occurred;			accuracy, and corrective measures were implemented to ensure timely reporting moving forward. 2. Plan of Action to Address Systemic Change and Prevent Recurrence To prevent recurrence and ensure ongoing compliance with 12VAC35-115-230 A.3.a, Pure Faith House Inc. implemented systemic process changes to strengthen accountability and oversight of abuse, neglect, and exploitation investigations. Oversight responsibility for investigation reporting has been reassigned and clearly defined to ensure regulatory timelines are met. The Program Director has been formally designated as the responsible authority for oversight of abuse, neglect, and exploitation investigations and for ensuring that investigation results are submitted to the Human Rights Advocate through CHRIS within required timeframes. Additionally, Pure Faith House Inc. implemented a standardized Investigation Tracking Log to document: The date each investigation is initiated The required ten working-day CHRIS submission deadline The actual date of CHRIS submission Verification of submission confirmation This tracking log serves as an internal control mechanism and secondary safeguard to ensure	

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			reporting deadlines are monitored and met consistently. 3. Staff Responsible for Monitoring and Method of Oversight The Program Director is responsible for monitoring compliance with the procedures implemented to ensure adherence to 12VAC35-115-230 A.3.a. Monitoring will occur through: Monthly review of the Investigation Tracking Log Verification of CHRIS submission dates against investigation start dates If any deficiencies or delays are identified, the Program Director will take immediate corrective action, including escalation to executive leadership, to ensure continued compliance with regulatory requirements. 4. Final Planned Completion Date and Action Timeline Final Planned Completion Date: January 31, 2026 Action Steps and Planned Dates: Review of the cited investigation and identification of reporting failure: December 31, 2025 Formal counseling of Employee #1 and leadership review of noncompliance: January 2, 2026	

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			Designation of the Program Director as responsible oversight authority for investigation reporting: January 3, 2026 Implementation of the Investigation Tracking Log: January 3, 2026 Initiation of ongoing monthly monitoring and audits: January 31, 2026 OHR/OLR) Accepted 02/10/2026	

General Comments / Recommendations:

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.

Latoya Wilborne, Human Rights	(Signature of Organization Representative)	Date

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