DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **02-11-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-670. - Complete written policies and procedures for record reviews shall be developed and implemented that shall evaluate records for completeness, accuracy, and timeliness of documentation. Such policies shall include provisions for ongoing review to determine whether records contain all required service documentation, and release of information documents required by the provider.	N	Pure Faith House Inc This regulation was NOT MET as evidenced by: A review of Individual #1 record revealed inaccurate information contained within the client chart. This reflects a failure to ensure accuracy in documentation as required by written policies and procedures governing record review for completeness, accuracy, and timeliness. The provider failed to maintain an accurate clinical record in accordance with regulatory standards.	PR) 02/19/2026 Pure Faith House Inc. was found non compliant with 12VAC35-46-670 due to inaccurate information documented in the clinical record of Individual #1. The error involved entry of an incorrect resident name due to similarity in resident identifiers. This reflected a lapse in documentation verification prior to finalizing the record. Upon identification, the Program Director reviewed the affected record and ensured the inaccurate information was corrected through a compliant addendum to preserve record integrity. Corrective supervision was provided to reinforce the requirement to verify resident identifiers prior to completing documentation. The issue was also reviewed during a Treatment Team Meeting to reinforce documentation accuracy expectations. To address the deficient practice and reduce the likelihood of recurrence, Pure Faith House Inc. has reinforced the requirement to verify resident identifiers prior to documentation completion. Supervisory review of documentation accuracy will continue in accordance with existing written policies governing record review for completeness, accuracy, and timeliness. Monitoring will occur through monthly record reviews to evaluate completeness, accuracy, and timeliness of documentation in accordance with written policies. The Program Director is responsible for conducting monthly record reviews. The Chief Executive Officer is responsible for oversight of	2/28/2026

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			compliance with the record review policy. Actions to Be Taken: Reinforcement of resident identifier verification prior to documentation completion and continuation of monthly record review process in accordance with written policies. Planned Completion Date: February 28, 2026. OLR) Accepted 02/19/2026	

General Comments / Recommendations:
Recommendations:
1. Fire drills should have evacuation time 1 minute or under.
2. Daily log notes needs more details.

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