DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **04-14-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. C. - The provider shall notify the department within 24 hours of any serious illness or injury, any death of a resident, and all other situations as required by the department. Such reports shall include: 1. The date and time the incident occurred; 2. A brief description of the incident; 3. The action taken as a result of the incident; 4. The name of the person who completed the report; 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian; 6. The name of the person to whom the report was made.	N	Pure Faith House Inc This regulation was NOT MET as evidenced by: CHRIS Number: 20260014 Date/Time of Discover: 03/24/2026 4:50PM Enter Date/Time: 03/26/2026 10:27AM Reporting Delay: 17:37:00 Location Name: Pure Faith House Inc CHRIS Number: 20260015 Date/Time of Discover: 03/24/2026 4:50PM Enter Date/Time: 03/26/2026 11:14AM Reporting Delay: 18:24:00 Location Name: Pure Faith House Inc	PR) 05/04/2026 Pure Faith House Inc. was found non compliant with 12VAC35-46-1070 C due to failure to notify the department within the required 24 hour timeframe. This occurred due to inability to access the reporting system after being locked out of the account. Upon identification of the issue, access was restored and the required report was submitted. A separate account has since been established for the Program Director to allow access to the reporting system. To address the issue, the provider has ensured that designated staff have access to the reporting system to complete required notifications within the required timeframe. Monitoring will occur through review of reporting timeliness as incidents occur. The Program Director is responsible for completing required reports. The Chief Executive Officer is responsible for oversight. Actions to Be Taken: Ensure designated staff maintain access to the reporting system for timely submission of required reports. Planned Completion Date: April 21, 2026. OLR) Partially Accepted 05/21/2026 In addition to the above, the provider response needs to include the following: 1. Indicate the frequency for monitoring the plan including how it will be monitored	4/21/2026

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			(Ex: daily checks, monthly audits, weekly chart reviews, or quarterly. PR) 05/26/2026 Monitoring will occur monthly through review of incident reports and report submission dates to ensure required notifications are submitted within required timeframes. The Program Director is responsible for completing required reports and conducting the monthly review. The Chief Executive Officer is responsible for oversight. OLR) Accepted 06/09/2026	

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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

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