DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-08-2026**
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	**HEALTH AND SAFETY VIOLATION** Pure Faith House Inc This regulation was NOT MET as evidenced by: The provider failed to provide adequate protection, guidance, and supervision to Individual #1. investigative findings revealed that Individual #1, a minor child with a documented history of elopement and running away, eloped from the home while under the provider's care. The provider failed to maintain sufficient staffing coverage and supervision within the residence, resulting in the child being left without appropriate monitoring or oversight. Despite the provider's awareness of the child's high-risk behaviors and supervision needs, adequate safeguards were not implemented to ensure the child's safety to address the Individual's physical and emotional needs. The provider's failure to provide proper supervision and protection which placed Individual #1 in a vulnerable and unsafe position and exposed the child to a significant risk of harm. This reflects a serious deficiency in the provider's responsibility to ensure the safety, protection, and supervision of children in care.	Pure Faith House Inc. was found noncompliant with 12VAC35-46-800 A.1 following an incident involving Individual #1. Following review of the incident, the provider evaluated whether the resident's identified needs, including known elopement behaviors and adjustment to a recent transition from a higher level of care, were adequately reflected within the resident's individualized planning and interventions. Upon identification of the deficiency, the Program Director reviewed the resident's individualized plans and safety planning measures. The resident's safety plan was updated to include specific interventions addressing elopement risk and identified behavioral needs. The incident and the resident's needs were reviewed during a Treatment Team Meeting to ensure interventions and supports remained appropriate. To address the deficient practice and reduce the likelihood of recurrence, the provider revised its safety planning process to ensure identified risks and behavioral needs are addressed through individualized interventions when clinically indicated. The provider has also reinforced review of resident needs during Treatment Team Meetings and routine supervisory oversight. Monitoring will occur through monthly review of resident safety plans and individualized interventions to ensure identified needs are addressed and implemented. The Program Director is responsible for monitoring implementation of individualized interventions and safety plans. The Chief	5/8/2026

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

Date of Inspection: **05-08-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			Executive Officer is responsible for oversight of compliance with program requirements and individualized service planning. Actions to Be Taken: Review and update individualized safety planning procedures to address identified risks and behavioral needs, reinforce implementation of individualized interventions, and monitor compliance through supervisory review. Planned Completion Date: May 8, 2026.	
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House Inc This regulation was NOT MET as evidenced by: Despite the provider's awareness of the child's high-risk behaviors and supervision needs, adequate safeguards were not implemented to ensure the child's safety. The provider's failure to provide proper supervision and protection placed Individual #1 in a vulnerable and unsafe position and exposed the child to a significant risk of harm by failing to provide protection, guidance and supervision to a minor child. This reflects a serious deficiency in the provider's responsibility to ensure the safety, protection, and supervision of children in care.	Pure Faith House Inc. was found noncompliant with 12VAC35-46-800 A.2 following an elopement incident involving Individual #1. Following review of the incident, the provider evaluated the resident's identified risk factors, supervision needs, and implementation of existing safety interventions. Upon identification of the deficiency, the Program Director reviewed the incident and the resident's individualized safety plan. The safety plan was updated to include specific interventions addressing elopement risk and supervision strategies. The incident and supervision expectations were reviewed during a Treatment Team Meeting to ensure identified risks and interventions were clearly communicated and implemented. To address the deficient practice and reduce the likelihood of recurrence, the provider revised its safety planning process to ensure residents with identified elopement histories have individualized interventions and supervision strategies documented within their safety plans. The	5/8/2026

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

Date of Inspection: **05-08-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			provider also reinforced implementation of individualized safety plans and supervision expectations through routine supervisory oversight. Monitoring will occur through monthly review of resident safety plans and review of incidents involving resident safety concerns. The Program Director is responsible for monitoring implementation of individualized safety plans and supervision strategies. The Chief Executive Officer is responsible for oversight of compliance with supervision and safety planning requirements. Actions to Be Taken: Review and update safety planning procedures to include individualized elopement interventions and supervision strategies when indicated, reinforce implementation of individualized safety plans, and monitor compliance through supervisory review. Planned Completion Date: May 8, 2026.	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-08-2026**
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