DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **05-29-2026**
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;	NS	**HEALTH AND SAFETY VIOLATION** Pure Faith House Inc This regulation was NOT MET as evidenced by: As a result of the provider's continued failure to maintain adequate staffing coverage, children have been able to leave the residence and abscond from the program. This ongoing deficiency places children at significant risk of harm and jeopardizes their health, safety, and welfare. The provider's continued failure to ensure adequate supervision constitutes another Health & Safety citation, as sufficient staffing is essential to prevent elopements, respond to emergencies, and meet the needs of children receiving services to protect their physical and emotional needs.	PR) 07/07/2026 Pure Faith House Inc. was found noncompliant with 12VAC35-46-800 A.1 due to concerns regarding staffing coverage and supervision following resident elopement incidents. During a follow-up review, staffing coverage was impacted by an unexpected staff call out, a previously approved staff absence, and the inability to secure relief staff coverage. As a result, concerns were identified regarding the provider's ability to ensure adequate supervision to meet residents' physical and emotional needs. Upon identification of the deficiency, the Program Director and Chief Executive Officer reviewed staffing practices, supervision expectations, resident safety planning, and staffing contingency procedures. Resident supervision needs and identified risk factors were reviewed during a Treatment Team Meeting, and Safety and Elopement Plans were developed and implemented to address identified risks and interventions. To address the deficient practice and reduce the likelihood of recurrence, the provider has reinforced staffing coverage expectations, reviewed procedures for securing replacement staff when vacancies occur, and implemented Safety and Elopement Plans for residents with identified elopement risk factors. The provider will continue to assess resident supervision needs and implement individualized interventions based on identified risks and clinical needs. Monitoring will occur monthly through review of staffing schedules, staffing coverage, resident	6/6/2026

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			safety plans, and incidents involving resident safety concerns. The Program Director is responsible for monitoring staffing coverage and implementation of resident safety plans. The Chief Executive Officer is responsible for oversight of compliance with staffing, supervision, and safety planning requirements. Actions to Be Taken: Review staffing contingency procedures, reinforce staffing coverage expectations, implement Safety and Elopement Plans for residents with identified elopement risks, and monitor staffing coverage and resident safety needs through monthly review. OLR) Accepted 07/20/2026	
12VAC35-46-800. A. (2) - There shall be evidence of a structured program of care designed to: 2. Provide protection, guidance, and supervision;	NS	**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.	PR) 07/07/2026 Pure Faith House Inc. was found noncompliant with 12VAC35-46-800 A.2 following an incident involving a resident with a documented history of elopement behaviors. Following review of the incident, the provider evaluated resident supervision needs, identified risk factors, safety planning measures, and implementation of interventions designed to provide protection, guidance, and supervision. Upon identification of the deficiency, the Program Director and Chief Executive Officer reviewed the incident, resident risk factors, supervision practices, and safety planning procedures. A Treatment Team Meeting was held to review the resident's identified needs, supervision considerations, and interventions. The resident's safety plan was reviewed and	6/6/2026

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			updated, and Safety and Elopement Plans were developed to address identified risk factors and preventative interventions. To address the deficient practice and reduce the likelihood of recurrence, the provider implemented Safety and Elopement Plans for residents with identified elopement risk factors. These plans include individualized interventions, identified triggers, preventative strategies, and response procedures. The provider also reviewed supervision expectations, resident safety planning, and staffing contingency procedures to support implementation of individualized interventions. Monitoring will occur monthly through review of resident Safety and Elopement Plans, supervision needs, and incidents involving resident safety concerns. The Program Director is responsible for monitoring implementation of Safety and Elopement Plans and supervision interventions. The Chief Executive Officer is responsible for oversight of compliance with supervision and safety planning requirements. Actions to Be Taken: Implement Safety and Elopement Plans for residents with identified elopement risk factors, review supervision needs and individualized interventions, reinforce implementation of safety plans, and monitor compliance through monthly review. OLR) Accepted 07/20/2026	

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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