DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **08-24-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-70. - Each provider shall guarantee resident rights as outlined in § 37.2-400 of the Code of Virginia and in the Rules and Regulations to Assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Mental Health, Mental Retardation and Substance Abuse Services (12VAC35-115).	N	Pure Faith House Inc This regulation was NOT MET as evidenced by: See OHR citations below.		
12VAC35-115-50. B. (2) - In receiving all services, each individual has the right to: 2. Be protected from harm including abuse, neglect, and exploitation.	N	Pure Faith House Inc This regulation was NOT MET as evidenced by: "Neglect means failure by a person, program, or facility operated, licensed, or funded by the department, excluding those operated by the Department of Corrections, responsible for providing services to do so, including nourishment, treatment, care of goods, or services necessary to the health, safety, or wellness of an individual receiving care or treatment for mental illness, intellectual disability, or substance abuse." Upon review CHRIS entry A20260021 and 20260022the provider's investigation includes staff admission and eyewitness statements which revealed that Employee #1, Employee #2, and Employee #3 did not follow agency's 1:1 policy and protocol resulting in	PR) 08/30/2026 Pure Faith House Inc. was found noncompliant with 12VAC35-115-50(B)(2) due to Employee #1, Employee #2, and Employee #3 failing to follow the established 1:1 supervision requirements and safety protocols for Individual #1, which resulted in the individual eloping from the home on two separate occasions. Upon identification of the deficiency, Pure Faith House Inc. reviewed the established 1:1 supervision requirements, safety protocols, and resident-specific interventions with applicable staff. Staff were reminded that assigned supervision levels and individualized safety interventions must be followed as written and that any concern regarding the ability to maintain required supervision must be immediately communicated to leadership.	7/1/2026

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

Date of Inspection: **08-24-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		Individual #1 to elope on two separate occasions from the home. Based on the investigative findings of the provider, there is a preponderance of evidence to support the provider's substantiated finding of neglect.	To address the deficient practice and reduce the likelihood of recurrence, the Program Director will ensure applicable staff are aware of each resident's assigned supervision level, current Safety and Elopement Plan, and individualized interventions. Staff are expected to maintain required supervision, actively engage residents, maintain awareness of residents' whereabouts, and immediately communicate changes in behavior or safety concerns to leadership. Pure Faith House Inc. now conducts weekly Treatment Team Meetings to review each youth's current needs, behaviors, safety concerns, supervision needs, recent incidents, and the effectiveness of current interventions. The treatment team will determine whether resident-specific interventions require adjustment based on identified needs and concerns. Applicable changes and concerns will be communicated to staff responsible for implementing the resident's plan. The Program Director will monitor implementation of supervision requirements and resident-specific interventions through the weekly Treatment Team Meetings and follow-up on identified supervision concerns. The Risk Manager will monitor CAP compliance, conduct compliance checks, and follow up on identified concerns with applicable leadership and staff. The Chief Executive Officer will provide administrative oversight and address compliance concerns requiring leadership intervention. Actions to Be Taken: Reinforce adherence to assigned supervision requirements and individualized safety interventions; maintain weekly Treatment Team Meetings to review resident needs, behaviors, safety concerns,	

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

Date of Inspection: **08-24-2026**
Program Type/Facility Name: **14-009 Pure Faith House Inc**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			supervision needs, incidents, and interventions; ensure applicable staff are informed of resident-specific supervision requirements; and utilize Risk Manager compliance follow-up to identify and address concerns that could result in recurrence. OHR/OLR) Accepted 09/11/2026	

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