DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

Investigation ID: **6**
License #: **9448-14-010**
Organization Name: **Pure Faith House Inc.**

Date of Inspection: **07-09-2026**
Program Type/Facility Name: **14-010 Pure Faith House II**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. B. (1) - The provider shall document the following: 1. The date and time the incident occurred;	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: The provider failed to document the date and time of a serious incident involving Individual #1. During the investigation, the Licensing Specialist determined that Individual #1 did not receive prescribed medication for approximately six days. The provider failed to complete a serious incident report; therefore, the date and time the incident occurred were not documented as required.	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(B)(1) due to the failure to complete a required serious incident report documenting the date and time of a reportable incident. Upon identification of the deficiency, the Program Director reviewed the incident reporting requirements to ensure reportable incidents are documented in accordance with regulatory requirements, including documentation of the date and time the incident occurred. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its incident reporting procedures to ensure all reportable incidents are documented completely and within the required timeframe. The Program Director will monitor incident documentation monthly through review of reportable incidents to ensure required documentation is completed in accordance with regulatory requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Accepted 08/06/2026	7/16/2026

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12VAC35-46-1070. B. (2) - The provider shall document the following: 2. A brief description of the incident;	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidence by: The provider failed to document a brief description of a serious incident involving Individual #1. During the investigation, the Licensing Specialist determined that Individual #1 experienced an interruption in prescribed medication administration for approximately six days. The provider failed to complete a serious incident report; therefore, a description of the incident was not documented as required.	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(B)(2) due to the failure to complete a required serious incident report documenting a brief description of a reportable incident. Upon identification of the deficiency, the Program Director reviewed the incident reporting requirements to ensure reportable incidents are documented in accordance with regulatory requirements, including a brief description of the incident. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its incident reporting procedures to ensure all reportable incidents are documented completely and within the required timeframe. The Program Director will monitor incident documentation monthly through review of reportable incidents to ensure required documentation is completed in accordance with regulatory requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Accepted 08/06/2026	7/16/2026
12VAC35-46-1070. B. (3) - The provider shall document the following: 3. The action taken as a result of the incident;	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: The provider failed to document the action taken following a serious incident involving Individual #1. During the investigation, the Licensing Specialist determined that	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(B)(3) due to the failure to complete a required serious incident report documenting the action taken following a reportable incident. Upon identification of the deficiency, the Program Director reviewed the incident reporting requirements to ensure	7/16/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
		Individual #1 experienced an interruption in prescribed medication administration for approximately six days. Because no serious incident report was completed, the provider failed to document any actions taken in response to the incident as required.	reportable incidents are documented in accordance with regulatory requirements, including the actions taken in response to the incident. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its incident reporting procedures to ensure all reportable incidents are documented completely and within the required timeframe. The Program Director will monitor incident documentation monthly through review of reportable incidents to ensure required documentation is completed in accordance with regulatory requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Partially Accepted 08/06/2026How will the organization prevent medication gaps moving forward upon admission to services? PR) 08/30/2026 Pure Faith House II has an established protocol for addressing medication availability upon admission. In this instance, the established protocol was not followed by the Program Director, resulting in a gap in medication administration. To prevent recurrence, the existing medication continuity protocol was reviewed and reinforced. Upon admission, prescribed medications and medication availability will be verified. If a resident arrives without prescribed medication, the medication is lost or unavailable, or there is	

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			an insufficient supply, staff will immediately notify the Program Director and begin appropriate follow-up with the prescribing provider, pharmacy, placing agency, and/or legal guardian. When medication cannot be obtained timely through the prescribing provider or pharmacy, the resident will be taken to the emergency department for evaluation to address the immediate medication need until the resident can be seen by the appropriate medication management provider. All contacts and follow-up efforts related to obtaining medication will be documented on the Youth Contact & Follow-Up Log until the matter is resolved. The log currently provides for documenting the date, time, person/agency contacted, reason/method, outcome, and required follow-up. The Program Director is responsible for implementation of the medication continuity protocol. The Risk Manager will monitor compliance with the corrective action, and the Chief Executive Officer will provide quarterly oversight. OLR) Accepted 08/31/2026	

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12VAC35-46-1070. B. (4) - The provider shall document the following: 4. The name of the person who completed the report;	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: The provider failed to document the name of the person who completed a serious incident report for Individual #1. During the investigation, the Licensing Specialist determined that no serious incident report was completed regarding the interruption in prescribed medication administration. As a result, there was no documentation identifying the individual responsible for completing the report.	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(B)(4) due to the failure to complete a required serious incident report documenting the name of the individual who completed the report. Upon identification of the deficiency, the Program Director reviewed the incident reporting requirements to ensure reportable incidents are documented in accordance with regulatory requirements, including documentation of the individual completing the report. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its incident reporting procedures to ensure all reportable incidents are documented completely and within the required timeframe. The Program Director will monitor incident documentation monthly through review of reportable incidents to ensure required documentation is completed in accordance with regulatory requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Accepted 08/06/2026	7/16/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-1070. B. (5) - The provider shall document the following: 5. The name of the person who made the report to the placing agency and to either the parent or legal guardian;	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: The provider failed to document the name of the person who made the required report to the placing agency and to the parent or legal guardian regarding the serious incident involving Individual #1. During the investigation, the Licensing Specialist determined that no serious incident report was completed for the interruption in prescribed medication administration. Consequently, there was no documentation identifying the individual responsible for making the required notifications as required by regulation.	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(B)(5) due to the failure to complete a required serious incident report documenting the name of the individual who made the required notifications to the placing agency and the parent or legal guardian. Upon identification of the deficiency, the Program Director reviewed the incident reporting requirements to ensure reportable incidents are documented in accordance with regulatory requirements, including documentation of the individual making the required notifications. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its incident reporting procedures to ensure all reportable incidents are documented completely and within the required timeframe. The Program Director will monitor incident documentation monthly through review of reportable incidents to ensure required documentation is completed in accordance with regulatory requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Accepted 08/06/2026	7/16/2026

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12VAC35-46-1070. B. (6) - The provider shall document the following: 6. The name of the person to whom the report was made.	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: The provider failed to document the name of the person to whom the serious incident report was made for Individual #1. During the investigation, the Licensing Specialist determined that Individual #1 experienced an interruption in prescribed medication administration for approximately six days. The provider failed to complete a serious incident report regarding the incident. As a result, there was no documentation identifying the individual or agency to whom the required report was made, as required by regulation. This failure prevented the provider from demonstrating compliance with mandatory notification and documentation requirements for serious incidents.	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(B)(6) due to the failure to complete a required serious incident report documenting the individual or agency to whom the report was made. Upon identification of the deficiency, the Program Director reviewed the incident reporting requirements to ensure reportable incidents are documented in accordance with regulatory requirements, including documentation of the individual or agency receiving the required notification. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its incident reporting procedures to ensure all reportable incidents are documented completely and within the required timeframe. The Program Director will monitor incident documentation monthly through review of reportable incidents to ensure required documentation is completed in accordance with regulatory requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Accepted 08/06/2026	7/16/2026

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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	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: The provider failed to notify the Department within 24 hours of a serious incident involving Individual #1.. During the investigation, the Licensing Specialist determined that Individual #1 experienced an interruption in prescribed medication administration for approximately six days; however, the provider failed to submit the required serious incident report to the Department. As a result, the provider failed to submit a report containing the required information, including the date and time the incident occurred, a brief description of the incident, the action taken as a result of the incident, the name of the person who completed the report, the name of the person who made the report to the placing agency and to the parent or legal guardian, and the name of the person to whom the report was made,	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(C) due to the failure to submit a required serious incident report to the Department within the required 24-hour timeframe. Upon identification of the deficiency, the Program Director reviewed the Department's incident reporting requirements to ensure reportable incidents are submitted within the required timeframe and contain all required information. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its incident reporting procedures to ensure reportable incidents are submitted to the Department in accordance with regulatory requirements. The Program Director will monitor reportable incidents monthly through review of reporting timeliness and required documentation to ensure compliance with regulatory requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Accepted 08/06/2026	7/16/2026

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-290. B. - The provider shall develop and implement written policies and procedures to assure that persons employed in or designated to assume the responsibilities of each position possess the education, experience, knowledge, skills, and abilities specified in the job description for the position.	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: The provider failed to implement its written personnel policies and procedures to ensure that persons employed to provide direct care possessed the education, experience, knowledge, skills, and abilities required for their assigned positions. During the investigation, the Licensing Specialist determined that Employee #1, Employee #2, and Employee #3 did not possess the required experience working with children as outlined in the provider's job descriptions and personnel policies. Despite not meeting the minimum qualifications, these employees were assigned to provide direct supervision and care to children receiving residential mental health services.	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-290(B) due to personnel records not accurately reflecting the education and qualifying work experience of employees assigned to provide direct care. Upon identification of the deficiency, the Program Director reviewed the qualifications and personnel records of Employee #1, Employee #2, and Employee #3. The review determined that the personnel documentation, including resumes, was incomplete or outdated and did not accurately reflect the employees' qualifying experience. Personnel records were updated to accurately document employee qualifications. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its personnel file procedures to ensure employee qualifications are verified and accurately documented in personnel files prior to assignment and maintained in accordance with agency policy and regulatory requirements. The Program Director will monitor personnel files monthly through personnel file reviews to verify that required qualification documentation is complete and current. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: July 16, 2026 OLR) Accepted 08/06/2026	7/16/2026

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12VAC35-46-380. C. - A person with a high school diploma or G.E.D. and less than six months of experience working with children may be hired as child care staff, provided that the person does not work independently. Provisional child care staff shall at all times work directly with the program director, case manager, child care supervisor, or an experienced child care worker who has at least one year of professional experience working with children.	N	**HEALTH AND SAFETY VIOLATION** Pure Faith House II This regulation was NOT MET as evidenced by: During the investigation it was determined that Employee #1 did not have the minimum requirements to work with the children. In addition, Employee #1 did not meet the minimum qualifications required to work independently. During the investigation, the Licensing Specialist determined that Employee #1 which was assigned to supervise and provide direct care to children did not have the required minimum of six months of experience working with children. Despite lacking the required experience, the staff member was permitted to work independently without the supervision required by regulation.	PR) 07/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-380(C) due to deficiencies in the documentation maintained to verify employee qualifications and work experience. Upon identification of the deficiency, the Program Director reviewed the qualifications and personnel record for Employee #1 and verified the employee's qualifying work experience. The personnel record was updated to accurately reflect the employee's qualifications and experience. To address the deficient practice and ensure continued compliance, Pure Faith House II reviewed its personnel procedures to ensure employee qualifications are verified and accurately documented prior to staff assignment. Staff assignments will be made in accordance with regulatory requirements and agency policy. The Program Director will monitor personnel records and staff assignments monthly through personnel file reviews to ensure compliance with qualification requirements. The Chief Executive Officer will provide quarterly oversight to ensure continued compliance. Planned Completion Date: 07/16/2026 OLR) Accepted 08/06/2026	7/16/2026

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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