DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **03-24-2026**
Program Type/Facility Name: **14-010 Pure Faith House II**

No Violation

General Comments / Recommendations:
The Licensing Specialist (LS) conducted a scheduled inspection on 03/24/2026. The home has been recently renovated and is fully prepared for occupancy. It is adequately furnished with new furnishings throughout and is appropriately arranged to accommodate up to five youth. A licensing report was issued. Based on the inspection, the LS recommends issuance of a First Conditional License.

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