DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

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

Date of Inspection: **07-07-2026**
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. 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	Pure Faith House II This regulation was NOT MET as evidenced by: CHRIS Number: 20260030 Date/Time of Discover: 06/17/2026 6:00PM Enter Date/Time: 06/19/2026 1:17PM Reporting Delay: 19:17:00 Location Name: Pure Faith House II CHRIS Number: 20260031 Date/Time of Discover: 06/17/2026 5:30PM Enter Date/Time: 06/22/2026 11:36AM Reporting Delay: 90:6:00 Location Name: Pure Faith House II CHRIS Number: 20260032 Date/Time of Discover: 06/17/2026 5:03PM Enter Date/Time: 06/22/2026 12:57PM Reporting Delay: 91:54:00 Location Name: Pure Faith House II	PR) 07/28/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070 C due to required incident reports not being submitted within the required 24-hour timeframe. Upon identification of the deficiency, the provider reviewed the reporting requirements to ensure required notifications are submitted within the established timeframe. The Program Director will monitor compliance with reporting requirements through routine review. The Chief Executive Officer will provide oversight as needed. Actions to Be Taken: Reinforce compliance with required reporting timeframes and ensure reportable incidents are submitted within the required timeframe. Planned Completion Date: 7/10/2026 OLR) Partially Accepted 08/07/2026 In addition to the above, the provider response needs to include the following: 1. Describe the specific issue that led to the late reporting. 2. How was the late reporting of incidents addressed? Was it a meeting, a training, or process change? Please be specific. 3. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: daily checks, monthly audits, weekly chart reviews, quarterly checklist).	7/10/2026

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			PR) 08/30/2026 Pure Faith House II was found noncompliant with 12VAC35-46-1070(C) due to required incident reports not being submitted to the Department within the required 24-hour timeframe. The specific issue that contributed to the late reporting was an access issue with the reporting account, which delayed submission of the required reports. Upon identification of the deficiency, Pure Faith House II reviewed the 24-hour reporting requirement with the Program Director and established separate reporting system access for the Program Director to ensure that required reports can be submitted timely without relying on access through another individual. The reporting requirements and responsibility for timely submission of reportable incidents were reviewed with the Program Director. The Program Director is responsible for ensuring reportable incidents are submitted to the Department within the required timeframe. To ensure continued compliance, the Program Director will monitor incident reporting monthly by reviewing report submission dates to verify that required reports were submitted within the applicable timeframe. The Risk Manager will also review incident reporting compliance as part of CAP follow-up and will address identified concerns with the Program Director. The Chief Executive Officer will provide quarterly oversight of continued compliance. Actions to Be Taken: Maintain appropriate	

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Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			reporting system access for designated leadership staff, reinforce the 24-hour reporting requirement, and review reporting timeliness monthly to ensure required incidents are submitted within the established timeframe. 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.

Lakesha Steele, Incident Management Unit	(Signature of Organization Representative)	Date

C = Substantial Compliance, N = Non Compliance, NS = Non Compliance Systemic, ND = Non Determined