License #: **18518-14-008**
Organization Name: **Behavioral Health Alternatives LLC**

Date of Inspection: **06-29-2026**
Program Type/Facility Name: **14-008 BehavioralHealth Alternatives, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
12VAC35-46-460. E. - The maximum number of staff members on duty in the living unit shall be counted in determining the required number of toilets and hand basins when a separate bathroom is not provided for staff.	N	BehavioralHealth Alternatives, LLC This regulation was NOT MET as evidenced by: At the time of the inspection, the provider did not include staff members on duty in the living unit shall be counted in determining the required number of toilets and hand basins when a separate bathroom is not provided for staff.	PR) 06/29/2026 Standard Cited: 12VAC35-46-460.E 1. Statement of the issue and how it will be corrected. At the inspection on 06/29/2026, the home was under review for a licensed capacity of eight residents, with a living unit containing two full bathrooms, each with one toilet and one hand basin, and no separate bathroom designated for staff. Section 12VAC35-46-460.D requires one toilet and one hand basin for every four occupants, and subsection E requires staff on duty in the living unit to be counted toward that requirement when no separate staff bathroom is provided. At eight residents plus staff, the combined occupancy would exceed what two toilets and two hand basins can support under the 1:4 ratio, which is the basis for the citation. The home has not yet admitted any residents and is not currently operating. To resolve the citation before any resident is served, the provider will request a modification through the Office of Licensing to reduce the licensed capacity from eight beds to six, to be submitted by 07/06/2026. At six residents, with staff on duty in the living unit limited to two, the maximum occupancy is eight persons, which the two toilets and two hand basins satisfy under the required 1:4 ratio. 2. Plan of action to address systemic changes. Because the home is not yet operating, these measures are being established in advance so that compliance is built in before the first admission. The provider will request a capacity	7/6/2026

License #: **18518-14-008**
Organization Name: **Behavioral Health Alternatives LLC**

Date of Inspection: **06-29-2026**
Program Type/Facility Name: **14-008 BehavioralHealth Alternatives, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			modification reducing licensed capacity from eight beds to six, to be submitted to the Office of Licensing by 07/06/2026. A written policy, Living Unit Occupancy and Bathroom Ratio (PE-001), will be adopted by 07/02/2026, establishing that while the living unit is served by two toilets and two hand basins without a separate staff bathroom, residents and staff on duty together shall not exceed eight, and setting out the 1:4 formula for recalculating that limit should the bathrooms or staffing pattern change. A daily occupancy and staffing checklist will be adopted by 07/02/2026 and completed at the start of each shift once residents are admitted. Upon admission of residents and the hiring of staff, the staffing schedule will limit staff on duty in the living unit to two at any time, and the census log and bed board will reflect the six-bed maximum. Each staff member will be trained on PE-001 and the daily checklist at hire, before being assigned to the living unit. The service description, staffing plan, room-assignment roster, and admissions and census policy will be updated to reflect the six-bed capacity. 3. Staff, by title, who will monitor; frequency and method. The Executive Director/Program Director is responsible for ensuring the reduced capacity and the two-staff limit are reflected in the license modification, the service description, and facility policy, and for approving any future change to licensed capacity through a formal modification to the Office of Licensing before implementation. Once residents are admitted, the Child Care Supervisor will complete the daily occupancy and staffing checklist at the start of each shift to verify that residents and staff on duty in the living	

License #: **18518-14-008**
Organization Name: **Behavioral Health Alternatives LLC**

Date of Inspection: **06-29-2026**
Program Type/Facility Name: **14-008 BehavioralHealth Alternatives, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date
			unit do not exceed eight, and the Executive Director/Program Director will conduct a monthly audit of the census log, staffing schedule, and completed checklists against the six-bed capacity and the 1:4 formula. 4. Final Planned Completion Date and planned dates for each step. The final planned completion date is 07/06/2026. Planned completion date for each step: Living Unit Occupancy and Bathroom Ratio policy (PE-001) adopted, 07/02/2026; daily occupancy and staffing checklist adopted, 07/02/2026; capacity-reduction modification requested through the Office of Licensing, 07/06/2026; operational implementation (staffing limited to two; census log and bed board reflecting six beds; daily checklist completed each shift) and staff training on PE-001, upon admission of residents and hiring of staff, prior to any staff assignment to the living unit. OLR) Accepted 06/30/2026	

DEPARTMENT OF BEHAVIORAL HEALTH AND DEVELOPMENTAL SERVICES
CORRECTIVE ACTION PLAN

License #: **18518-14-008**
Organization Name: **Behavioral Health Alternatives LLC**

Date of Inspection: **06-29-2026**
Program Type/Facility Name: **14-008 BehavioralHealth Alternatives, LLC**

Standard(s) Cited	Comp	Description of Noncompliance	Actions to be Taken	Planned Comp. Date

General Comments / Recommendations:
Please utilize the guidance below when responding:
Refer to staff by staff roles, titles and/or employee identifiers referencing the HIPAA Form, not by specific staff names.
Ensure your responses to the CAP do not violate HIPAA practices, refer to the identifiers in the HIPAA Forms. The HIPAA Forms are provided on the Provider Portal when responding to violations.
Include all 4 points below, in detail, in your response to each violation:

1. Provide a statement of the issue that led to non-compliance and state how you corrected/will correct the deficient practice in this specific violation.
2. Include a plan of action to address systematic changes (process/protocols, etc) that have been or will be implemented to ensure you remain in compliance of the regulation.
3. Include Staff by Title who will monitor the procedures implemented to ensure you stay in compliance with the regulation. Indicate the frequency for monitoring the plan including how it will be monitored (Ex: monthly audits, weekly chart reviews, daily checklist).
4. By what date you will have each planned corrective action completed (Ex. Date training completed or Date protocol implemented).

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.

James Butts, Licensing Specialist	(Signature of Organization Representative)	Date

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