pennsylvania
DEPARTMENT OF PUBLIC WELFARE

CERTIFIED MAIL – RETURN RECEIPT REQUESTED
MAILING DATE: February 18, 2014

Mr. Jonathan P. Swatsburg, Vice President
Cornell Abraxas Group, Inc.
2840 Liberty Avenue, Suite 300
Pittsburgh, Pennsylvania 15222

RE: Cornell Abraxas Group, Inc.
Abraxas I Dakota Dorm 4
P.O. Box 59, North Forest Street
Marienville, Pennsylvania 16239
 # 406800

Dear Mr. Swatsburg:

As a result of the Department of Public Welfare's licensing inspection on September 19, 2013, December 4, 2013, February 11, 2014 and February 12, 2014, of the above facility, the violations with 55 Pa.Code Ch. 3800 (relating to Child Residential and Day Treatment Facilities) specified on the enclosed Licensing Inspection Summary were found.

All violations specified on the enclosed Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 3800 must be maintained.

Sincerely,

Brent Sutherland
Brent Sutherland
Child Residential Licensing Manager

Enclosure
Licensing Inspection Summary

VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4	**License Number:** 40680
Address: P O BOX 59 NORTH FOREST ST, MARIENVILLE, PA 16239	**County:** Forest
Director: Michael Cantrell	**Region:** WEST
Legal Entity Name: CORNELL ABRAXAS GROUP INC	
Legal Entity Address: 2840 LIBERTY AVENUE SUITE 300, PITTSBURGH, PA 15222	

Certificate(s) of Occupancy

C2
10/20/1999
Labor and Industry

Program Type:	**Licensed Capacity:**	**Number of Children Served:**
Residential Services	30	29

Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Interim, Incident

On-Site Inspections Dates and Department Representatives On-Site
09/19/2013: Sutherland, Brent; Kasmarik, Sarah

Off-Site Inspection Dates and Inspectors, if Applicable
09/21/2013: Sutherland, Brent

Other Details

Partial or Full Triggers:

Random Indicators:

Child Demographic Data as of Inspection Dates

Age of Children:

0 to 5 years: 0

6 to 13 years: 0

14 to 17 years: 19

18 to 21 years: 10

Number of Children who:

Are Adjudicated Delinquent: 26

Are Dependent: 3

Have Mental Illness: 29

Have an Intellectual Disability: 0

Have a Physical Disability: 0

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NOV 25 2013

WEST REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary:
Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4

1. REGULATION 55 Pa.Code §3800

3800.221 - The facility shall have a written description of services that the facility provides to include the following:

(1) The scope and general description of the services provided by the facility.
(2) The ages, needs and any special characteristics of the children the facility serves.
(3) Specific activities and programs provided by the facility.

2a. DESCRIPTION OF VIOLATION

The facility's policies on how services will be provided include a policy that prohibits staff to "initiate, establish or maintain any personal, business, social or sexual contact with the clients, the clients' family or close associates while they are clients in the program or for a period of two years from the last day of the client's sentence or supervision, whichever is later".

Staff Member E repeatedly communicated with a former resident who was discharged 7/10/13 in July of 2013 via Snapchat.

Staff Member E provided Resident #2 with his/her personal email address and on 6/20/13 a note indicating Staff Person E's personal email address was observed by Staff Member F in Resident # 2's bedroom.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

12/31/13-Staff member E will receive individualized training and education regarding the violations of the facility's description of services, policies and procedures.

By 2/1/14-All staff persons shall be trained on how to avoid inappropriate relationships with residents and how to communicate effectively and professionally with residents, including lesbian, gay, bisexual, transgender, intersex, or gender nonconforming residents. The training shall be tailored to the unique needs and attributes of the residents and to the gender of the residents. Each staff person shall receive additional training if the staff person is reassigned from a facility that houses only male residents to a facility that houses only female residents, or vice versa. The facility shall document, through staff person signature or electronic verification, that staff persons understand the training they have received.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative
(Required on EVERY Page)

Printed Name and Title of Legal Entity Representative
(Required on EVERY Page) Jonathan P. Swartzburg, Divisional Vice Pres. **Date** 11/25/13

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/14/14 (Date)

The above plan of correction was approved by BB (Initials)

Plan of correction implementation status as of 2/14/14 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

STAFF PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4	License Number:406800

Designation	Staff Member's Name
E	[redacted]
F	

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OCT 29 2013
WEST REGION FIELD OFFICE
Human Services Licensing

Jonathan P. Swartsburg, Divisional Vice President
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

10/28/13
Date

Date of Inspection: 09/19/2013

CHILD PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4	License Number:406800

Designation	Child's Name
Resident 2	[redacted]

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OCT 29 2013
WEST REGION FIELD OFFICE
Human Services Licensing

Jonathan P. Swartzburg, Divisional Vice President
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

10/28/13
Date

Date of Inspection: 09/19/2013

VIOLATION REPORT
CHILD RESIDENTIAL LICENSING - 55 Pa.Code Chapter 3800

Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4	**License Number:** 40680
Address: P O BOX 59 NORTH FOREST ST, MARIENVILLE, PA 16239	**County:** Forest
Director: James Town	**Region:** WEST
Legal Entity Name: CORNELL ABRAXAS GROUP INC	
Legal Entity Address: 2840 LIBERTY AVENUE SUITE 300, PITTSBURGH, PA 15222	
Certificate(s) of Occupancy	

Program Type:	**Licensed Capacity:**	**Number of Children Served:**
Residential Services	30	22
Type of Inspection: Partial	**BHA Docket Number:**	**Notice:** Unannounced

Reason(s) for Inspection(s)
Incident

On-Site Inspections Dates and Department Representatives On-Site
12/04/2013: Rodack, Kristen; Szurszewski, Erin

Off-Site Inspection Dates and Inspectors, if Applicable
12/02/2013: Rodack, Kristen; Szurszewski, Erin

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DEC 24 2013
WEST REGION FIELD OFFICE
Human Services Licensing

Other Details

Partial or Full Triggers:	**Random Indicators:**

Child Demographic Data as of Inspection Dates

Age of Children:	Number of Children who:
0 to 5 years: 0	Are Adjudicated Delinquent: 20
6 to 13 years: 0	Are Dependent: 2
14 to 17 years: 14	Have Mental Illness: 19
18 to 21 years: 8	Have an Intellectual Disability: 5
	Have a Physical Disability: 0

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DEC 24 2013
WEST REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary: 40680 - 12/02/2013 - Rodack, Kristen
Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4

1. REGULATION 55 Pa.Code §3800
3800.15(a) - The facility shall immediately report suspected abuse of a child in accordance with 23 Pa.C.S. § § 6301-6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

2a. DESCRIPTION OF VIOLATION
On 10/27/13 at approximately 6:00 p.m., Staff Person C and Staff Person D witnessed Staff Person A using his/her elbow to apply pressure to Resident #1's throat during a manual restraint, and the facility did not report the incident to ChildLine until 10/28/13 at 10:10 a.m.

3. **PLAN OF CORRECTION (POC)** (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

By January 10, 2014, the Abraxas I Leadership team will review the Child Abuse Reporting Policy to ensure a consistent understanding by all members of the immediate reporting requirements when child abuse allegations occur involving employees at the facility.

By February 1, 2014, the Program Manager will meet with the Treatment Supervisors of Dakota Dorm to review the Child Abuse Reporting Policy, stressing the importance of following the policy and procedures, specifically the procedures for immediate reporting, when child abuse is suspected at the facility. The Treatment Supervisors will complete a policy sign off form and the Program Manager will complete a supervisory conference for each Treatment Supervisor.

During a Team Meeting, Dakota Treatment Supervisors will review the Child Abuse Reporting Policy with Dakota employees, stressing the importance of following the policy and procedures, specifically the procedures for immediate reporting, when child abuse is suspected at the facility. Target date for completion is February 14, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jonathan P. Swartsburg, Divisional Vice President

Date 12/23/13

DEPARTMENT USE ONLY - FACILITIES MAY NOT WRITE BELOW THIS LINE!

The above plan of correction is approved as of 2/14/14 (Date)

The above plan of correction was approved by BB (Initials)

Plan of correction implementation status as of 2/14/14 (Date)

- [x] Fully Implemented
- [ ] Partially Implemented - Adequate Progress
- [ ] Partially Implemented - Inadequate Progress
- [ ] Not Implemented

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DEC 24 2013

REGION FIELD OFFICE
Services Licensing

Licensing Inspection Summary: 40680 - 12/02/2013 - Rodack, Kristen
Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4

1. REGULATION 55 Pa.Code §3800
3800.32(b) - A child may not be abused, mistreated, threatened, harassed or subject to corporal punishment.

2a. DESCRIPTION OF VIOLATION
On 10/27/13 at 5:55 p.m., Staff Person A approached Resident #1 who was seated at a table in the cafeteria. Staff Person A, while standing in close proximity to Resident #1's face, screamed at the resident and repeatedly pointed his/her finger in the resident's face. Staff Person A used both of his/her hands to grab Resident #1's arms, lift the resident off of the seat, and initiate a manual restraint on the resident. During the manual restraint, Staff Person A had his/her elbow pressed against Resident #1's throat, which applied pressure to the resident's respiratory system and restricted the resident's breathing. A physical evaluation form, dated 10/27/13 at 6:25 p.m., indicated Resident #1 had abrasions on the right front of the neck, abrasions on the right collar bone, abrasions on the right shoulder, and that the resident required administration of Ventolin, an inhaler, following the manual restraint.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon completion of Abraxas I's internal investigation through the Office of Professional Responsibility (OPR), we will be seeking termination of Staff person A.

During Safe Crisis Management training in January 2014 with Dakota dorm staff members:

1. Video review of this incident will be utilized as a training tool to help staff members identify the improper use of SCM techniques, and to discuss the use of proper techniques in similar situations. Trainers will facilitate discussion regarding strategies to use when necessary to relieve a staff member during a physical intervention.

2. Trainers will review appropriate tools to be used to avoid becoming counter-aggressive with clients.

3. Trainers will review the Client Interventions Policy and the Safe Behavior Management policy with policy acknowledgment forms being signed by each staff member for each policy.

Target date for completion is March 1, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jonathan P. Swartsburg, Divisional Vice President

Date 12/23/13

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DEC 24 2013
EST REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary: 40680 - 12/02/2013 - Rodack, Kristen
Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4

1. REGULATION 55 Pa.Code §3800
3800.184(c) - The information in subsection (b) shall be logged at the same time each dosage of medication is administered or self-administered.

2a. DESCRIPTION OF VIOLATION
Staff Person C administered Ventolin to Resident #1 on 10/27/13 at 6:25 p.m., and the administration was not documented on Resident #1's medication log.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

The Nurse Manager will train the Medical Department staff members and Dakota Dorm staff members on medication administration and documentation procedures, particularly when clients' inhalers are used. This training will be documented in each staff person's training file.

The Nurse Manager will complete direct supervision with Staff Person C to stress the importance of completing all medication logs at the time the medication is administered. This will be documented in a supervisory conference.

Target date for completion is February 1, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jonathan P. Swartzburg, Divisional Vice President

Date 12/23/13

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- ☐ Not Implemented

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DEC 24 2013
WEST REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary: 40680 - 12/02/2013 - Rodack, Kristen
Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4

1. REGULATION 55 Pa.Code §3800
3800.202(a) · A restrictive procedure may not be used in a punitive manner, for the convenience of staff persons or as a program substitution.

2a. DESCRIPTION OF VIOLATION
On 10/27/13 at 5:55 p.m., Staff Person A approached Resident #1 who was seated at a table in the cafeteria. Staff Person A, while standing in close proximity to Resident #1's face, screamed at the resident and repeatedly pointed his/her finger in the resident's face. Staff Person A used both of his/her hands to grab Resident #1's arms, lift the resident off of the seat, and initiate a manual restraint on the resident.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon completion of Abraxas I's internal investigation through the Office of Professional Responsibility (OPR), we will be seeking termination of Staff person A.

During Safe Crisis Management training in January 2014 with Dakota dorm staff members:

1. Video review of this incident will be utilized as a training tool to help staff members identify the improper use of SCM techniques, and to discuss the use of proper techniques in similar situations. Trainers will facilitate discussion regarding strategies to use when necessary to relieve a staff member during a physical intervention.

2. Trainers will review appropriate tools to be used to avoid becoming counter-aggressive with clients.

3. Trainers will review the Client Interventions Policy and the Safe Behavior Management policy with policy acknowledgment forms being signed by each staff member for each policy.

Target date for completion is March 1, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s)			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jonathan P. Swatsburg, Divisional Vice President

Date 12/23/13

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- [ ] Partially Implemented - Inadequate Progress
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DEC 24 2013
REGION FIELD OFFICE
Human Services Licensing

Licensing Inspection Summary: 40680 - 12/02/2013 - Rodack, Kristen
Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4

1. REGULATION 55 Pa.Code §3800
3800.211(b) - Manual restraints that apply pressure or weight on the child's respiratory system are prohibited.

2a. DESCRIPTION OF VIOLATION
On 10/27/13 at 5:55 p.m., Staff Person A initiated a manual restraint on Resident #1. During the manual restraint, Staff Person A had his/her elbow pressed against Resident #1's throat, which applied pressure to the resident's respiratory system and restricted the resident's breathing. A physical evaluation form, dated 10/27/13 at 6:25 p.m., indicated that Resident #1 required administration of Ventolin, an inhaler, following the manual restraint.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)
Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

Upon completion of Abraxas I's internal investigation through the Office of Professional Responsibility (OPR), we will be seeking termination of Staff person A.

During Safe Crisis Management training in January 2014 with Dakota dorm staff members:

1. Video review of this incident will be utilized as a training tool to help staff members identify the improper use of SCM techniques, and to discuss the use of proper techniques in similar situations. Trainers will facilitate discussion regarding strategies to use when necessary to relieve a staff member during a physical intervention.

2. Trainers will review appropriate tools to be used to avoid becoming counter-aggressive with clients.

3. Trainers will review the Client Interventions Policy and the Safe Behavior Management policy with policy acknowledgment forms being signed by each staff member for each policy.

Target date for completion is March 1, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page)

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jonathan P. Swartzbarg, Divisional Vice President

Date 12/23/13

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Plan of correction implementation status as of 2/14/14 (Date)

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RECEIVED
DEC 24 2013
REGION FIELD OFFICE
Services Licensing

Licensing Inspection Summary: 40680 - 12/02/2013 - Rodack, Kristen
Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4

1. REGULATION 55 Pa.Code §3800

3800.221 - The facility shall have a written description of services that the facility provides to include the following:

(1) The scope and general description of the services provided by the facility.
(2) The ages, needs and any special characteristics of the children the facility serves.
(3) Specific activities and programs provided by the facility.

2a. DESCRIPTION OF VIOLATION

The facility's policies and procedures manual includes a "Telephone and Cellular Phone Usage" policy which indicates "in the event of authorized cellular phone use, it is essential for employees to secure cellular phones on their person so that the cell phone does not end up in the hands of a client." On 11/16/13 at approximately 7:00 p.m., Staff Person B allowed Resident #2, Resident #5, and Resident #6, access to his/her personal cellular phone by leaving the phone in the center console of the agency van and permitting the residents to use the phone to play music while the staff person operated the van.

3. PLAN OF CORRECTION (POC) (Attach pages as necessary. Remember that you must sign and date any attached pages.)

Include steps to correct the violation described above and steps to prevent a similar violation from occurring again. If steps cannot be completed immediately, include dates by which the steps will be completed.

During Treatment Supervisor II Meeting, the Program Managers will review the Telephone and Cellular Phone Usage Policy with the Treatment Supervisors IIs and they will sign policy acknowledgment forms.

Treatment Supervisors II will complete a supervisory conference meeting, documented on a supervisory conference note, with each of the staff members in their respective dorms. Each staff member will sign the Telephone and Cellular Phone Usage Policy acknowledgment form and the supervisory conference note.

Target date for completion is March 1, 2014.

Repeat Violation: No	Date(s) of Previous Violation(s):			

Signature of Legal Entity Representative (Required on EVERY Page) [signature]

Printed Name and Title of Legal Entity Representative (Required on EVERY Page) Jonathon P. Santsburg, Divisional Vice President

Date 12/23/13

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The above plan of correction is approved as of 2/14/14 (Date)

The above plan of correction was approved by BB (Initials)

Plan of correction implementation status as of 2/14/14 (Date)

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- [ ] Partially Implemented - Adequate Progress
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- [ ] Not Implemented

STAFF PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name:CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4	License Number:406800

Designation	Staff Member's Name
A	[redacted]
B	
C	
D	

RECEIVED
DEC 9 4 2013
DIVISION FIELD OFFICE
Services Licensing

Jonathan P. Swatsburg, Divisional Vice President
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

12/23/13
Date

Date of Inspection: 12/04/2013

CHILD PRIVACY CODING DOCUMENT
CHILD RESIDENTIAL LICENSING - 55 Pa. Code Chapter 3800

Facility Name: CORNELL ABRAXAS GROUP INC ABRAXAS 1 DAKOTA DORM 4	License Number: 406800

Designation	Child's Name
Resident 1	[redacted]
Resident 2	
Resident 3	
Resident 4	
Resident 5	
Resident 6	

RECEIVED
DEC 24 2013
WEST REGION FIELD OFFICE
Human Services Licensing

Jonathan P. Swartzburg, Divisional Vice President
Printed Name and Title of Legal Entity Representative

Signature of Legal Entity Representative

12/23/13
Date

Date of Inspection: 12/04/2013