

Department of Human Services
Office of Children, Youth and Families
Licensing Inspection Summary - Public
55 PA.CODE CHAPTER 3800

August 1, 2024

[REDACTED], CHIEF EXECUTIVE OFFICER
CORNELL ABRAXAS GROUP, INC.
2840 LIBERTY AVENUE, SUITE 300
PITTSBURGH, PA, 15222

RE: CORNELL ABRAXAS GROUP, INC.
ABRAXAS 1 PIONEER DORM 1
165 ABRAXAS ROAD
MARIENVILLE, PA, 16239
LICENSE/COC#: 41123

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Office of Children, Youth and Families review on of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,

[REDACTED]
Western Region Director

cc: Pennsylvania Office of Children, Youth and Families

Agency/Facility Information

Name: CORNELL ABRAXAS GROUP, INC.-ABRAXAS 1-PIONEER DORM 1

License Number: 41123

Address: 165 ABRAXAS ROAD, MARIENVILLE, PA 16239

License Expiration: 06/01/2024

County: FOREST

Administrator

Name: [REDACTED]

Phone: [REDACTED]

Email: [REDACTED]

Legal Entity

Name: CORNELL ABRAXAS GROUP, INC.

Address: 2840 LIBERTY AVENUE, SUITE 300, PITTSBURGH, PA, 15222

Phone: [REDACTED]

Email: [REDACTED]

Inspection Information

Start Date: 01/07/2024

End Date: 02/09/2024

Type: Complaint

Notice: Announced Visit

Inspector(s): [REDACTED]

Inspection Narrative

An investigation into an allegation of causing bodily injury to child through recent act/failure to act was completed on 02/09/2024. Results of this investigation identified a violation of regulation 3800.202 (c)(c1): appropriate use of restrictive procedures. The staff member did not attempt to deescalate the child prior to using a restrictive procedure. Additionally, the child did not present as a danger to himself or others at the time the restrictive procedure was initiated.

Inspections / Reviews

01/07/2024 Complaint

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/04/2024

04/09/2024 - POC Submission

Reviewer: [REDACTED]

Follow Up Type: On site Verification

Follow Up Date: 04/10/2024

04/09/2024 On site Verification

Submitted By: [REDACTED]

Date Submitted: 03/04/2024

Reviewer: [REDACTED]

Follow Up Type: Not Required

3800.202 Appropriate Use of Restrictive Procedures**1. Requirements**

3800.202. Appropriate use of restrictive procedures.

c. For each incident in which use of a restrictive procedure is considered:

1. Every attempt shall be made to anticipate and de-escalate the behavior using methods of intervention less intrusive than restrictive procedures.

Description of Violation

Child A was subject to a restrictive procedure on 01/27/2024 without evidence of attempts being made to anticipate and de-escalate the behavior and using methods of intervention less intrusive than restrictive procedures.

Plan of Correction

Accept ([REDACTED] - 04/09/2024)

By March 31, 2024, during an ARMHS (PRTF Program) staff team meeting, direct care staff members working in Pioneer and Explorer dorms will complete a refresher in Safe Crisis Management theory. The training will focus on de-escalation skills and will be facilitated by a supervisor who is an SCM Trainer.

Beginning April 1, 2024, following physical interventions, the Treatment Supervisor completing the supervisory review process will review with staff members de-escalation techniques that were utilized during the incident and discuss ways to improve the process if necessary. These discussions will be documented on the Supervisory Review Form and provided to the Clinical Director by the end of each month.

Additionally, when supervisors observe a staff member not attempting to de-escalate a client's behavior, resulting in a physical intervention, they will complete a supervisory conference with that staff member to discuss the specific incident and provide direction and coaching to further develop their skills. Copies of the supervisor conference forms will be provided to the Clinical Director by the end of each month.

The Executive Director will oversee this plan of correction and monitor the process for 90 days or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 04/01/2024

On-site Verification

Implemented ([REDACTED] - 08/01/2024)

On 08/01/2024 a POC verification meeting was held. Files were reviewed to verify the POC was executed. The plan has been implemented