

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

November 21, 2024

[REDACTED], CHIEF EXECUTIVE OFFICER
CORNELL ABRAXAS GROUP, INC.
2840 LIBERTY AVENUE, SUITE 300
PITTSBURGH, PA, 15226

RE: CORNELL ABRAXAS GROUP, INC.
ABRAXAS 1 SENECA DORM
165 ABRAXAS ROAD
MARIENVILLE, PA, 16239
LICENSE/COC#: 41125

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-SENECA DORM
Address: 165 ABRAXAS ROAD, MARIENVILLE, PA 16239
County: FOREST

License Number: 41125
License Expiration: 06/01/2024

Administrator

Name: [REDACTED] **Phone:** [REDACTED] **Email:** [REDACTED]

Legal Entity

Name: CORNELL ABRAXAS GROUP, INC.
Address: 2840 LIBERTY AVENUE, SUITE 300, PITTSBURGH, PA, 15226
Phone: [REDACTED] **Email:** [REDACTED]

Inspection Information

Start Date: 02/06/2024 **End Date:** 02/08/2024 **Type:** Renewal **Notice:** Announced Visit
Inspector(s): [REDACTED]

Inspection Narrative

The Department of Human Services, Office of Children Youth and Families, Western Region, conducted an annual licensing inspection of Abraxas I Seneca on 02 06 2024 thru 02 08 2024. During the inspection, the department reviewed 10% of all resident files, which include current and discharged youth, and all the personnel files of both current and terminated employees who worked at the facility during the inspection period. A physical walk through of buildings and household was also completed as part of the regulatory yearly license compliance. The Department conducted interviews of Staff, along with a variety of youth from each household. This was to understand and address housing, program norms, and administration issues.

Youth have stated they feel safe at the facility and enjoy the activities provided to them. Staff feel heard and supported and have stated they enjoy their job. Staff feel they get adequate training in dealing with their specific youth population.

Problem Area's

The department did identify citations during the annual licensing which are explained below.

Inspections / Reviews

02/06/2024 Renewal

Lead Inspector: [REDACTED] **Follow-Up Type:** POC Submission **Follow-Up Date:** 02/23/2024

02/26/2024 - POC Submission

Reviewer: [REDACTED] **Follow Up Type:** On site Verification **Follow Up Date:** 03/21/2024

02/26/2024 On site Verification

Submitted By: [REDACTED] **Date Submitted:** 02/22/2024
Reviewer: [REDACTED] **Follow Up Type:** Not Required

3800.17 Recordable Incidents

1. Requirements

3800.17. The facility shall maintain a record of the following:

Description of Violation

It was determined that the facility did not have a record of the incident that occurred on 09/14/2023 that involved child E.

Plan of Correction

Accept () - 02/26/2024)

By February 29, 2024, the Nurse Manager will meet with the nurses in the Medical Department to discuss the process for adding medical follow up information on incident reports in the Abraxas Incident Report (AIR) system.

Additionally, if a nurse evaluates a resident for an injury that requires an incident report, and an AIR has not been entered in the system, he/she will call or email the Nurse Manager or On-Duty Supervisor to advise them that an incident report has not been entered into the AIR system. The Nurse Manager or Supervisor who documents the incident report will verify the AIR is completed fully, including the medical follow-up and required notifications.

By March 15, 2024, the Community Services Supervisor and Director of Quality & Compliance will facilitate a refresher training for Supervisors on the incident reporting process, to include the importance of timely and accurate documentation. The Executive Director is responsible for the overall implementation of the plan of correction. He will monitor the process for at least 90 days or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 03/15/2024

On-site Verification

Implemented () - 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

3800.58 Staff Training

2. Requirements

3800.58.d. After initial training, the director and each full-time, part-time and temporary staff person, who will have regular and significant direct contact with children, shall have at least 40 hours of training annually relating to the care and management of children. This requirement for annual training does not apply for the initial year of employment.

Description of Violation

Staff persons A, B, C, D, and E did not have 40 hours of annual training after the initial year of employment.

Plan of Correction

Accept () - 02/26/2024)

By March 8, 2024, the Nurse Manager, Program Managers, Education Supervisors, and the Community Services Supervisor will review with all supervisors and direct care employees the requirement that each staff member must complete 40 hours of training each calendar year.

By March 15, 2024, Supervisors will meet individually with staff members noted in this LIS to develop a detailed individual training plan for 2024. This discussion and training plan will be documented in a supervisory conference note.

Each supervisor of direct care staff members will monitor the completion of training hours to verify that each of their direct reports completes at least ten hours of training each quarter. On the third business day following each

3800.58 Staff Training (continued)

quarter (April 3rd, July 3rd, October 3rd), supervisors will provide a report to the Leadership team regarding the status of training completed for the employees they supervise. The Leadership Team will review total training hours for direct care employees at the next Leadership meeting.

By the 15th day following the end of each quarter (April 15th, July 15th, October 15th), Supervisors will meet with employees who do not complete the minimum ten hours per quarter to develop a plan for catching up in the subsequent quarter in order to stay on track to complete 40 hours by the end of the year. These meetings will be documented in a supervisory conference and verified by a Leadership Team member. Supervisors are responsible for assisting direct care employees in choosing and scheduling appropriate training events. Supervisors will provide a final report to Leadership on December 4, 2024 to verify each employee is on track to complete 40 hours of training by the end of December.

The Executive Director is responsible for the implementation of this plan of correction. He will monitor the process to verify appropriate tracking and supervision is occurring and that all reports are collected and reviewed during Leadership meetings.

Licensee's Proposed Overall Completion Date: 04/15/2024

On-site Verification**Implemented (██████) - 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

3800.243 Content of Records**3. Requirements**

3800.243. Each child's record shall include:

1. Personal information including:
 - iii. The dated photograph of the child taken within the past year.
 - iv. Language or means of communication spoken and understood by the child and the primary language used by the child's family, if other than English.

Description of Violation

Child A, B, and C's record does not contain identifying personal information such as religious affiliation.

Child C and D's record does not contain identifying personal information such as annual dated photograph.

Plan of Correction**Accept (██████) - 02/26/2024)**

By February 29, 2024, Program Managers will instruct supervisors to make the necessary corrections on the Police Contact Sheets for the clients noted in this LIS. Treatment Supervisors will email the Leadership Team to verify the corrections have been made.

By March 13, 2024, Program Managers will meet with Treatment Supervisors to review this citation and the requirements for including information in 3800.243 on clients' Police Contact Sheets (face sheets). Beginning

3800.243 Content of Records (continued)

March 13, 2024, Treatment Supervisors will review all new clients' Police Contact Sheets to verify they are fully and accurately completed. By March 31, 2024, Treatment Supervisors will review each client's Police Contact sheet to verify it is up to date and fully completed. Program Managers will verify the Treatment Supervisors' chart reviews have been completed during a monthly supervision meeting and document their findings in a supervisory conference note.

By March 31, 2024, the Nurse Manager and/or an LPN will review all client medical files to verify an accurate copy of the Police Contact Sheet is in the file and attached to the client's MAR.

Beginning Q2, 2024, Program Managers and the Nurse Manager will review at least 20% of clients' Police Contact Sheets for clients in their dorms (medical office), at least quarterly, to verify the documents are fully and accurately completed. The Executive Director is responsible for the overall implementation of the plan of correction. He will monitor the process for at least six months or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 03/31/2024

On site Verification

Implemented () - 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

Clearances**4. Requirements**

6344.(b1). Required documentation to be maintained and produced.
For the purposes of this subsection, an applicant may submit a copy of the information required under paragraphs (1) and (2) with an application for employment. Administrators shall maintain a copy of the required information and shall require applicants to produce the original document prior to employment.

Description of Violation

Staff F did not have a FBI clearance on file.

A report of Federal criminal history record information. The applicant shall submit a full set of fingerprints in a manner prescribed by the department. The Commonwealth shall submit the fingerprints to the Federal Bureau of Investigation in order to obtain a report of Federal criminal history record information and serve as intermediary for the purposes of this section.

Plan of Correction

Accept () - 02/26/2024)

Staff member F was immediately placed on administrative leave at the completion of the licensing inspection. Staff member F obtained a new FBI clearance on February 9, 2024, submitted it to the HR Business Partner, and was returned to work.

By March 8, 2024, the HR Business Partner will review with the Executive Director the tracking system used to monitor and verify the completion of all pre-hire documentation. The Executive Director will verify there is a process in place to notify him if candidates do not have all of their required pre-hire documentation prior to the person's anticipated start date.

Clearances (continued)

The Executive Director is responsible for the overall implementation of the plan of correction. He will monitor the process for at least 90 days or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 03/08/2024

On site Verification

Implemented (████ - 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