

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 I MOHICAN DORM
165 ABRAXAS ROAD
MARIENVILLE, PA, 16239
LICENSE/COC#: 41976

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

License Number: 41976
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, 15222
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 Mohican 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

3800.58 Staff Training**1. 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 person A, B, C, D, and E did not have 40 hours of annual training after the initial year of employment.

Plan of Correction**Accepted (████ - 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 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

3800.144 Dental Care

2. Requirements

3800.144.a. Each child shall receive dental care, at as early an age as necessary, needed for relief of pain and infections, restoration of teeth and maintenance of dental health.

Description of Violation

Child B did not receive any dental care since admission date [REDACTED]

Plan of Correction

Accept [REDACTED] - 02/26/2024)

On January 10, 2024, the facility began to receive dental services from "Link the Valley," a dental van providing prophylaxis and dental exams on site for all clients. As of February 6, 2024, all clients at the facility are up to date on their dental cleaning and examinations. Link the Valley will continue to come to the facility at least monthly to provide services to clients. They provide documentation for the client medical files to verify services provided.

The Nurse Manager will be responsible for overseeing this process and verifying services are provided to all clients in a timely manner.

Licensee's Proposed Overall Completion Date: 02/23/2024

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

3800.224 Development of the ISP

3. Requirements

3800.224.b. The ISP shall be developed by the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent, guardian or custodian, child care staff persons, a contracting agency representative and other appropriate professionals.

Description of Violation

The ISP dated 11-03-23 was developed and signed by the Clinical Therapist. The counselor and child A] did not sign ISP till 11/29/23 making the ISP late and not inclusive or client centered to the child A.

Plan of Correction

Accept [REDACTED] - 02/26/2024)

By February 29, 2024, Program Managers will instruct supervisors to review the Case Management Policy with all Counselors. Supervisors will emphasize the importance of meeting timeframes for completion of documentation as outlined in the policy.

By March 16, 2024, Program Managers will meet with Treatment Supervisors to review the citation and requirements for regulation 3800.224b. Supervisory conference notes will be completed for each staff person in attendance in these meetings.

Beginning March 21, 2024, Clinical Supervisors will be present for the initial ISP meetings (Comprehensive Treatment Plan). Signatures will be obtained on the date of the development/finalization of the ISP to verify it is fully completed and on time.

Beginning Q2 2024, Program Managers will review at least 20% of ISPs (Comprehensive Treatment Plans) for their dorms at least quarterly to verify the ISP is signed and completed on time. 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.

3800.224 Development of the ISP (*continued*)

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