

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 DAKOTA DORM 4
165 ABRAXAS ROAD
MARIENVILLE, PA, 16239
LICENSE/COC#: 40680

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]
Human Services Program Representative

cc: Pennsylvania Office of Children, Youth and Families

Agency/Facility Information

Name: CORNELL ABRAXAS GROUP, INC-ABRAXAS 1-DAKOTA DORM 4
Address: 165 ABRAXAS ROAD, MARIENVILLE, PA 16239
County: FOREST

License Number: 40680
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: 03/25/2024 **End Date:** 04/16/2024 **Type:** Complaint **Notice:** Unannounced Visit
Inspector(s): [REDACTED]

Inspection Narrative

During a routine site visit, interviews were conducted with residents. Child A reported that [REDACTED] had a dental examination on [REDACTED], during which an abscess was identified. Child A reported that the agency's physician was supposed to prescribe antibiotics to treat the condition but that, to date, [REDACTED] had not received said medication. The agency's nursing supervisor confirmed that Child A had not received a script and was due to be seen on 03/26/24.

Inspections / Reviews

03/25/2024 Complaint

Lead Inspector: [REDACTED]**Follow-Up Type:** POC Submission**Follow-Up Date:** 04/29/2024

07/29/2024 - POC Submission

Reviewer: [REDACTED]**Follow Up Type:** On site Verification**Follow Up Date:** 07/04/2024

07/29/2024 On site Verification

Submitted By: [REDACTED]**Date Submitted:** 04/29/2024**Reviewer:** [REDACTED]**Follow Up Type:** Not Required

3800.144 Dental Care

1. Requirements

3800.144.d. Follow-up dental work indicated by the examination, such as treatment of cavities and the application of protective sealants, shall be provided in accordance with recommendations by the licensed dentist.

Description of Violation

Child A reported that [REDACTED] had a dental examination on [REDACTED] during which an abscess was identified. Child A reported that the agency's physician was supposed to prescribe antibiotics to treat the condition but that, to date, [REDACTED] had not received said medication. The agency's nursing supervisor confirmed that Child A had not received a script and was due to be seen [REDACTED].

Plan of Correction

Accept ([REDACTED] - 05/03/2024)

On [REDACTED], Child A was taken to the facility's PCP for an assessment of an abscess. The PCP did not find an abscess or any infection in Child A's mouth, but verified he had a broken tooth at the gumline. [REDACTED] did not prescribe an antibiotic but made a dental referral to have the broken tooth evaluated. Child A was taken to the Meadville Dental Center on [REDACTED] for another dental consultation and examination. The dentist in Meadville confirmed Child A had a broken tooth, prescribed an antibiotic, and set up an appointment for an extraction later in the month.

The Nurse Manager accessed a list of dentists in surrounding counties who will accept PA medical assistance. [REDACTED] has begun to contact dental offices, attempting to find some offices who will establish a relationship with the facility to provide services to our clients. The Nurse Manager will exhaust the list of possible dentists by May 10, 2024, keeping the Leadership Team apprised of [REDACTED] progress at weekly meetings.

The facility will continue to utilize Link the Valley (dental van) for dental cleaning and initial exams. However, during the next visit in May, the Nurse Manager will meet with the managing hygienist to discuss documentation and communication regarding clients with identified treatment needs. The Nurse Manager will provide a more detailed form for the hygienist to use for documenting the prophylaxis and examination. [REDACTED] will also request if a client has a diagnosed need for an antibiotic, that the hygienist (if possible) or the consulting dentist prescribe an antibiotic at that time, and speak directly to the facility's Nurse on duty to describe and clarify the client's condition.

Regardless, if a client has an immediate need for treatment, the Nurse Manager will arrange for the client to be seen by a dentist in the area within one week, even if the dentist does not accept MA. In emergency situations where a dental appointment cannot be made immediately, the facility's PCP will assess the client and prescribe antibiotics, when necessary, until a dental appointment can be established; or the client will be evaluated at the Clarion or Kane Hospital emergency room.

Beginning May 14, 2024, the Nurse Manager will provide a progress report on this plan of correction at weekly Leadership Team meetings. The Executive Director will oversee this plan of correction and monitor the process until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 05/31/2024

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