

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

May 29, 2025

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

RE: CORNELL ABRAXAS GROUP, LLC.
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]
Human Services Program Representatives

cc: Pennsylvania Office of Children, Youth and Families

Agency/Facility Information

Name: CORNELL ABRAXAS GROUP, LLC.-ABRAXAS 1-SENECA DORM
Address: 165 ABRAXAS ROAD, MARIENVILLE, PA 16239
County: FOREST

License Number: 41125
License Expiration: 06/01/2025

Administrator

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

Legal Entity

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

Inspection Information

Start Date: 03/20/2025 **End Date:** 03/21/2025 **Type:** Complaint **Notice:** Unannounced Visit
Inspector(s): [REDACTED]

Inspection Narrative

On March 20, 2025 the Department was made aware of an incident via a complaint involving Child A, a youth placed at Abraxas 1 and in Seneca Dorm. According to the complaint, child A sustained injuries (bruising and pain) as a result of a restraint that took place on March 14, 2025. The complaint included an email written by a staff member that observed the restraint, as well as a photo of the child's bruises. The complainant was concerned for the child based on the injuries and also concerned that the child did not receive proper medical care afterwards. Immediately upon receiving the complaint, this writer went to Abraxas and spoke with the child to ensure his safety, as well as requesting the child receive an X ray (which was negative for any fracture). On March 21, 2025 this writer and a colleague made an announced visit to Abraxas to complete necessary interviews to better understand what transpired with child A. The interviews included an interview with child A and interviews with 8 staff members, 3 of which were part of the medical staff, 2 witnesses, and 3 staff that were actively part of the restraint. Based on the interviews, it appears as though the restraint could have been avoided but once initiated, was not done properly by one staff member.

Inspections / Reviews

03/20/2025 Complaint

Lead Inspector: [REDACTED]**Follow-Up Type:** POC Submission**Follow-Up Date:** 04/07/2025

05/02/2025 - POC Submission

Reviewer: [REDACTED]**Follow Up Type:** On site Verification**Follow Up Date:** 06/11/2025

05/02/2025 On site Verification

Submitted By: [REDACTED]**Date Submitted:** 04/07/2025**Reviewer:** [REDACTED]**Follow Up Type:** Not Required

3800.53 Director

1. Requirements

3800.53.b. The director shall be responsible for administration and management of the facility, including the safety and protection of the children, implementation of policies and procedures and compliance with this chapter.

Description of Violation

This regulation states that the director shall be responsible for administration and management of the facility, including the safety and protection of the children, implementation of policies and procedures and compliance with this chapter.

The Director of the facility is responsible for ensuring that restraints are not done only when necessary, but done properly as well. Regulation 205(b)(3) requires that proper use of restrictive procedures be taught in training. While it appears as though this is occurring during training, multiple interviews during this complaint investigation revealed that staff member A did not implement the procedure as trained. Specifically, child A and two other staff members present reported that staff member A's hands were up high, between the shoulder blades. Child A reported feeling thumbs pushing into ■■■ back and there were subsequent marks on ■■■ upper back that support the placement of hands between the shoulder blades. Child A also reported being pushed forward to the point of being somewhat bent over, with ■■■ head close to ■■■ lap at times. To this writer's knowledge, neither of these positions/techniques are taught during SCM certification.

While there were injuries from the restraint, the staff member does not appear to have been acting in a manner where he was knowingly, recklessly or intentionally causing said injuries.

Plan of Correction**Accept (■■■ - 04/22/2025)**

Effective April 4, 2025, the Executive Director and available Leadership team members complete a daily meeting to review critical incidents at the facility from the previous day. The review includes a review of the incident report, other documentation related to the incident (e.g., medical notes, suicide assessments), available videos footage, communication from team members, and follow-up actions taken. Additional follow-up actions will be developed, when necessary, to include requests for additional information, supervision or feedback with staff members, and additional actions to ensure the safety of the clients and staff members involved in the incident. This process will continue for at least 60 days when the Executive Director will reassess the frequency of the meetings and scope of the incident review categories. The Executive Director will maintain documentation of the meetings and follow-up actions.

Beginning April 15, 2025, the Executive Director will verify employees' ongoing compliance with Safe Crisis Management training, to include annual certification training, and semi-annual refresher trainings. Training Supervisors will update the Relias training management system with each employee's SCM training information. The Executive Director will monitor compliance with SCM training utilizing reports from the Relias system. The Executive Director or a Program Manager will meet with any employee out of compliance with SCM training, complete a supervisory conference, and schedule the employee immediately for the training he/she missed. If the employee's SCM annual certification has lapsed, the employee will not be scheduled in direct care with clients until the certification has been completed.

By April 30, 2025, Staff Member A will complete a Safe Crisis Management refresher training conducted by the training department, to include a competency skill-out on all SCM techniques certified in the training. Documentation of this training will be included in the employee's training record.

3800.53 Director (continued)

By May 9, 2025, all staff members in the [REDACTED] D&A Program will complete a Safe Crisis Management refresher training conducted by the training department, to include a review that a restrictive procedure may be used only to prevent a child from injuring [REDACTED] or others, information related to effective de-escalation techniques, and a skill-out of all SCM techniques certified in the training. Documentation of this training will be included in each employee's training record.

The Executive Director is responsible for this plan of correction. [REDACTED] will monitor the processes for 90 days or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 05/14/2025

On-site Verification

Implemented [REDACTED] - 05/14/2025)

All staff members in the D&A dorm, including the one named in this complaint have received the refresher training. The staff member involved was retrained and documentation was provided to show that this was completed.

3800.202 Appropriate Use of Restrictive Procedures**2. Requirements**

3800.202.b. With the exception of exclusion as specified in § 3800.212 (relating to exclusion), a restrictive procedure may be used only to prevent a child from injuring himself or others.

Description of Violation

Child A was subject to a restrictive procedure that was being utilized for reasons other than to prevent a child from injuring [REDACTED] or others.

On March 14, 2025, child A was placed in a restrictive procedure in [REDACTED] bedroom. According to all parties involved in the complaint process, child A was kept back from school and was to be sitting in the common area of the unit due to being placed on restriction. During [REDACTED] time in the common area, child A would use that time to complete schoolwork and assignments. Child A was refusing to sit in the common area and was in [REDACTED] room instead, refusing to comply and leave. One of the unit staff members used a "touch prompt" on child A's shoulder to try and move [REDACTED] along and child A responded by hitting this staff member's hand away. The response by child A was seen as physical aggression towards staff and as a result the restraint was initiated.

If child A was to complete work in the common area as part of being on restriction, it is unclear why this same task could not have occurred in [REDACTED] bedroom. At the time the staff member placed [REDACTED] hand on child A to use a "touch prompt," child A was not a threat to himself or anyone else. [REDACTED] became agitated and aggressive after the "touch prompt" was used, which resulted in the restraint.

Plan of Correction

Accept [REDACTED] - 04/22/2025)

Effective April 1, 2025, the Physical Intervention Review Board (PIRB), comprised of Leadership Team members and selected supervisors, continues to meet at least weekly to review each physical intervention incident from the prior week. An evaluation of the incident will include the incident report, witness statements, observation forms, available video footage, orders (PRTF), any necessary medical follow up, the life space interview, and the staff debrief. The

3800.202 Appropriate Use of Restrictive Procedures (continued)

PIRB will assess each intervention to determine the necessity for the initiation of a physical intervention (used only to prevent a child from injuring himself or others). If necessary, follow up actions will be developed, to include supervision or feedback with staff members by a Leadership team member and/or additional Safe Crisis Management training. The Quality & Compliance Specialist will maintain documentation from PIRB meetings.

By May 9, 2025, all staff members in the [REDACTED] D&A Program will complete a Safe Crisis Management refresher training conducted by the training department, to include a review that a restrictive procedure may be used only to prevent a child from injuring [REDACTED] or others, information related to effective de escalation techniques, and a skill out of all SCM techniques certified in the training. Training will also include a review of the procedures for completing and documenting the physical intervention observation form. Documentation of this training will be included in each employee's training record.

The Executive Director is responsible for this plan of correction. [REDACTED] will monitor the processes for 90 days or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 05/14/2025

On site Verification

Implemented ([REDACTED] - 05/14/2025)

All staff members in the D&A dorm, including the one named in this complaint have received the refresher training. This writer has personally observed the incident review meetings held by leadership.

3800.213 Restrictive Procedure Records**3. Requirements**

3800.213. A record of each use of a restrictive procedure, including the emergency use of a restrictive procedure, shall be kept and shall include the following:

7. The staff person who observed the child.

Description of Violation

Child A was subject to a restrictive procedure on March 14, 2025. Staff member C was not physically involved in the procedure and was observing the restraint as part of the medical staff and was to have completed an observation form. The investigation into this complaint included a review of child A's file. No observation form could be located. When asked if this document was completed, this writer was informed that the observation form was completed by staff member B, who was a participant in the restraint. Administration was already aware of this and acknowledged that it is incorrect and against policy.

Plan of Correction

Accept ([REDACTED] - 04/22/2025)

Effective April 1, 2025, the Physical Intervention Review Board (PIRB), comprised of Leadership Team members and selected supervisors, continues to meet at least weekly to review each physical intervention incident from the prior week. An evaluation of the incident will include the incident report, witness statements, observation forms, available video footage, orders (PRTF), any necessary medical follow up, the life space interview, and the staff debrief. The PIRB will assess each intervention to determine the necessity for the initiation of a physical intervention (used only to prevent a child from injuring [REDACTED] or others). If necessary, follow-up actions will be developed, to include supervision or feedback with staff members by a Leadership team member and/or additional Safe Crisis Management training. The Quality & Compliance Specialist will maintain documentation from PIRB meetings.

By May 9, 2025, all staff members in the [REDACTED] D&A Program will complete a Safe Crisis Management refresher

3800.213 Restrictive Procedure Records (continued)

training conducted by the training department, to include a review that a restrictive procedure may be used only to prevent a child from injuring himself or others, information related to effective de-escalation techniques, and a skill-out of all SCM techniques certified in the training. Training will also include a review of the procedures for completing and documenting the physical intervention observation form. Documentation of this training will be included in each employee's training record.

The Executive Director is responsible for this plan of correction. [REDACTED] will monitor the processes for 90 days or until compliance is achieved and sustained.

Licensee's Proposed Overall Completion Date: 05/14/2025

On-site Verification**Implemented ([REDACTED] - 05/14/2025)**

All staff members in the D&A dorm, including the one named in this complaint have received the refresher training. This writer has personally observed the incident review meetings held by leadership.