

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

August 7, 2025

[REDACTED], CHIEF EXECUTIVE OFFICER
CORNELL ABRAXAS GROUP, LLC.
[REDACTED]
[REDACTED]

RE: CORNELL ABRAXAS GROUP, LLC.-
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, LLC.-ABRAXAS I-MOHICAN DORM
Address: 165 ABRAXAS ROAD, MARIENVILLE, PA 16239
County: FOREST

License Number: 41976
License Expiration: 06/01/2025

Administrator

Name: [REDACTED]

Legal Entity

Name: CORNELL ABRAXAS GROUP, LLC.

Address: [REDACTED]

Inspection Information

Start Date: 02/04/2025

End Date: 02/07/2025

Type: Renewal

Notice: Announced Visit

Inspector(s):
[REDACTED]

Inspection Narrative

Abraxas 1, located in Marienville, PA is part of the larger Cornell Abraxas organization that has various similar facilities over several states. Sitting in a very rural setting, Abraxas 1 serves both males and females and is comprised of nine individual dorms for youth, six of which are currently licensed and being renewed. The campus also has an on-site school, as well as other buildings including the cafeteria, administration building, medical, gymnasium and a large amount of outdoor space for the residents to have outdoor activities and recreation. The newer dormitories have an 'A Side' and a 'B Side', with each side having a maximum of 15 residents. These dorms have a large staff office that connects to each side and provides visibility into each side. Both sides of the dorm have their own bathrooms, showers, common area, etc. The older buildings have smaller capacities and a different layout (more like a ranch house), with all of the residents sleeping in one part of the building and other spaces being located at the other end of the dorm.

Over this inspection period of February 1, 2024 through January 31, 2025, Abraxas 1 served 223 youth, many of which were placed from locations outside of Pennsylvania. At the time of the inspection, there were approximately 86 youth receiving services at Abraxas 1. The sample was selected by counting the total number of residents per dorm throughout the licensing period (including discharged youth) and randomly selecting 10% of those records. An effort was made to review files for youth from various locations, including those from out of state.

Mohican Dorm is one of the newer dormitories and currently the only dorm for female residents. It is also one of the two whose programming is more specific to dealing with youth with substance abuse issues. Over the inspection period, Mohican Dorm served a total of 56 youth, with 16 active residents at the time of this review. A review of the resident and staff files revealed four different citations, two of which were related to residents and two related to personnel. These citations are described in more detail in this document.

Inspections / Reviews

02/04/2025 - Renewal

Lead Inspector: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 03/10/2025

03/27/2025 POC Submission

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow Up Type: POC Submission

Follow Up Date: 04/01/2025

05/29/2025 POC Submission

Reviewer: [REDACTED]

Follow-Up Type: On-site Verification

Follow-Up Date: 05/14/2025

05/29/2025 - On-site Verification

Submitted By: [REDACTED]

Date Submitted: 04/01/2025

Reviewer: [REDACTED]

Follow-Up Type: Not Required

3800.51 Child Abuse and Criminal History Checks

1. Requirements

3800.51. Child abuse and criminal history checks shall be completed in accordance with 23 Pa.C.S. § § 6301—6385 (relating to the Child Protective Services Law) and Chapter 3490 (relating to protective services).

Description of Violation

Staff Person B was hired on [REDACTED]. The clearances required in this section according to the CPSL are to be updated at least every five years. Upon review of his clearances maintained in his personnel record, the most recent Pennsylvania State Police clearance was dated [REDACTED]. As of the date of the inspection, this staff member had not obtained a new one yet.

Plan of Correction

Accept [REDACTED] - 03/26/2025)

On [REDACTED], the required clearance was obtained for Staff Person B and uploaded to [REDACTED] personnel file.

In February 2025, the Human Resource (HR) Specialist created an Excel spreadsheet to track all three clearances required for employment per the CPSL. Each month, the HR Specialist will utilize the clearance spreadsheet to identify employees' whose clearances will expire within six months. The HR Specialist will notify employees and their supervisor of upcoming required clearance renewals, via email, indicating when the clearance will expire. The HR Specialist will continue to track clearances due within six months and remind employees and their supervisors monthly until clearances have been received. Employees with expired clearances will be placed on administrative leave until their clearances are obtained. The Executive Director will monitor the process for 90 days or until compliance is achieved and sustained.

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

Licensee's Proposed Overall Completion Date: 03/21/2025

On-site Verification

Implemented [REDACTED] - 07/23/2025)

Based on the on site review that occurred on 05/14/2025, the POC is being implemented as written.

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

There was no documentation in Child A's record to support that [REDACTED] received the initial dental exam, nor could the agency produce any.

Plan of Correction

Accept [REDACTED] - 05/14/2025)

Upon intake, an Abraxas nurse schedules each new client for a dental examination and cleaning with the facility's on-site dental provider. The contracted dental provider provides services approximately once per week in order to provide services to new clients in a timely manner. The provider's examination and cleaning are documented on a dental examination form and filed in the client's medical record.

By April 15, 2025, the Nurse Manager will meet with all medical department staff members to train them on the process for tracking and scheduling clients who need a dental exam and cleaning, to include scheduling them for a six-month follow-up examination. This training will also include the procedure for documentation of the dental

3800.144 Dental Care (continued)

examination in the client's medical record (EHR). Training documentation will be filed in the employees' training file.

Beginning April 15, 2025, the Nurse Manager will audit each new client's medical intake documentation within two weeks of admission to verify they have had an initial dental examination and cleaning. If the client has not yet had the appointment, the Nurse Manager will verify the client is scheduled for the dental providers next on-site care day.

The Nurse Manager will document the audit of each new client's medical record on a spreadsheet which includes fields for specific dates (date of intake, date of audit, date dental appointment occurred) as well as a field to verify appointment documentation was uploaded to the client's electronic health record. If a client has not had the dental examination within the first two weeks after admission, the Nurse Manager will review the client's EHR again following the subsequently scheduled appointment to verify it was completed. The Nurse Manager will complete the field on the audit spreadsheet verifying the appointment was kept and the appropriate documentation was uploaded to the client's EHR. The Nurse Manager will provide the monthly spreadsheet to the Executive Director for review by the fifth day of the following month. Following his review, and any necessary follow up with the Nurse Manager, the Executive Director will give the audit spreadsheets to the Quality & Compliance Specialist to maintain with other POC follow up material.

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

Licensee's Proposed Overall Completion Date: 04/30/2025

On-site Verification

Implemented ([REDACTED] - 07/23/2025)

Based on the on site review that occurred on 05/14/2025, the POC is being implemented as written.

3800.146 Hearing Care**3. Requirements**

3800.146.b. Each child who is 3 years of age or older shall receive a hearing screening within 30 days after admission in accordance with the periodicity schedule recommended by the American Academy of Pediatrics, "Guidelines for Health Supervision."

Description of Violation

The facility was unable to provide documentation showing Child B had a hearing screening within 30 days after admission or record of prior exam in accordance with the periodicity schedule recommended by the American Academy of Pediatrics.

Plan of Correction

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

By April 15, 2025, the Nurse Manager will meet with all medical department staff members to train them on the process for tracking and scheduling new clients for an initial physical examination. This training will also include the procedure for reviewing the medical practitioner's documentation of the physical examination to verify all required screenings (e.g., hearing screening, vision screening) were completed and documented within during the initial physical examination. A nurse will review all documentation from the client's physical examination to verify all required screenings were completed prior to documenting the examination in the client's medical record (EHR). Training documentation will be filed in the employees' training file.

Beginning April 15, 2025, the Nurse Manager will audit each new client's medical intake documentation within two weeks of admission to verify they have had physical examination, to include the hearing screening. If any of the

3800.146 Hearing Care (continued)

required screenings have not been completed and documented, the Nurse Manager will schedule the client for the screening to be completed, prior to 30 days from admission, at the facility's next appointment with the provider.

The Nurse Manager will document the audit of each new client's medical record on a spreadsheet which includes fields for specific dates (date of intake, date of audit, dates vision and hearing screenings occurred) as well as a field to verify documentation of the required screenings were included in the physical examination and uploaded to the client's electronic health record. If a client has not had the required screenings within the first two weeks after admission, the Nurse Manager will review the client's EHR again following the subsequently scheduled appointment to verify the screenings were completed. The Nurse Manager will complete the field on the audit spreadsheet verifying the appointment was kept and the appropriate documentation was uploaded to the client's EHR. The Nurse Manager will provide the monthly spreadsheet to the Executive Director for review by the fifth day of the following month. Following his review, and any necessary follow up with the Nurse Manager, the Executive Director will give the audit spreadsheets to the Quality & Compliance Specialist to maintain with other POC follow up material.

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

Licensee's Proposed Overall Completion Date: 04/30/2025

On site Verification

Implemented () - 07/23/2025)

Based on the on site review that occurred on 05/14/2025, the POC is being implemented as written.

3800.151 Staff Health Statement**4. Requirements**

3800.151. A staff person or volunteer who comes into direct contact with the children or who prepares or serves food, shall have a statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant, within 12 months prior to working with children or food service and every 2 years thereafter, stating that the person is free of serious communicable disease that may be spread through casual contact or that the staff person has a serious communicable disease that may be spread through casual contact but is able to work in the facility if specific precautions are taken that will prevent the spread of the disease to children.

Description of Violation

Staff Person A did not have the required statement signed and dated by a licensed physician, certified registered nurse practitioner or licensed physician's assistant, within 12 months prior to working with children or food service and every 2 years thereafter. The last physical exam contained in Staff Person A's personnel record was dated [REDACTED]. This is THREE exams behind what is required.

Plan of Correction

Accept () - 03/26/2025)

Staff Person A obtained a communicable disease statement on [REDACTED]. The HR Specialist verified the documentation was included in her personnel file and will be documented on the tracking spreadsheet.

By April 1, 2025, the HR Specialist will develop a spreadsheet to track the completion of the required communicable disease statement, prior to the date of hire and every two years thereafter. Six months from the expiration date, and once per month thereafter, the HR Specialist will provide notice to the employee and their supervisor that the communicable disease statement is going to expire. If the employee does not obtain the required communicable disease statement by the due date, they will receive a supervisory conference, will not be permitted to report to

3800.151 Staff Health Statement (continued)

work, and will be placed on administrative leave until they produce the communicable disease statement signed and dated by a qualified medical professional.

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

Licensee's Proposed Overall Completion Date: 04/01/2025

On site Verification

Implemented ([REDACTED] - 07/23/2025)

Based on the on site review that occurred on 05/14/2025, the POC is being implemented as written.

Clearances**5. Requirements**

6344.b.1. Pursuant to 18 Pa.C.S. Ch. 91 (relating to criminal history record information), a report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police central repository contains no such information relating to that person. The criminal history record information shall be limited to that which is disseminated pursuant to 18 Pa.C.S. § 9121(b) (2) (relating to general regulations)

Description of Violation

Staff Person B was hired on [REDACTED]. The clearances required in this section according to the CPSL are to be updated at least every five years. Upon review of his clearances maintained in his personnel record, the most recent Pennsylvania State Police clearance was dated [REDACTED]. As of the date of the inspection, this staff member had not obtained a new one yet.

Plan of Correction

Accept ([REDACTED] - 03/26/2025)

On February 12, 2025, the required clearance was obtained for Staff Person B and uploaded to [REDACTED] personnel file.

In February 2025, the Human Resource (HR) Specialist created an Excel spreadsheet to track all three clearances required for employment per the CPSL. Each month, the HR Specialist will utilize the clearance spreadsheet to identify employees' whose clearances will expire within six months. The HR Specialist will notify employees and their supervisor of upcoming required clearance renewals, via email, indicating when the clearance will expire. The HR Specialist will continue to track clearances due within six months and remind employees and their supervisors monthly until clearances have been received. Employees with expired clearances will be placed on administrative leave until their clearances are obtained. The Executive Director will monitor the process for 90 days or until compliance is achieved and sustained.

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

Licensee's Proposed Overall Completion Date: 03/21/2025

On-site Verification

Implemented ([REDACTED] - 07/23/2025)

Based on the on site review that occurred on 05/14/2025, the POC is being implemented as written.