

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

August 10, 2026

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

RE: CORNELL ABRAXAS GROUP, LLC.
ABRAXAS 1 EXPLORER DORM 5
165 ABRAXAS ROAD
MARIENVILLE, PA, 16239
LICENSE/COC#: 41126

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 1-EXPLORER DORM 5

License Number: 41126

Address: 165 ABRAXAS ROAD, MARIENVILLE, PA 16239

License Expiration: 06/01/2026

County: FOREST

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: 01/28/2026

End Date: 01/30/2026

Type: Renewal

Notice: Announced Visit

Inspector(s):

Inspection Narrative

Cornell Abraxas Group, LLC. operates multiple residential facilities for juveniles in several states across the country including Pennsylvania. Abraxas 1, located in Marienville, Pennsylvania, currently has five licensed dormitories, one of which was newly licensed and empty. At the time of the inspection, there were four dorms for males and one dorm for females. This document is specific to Explorer Dorm, which has a maximum capacity of 20 male residents. Explorer is a PRTF with more of a therapeutic focus. The review period for this inspection is from January 1, 2025 through December 31, 2025.

Abraxas 1 provided the Department with the list of all residents placed at the facility during this review period and separated by dorm. The inspection sample was chosen by randomly pulling 10% of the total youth served in each dorm. During this time period, Explorer Dorm served a total of 30 residents so three resident records were reviewed for inspection. The files for the selected residents were reviewed, as well as the complete personnel record for new employees, the clearances, health statements, and training logs of tenured staff, and the fire drill logs. A walk through of each unit was conducted, as well as interviews with both residents and staff.

A review of all of these files, documents, etc. revealed citations, which will be individually explained under the specific regulation.

Inspections / Reviews

01/28/2026 Renewal

Lead Inspector: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/02/2026

03/12/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/12/2026

Reviewer: [REDACTED]

Follow-Up Type: POC Submission

Follow-Up Date: 03/16/2026

Inspections / Reviews (*continued*)

03/12/2026 POC Submission

Reviewer: [REDACTED] Follow-Up Type: *On-site Verification* Follow-Up Date: *05/15/2026*

03/12/2026 - On-site Verification

Reviewer: [REDACTED] Follow Up Type: *On site Verification* Follow Up Date: *06/24/2026*

03/12/2026 On site Verification

Submitted By: [REDACTED] Date Submitted: *03/12/2026*

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 member C obtained a FBI clearance on 08/10/2020 and was required to obtain a new one within 60 months by 08/10/2025. A review of the personnel record showed that staff member C did not obtain a new FBI clearance until 08/14/2025 (four days late).

Plan of Correction

Accept (████) - 03/12/2026)

By April 1, 2026, the Human Resources Business Partner (HRBP) will provide notice via email to the employee and their supervisor that their clearances (FBI, PATCH, Child Abuse) is/are going to expire within 60 days. If the employee does not obtain the required clearance(s) by the due date, the HRBP will notify the Executive Director and appropriate Program Manager. The employee will receive a supervisory conference, will not be permitted to report to work, and will be placed on administrative leave until they receive the clearance and it is verified as acceptable by HRBP.

Beginning April 7, 2026, the HRBP will review data regarding employee clearance requirements during the Leadership Team meeting. The HRBP will also review the list of employees who have a clearance expiring within 60 days.

The Executive Director is responsible for the implementation of this plan of correction.

Licensee's Proposed Overall Completion Date: 04/14/2026

On-site Verification

Implemented (████) - 05/21/2026)

Files were reviewed and the plan has been implemented

3800.132 Fire Drills

2. Requirements

3800.132.a. An unannounced fire drill shall be held at least once a month.

Description of Violation

The facility did not conduct an unannounced fire drill at least once a month. A review of the fire drill logs for Seneca Dorm did not contain a documented fire drill for the months of July and August 2025.

Plan of Correction

Accept (████) - 03/12/2026)

By March 13, 2026, the Maintenance Manager and Program Managers will inform Night Supervisors that a sleeping hours fire drill must be completed for each dorm during the month, no later than March 25, 2026. The Quality & Compliance Specialist will monitor the completion of March drills, verify they are completed and documented appropriately, and communicate the status of the overnight fire drills to the Leadership team by March 26, 2026.

By March 13, 2026, the Maintenance Manager and Quality & Compliance Specialist will review the 2026 fire drill schedule to verify each dorm is scheduled for one monthly fire drill per shift, per quarter.

By March 31, 2026, the Maintenance Manager and Program Managers will complete training with Treatment Supervisors and Night Supervisors regarding requirements for fire drills.

3800.132 Fire Drills (continued)

- Training will include a review of the Fire Drill Policy and specific licensing regulations, including the requirement that an unannounced monthly fire drill must be completed in each facility (dorm) once per shift, per quarter.
- Training will include expectations for the timing of drills, the completion of the fire drill log, and procedures for follow up drills if dorms are non compliant with fire drill requirements.
- Supervisors will be advised of the location of the fire drill schedule, with instructions not to share it with other employees or to post it anywhere and advised that unannounced fire drills will be completed each month and submitted to the Maintenance Manager.
- Completion of fire drill training will be documented and maintained in the employee training record.

Beginning March 31, 2026, the Maintenance Manager will report monthly to the Leadership team regarding the completion of fire drills. The Leadership Team will review the outcomes of the fire drills, complete a critique of the process as necessary, identify corrective action plans, and document the completion of fire drills in the meeting minutes.

The Executive Director is responsible for implementing and monitoring this plan of correction.

Licensee's Proposed Overall Completion Date: 03/31/2026

On site Verification

Implemented () - 05/21/2026)

Files were reviewed and the plan has been implemented

3. Requirements

3800.132.e. A fire drill shall be held during sleeping hours at least every 6 months.

Description of Violation

The facility did not conduct a fire drill during sleeping hours at least every 6 months. A review of the fire drill logs revealed that the only overnight/sleeping fire drill occurred on 12/29/2025. There was not one documented prior to this.

Plan of Correction

Accept () - 03/12/2026)

By March 13, 2026, the Maintenance Manager and Program Managers will inform Night Supervisors that a sleeping hours fire drill must be completed for each dorm during the month, no later than March 25, 2026. The Maintenance Manager will monitor the completion of March drills, verify they are completed and documented appropriately, and communicate the status of the overnight fire drills to the Leadership team by March 26, 2026.

By March 13, 2026, the Maintenance Manager and Quality & Compliance Specialist will review the 2026 fire drill schedule to verify each dorm is scheduled for one fire drill per shift, per quarter.

By March 31, 2026, the Maintenance Manager and Program Managers will complete training with Treatment Supervisors and Night Supervisors regarding requirements for fire drills.

- Training will include a review of the Fire Drill Policy and specific licensing regulations, including the requirement that an unannounced monthly fire drill must be completed in each facility (dorm) once per shift, per quarter.
- Training will include expectations for the timing of drills, the completion of the fire drill log, and procedures for follow up drills if dorms are non-compliant with fire drill requirements.
- Supervisors will be advised of the location of the fire drill schedule, with instructions not to share it with other employees or to post it anywhere and advised that unannounced fire drills will be completed each month and

3800.132 Fire Drills (continued)

submitted to the Maintenance Manager.

- *Completion of fire drill training will be documented and maintained in the employee training record.*

Beginning March 31, 2026, the Maintenance Manager will report monthly to the Leadership team regarding the completion of fire drills. The Leadership Team will review the outcomes of the fire drills, complete a critique of the process as necessary, identify corrective action plans, and document the completion of fire drills in the meeting minutes.

The Executive Director is responsible for implementing and monitoring this plan of correction.

Licensee's Proposed Overall Completion Date: 03/31/2026

On-site Verification

Implemented () - 05/21/2026)

Files were reviewed and the plan has been implemented

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 persons A, B and D 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. These three staff persons were not in compliance as outlined below:

Staff Person A = Personnel record was missing a health statement.

Staff Person B = Bi-annual physical [REDACTED] next physical [REDACTED] (20 days late).

Staff Person D = Bi annual physical [REDACTED] next physical [REDACTED] (5 days late).

Plan of Correction

Accept () - 03/12/2026)

Beginning March 9, 2026, the Onboarding Department will verify prospective employees have a valid health statement and submit it to the Abraxas I Human Resources Business Partner (HRBP) 48 hours prior to the official hire date. If the HRBP determines the health statement has not been obtained or is incomplete, the prospective employee's hire date will be rescheduled when the required documentation is obtained.

By April 1, 2026, the Human Resources Business Partner will provide notice via email to the employee and their supervisor that the communicable disease statement is going to expire within 60 days. If the employee does not obtain the required communicable disease statement by the due date, the HRBP will notify the Executive Director and appropriate Program Manager. The employee will receive a supervisory conference, will not be permitted to report to work, and will be placed on administrative leave until they produce the communicable disease statement signed and dated by a qualified medical professional.

Beginning April 7, 2026, the HRBP will review data regarding new-hire employee documentation requirements

3800.151 Staff Health Statement (continued)

monthly during the Leadership Team meeting. The HRBP will also review the list of employees who have a health statement expiring within 60 days.

The Executive Director is responsible for the implementation of this plan of correction.

Licensee's Proposed Overall Completion Date: 04/07/2026

On site Verification

Implemented () - 05/21/2026

Files were reviewed and the plan has been implemented

3800.184 Medication Log**5. Requirements**

3800.184.b. For each prescription and over the counter medication including insulin administered or self administered, documentation in the log shall include the medication that was administered, dosage, date, time and the name of the person who administered or self administered the medication.

Description of Violation

It should be noted that only six months of Med Administration Records (MARs) for each resident file reviewed were provided for this inspection. The medication logs for children A, B, and C had many squares on their med administration records (MARs) that were blank and it was unable to be determined from them if the medication was given and, if so, who passed the medication. The total blank squares for each resident are below:

Child A = 68

Child B = 91

Child C = 5

TOTAL Blank squares for Explorer Dorm = 164

Plan of Correction

Accept () - 03/12/2026

Since January 16, 2026, 24 additional personnel have been scheduled to complete Medication Administration Training with the facility's medication administration trainer. Both phases of training are expected to be completed by April 3, 2026.

Additionally, to recruit and fill Medical Department staff vacancies, on February 4, 2026, hourly wages for part-time Registered Nurses and Medication Technicians were increased and positions were posted for recruitment. Four Medication Technicians have accepted offers and are to begin the onboarding process with tentative start dates of . Eight Registered Nurses have been interviewed. One Registered Nurse has accepted an offer and is to begin the onboarding process in May.

Employees with current medication administration certification are scheduled for two booster training courses to be completed by April 1, 2026. Topics to be reviewed include medication administration and the supervision of self-administration procedures, accurate and timely completion of the Medication Administration Record (MAR), and processes before and after medication administration to prevent medication errors.

Since February 4, 2026, MARs for every client who receives medication have been audited by the end of every shift by management team members to verify accurate and complete documentation. Additionally, each day, the Leadership Team reviews the previous 24 hours of MAR audits to verify ongoing compliance with the auditing process and to address any issues or concerns immediately.

3800.184 Medication Log (continued)

On February 9, 2026, technical assistance with medication administration procedures and documentation was provided by a Senior Nurse Manager from another Abraxas site. Beginning March 4, 2026, through March 15, 2026, a Senior Registered Nurse from another Abraxas site is providing on-site medication administration support to the medical department.

Since February 18, 2026, the facility completed a process of centralization of medication administration to the medical department. As the medical department staff increases, the process will be progressively transitioned to medication administration provided specifically by a medical professional, with minimal exceptions where trained employees may administer medication (e.g., off grounds trips, staff vacancies).

The process of management oversight and auditing will continue until the Medical Department fills key open staff positions and compliance is verified for at least 120 days. By April 1, 2026, the Nurse Manager will establish an ongoing process for daily MAR monitoring to be completed by Medical Department employees and medication administration trained employees. The Nurse Manager will report monthly at the Leadership Team meeting regarding compliance with the medication administration process.

The Executive Director is responsible for the implementation of this plan of correction.

Licensee's Proposed Overall Completion Date: 04/01/2026

On-site Verification

Implemented () - 05/21/2026)

Files were reviewed and the plan has been implemented

6. Requirements

3800.184.c. The information in subsection (b) shall be logged at the same time each dosage of medication is administered or self-administered.

Description of Violation

As explained in 184b, the medication logs for children A through C was incomplete and had blank squares. If medication was given, these logs were not completed at the same time each dosage of medication was administered.

Plan of Correction

Accept () - 03/12/2026)

Since January 16, 2026, 24 additional personnel have been scheduled to complete Medication Administration Training with the facility's medication administration trainer. Both phases of training are expected to be completed by April 3, 2026.

Additionally, to recruit and fill Medical Department staff vacancies, on February 4, 2026, hourly wages for part-time Registered Nurses and Medication Technicians were increased and positions were posted for recruitment. Four Medication Technicians have accepted offers and are to begin the onboarding process with tentative start dates of [REDACTED]. Eight Registered Nurses have been interviewed. One Registered Nurse has accepted an offer and is to begin the onboarding process in May.

Employees with current medication administration certification are scheduled for two booster training courses to be completed by April 1, 2026. Topics to be reviewed include medication administration and the supervision of self-administration procedures, accurate and timely completion of the Medication Administration Record (MAR), and processes before and after medication administration to prevent medication errors.

3800.184 Medication Log (continued)

Since February 4, 2026, MARs for every client who receives medication have been audited by the end of every shift by management team members to verify accurate and complete documentation. Additionally, each day, the Leadership Team reviews the previous 24 hours of MAR audits to verify ongoing compliance with the auditing process and to address any issues or concerns immediately.

On February 9, 2026, technical assistance with medication administration procedures and documentation was provided by a Senior Nurse Manager from another Abraxas site. Beginning March 4, 2026, through March 15, 2026, a Senior Registered Nurse from another Abraxas site is providing on site medication administration support to the medical department.

Since February 18, 2026, the facility completed a process of centralization of medication administration to the medical department. As the medical department staff increases, the process will be progressively transitioned to medication administration provided specifically by a medical professional, with minimal exceptions where trained employees may administer medication (e.g., off grounds trips, staff vacancies).

The process of management oversight and auditing will continue until the Medical Department fills key open staff positions and compliance is verified for at least 120 days. By April 1, 2026, the Nurse Manager will establish an ongoing process for daily MAR monitoring to be completed by Medical Department employees and medication administration trained employees. The Nurse Manager will report monthly at the Leadership Team meeting regarding compliance with the medication administration process.

The Executive Director is responsible for the implementation of this plan of correction.

Licensee's Proposed Overall Completion Date: 04/01/2026

On site Verification

Implemented () - 05/21/2026)

Files were reviewed and the plan has been implemented

3800.185 Medication Errors

7. Requirements

3800.185.a. Documentation of medication errors shall be kept in the medication log. Medication errors include the failure to administer medication, administering the incorrect medication, administering the correct medication in an incorrect dosage or administering the correct medication at the incorrect time.

Description of Violation

Due to blank squares on multiple MARs for children A through C, it cannot be determined if these residents received their medication as prescribed on numerous dates throughout the six months of MARs reviewed. The medication logs did not include documentation of medication errors that occurred including any explanations as to what happened.

Plan of Correction

Accept () - 03/12/2026)

Since January 16, 2026, 24 additional personnel have been scheduled to complete Medication Administration Training with the facility's medication administration trainer. Both phases of training are expected to be completed by April 3, 2026.

Additionally, to recruit and fill Medical Department staff vacancies, on February 4, 2026, hourly wages for part-time Registered Nurses and Medication Technicians were increased and positions were posted for recruitment. Four

3800.185 Medication Errors (continued)

Medication Technicians have accepted offers and are to begin the onboarding process with tentative start dates of March 23, 2026, and April 6, 2026. Eight Registered Nurses have been interviewed. One Registered Nurse has accepted an offer and is to begin the onboarding process in May.

Employees with current medication administration certification are scheduled for two booster training courses to be completed by April 1, 2026. Topics to be reviewed include medication administration and the supervision of self administration procedures, accurate and timely completion of the Medication Administration Record (MAR), and processes before and after medication administration to prevent medication errors. The trainer will also review the process for documenting medication errors on the MAR and in an Incident Report, to include follow up actions to prevent future medication errors.

Since February 4, 2026, MARs for every client who receives medication have been audited by the end of every shift by management team members to verify accurate and complete documentation, including the documentation of an incident report for any medication errors. Additionally, each day, the Leadership Team reviews the previous 24 hours of MAR audits to verify ongoing compliance with the auditing process and to address any issues or concerns immediately.

On February 9, 2026, technical assistance with medication administration procedures and documentation was provided by a Senior Nurse Manager from another Abraxas site. Beginning March 4, 2026, through March 15, 2026, a Senior Registered Nurse from another Abraxas site is providing on site medication administration support to the medical department.

Since February 18, 2026, the facility completed a process of centralization of medication administration to the medical department. As the medical department staff increases, the process will be progressively transitioned to medication administration provided specifically by a medical professional, with minimal exceptions where trained employees may administer medication (e.g., off grounds trips, staff vacancies).

The process of management oversight and auditing will continue until the Medical Department fills key open staff positions and compliance is verified for at least 120 days. By April 1, 2026, the Nurse Manager will establish an ongoing process for daily MAR monitoring to be completed by Medical Department employees and medication administration trained employees. The Nurse Manager will report monthly at the Leadership Team meeting regarding compliance with the medication administration process.

The Executive Director is responsible for the implementation of this plan of correction.

Licensee's Proposed Overall Completion Date: 04/03/2026

On site Verification

Implemented () - 08/07/2026)

A re-inspection occurred on 06/18/2026 of the MAR, medication cart, and narcotic counts. All youth medication records were reviewed, and no concerns were identified. The plan has been implemented.

8. Requirements

3800.185.b. After each medication error, follow up action to prevent future medication errors shall be taken and documented.

Description of Violation

On numerous dates over the six month period reviewed, the MARs of children A through C had multiple blank

3800.185 Medication Errors (continued)

squares and it was unable to be determined if these residents received their medication as prescribed. The medication logs did not contain follow-up actions taken to prevent future medication errors for any of these dates.

Plan of Correction**Accept ([REDACTED] - 03/12/2026)**

Since January 16, 2026, 24 additional personnel have been scheduled to complete Medication Administration Training with the facility's medication administration trainer. Both phases of training are expected to be completed by April 3, 2026.

Additionally, to recruit and fill Medical Department staff vacancies, on February 4, 2026, hourly wages for part-time Registered Nurses and Medication Technicians were increased and positions were posted for recruitment. Four Medication Technicians have accepted offers and are to begin the onboarding process with tentative start dates of [REDACTED]. Eight Registered Nurses have been interviewed. One Registered Nurse has accepted an offer and is to begin the onboarding process in May.

Employees with current medication administration certification are scheduled for two booster training courses to be completed by April 1, 2026. Topics to be reviewed include medication administration and the supervision of self-administration procedures, accurate and timely completion of the Medication Administration Record (MAR), and processes before and after medication administration to prevent medication errors. The trainer will also review the process for documenting medication errors on the MAR and in an Incident Report, to include follow-up actions to prevent future medication errors.

Since February 4, 2026, MARs for every client who receives medication have been audited by the end of every shift by management team members to verify accurate and complete documentation, including the documentation of an incident report for any medication errors. Additionally, each day, the Leadership Team reviews the previous 24 hours of MAR audits to verify ongoing compliance with the auditing process and to address any issues or concerns immediately.

On February 9, 2026, technical assistance with medication administration procedures and documentation was provided by a Senior Nurse Manager from another Abraxas site. Beginning March 4, 2026, through March 15, 2026, a Senior Registered Nurse from another Abraxas site is providing on-site medication administration support to the medical department.

Since February 18, 2026, the facility completed a process of centralization of medication administration to the medical department. As the medical department staff increases, the process will be progressively transitioned to medication administration provided specifically by a medical professional, with minimal exceptions where trained employees may administer medication (e.g., off grounds trips, staff vacancies).

The process of management oversight and auditing will continue until the Medical Department fills key open staff positions and compliance is verified for at least 120 days. By April 1, 2026, the Nurse Manager will establish an ongoing process for daily MAR monitoring to be completed by Medical Department employees and medication administration trained employees. The Nurse Manager will report monthly at the Leadership Team meeting regarding compliance with the medication administration process.

The Executive Director is responsible for the implementation of this plan of correction.

3800.185 Medication Errors (*continued*)

Licensee's Proposed Overall Completion Date: 04/03/2026

On site Verification**Implemented ([REDACTED] - 08/07/2026)**

A re-inspection occurred on 06/18/2026 of the MAR, medication cart, and narcotic counts. All youth medication records were reviewed, and no concerns were identified. The plan has been implemented.