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

October 27, 2026

[redacted], EXECUTIVE DIRECTOR
CORNELL ABRAXAS GROUP, LLC
2840 LIBERTY AVENUE, SUITE 300
PITTSBURGH, PA, 15222

RE: ABRAXAS YOUTH CENTER
10058 SOUTH MOUNTAIN RD
BUILDING 3
SOUTH MOUNTAIN, PA, 17261
LICENSE/COC#: 30442

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]

cc: Pennsylvania Office of Children, Youth and Families

Agency/Facility Information

Name: *ABRAXAS YOUTH CENTER*
Address: *10058 SOUTH MOUNTAIN RD, SOUTH MOUNTAIN, PA 17261*
County: *FRANKLIN*
License Number: *30442*
License Expiration: *08/01/2026*

Administrator

Name: [redacted] **Phone:** [redacted] **Email:** [redacted]

Legal Entity

Name: *CORNELL ABRAXAS GROUP, LLC*
Address: *2840 LIBERTY AVENUE, SUITE 300, PITTSBURGH, PA, 15222*
Phone: [redacted] **Email:** [redacted]

Inspection Information

Start Date: *03/12/2026* **End Date:** *05/01/2026* **Type:** *Complaint* **Notice:** *Unannounced Visit*
Inspector(s): [redacted]

Inspection Narrative

The Department of Human Services conducted an investigation at Abraxas Youth Center.

The following areas of non compliance were noted:

Inspections / Reviews

03/12/2026 Complaint

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *05/22/2026*

06/18/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/30/2026*
Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *06/26/2026*

07/22/2026 - POC Submission

Submitted By: [redacted] **Date Submitted:** *07/30/2026*
Reviewer: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *07/31/2026*

08/13/2026 - POC Submission

Reviewer: [redacted] **Follow Up Type:** *On site Verification* **Follow Up Date:** *10/23/2026*

08/13/2026 On site Verification

Submitted By: [redacted] **Date Submitted:** *07/30/2026*
Reviewer: [redacted] **Follow Up Type:** *Not Required*

3800.32 Specific Rights

1. Requirements

3800.32. Specific rights.

c. A child has the right to be treated with fairness, dignity and respect.

Description of Violation

Through interviews, it was discovered that residents are not permitted to speak to other residents except during specified times. If the residents speak outside of these specified times, there are consequences.

Through interviews, it was discovered that residents are required to sit at their desks while in their rooms at any time except bedtime.

Through interviews, it was discovered that residents are being put into restraints for reasons other than preventing the child from injuring themselves or others.

Through interviews, it was discovered that residents are required to raise their hand and wait for a staff member to walk past their bedroom to request to use the restroom, even if it's an emergency.

The facility uses a technique called "processing" where behavioral or other concerns are addressed with residents through talk. The goal is for the resident to understand the cause of their behavior and to explore ways to prevent or lessen reoccurrence of the behavior, in a therapeutic manner. Through interviews, it was learned that processing is being used in a punitive way, resulting in a drop of the resident's level for engaging in age-appropriate interactions such as talking, standing in their doorway or sitting on their bed. It was also learned through interviews that residents are not permitted to utilize coping skills during processing, and doing so will often lead to a restraint.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

Residents are encouraged to engage in respectful, age-appropriate communication throughout the day, including during school, room time, unit recreation, group counseling sessions, and during informal structured free time. Residents are also now encouraged to talk to their peers during mealtimes – breakfast, lunch, and dinner.

Communication may be temporarily limited only when necessary to support safety, privacy, therapeutic engagement, or the effective delivery of programming (e.g., med. administration, teacher-led instruction, hallway transitions, or an individualized safety concern). An example of a safety related reason may include communication between youths that involve threats, intimidation, bullying, or attempts to coordinate unsafe behavior. Any individualized communication restriction will be clinically justified and reviewed by the treatment team. The restriction and justification will be documented in detail on a note in the resident's file and logbook. Communication is never restricted as a form of punishment.

During room time, residents can sit at their desk, on their bed, or on the floor while participating in approved therapeutic, educational, or recreational activities. Residents experiencing urgent restroom, medical, emotional, or practical needs may immediately seek staff assistance and are not required to raise their hand for acknowledgement.

The facility's Six Steps of Effective Intervention ("processing") model is intended to promote stabilization,

3800.32 Specific Rights (continued)

therapeutic reflection, and emotional regulation following behavioral incidents. Processing is intended to be therapeutic and may not be used as a form of punishment. Therapeutic self-reflection and problem-solving discussions begin only when the resident is emotionally ready to participate. Residents are supported in using individualized coping skills before and throughout each discussion.

It was communicated to staff that physical interventions will be used only when a resident presents an imminent risk of harm to self or others and must comply with policy CL-02 and approved Safe Crisis Management practices. As early as June 12, 2026 staff were also instructed that yelling, Touch De-escalation Intervention, and unnecessary close physical proximity are prohibited.

Communication
The revised expectations surrounding communication practices and processing techniques were communicated with supervisory staff in June. Supervisors have continued to reinforce expectations through daily shift meetings. Additional communication has occurred through town halls and community meetings.

Residents were informed of communication changes through community meetings, daily unit discussions, and written updates. Additional written guidance to reiterate this change will be distributed to staff and residents the week of August 3rd and reinforced during routine supervision and staff meetings.

A multi-faceted training (Preventing Crisis: Practical De-escalation and Client Centered Intervention) will be delivered by August 31, 2026, which will reinforce trauma-informed care, de-escalation strategies, trauma in the brain, least restrictive interventions, and additional skills to assist youth through moments of crisis.

Responsible Position
Executive Director; Program Manager; Clinical Director; Unit Managers; Senior Treatment Supervisor; Quality & Compliance Specialist.

The Executive Director is ultimately responsible for this plan of correction and will monitor the completion of the process until compliance is achieved.

Implementation Date
"Preventing Crisis" staff training will be completed by August 31, 2026. The fully updated Resident Handbook, which will be specifically tailored to the unique needs of the AYC population, and applicable policies / procedures will be submitted to the DHS Regional Office by August 31, 2026.

Monitoring
Since June 15, 2026, the leadership team has reviewed all physical intervention videos for compliance with policy, approved techniques, and trauma-informed practices. Identified deviations have and will continue to result in documented supervisory action, notification to the Executive Director, and additional corrective or disciplinary action as appropriate. After July 31, 2026, physical intervention videos will continue to be evaluated through the facility's routine incident review process.

Beginning the week of August 3, 2026, a designated member of leadership will complete and document weekly resident interviews for 60 days to verify that:

3800.32 Specific Rights (continued)

communication restrictions are used only for approved purposes and appropriately documented;

residents are permitted to sit on their bed, desk, or floor during room time;

therapeutic processing is not perceived as punishment;

residents may immediately seek staff assistance for urgent restroom, medical, emotional, or practical needs; and

residents are restrained only when they present an imminent risk of harm to self or others.

The Quality & Compliance Specialist will review interview results, supervisory observations, and incident reviews. All findings will be reported to the Executive Director, and any identified deficiencies will result in immediate corrective action, retraining, and follow up monitoring. The program's objective is to receive zero substantiated findings of punitive communication restrictions, inappropriate processing, unnecessary restraints, or residents' delayed access to staff for urgent needs.

Licensee's Proposed Overall Completion Date: *09/25/2026*

On site Verification ***Implemented ([redacted] - 10/26/2026)***

POC implemented 10/23/2026-[redacted]

2. Requirements

3800.32. Specific rights.

j. A child has the right to practice the religion or faith of choice, or not to practice any religion or faith.

Description of Violation

Residents have been required to shave their faces upon admission to the program despite religious preference.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept ([redacted] - 06/10/2026)***

AYC respects resident individuality, cultural identity, and religious preference. In accordance with 55 Pa. Code § 3800.32(j), residents have the right to practice the religion or faith of their choice, or not to practice any religion or faith. The handbook was revised in March 2026 to eliminate any ambiguity and reinforce that shaving is optional and offered on a consistent basis. By 7/29/26, the leadership team will review this norm during weekly leadership meeting to ensure consistent implementation across shifts and units and the residents will be informed that shaving is optional and that they may request to maintain grooming practices associated with their religion or faith. The Program Manager will monitor implementation for 60 days or until the goal is achieved.

In accordance with 55 Pa. Code § 3800.53(b), the Executive Director will provide administrative oversight of the Program Manager's monitoring to confirm implementation of facility policies and procedures, protection of resident safety and rights, and continued compliance with Chapter 3800.

3800.32 Specific Rights *(continued)*

Licensee's Proposed Overall Completion Date: *07/29/2026*

On-site Verification ***Implemented ([redacted] - 10/26/2026)***

POC implemented 10/23/2026

3. Requirements

3800.32. Specific rights.

n. A child may not be subjected to unusual or extreme methods of discipline which may cause psychological or physical harm to the child.

Description of Violation

Residents are required to stay in their rooms at the facility for most of the day, without the ability to interact with other residents or staff members.

If a resident drops to "restrictive" level at the facility, they're required to stop doing their clinical work, which pushes their discharge date back at the facility.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept ([redacted] - 08/06/2026)***

AYC residents are not required to remain in their rooms for most of the day, and room placement is not used as discipline. The daily schedule provides regular opportunities for structured programming, recreation, therapeutic engagement, staff interaction, and positive peer interaction, with activity transitions occurring at least hourly. Residents experiencing any restroom, medical, emotional, or practical needs may immediately seek staff assistance and are not required to wait for staff to walk past their room.

AYC also implemented a menu of age-appropriate activities for use during scheduled downtime, including reading, word and math puzzles, clinical journals, school assignments, art and activity bins, coloring materials, diamond art, basketball nets, mannequin heads for hair styling, radios, and approved electronic incentive items.

To support sustained culture change, the facility will incorporate Integrative Treatment of Complex Trauma (ITCT) principles starting in August 2026. ITCT will reinforce emotional safety and individualized coping strategies, nonpunitive responses to behavior, and therapeutic engagement. During this process, leadership will explore additional structured activities and ways to increase peer interaction, further limiting resident room time.

The Levels System outlines the behavioral expectations for the AYC program. Each level has its own set of responsibilities, initiatives, and privileges. Residents will continue to receive all clinical programming, individualized treatment, opportunities for engagement, and support from staff throughout any change in level status, including restrictive level.

Level status does not automatically extend a resident's placement; discharge readiness is determined by the treatment team based on the resident's individualized clinical needs, treatment progress, and applicable placement requirements.

Communication
The room-time expectations and new approved activities were reviewed with staff through shift briefings,

3800.32 Specific Rights (continued)

supervisory conferences, and staff meetings.

Residents were informed through community meetings, daily unit discussions, posted schedules, and review of the approved activity list. The updated handbook will be provided to staff and residents upon completion.

A multi-faceted training (Preventing Crisis: Practical De-escalation and Client Centered Intervention) will be delivered by August 31, 2026, which will reinforce trauma-informed care, de-escalation strategies, trauma in the brain, least restrictive interventions, and additional skills to assist youth through moments of crisis.

The Clinical Director will reinforce with clinical staff that a resident's level status may not interrupt treatment-specific programming and that residents should still receive Clinical work. Staff instruction will be documented and submitted to the Quality & Compliance Specialist.

Responsible Position
Executive Director; Program Manager; Clinical Director; Unit Managers; Senior Treatment Supervisor; Quality & Compliance Specialist.

The Executive Director is ultimately responsible for this plan of correction and will monitor the completion of the process until compliance is achieved.

Implementation Date
The approved downtime activity list was implemented on July 6, 2026. Weekly interview monitoring will begin the week of August 3, 2026. "Preventing Crisis" staff training will be completed by August 31, 2026. The fully updated Resident Handbook, which will be specifically tailored to the unique needs of the AYC population, and applicable policies / procedures will be submitted to the DHS Regional Office by August 31, 2026.

The week of July 27, 2026, the Clinical Director will reinforce with clinical staff that a resident's level status may not interrupt treatment-specific programming and that residents should still receive Clinical work. Staff instruction will be documented and submitted to the Quality & Compliance Specialist.

Monitoring
A designated member of leadership will conduct and document weekly resident interviews for 60 days to confirm that residents:

-receive scheduled programming and age-appropriate activities;

-are not placed in their rooms as punishment;

-have regular opportunities for staff and peer interaction; and

All residents on restrictive status are still receiving all clinical programming.

The Quality & Compliance Specialist will conduct a weekly review of a sample of restrictive status resident files to confirm clinical programming is being received and discharge dates have not been extended as a direct result of restrictive status. The Quality & Compliance Specialist will also review interview results, supervisory observations,

3800.32 Specific Rights (continued)

and incident reviews. All findings will be reported to the Executive Director, and any identified deficiencies will result in immediate corrective action, retraining, and follow-up monitoring.

Licensee's Proposed Overall Completion Date: *09/25/2026*

On-site Verification ***Implemented ([redacted] - 10/26/2026)***

POC implemented 10/23/2026

3800.53 Director

4. Requirements

3800.53. Director.

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

The facility uses a technique called "processing" where behavioral or other concerns are addressed with residents through talk. The goal is for the resident to understand the cause of their behavior and to explore ways to prevent or lessen reoccurrence of the behavior, in a therapeutic manner. Through interviews, it was learned that processing is being used in a punitive way, resulting in a drop of the resident's level for engaging in age-appropriate interactions such as talking, standing in their doorway or sitting on their bed. It was also learned through interviews that residents are not permitted to utilize coping skills during processing, and doing so will often lead to a restraint.

This facility has the same rules and policies as the other two programs that are currently operating at Abraxas – South Mountain, despite being three different types of programs.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept ([redacted] - 06/10/2026)***

In accordance with 55 Pa. Code § 3800.53(b), the Facility Director will provide oversight to ensure that AYC's behavioral norms, processing practices, level-system practices, coping skill use, and restrictive intervention practices are appropriate to the population served and are implemented in a manner consistent with resident rights, treatment needs, and regulatory requirements.

By 7/29/26, Policy CL-19 Behavioral Standards & Restrictive Level will be reviewed with all direct care staff. This policy outlines that interventions should be appropriate to the behavior being addressed and that staff are expected to utilize an array of intervention methods consistent with each situation. The policy further reinforces that staff are expected to maintain positive and respectful interactions, regardless of the presenting behavior, utilize de-escalation techniques to avoid unnecessary emergency safety physical interventions, and always select the least restrictive and least invasive intervention appropriate to the circumstance. Staff will be reminded that interventions must be implemented in a manner that reduces escalation and supports safety.

The policy also clarifies that corrective action can often be accomplished through verbal redirection and supportive intervention, and that placement on restrictive level does not automatically or independently resolve behavioral concerns. Restrictive level decisions require supervisory approval and should be accompanied by individualized intervention planning, corrective action strategies, and growth-oriented supports. The policy review will clarify that "processing" is intended to be a therapeutic intervention and may not be used as punishment or as an automatic

3800.53 Director (continued)

basis for a level reduction. Residents shall be permitted to use approved coping skills during processing unless a specific safety concern requires temporary modification. The facility Trainer will collect policy acknowledgements, and the Program Manager will monitor compliance for 60 days or until the goal is achieved.

In addition to policy review, the Program Manager will deliver additional training focused on de escalation, trauma informed care, communication techniques, and youth focused soft skills by 8/31/26. The Quality Compliance Specialist will monitor completion and implementation.

While core safety, behavior management, and treatment philosophies remain consistent across Abraxas programs, each program incorporates individualized norms, privileges, activities, and interventions based upon age, developmental needs, population served, treatment goals, and overall program structure. AYC provides opportunities and activities appropriate to the population served, including video games, radios, coping tools, on and off grounds vocational programming with community partners, fishing, hiking, grocery shopping, meal preparation and small animal care. Leadership will continue reviewing program practices to ensure interventions remain developmentally appropriate and responsive to the specific needs of AYC residents.

Licensee's Proposed Overall Completion Date: *08/31/2026*

On site Verification ***Implemented ([redacted] - 10/26/2026)***

POC implemented 10/23/2026

3800.162 Quantity of Food

5. Requirements

3800.162. Quantity of food.
13800.62.b. Additional portions of meals shall be available for the children.

Description of Violation

Through interviews, it was determined that additional portions of meals are not offered to the residents.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept ([redacted] - 06/10/2026)***

AYC recognizes the importance of child nutrition and maintaining adequate access to meals and snacks. Residents are provided with nutritionally appropriate meals and snacks approved through a dietician consistent with applicable standards, including 55 Pa. Code § 3800.162.

For breakfast and lunch, AYC complies with the National School Breakfast/Lunch program which limits how much children are provided at those meals. The Regulatory Compliance Guide 162(b) acknowledges "This does not apply to meals specifically regulated and reimbursed by the National School Lunch Program. However, additional servings of certain food items on evening, weekend, and non- school day meals shall be available." To further support resident nutritional needs and preferences the program implemented several initiatives over 18 months ago. Additional fruit offerings occur at each meal to provide further sustenance to the youth's diet. The program implemented a mid-morning snack to provide additional nutritional support between meals. Dinner meals include increased portions, as evening meals are not regulated under the National School Lunch Program requirements. Lastly, evening snacks continue to be provided daily as part of the National School Snack Program containing at least two food

3800.162 Quantity of Food (continued)

components (grain, fruit, meat/ meat alternative etc). Although these practices have been in effect for over 18 months staff and youth education is limited on the reasons for those adjustments. Effective 6/5/26, leadership will reinforce with staff, including food service personnel, that residents are permitted access to additional fruit servings during each mealtime. Signage will also be posted to reinforce awareness of this option for residents and staff. The Food Service Manager will monitor implementation for 60 days or until the goal is achieved.

In accordance with 55 Pa. Code § 3800.53(b), the Executive Director will provide administrative oversight of the Program Manager's monitoring to confirm implementation of facility policies and procedures, protection of resident safety and rights, and continued compliance with Chapter 3800.

Licensee's Proposed Overall Completion Date: *06/05/2026*

On site Verification ***Implemented ([redacted] - 10/26/2026)***

POC implemented 10/23/2026

3800.202 Appropriate Use of Restrictive Procedures

6. Requirements

3800.202. Appropriate use of restrictive procedures.

a. A restrictive procedure may not be used in a punitive manner, for the convenience of staff persons or as a program substitution.
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

Through interviews, it was discovered that the facility has utilized restrictive procedures for the convenience of staff (including escorts) and without the resident being a threat to themselves or others.

The agency shall develop a plan to assure that this mandate is being met. The plan shall identify the staff position responsible for monitoring and ensuring regulatory compliance.

Plan of Correction ***Accept ([redacted] - 06/10/2026)***

In accordance with 55 Pa. Code § 3800.202(a), a restrictive procedure may not be used in a punitive manner, for the convenience of staff persons, or as a program substitution. In accordance with 55 Pa. Code § 3800.202(b), except for exclusion as specified in § 3800.212, a restrictive procedure may be used only to prevent a child from injuring themselves or others. AYC will ensure that all restrictive procedures, including physical escorts or other hands-on interventions, are implemented consistent with these requirements.

By 7/29/26, Abraxas Policy CL-02 Safe Crisis will be reviewed with staff during block training sessions and will reinforce that Safe Crisis Management is utilized only when a resident presents a danger or threat of injury to self or others and may not be used in a punitive manner, for staff convenience, as a program substitution, or solely to obtain compliance. The policy review will include reinforcement of intervention thresholds, including aggressive behavior toward residents or staff, and self-harming or suicidal behavior. Staff will be reminded that physical

3800.202 Appropriate Use of Restrictive Procedures (continued)

escorts or other hands on interventions may not be used for routine movement, refusal, noncompliance, transition management, staff convenience, or program control unless the resident's behavior presents a threat of injury to self or others.

The review will also reinforce that, for each incident in which a restrictive procedure is considered, staff must attempt to anticipate and de escalate the behavior using less intrusive interventions when safe and appropriate; restrictive procedures may not be used unless less intrusive techniques and resources appropriate to the behavior have been tried and have failed; and the restrictive procedure must be discontinued when the resident demonstrates that they have regained self control.

The facility Trainer will collect policy acknowledgements, and the Program Manager will monitor implementation and supervisory review processes for 60 days or until the goal is achieved.

In addition to policy review, employees continue to receive recurring Safe Crisis Management training built on the principles of prevention, safety, dignity, consistency, and least restrictive intervention. Effective SCM implementation creates environments where staff respond calmly, consistently, and professionally while maintaining the emotional and physical safety of everyone involved. Other training areas cover de escalation, with core skills being prevention before intervention, Least Restrictive Alternatives, trauma informed care, and best practice and professional expectations during interventions. During the previous quarter, six staff members were certified or re certified as SCM instructors, with additional staff certifications planned during the third quarter of 2026 to further strengthen facility wide competency, consistency and care.

In accordance with 55 Pa. Code § 3800.53(b), the Executive Director will provide administrative oversight of the Program Manager's monitoring to confirm implementation of facility policies and procedures, protection of resident safety and rights, and continued compliance with Chapter 3800.

Licensee's Proposed Overall Completion Date: *07/29/2026*

On site Verification ***Implemented ([redacted] - 10/26/2026)***

POC implemented 10/23/2026