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

August 4, 2026

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

RE: ABRAXAS SPECIALIZED TREATMENT PROGRAM SOUTH MOUNTAIN
10058 S. MOUNTAIN RD., BLDG. 6
SOUTH MOUNTAIN, PA, 17261
LICENSE/COC#: 31032

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 SPECIALIZED TREATMENT PROGRAM- SOUTH MOUNTAIN* **License Number**: *31032*
Address: *10058 S. MOUNTAIN RD., BLDG. 6, SOUTH MOUNTAIN, PA 17261* **License Expiration**: *08/01/2026*
County: *FRANKLIN*

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: *03/30/2026* **End Date**: *04/03/2026* **Type**: *Renewal* **Notice**: *Announced Visit*

Inspector(s):
[redacted]

Inspection Narrative

The Department of Human Services conducted an Annual Licensing Inspection of Abraxas Specialized Treatment Program - South
Mountain on March 30-April 3, 2026 for the licensing year extending from August 1, 2025 to August 1, 2026. During the inspection, Departmental Staff reviewed 92 of 92 tenured personnel records, 52 of 52 newly hired personnel records, and 10 of 109 child records. Departmental Staff reviewed all pre-inspection documents, including fire drills, to measure compliance. During the inspection, a physical site walk through was conducted. 3 staff members and 2 children were interviewed.

The Department of Human Services additionally conducted an Annual Certification Inspection of Abraxas Specialized Treatment Program - South Mountain on the above dates. This certification is granted for the agency to be certified as a specialized setting for Specialty Prevention and Treatment of Sex Trafficking Victims. The agency's records were measured in compliance with certification requirements.

The following areas of non-compliance were noted:

Inspections / Reviews

03/30/2026 - Renewal

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/08/2026*

06/05/2026 POC Submission

Submitted By: [redacted] **Date Submitted**: *06/11/2026*
Reviewer: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *06/11/2026*

06/26/2026 POC Submission

Reviewer: [redacted] **Follow-Up Type**: *On-site Verification* **Follow-Up Date**: *07/24/2026*

Inspections / Reviews *(continued)*

06/26/2026 On site Verification

Submitted By: [redacted] **Date Submitted:** *06/11/2026*

Reviewer: [redacted] **Follow Up Type:** *Not Required*

3800.21 Applicable Health and Safety Laws

1. Requirements

3800.21. The facility shall have a valid certificate or approval document from the appropriate State or Federal agency relating to health and safety protections for children required by another applicable law, not to include local zoning ordinances.

Description of Violation

The facility is certified through the Department as a Specialized Setting for Prevention/Treatment of Sex Trafficking, Certification as a Specialized Setting for Children and Youth, 3680-20-02, 3800-20-03. 10 out of 10 child records reviewed did not include documentation that a sex trafficking screening tool was completed upon admission to the facility.

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

Plan of Correction ***Accept ([redacted] - 06/12/2026)***

By June 11, 2026, an assigned clinician will complete the sex trafficking screening on youth within 7 days of admission to the Specialized Treatment Program. The assessments will be turned into the Clinical Director for review upon completion. The Clinical Director will monitor for compliance for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *08/11/2026*

On-site Verification ***Implemented ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026

2. Requirements

3800.21. The facility shall have a valid certificate or approval document from the appropriate State or Federal agency relating to health and safety protections for children required by another applicable law, not to include local zoning ordinances.

Description of Violation

In 1 of 10 child records reviewed, the record of Child E indicates that the child's parents are primarily Spanish-speaking. No documents located in the record were translated into Spanish, and only documents in English were send to the child's parent/guardian. These documents include parent letter with child's rights, grievance procedure, emergency medical plan, ISP invite; ISP copy, and discharge summary. This is not compliant with Limited English Proficiency requirements.

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

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

By May 25, 2026, the program will utilize a third party translation application/ service to translate documents for Limited English Proficiency families/ customers. The Unit Manager will track which youth's families are Limited English Proficiency and require document and verbal translation so staff can stay informed to prevent further incidents. Staff providing updates will include the Unit Manager and Clinical Director on emails to monitor that documents are being translated and provide progressive disciplinary action in the event the POC is not being followed. The Clinical Director and Unit Manager will monitor this process for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *08/11/2026*

On-site Verification ***Implemented ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.21 Applicable Health and Safety Laws *(continued)*

3800.51 Child Abuse and Criminal History Checks

3. 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

In 3 of 92 tenured personal records reviewed, the following was found regarding staff clearances:

Staff Member E did not have a PSP clearance, an FBI clearance, or a Child Abuse clearance located in the file.

Staff Member F had a PSP clearance in the record completed on 11/17/2025. There was not a previous PSP clearance located in the record.

Staff Member J had a Child Abuse clearance in the record completed on 07/01/2020, and an updated Child Abuse clearance was completed on 07/08/2025.

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

Plan of Correction ***Accept ([redacted] - 06/02/2026)***

Fall of 2025 it was identified that staff member E and staff F did not have updated clearances. Upon this information Human Resources Business Partner had staff F complete their PSP clearance again resulting in the clearance found during the licensing audit being dated for November 2025. Staff member E was already termed thus the reason Human Resources Business Partner was unable to get an updated clearance.

a. Starting June 1, 2026 the Human Resources Business Partner will run monthly reports in ADP along with the manual clearance tracking system to verify clearances coming due. The Human Resources Business Partner will directly communicate to an employee to include their supervisors/ managers when documents are coming due. The Human Resources Business Partner will also send monthly reminders to the Executive Director, Program Manager and Quality Compliance Specialist when upcoming expiring clearances are due. The Senior Human Resources Business Partner will monitor this plan for 90 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *06/01/2026*

On-site Verification ***Implemented ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.58 Staff Training

4. Requirements

3800.58.b. Prior to working alone with children and within 120 calendar days after the date of hire, the director and each full-time, part-time and temporary staff person who will have regular and significant direct contact with children, shall have at least 30 hours of training to include at least the following areas:

2. 23 Pa.C.S. § § 6301—6385 (relating to child protective services law) and Chapter 3490 (relating to protective services).

3800.58 Staff Training *(continued)*

Description of Violation

Training in the CPSL and Chapter 3490 related to protective services was not completed by 52 of 52 newly hired personnel.

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

Plan of Correction ***Accept (- 06/02/2026)***

By July 31, 2026, Abraxas will establish training that reviews the CPSL to also include Chapter 3490 and by August 1, 2026, will start implementing with new hires during new hire training. The Regional Training Director will monitor for 90 days from July 31 or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *08/03/2026*

On-site Verification ***Implemented (- 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.142 Health and Safety Plan

5. Requirements

3800.142. If the health and safety assessment in § 3800.141 (relating to health and safety assessment) identifies a health or safety risk, a written plan to protect the child shall be developed and implemented within 24 hours after the assessment is completed.

Description of Violation

In 4 of 10 child records reviewed, the following was found regarding safety plans:

The record of Child A indicated that the child is . A safety plan for this allergy was not located in the record.

The record of Child B indicated that the child has an AWOL history. A safety plan for this behavior was not located in the record.

The record of Child C indicates that the child had a at the facility on A safety plan for this behavior was not located in the record.

The record of Child F indicates that the child has a history of . A safety plan for this behavior was not located in the record.

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

Plan of Correction ***Accept (- 06/24/2026)***

See attached Client C's safety plan and Client A's safety plan that was emailed to the licensing technician 4/5/26 @ 5pm.

3800.142 Health and Safety Plan (continued)

Within 24 hours of a youth's admission and knowledge of an allergen the medical liaison will create a safety plan which will outline severity of allergen, how the youth reacts to contact with the allergen and approved first aid if the youth comes into contact with that allergen. The nurse manager will monitor for 90 days or until compliance is achieved.

The senior leadership team will meet by July 1 2026 to streamline the communication surrounding safety plans. Upon a youth's referral, acceptance and within 2 business days before a youth's arrival the referral manager will send out a face sheet. The face sheet will identify what safety plans are required based off the youth's background / interviews and will forward that information to at minimum the medical department staff and unit leadership team who will be responsible for completing the safety plans upon the youth's intake. The Program Manager will monitor this plan for compliance for the next 60 days or until compliance is achieved.

To monitor when safety plans need updated during a youth's treatment the Quality Compliance Specialist will create a spreadsheet that will contain the following information;
i. Name of youth requiring an updated safety plan
ii. Date an event occurs where a safety plan requires an update
iii. Reason for an updated safety plan
iv. Date the safety plan was updated/ created
v. Supervisor/ member of clinical who completed the plan

The supervisory team will be responsible for updating the tracker as incidents occur requiring a safety plan update. The unit managers will be responsible for monitoring the tracker is current with incidents and tracks that safety plans are completed on time and are uploaded into the resident's file. They (unit mangers) will monitor for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *09/01/2026*

On-site Verification ***Implemented ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.151 Staff Health Statement

6. 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

In 1 of 92 tenured personal records reviewed, Staff Member E did not have a health statement located in the record.

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

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

Abraxas now uses ADP to retain employee HR documents. Prior to staff starting in new hire a health statement needs to be completed. Upon completion of the health statement the administrative assistant will scan the

3800.151 Staff Health Statement (continued)

document to the recruiter/ on boarder who will then upload the document into ADP. Once all documents are received the on boarder places a review ticket that is sent to a senior level human resources representative. Prior to the staff starting the Senior Human Resources Business Partner will review the employee ADP file and either deny or approve the staff to start new hire orientation. Starting 6/11/2026 the Human Resources Business Partner will do an additional check and track that all health statements are received prior to an employee's start date within a spreadsheet for the next 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *08/11/2026*

On-site Verification ***Implemented ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.188 Medications Administration Training

7. Requirements

3800.188.a. A staff person who has completed and passed a Department-approved medications administration course within the past 2 years is permitted to administer oral, topical and eye and ear drop prescription medications and epinephrine injections for insect bites.

3800.188.c. A record of the training shall be kept including the person trained, the date, source, name of trainer, content and length of training

Description of Violation

In 8 of 92 tenured personal records reviewed, the following was found regarding medication administration training:

Staff Member A completed one medication administration review and one medication administration observations on 03/04/2025. There was not a second medication administration review or medication observation completed. The trainer signed that the staff member was recertified on 03/04/2026.

Staff Member B completed one medication administration review and one medication administration observation on 02/06/2025. There was not a second medication administration review or medication administration observation completed. The trainer signed that the staff member was recertified on 02/26/2026.

Staff Member C completed one medication administration review and one medication administration observation on 02/23/2025. There was not a second medication administration review or medication administration observation completed. The trainer signed that the staff member was recertified on 02/23/2025.

Staff Member D did not complete medication administration reviews or medication administration observations. The trainer signed that the staff member was recertified.

Staff Member G did not complete medication administration reviews or medication administration observations. The trainer signed that the staff member was recertified.

Staff Member H completed one medication administration review and one medication administration observation on 02/24/2025. There was not a second medication administration review or medication administration observation completed. The trainer signed that the staff member was recertified on 02/24/2025.

Staff Member I completed one medication administration review and one medication administration observation on 03/05/2025. There was not a second medication administration review or medication administration observation

3800.188 Medications Administration Training (continued)

completed. The trainer signed that the staff member was recertified on 03/05/2025.

Staff Member K completed one medication administration review and one medication administration observation on 02/24/2025. There was not a second medication administration review or medication administration observation completed. The trainer signed that the staff member was recertified on 02/24/2025.

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

Plan of Correction ***Accept ([redacted] - 06/17/2026)***

Staff members A, B, C, D, G, H, I, K were all termed prior to the completion of the required medication passes to be certified again. The Medication Administration Trainer made a clerical mistake signing off on these certification sheets. By June 18 2026 the Nurse Manager will complete a supervisory conference with the Medication Trainer outlining the need to be accurate in documentation. To include only when staff complete all medication passes may the form be signed for recertification and if the staff member is termed to write the term date on the form. The Nurse Manager will monitor for compliance for 90 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *08/11/2026*

On-site Verification ***Implemented ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.230 Transfer of Discharge

9. Requirements

3800.230. Prior to the transfer or discharge of a child, the facility shall inform, and when possible discuss with, the child's parent and, if applicable, the child's guardian or custodian, the recommended transfer or discharge. Documentation of the discussion or transmission of the information shall be kept.

Description of Violation

In 1 of 10 child records reviewed, Child E was admitted to the facility on [redacted] and discharged on [redacted] The discharge summary was not completed until [redacted]

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] - 06/04/2026)***

Regulation 3800.230 does not state when a discharge report should be completed but rather the family to be notified of a change of placement. Child E went to court where [redacted] family was present and upon the judge discharging [redacted] from Abraxas into the custody of [redacted] parents, a body receipt was signed releasing [redacted] from Abraxas custody to [redacted] which you will see in the attached document.

Licensee's Proposed Overall Completion Date: *05/08/2026*

On-site Verification ***Implemented ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026