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 SHELTER PROGRAM-SOUTH MOUNTAIN
10058 S. MOUNTAIN RD., BLDG. 6
SOUTH MOUNTAIN, PA, 17261
LICENSE/COC#: 35531

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 SHELTER PROGRAM- SOUTH MOUNTAIN*
License Number: *35531*
Address: *10058 S. MOUNTAIN RD., BLDG. 6, SOUTH MOUNTAIN, PA 17261*
License Expiration: *08/01/2026*
County: *FRANKLIN*

Administrator

Name: [redacted] **Phone:** *717-749-7440* **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 Shelter 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 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*

06/26/2026 - On-site Verification

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

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] - 05/22/2026)***

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 (MG - 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.58 Staff Training

2. 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.c. If a staff person has completed the training required in subsection (b) within 12 months prior to the staff person's date of hire, the requirement for training in subsection (b) does not apply.

Description of Violation

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

3800.58 Staff Training (continued)

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] - 05/22/2026)***

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 ([redacted] - 07/29/2026)***

POC implemented and verified on 07/24/2026

3800.103 Bathrooms

3. Requirements

3800.103.d. There shall be slip-resistant surfaces in all bathtubs and showers.

Description of Violation

There were no slip resistant mats located in the showers of the shelter.

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)***

3. The program will develop a tracking sheet by July 1, 2026 where staff will sign off on daily attesting that the shower mats are present. Staff assigned to the unit will sign off daily, the Unit Manager will monitor weekly 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

3800.144 Dental Care

4. Requirements

3800.144.d. Follow-up dental work indicated by the examination, such as treatment of cavities and the application of protective sealants, shall be provided in accordance with recommendations by the licensed dentist.

Description of Violation

In 1 of 10 child records reviewed, Child D was admitted to the facility on [redacted] and received an initial dental exam on [redacted] The record indicated that Child D needed to return for [redacted] and there was no documentation of a follow-up appointment being completed.

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)***

The medical staff tracks dental appointments via a service tracker which drives the appointment board that outlines youth who have 6-month dental exams due, follow up care required and pending dental procedures. The dentist

3800.144 Dental Care (continued)

comes to the facility two times per month and as youth are seen by the dentist, follow-up is completed or a new issue or priority presents itself the youth move position on the medical appointment board based off the service tracker. The service tracker and in turn, appointment board will be structured based off a priority scale that the contracted dentist will assign each youth/ situation and this priority will be notated on the youth's dental form. The priority will drive how soon the dentist will need to see the youth back and will be scheduled based off priority and schedule load for the following visit or other prescribed time as determined by the dentist. This will start on July 13, 2026, and compliance will be monitored by the Nurse Manager for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *09/13/2026*

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

POC implemented and verified on 07/24/2026

3800.151 Staff Health Statement

5. 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 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

6. 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

3800.188 Medications Administration Training *(continued)*

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 observation 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 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] - 05/22/2026)***

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 May 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: *05/18/2026*

3800.188 Medications Administration Training *(continued)*

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

POC implemented and verified on 07/24/2026

3800.224 Development of the ISP

7. Requirements

3800.224.e. Persons who participated in the development of the ISP shall sign and date the ISP, with the exception of the child, the child's parent and, if applicable, the child's guardian or custodian, who shall be given the opportunity to sign the ISP.

Description of Violation

In 3 of 10 child records reviewed, the following was found regarding ISP signatures:

In the record of Child C, the ISP dated for 09/25/2025 did not have a signed signature page.

In the record of Child D, the ISP dated for 11/23/2025 did not have a signed signature page.

In the record of Child F, the ISP dated for 07/15/2025 did not have a signed signature page.

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 (- 06/17/2026)***

On 3/17/26 at 9:27 PM the Quality Compliance Specialist sent an email to the Shelter Clinical Team outlining the need to ensure signature pages are located in Credible. The Unit Supervisor will have a follow-up conversation and complete a supervisory conference with clinical staff by July 13, 2026 outlining the need to incorporate signature pages with at minimum the signatures of the youth, case manager and supervisor who reviewed the report and upload the signature page with the report into Credible. The email showing proof that the report(s) were sent out will be attached with the monthly report also requesting all parties to return the signed signature page. The Unit Manager will complete checks weekly to ensure the above mentioned practice occurred and will monitor for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *09/13/2026*

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

POC implemented and verified on 07/24/2026

8. Requirements

3800.224.a. An ISP shall be developed for each child within 30 calendar days of the child's admission.

Description of Violation

In 1 of 10 child records reviewed, Child E was admitted to the facility on , and the initial ISP was completed on

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 (- 06/17/2026)***

The Unit Supervisor will maintain an ISP tracker to track when reports are due and send weekly emails to the Case Managers when reports are upcoming. The Unit Manager will discuss with the unit supervisor this process via a

3800.224 Development of the ISP (continued)

supervisory conference by July 13, 2026 and monitor that reports are being sent out within the regulatory time frame for 60 days or until compliance is achieved. In the event reports are not sent within the regulatory time frame the unit supervisor will go through the progressive discipline process.

Licensee's Proposed Overall Completion Date: *09/13/2026*

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

POC implemented and verified on 07/24/2026

3800.226 Content of the ISP

9. Requirements

3800.226. An ISP shall include:
9. The anticipated duration of stay at the facility.

Description of Violation

In 7 of 10 child records reviewed, the following was found regarding ISPs:

Child B was admitted to the facility on , and the child's ISP did not include an anticipated duration of stay.

Child C was admitted to the facility on , and the child's ISP did not include an anticipated duration of stay.

Child D was admitted to the facility on , and the child's ISP did not include an anticipated duration of stay.

Child E was admitted to the facility on , and the child's ISP did not include an anticipated duration of stay.

Child F was admitted to the facility on , and the child's ISP did not include an anticipated duration of stay.

Child G was admitted to the facility on , and the child's ISP did not include an anticipated duration of stay.

Child J was admitted to the facility on , and the child's ISP did not include an anticipated duration of stay.

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 (- 06/17/2026)***

The Unit Supervisor will complete a supervisory conference with clinical staff by July 13, 2026, outlining the need to incorporate an anticipated duration of stay on the ISPs, and to no longer be labeling them as TBD. Upon completion of a report a Supervisor will be responsible for reviewing the report to make edits and ensure the ISP has a discharge date, along with signing the ISP as the final review. The Unit Manager will monitor for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *09/13/2026*

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

POC implemented and verified on 07/24/2026

10. Requirements

3800.226. An ISP shall include:
1. Measurable and individualized goals and time-limited objectives for the child.

3800.226 Content of the ISP *(continued)*

Description of Violation

In 1 of 10 child records reviewed, Child D was admitted to the facility on [redacted], and the child's ISP did not include time-limited objectives for the goals listed on the ISP.

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)***

The Unit Supervisor will complete a supervisory conference with clinical staff by July 13, 2026, outlining the need to incorporate measurable, individualized goals and time limited objectives to the ISP. Upon completion of a report a Supervisor will be responsible for reviewing the report to make edits and ensure the ISP has a measurable, individualized goals with time limited objectives, along with signing the ISP as the final review The Unit Manager will monitor for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *09/13/2026*

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

POC implemented and verified on 07/24/2026

3800.228 Copies of the ISP

11. Requirements

3800.228.a. Copies of the ISPs, revisions to the ISP and monthly documentation of progress shall be provided to the child if the child is over 14 years of age, the parent, the child's guardian or custodian, if applicable, the contracting agency and persons who participated in the development and revisions to the ISP.

Description of Violation

In 1 of 10 child records reviewed, the record of Child C did not contain documentation that copies of the ISP were provided to the appropriate parties.

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] - 06/24/2026)***

The Unit Supervisor will complete a supervisory conference with the identified case manager for youth C by July 13, 2026, outlining the need to distribute copies of the ISP to the parent/ guardian, contracting agency, child and whoever else participated in the development or revisions of the ISP as outlined in 3800.228.a. Upon completion of a report a Supervisor will be responsible for reviewing the report to make edits and ensure the ISP was distributed to all required parties. The Unit Manager will monitor for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *09/13/2026*

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

POC implemented and verified on 07/24/2026

3800.230 Transfer of Discharge

13. 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.

3800.230 Transfer of Discharge *(continued)*

Description of Violation

In 6 of 10 child records reviewed, the records of Child C, Child E, Child F, Child G, Child I and Child J did not include documentation of parents being informed of discharge prior to discharge occurring.

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 (- 06/17/2026)***

The Unit Supervisor will complete a supervisory conference with clinical staff by July 13, 2026, outlining the documentation process to notify a family if applicable prior to a youth discharging, within 24 hours following discharge or reason why they were not notified. The supervisory conference will also detail that documentation of the conversation must be retained in the residents' record within 24 hours of the resident discharge. The Unit Supervisor will be responsible for implementation and follow up where the Unit Manager will complete spot checks monitoring for 60 days or until compliance is achieved.

Licensee's Proposed Overall Completion Date: *09/13/2026*

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

POC implemented and verified on 07/24/2026

3800.243 Content of Records

14. Requirements

3800.243. Each child's record shall include:
10. Court order, if applicable.
13. Service records of the contracting agency.

Description of Violation

In 9 of 10 child records reviewed, the following was found regarding court orders:

Child B was admitted to the facility on , and a court order and service records of the contracting agency were not located in the record.

Child C was admitted to the facility on and a court order and service records of the contracting agency were not located in the record.

Child D was admitted to the facility on and a court order and service records of the contracting agency were not located in the record.

Child E was admitted to the facility on and a court order and service records of the contracting agency were not located in the record.

Child F was admitted to the facility on and a court order and service records of the contracting agency were not located in the record.

Child G was admitted to the facility on , and a court order and service records of the contracting agency were not located in the record.

3800.243 Content of Records (continued)

Child H was admitted to the facility on [redacted], and a court order and service records of the contracting agency were not located in the record.

Child I was admitted to the facility on [redacted] and a court order and service records of the contracting agency were not located in the record.

Child J was admitted to the facility on [redacted], and a court order and service records of the contracting agency were 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 ([redacted] - 05/22/2026)***

The clinical team sends out an initial letter within the first week of a youth's intake requesting required documents. A letter will be included with the monthly reports which outline what documents are missing from the resident file (court order, family service plan, child permanency plan etc) that the family or county representative may forward to the program. The Quality Compliance Specialist will create this letter and have the clinical team start implementation by June 1, 2026. The Unit Supervisor will monitor for 60 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