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

July 24, 2026

[redacted], EXECUTIVE DIRECTOR OF OPERATIONS
CORNELL ABRAXAS GROUP, LLC
2840 LIBERTY AVE., SUITE 300
PITTSBURGH, PA, 15222

RE: CORNELL ABRAXAS GROUP,LLC
ABRAXAS ACADEMY SECURE RESIDENTIA
1000 ACADEMY DR., P.O.BOX 645
MORGANTOWN, PA, 19543
LICENSE/COC#: 14404

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: *CORNELL ABRAXAS GROUP,LLC-ABRAXAS ACADEMY-SECURE RESIDENTIA*
License Number: *14404*
Address: *1000 ACADEMY DR., P.O.BOX 645, MORGANTOWN, PA 19543*
License Expiration: *06/01/2026*
County: *BERKS*

Administrator

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

Legal Entity

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

Inspection Information

Start Date: *04/27/2026* **End Date**: *04/28/2026* **Type**: *Renewal* **Notice**: *Announced Visit*

Inspector(s): [redacted]

Inspection Narrative

The Department of Human Services Office of Children, Youth and Families (Department) conducted its annual inspection of Abraxas Academy - Secure Care Program on April 27, 2026, and April 28, 2026. The facility currently provides services to delinquent, males ages 10-18, as well as the Office of Refugee Resettlement. The license capacity for this facility is 55. The Department reviewed 17 child files. 7 of these files pertained to the new program that the facility has with the Office of Refugee Resettlement. The Department also reviewed 16 staff files and all newly hired staff files within the period of review. This inspections period of review is April 1, 2025, through March 31, 2026.

As a result of this annual inspection the Department did find deficiencies that were not in accordance with the 3800 regulations. The Department also provided technical assistance regarding the facility providing additional documentations and/or evidence that shows the facility is attempting to send out proper documents and letters to legal guardians and parents when required. There was also additional technical assistance in ensuring the same level of ISP record keeping occurred in the new program with the Office of Refugee Resettlement as their other programs that they serve within the facility.

Inspections / Reviews

04/27/2026 - Renewal

Lead Inspector: [redacted] **Follow Up Type**: *POC Submission* **Follow Up Date**: *05/25/2026*

06/03/2026 POC Submission

Reviewer: [redacted] **Follow-Up Type**: *On-site Verification* **Follow-Up Date**: *07/01/2026*

06/03/2026 - On-site Verification

Submitted By: [redacted] **Date Submitted**: *05/24/2026*
Reviewer: [redacted] **Follow-Up Type**: *Not Required*

3800.104 Kitchen Areas

1. Requirements

3800.104.c. Food shall be protected from contamination while being stored, prepared, transported and served.

Description of Violation

On April 27, 2026, the Department completed an inspection inside of the fridge and seen that multiple food items were expired. There were fruit salad, rolls, and dozens of eggs that were all expired. Some of the eggs specifically were documented to be "used by" March 7, 2026. The Fruit salad needed to be "used by' April 24, 2026, and showed signs of the fruit spoiling within the clear container. The Department did observe the Facility disposing all the items after the inspectors identified the issues.

The facility shall develop and submit a comprehensive plan of correction to ensure compliance with this regulation in the future. Please provide a plan of correction that includes how it will be monitored, a time frame for monitoring and the person responsible for monitoring this process.

Plan of Correction ***Accept ([redacted] - 06/03/2026)***

1) A full review of all dry storage, refrigeration, and prep areas was conducted by Food Service Manager to ensure there were no additional expired items.
2) On May 18, 2026, all Kitchen staff were trained on
• Proper date marking (date opened and discard date)
• FIFO (First in First Out Procedures)
• Importance of checking dates and discarding expired foods
3) Department Manager will also do a thorough check of all items in the department once a month to ensure all items are properly dated and that FIFO (First in First Out) is being followed by all employees. A copy of this monthly check will be sent to Quality for 3 months for review.
FIFO signage is posted for employee review. And FIFO is also added to daily responsibilities.

Licensee's Proposed Overall Completion Date: *05/25/2026*

On-site Verification ***Implemented ([redacted] - 07/17/2026)***

The Department completed an onsite verification on July 1, 2026, and was able to confirm that the plan of correction was implemented appropriately.

3800.224 Development of the ISP

2. Requirements

3800.224. Development of the ISP.

Description of Violation

A review of child b records occurred on April 27, 2026, and there was no initial ISP that could be provided by the Facility.

The facility shall develop and submit a comprehensive plan of correction to ensure compliance with this regulation in the future. Please provide a plan of correction that includes how it will be monitored, a time frame for monitoring and the person responsible for monitoring this process.

3800.224 Development of the ISP *(continued)*

Plan of Correction ***Accept ([redacted] - 06/03/2026)***

All residents will be issued an Abraxas Academy standard Individual Service Plans (ISP), separate from the Office of Refugee Resettlement (ORR) ISP, within 30 days of admission into the program and will be updated at least every six months.
Each ISP will include all required components in accordance with Pennsylvania Chapter 3800 regulations and organizational standards. All supporting documentation including but not limited to signatures, assessments, progress updates, and service records will be obtained and maintained in the resident's file.
Program leadership and designated staff will conduct ongoing file reviews to verify that required ISP documentation, updates, signatures, and service provisions are completed in accordance with regulatory and organizational standards.
Compliance monitoring will occur in accordance with the program's established file audit process at quarterly intervals by Quality & Compliance Specialist. Resident files will be reviewed on an ongoing basis to ensure continued adherence to program requirements, documentation standards, and corrective action expectations.

Licensee's Proposed Overall Completion Date: *05/31/2026*

On-site Verification ***Implemented ([redacted] - 07/17/2026)***

The Department completed an onsite verification on July 1, 2026, and was able to confirm that the plan of correction was implemented appropriately.

3. Requirements

3800.224.b. The ISP shall be developed by the child, the child's parent and, if applicable, the child's guardian or custodian, if available, any person invited by the child and the child's parent, guardian or custodian, child care staff persons, a contracting agency representative and other appropriate professionals.

Description of Violation

A review of a child B's record occurred on April 27, 2026, and there was no evidence/documentation provided by the Facility that anyone participated in an ISP for the child. There was no evidence/documentation provided by the Facility that an initial ISP was created for the child.

The facility shall develop and submit a comprehensive plan of correction to ensure compliance with this regulation in the future. Please provide a plan of correction that includes how it will be monitored, a time frame for monitoring and the person responsible for monitoring this process.

Plan of Correction ***Accept ([redacted] - 06/03/2026)***

Each ISP will include all required components in accordance with Pennsylvania Chapter 3800 regulations and organizational standards. All supporting documentation to obtain signatures will be documented and maintained with the copy of the ISP/treatment plan. Supporting documentation will be letters or emails sent to the participants and resident signatures will be obtained, or documentation of the resident's refusal will be housed with the ISP/treatment plan.
Training with the secure treatment team is scheduled for 5/27/2026. The Clinical Director will monitor the signatures of ISP/treatment reports.
Compliance monitoring will occur in accordance with the program's established file audit process at quarterly

3800.224 Development of the ISP (continued)

intervals by Quality & Compliance Specialist. Resident files will be reviewed on an ongoing basis to ensure continued adherence to program requirements, documentation standards, and corrective action expectations.

Licensee's Proposed Overall Completion Date: *06/20/2026*

On-site Verification ***Implemented (- 07/17/2026)***

The Department completed an onsite verification on July 1, 2026, and was able to confirm that the plan of correction was implemented appropriately.

4. Requirements

3800.224.c. Reasonable effort shall be made to involve the child and the child's parent and, if applicable, a guardian or custodian, in the development of the ISP at a time and location convenient for the child, the child's parent, the child's guardian or custodian, if applicable, and the facility.

3800.224.d. Documentation of reasonable efforts made to involve the child's parent and, if applicable, guardian or custodian, shall be kept.

Description of Violation

A review of child B's record occurred on April 27, 2026, and there was no evidence/documentation provided by the Facility that an initial ISP occurred nor included attempts to have all the required participants for the process of the ISP development.

The facility shall develop and submit a comprehensive plan of correction to ensure compliance with this regulation in the future. Please provide a plan of correction that includes how it will be monitored, a time frame for monitoring and the person responsible for monitoring this process.

Plan of Correction ***Accept (- 06/03/2026)***

Documentation of reasonable efforts made to involve the child's parent and, if applicable, guardian or custodian, shall be kept in the resident record. Documentation will either be letters or emails that will be documented with the ISP/Treatment plan.
Training with the secure treatment team is scheduled for 5/27/2026. The Clinical Director will monitor the signatures of ISP/treatment reports.
Compliance monitoring will occur in accordance with the program's established file audit process at quarterly intervals by Quality & Compliance Specialist. Resident files will be reviewed on an ongoing basis to ensure continued adherence to program requirements, documentation standards, and corrective action expectations.

Licensee's Proposed Overall Completion Date: *06/20/2026*

On-site Verification ***Implemented (- 07/17/2026)***

The Department completed an onsite verification on July 1, 2026, and was able to confirm that the plan of correction was implemented appropriately.

5. Requirements

3800.224.e. Persons who participated in the development of the ISP shall sign and date the ISP, with the

3800.224 Development of the ISP *(continued)*

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

A review of child B's record occurred on April 27, 2026, and there was no evidence/documentation provided by the Facility that an initial ISP occurred for child B. The facility had no signature pages to provide to the Department regarding child B. Additionally, child A's record was reviewed on April 28, 2026, and the Department found that there were no signatures on child A's ISP.

The facility shall develop and submit a comprehensive plan of correction to ensure compliance with this regulation in the future. Please provide a plan of correction that includes how it will be monitored, a time frame for monitoring and the person responsible for monitoring this process.

Plan of Correction ***Accept ([redacted] - 06/03/2026)***

All residents will be requested to sign their ISP/treatment plans and if they refuse to sign, this will be documented on the ISP/treatment plan.
Training with the secure treatment team is scheduled for 5/27/2026. The Clinical Director will monitor the signatures of ISP/treatment reports.
Compliance monitoring will occur in accordance with the program's established file audit process at quarterly intervals by Quality & Compliance Specialist. Resident files will be reviewed on an ongoing basis to ensure continued adherence to program requirements, documentation standards, and corrective action expectations.

Licensee's Proposed Overall Completion Date: *06/20/2026*

On-site Verification ***Implemented ([redacted] - 07/17/2026)***

The Department completed an onsite verification on July 1, 2026, and was able to confirm that the plan of correction was implemented appropriately.

3800.228 Copies of the ISP

6. 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

Child A's record was reviewed on April 28, 2026, and the Department found that there was no evidence/documentation that child A accepted or refused a copy of his ISP. Documentation from the facility is required to show that child A was offered an opportunity to have a copy of his ISP and record the response of child A appropriately.

The facility shall develop and submit a comprehensive plan of correction to ensure compliance with this regulation in

3800.228 Copies of the ISP (continued)

the future. Please provide a plan of correction that includes how it will be monitored, a time frame for monitoring and the person responsible for monitoring this process.

Plan of Correction ***Accept ([redacted] - 06/03/2026)***

All residents will be requested to sign their ISP/treatment plans and if they refuse to sign, this will be documented on the ISP/treatment plan.
Training with the secure treatment team is scheduled for 5/27/2026. The Clinical Director will monitor the signatures of ISP/treatment reports.
Compliance monitoring will occur in accordance with the program's established file audit process at quarterly intervals by Quality & Compliance Specialist. Resident files will be reviewed on an ongoing basis to ensure continued adherence to program requirements, documentation standards, and corrective action expectations.

Licensee's Proposed Overall Completion Date: *06/20/2026*

On-site Verification ***Implemented ([redacted] - 07/17/2026)***

The Department completed an onsite verification on July 1, 2026, and was able to confirm that the plan of correction was implemented appropriately.