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

October 7, 2026

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

RE: ABRAXAS ACADEMY
1000 ACADEMY DR, PO BOX 645
MORGANTOWN, PA, 19543
LICENSE/COC#: 14405

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 ACADEMY*
Address: *1000 ACADEMY DR, PO BOX 645, MORGANTOWN, PA 19543*
County: *BERKS*
License Number: *14405*
License Expiration: *10/17/2026*

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: *08/10/2026* **End Date**: *08/10/2026* **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 Detention Program on August 10, 2026. The facility currently provides services to delinquent, males ages 10-18. The license capacity for this facility is 24. The Department reviewed 6 child files who are active residents within the facility at the time of the inspection, 20 child files which are residents who have been discharged from the facility, and 20 staff files that include all new hire files for the period under review, which is April 17, 2026, through July 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 multiple technical assistance regarding the facility to ensure each child record must include an emergency medical plan. Currently the facility has one generic emergency medical plan, and it is not included within each child's record. Facility should also ensure each emergency medical plan is custom to each child so youth being served have each of their unique needs met during a potential medical emergency. There was also additional technical assistance provided to the facility which included having staff ensure surfaces on the secure detention unit was free of paint when the surface was not met to be painted. Discussions were also had regarding peeling paint surfaces within the bathrooms.

Additional technical assistance was provided on dental and medical health providers as the facility had incidents of delays due to court scheduling conflicts as well as issues with their provider not being able to provide lab services to the residents when it was needed in a timely manner. Facility will work on contingency plans to ensure back up medical and dental health providers are sought out to ensure timely services are being provided to their youth who they serve. Further discussions regarding proper disclosure to families regarding their rights to have documents accurately translated when needed should be on all correspondents which the facility has already drafted and corrected this concern. Lastly, discussions on blank forms and missing data on forms were had and the facility understands that if a form is not applicable to this child it should not exist within the file additionally the facility plans to work on a system to ensure all forms are being reviewed for blank data or data marked as not applicable when it is required to be present pursuant to the 3800 regulations. Each missing data that was found during this inspection was corrected by the facility within 24 hours.

Inspections / Reviews

08/10/2026 Renewal

Lead Inspector: [redacted] **Follow-Up Type:** *POC Submission* **Follow-Up Date:** *09/04/2026*

09/11/2026 - POC Submission

Reviewer: [redacted] **Follow Up Type:** *On site Verification* **Follow Up Date:** *10/12/2026*

09/11/2026 On site Verification

Submitted By: [redacted] **Date Submitted:** *09/04/2026*

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

3800.230 Transfer of Discharge

1. 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

There is no documentation or evidence that the facility informed and made efforts to discuss with Child B's parent, guardian or custodian the recommended transfer or discharge.

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 (- 09/11/2026)***

Initial ISP has added section to ensure discharge planning is addressed from admission. All ISPs will document discharge plan. Resident's parent/guardian are notified of the ISP meetings to discuss the resident's plan. Copies of the ISP are to be mailed or emailed to the parent/guardian. Documentation of contact with the family/guardian will be maintained on the communication log and copies of an email will be maintained in the resident file. On all email correspondence the case manager supervisor will be copied in to audit for completion in real time. Case Managers will email their supervisor if there is no email for the parent/guardian and they had to mail the document. The quality department will add to the audit tool to check for the documentation in the resident file. Chart audits will be completed quarterly at a minimum with 10% of the charts to be audited.

Licensee's Proposed Overall Completion Date: *09/28/2026*

On-site Verification ***Implemented (- 10/07/2026)***

Plan of correction was implemented as written.

3800.243 Content of Records

2. Requirements

3800.243. Each child's record shall include:

1. Personal information including:
5. ISPs.

Description of Violation

Child A's record does not contain an ISP within 30 days of admission to 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.

Plan of Correction ***Accept (- 09/11/2026)***

All ISPs will be completed on day 25 of a resident's stay and mailed out by day 30 to ensure all residents have a completed ISP by day 30. The case manager supervisor is monitoring the sending of the ISPs by being copied in the email where it is sent or receiving email notification by the case manager that the ISP was mailed. The quality department will add to the audit tool to check for the documentation in the resident file. Chart audits will be completed quarterly at a minimum with 10% of the charts to be audited.

Licensee's Proposed Overall Completion Date: *09/28/2026*

3800.243 Content of Records *(continued)*

On-site Verification ***Implemented (- 10/07/2026)***

Plan of correction was implemented as written.

3. Requirements

3800.243. Each child's record shall include:

Description of Violation

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

Child A spent a total of 32 days within the facility and there was no ISP created until days after discharge. All youth at the facility should have an ISP created within 30 days of their admission date and be included within each child's record where applicable.

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 (- 09/11/2026)***

All ISPs will be completed on day 25 of a resident's stay and mailed out by day 30 to ensure all residents have a completed ISP by day 30. The case manager supervisor is monitoring the sending of the ISPs by being copied in the email where it is sent or receiving email notification by the case manager that the ISP was mailed. The quality department will add to the audit tool to check for the documentation in the resident file. Chart audits will be completed quarterly at a minimum with 10% of the charts to be audited.

Licensee's Proposed Overall Completion Date: *09/28/2026*

On-site Verification ***Implemented (- 10/07/2026)***

Plan of correction was implemented as written.

4. Requirements

3800.243. Each child's record shall include:

Description of Violation

3800.224. Development of the ISP. (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.

Child's A record shows that ISP does not have Child's A signature and there is no documented attempts by the facility to obtain that signature.

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 (- 09/11/2026)***

Beginning 09/2/26, the facility will ensure that all residents are provided with the opportunity to participate in the ISP meeting and sign the ISP in accordance with regulatory requirements. The ISP will be reviewed with the

3800.243 Content of Records (continued)

resident during the meeting, and signatures will be obtained at the time of plan development whenever possible. If a resident is unavailable or declines to sign, staff will document the opportunity provided and the attempts made to obtain the resident's signature in the resident record.
Effective September 28, 2026, the facility's goal is to achieve and maintain 100% compliance with ISP signature requirements, including documentation that residents participated in the development and signed the ISP, as well as documentation of all attempts to obtain signatures when a signature cannot be secured. The Case Manager Supervisor is responsible for oversight of ISP development and timely completion and will conduct monthly supervisory reviews with each Case Manager to monitor upcoming ISP due dates, verify completion by required timeframes, confirm that required signatures or documented signature attempts are present, and address any identified deficiencies.
The Quality Department will monitor compliance through quarterly clinical record review audits that include verification of resident's signatures on the ISP. Audit findings will be reviewed with program leadership, and corrective action will be implemented when deficiencies are identified.

Licensee's Proposed Overall Completion Date: *09/28/2026*

On site Verification ***Implemented ([redacted] - 10/07/2026)***

Plan of correction was implemented as written.