



ACCREDITING BUREAU OF HEALTH EDUCATION SCHOOLS
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February 6, 2017

**FEDERAL EXPRESS SIGNATURE REQUIRED
& ELECTRONIC SUBMISSION TO: greg.malone@casalomalcollege.edu**

Mr. Greg Malone
Campus Director
Casa Loma College
6725 Kester Avenue
Van Nuys, CA 91405

Casa Loma College, Van Nuys, California, ID#: I-065
Casa Loma College, Anaheim, California, ID#: I-065-02

Dear Mr. Malone:

The Commission, at its January 2017 meeting, reviewed your institution's application for a continued grant of accreditation, including the Self-Evaluation Report, the on-site Visitation Report, the institution's response to the report and the institution's financial history. Based on review and discussion, the Commission acted to defer action on the application for a continued grant of accreditation, and to direct the institution to **show cause why its accreditation should not be withdrawn. The Commission also declined to reaffirm the change of location for the Anaheim campus. Accordingly, the accreditation for the Anaheim campus has been withdrawn, subject to appeal as described below.**

The Commission's actions are the result of the institution's failure to demonstrate compliance with the standards as described below. Incident to the show cause, this letter outlines specific directives for the Van Nuys campus, including information that must be provided to the Commission to demonstrate compliance with substantive accreditation standards and requirements, and for the orderly teach out of the Anaheim location, should the institution choose not to appeal the withdrawal of accreditation for the Anaheim campus.

VAN NUYS, CALIFORNIA CAMPUS (ID#: I-065)

Reasons for Show Cause and Required Information

1. Representations are accurate and ethical (IV.E.1.); advertising and promotional materials contain clear and provable statements (IV.E.2.a.); and, all representations regarding the program are accurate, complete, and not misleading (V.H.3.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Evidence that the Vocational Nursing Board has approved the Van Nuys campus to enroll a single cohort of 30 students in January 2017.

- Evidence of any advertising regarding the Licensed Vocational Nursing program that indicates the next cohort start date approved by the Vocational Nursing Board as described in the institution's October 6, 2016 submission.

In its submission dated October 6, 2016, the institution explained that the California Vocational Nursing Board (BVNPT) suspended approval for additional class starts on February 17, 2016 and again on July 16, 2016. The institution did state that during "The first week of November 2016, the BVNPT voted to approve one class start for January 2017." No evidence of the BVNPT action was provided, however.

2. Standard academic conversion methodology is applied in calculating and awarding academic credit. (***)Please note that clock-hour programs do not fall under these requirements) (IV.G.1.); and, current course syllabi are maintained that fully and clearly describe the important characteristics of each course and meet the requirements of Appendix F (Course Syllabi Requirements) (V.C.1.a).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Syllabi for all courses in the Diagnostic Medical Sonography and Magnetic Resonance Imaging program that include outside hours consistent with the requirements of an Academic Associate degree.

The institution explained that the omission of outside hours in its credit-hour calculation had been an oversight. In its response, the institution used an incorrect formula in calculating outside hours, and therefore the credit-hour calculations on course syllabi are still incorrect.

3. Records are maintained in a manner that is safe from risk of loss and are located at a reasonably accessible place (IV.J.3.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Evidence that all student records have been stored in a manner that is safe from loss. This should include screen shots of an online scanned document back-up system that has been implemented for all records not stored in fire-proof cabinets.

The institution explained in its response that it will scan records temporarily and that it will likely sign a contract with SchoolDocs in the future. No documentation was provided, however, to demonstrate that the institution currently meets this standard.

4. Resources exist to meet the educational goals and objectives (V.A.3.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Evidence that the program supervisor with faculty input has performed an evaluation of the resources available to manage the program.

- A description of the process in place for the annual evaluation of program resources and a listing of current resources for the Magnetic Resonance Imaging program and documentation of program supervisors' involvement in the discussion.

The institution indicated that it is currently searching for the most appropriate person to lead its Magnetic Resonance Imaging program and perform evaluations of resources, but no documentation was provided.

5. Instructional continuity is maintained through faculty stability (V.A.4.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- A listing of current faculty in the Magnetic Resonance Imaging and Vocational Nursing programs as of March 1st, 2017 and their start dates with the institution.
- A Faculty retention plan to improve the instruction continuity in the Magnetic Resonance Imaging and Vocational Nursing programs.

The institution explained that it uses part-time faculty and it does have one faculty member who has been with the institution for three (3) years. It also stated that it has a new leader for the Magnetic Resonance Imaging program, but no documentation was provided. The institution indicated that it has "had a string of resignations" in the Vocational Nursing program that directly affected the retention of faculty.

6. A program has an active advisory board of in-field specialists, current in the applicable specialty, representing its communities of interest, to assist administration and faculty in fulfilling stated educational objectives (V.A.5.a.); and, a program must be served by a medical advisor and advisory board of program related specialists to assist administration and faculty in fulfilling stated educational objectives (DMS.B.2.c.). (Diagnostic Medical Sonography program).

The institution is directed to submit sufficient information and documentation to show compliance with these standards, including, but not limited to, the following:

- Meeting minutes from an advisory board meeting for Diagnostic Medical Sonography and Magnetic Resonance Imaging programs which demonstrate that there are at least three community representatives, not employed by the institution, for each discipline or group of related programs as well as a distance education specialist not employed by the institution.
- The medical advisor should be identified in the meeting minutes and documentation of his or her qualifications submitted. (Diagnostic Medical Sonography program).

The institution explained that it had an advisory board meeting on November 16, 2016 and provided meeting minutes, but there was no evidence that the required number of public participants attended the meeting. Further, it was unclear if the Distance Education Representative was an employee of the institution and therefore not qualified to serve as an independent representative.

7. Prepared meeting minutes are maintained, distributed and used to improve program effectiveness (V.A.5.b.).

The institution is directed to submit sufficient information and documentation to show compliance with these standards, including, but not limited to, the following:

Evidence that the corrected meeting minutes provided to document compliance with V.A.5.a. (Item 6 above) have been distributed and used to improve program effectiveness.

8. Services of support personnel are available to facilitate program operation (V.A.6.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- An Administrative staff listing for Van Nuys Campus that includes staff titles, and start dates at the institution.
- A staff retention plan to improve the continuity of administrative staff on campus.

In the course of their visit, the team found that the structure of the organization did not support the program goals. The team found it to be unstable from an administrative standpoint. Although the position of Director of Education was listed on the organizational chart, the team found that the DOE had resigned earlier in the year. The program director reported to the CEO of the College. In its response, the institution explained the incorrect designation of the Director of Education and provided an updated title. It also provided an updated organizational chart, but did not address employee turnover or lack of stability from an administrative standpoint.

9. Program curriculum is structured and students are scheduled to ensure a sequence of instruction that validates the curriculum's defined competencies (V.B.1.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Evidence that the Magnetic Resonance Imaging program has curriculum that is structured and students are scheduled to ensure a sequence of instruction that validates the curriculum's defined competencies.

The team found there was a lack of analysis of the current program curriculum in the Magnetic Resonance Imaging program relative to the accepted ASRT professional curriculum. The institution could not provide a structured analysis of curricular outcomes and goals. In its response, the institution explained it follows the curriculum standards of a variety of recognized organizations; however, no analysis of their own curriculum was provided.

10. Competencies required for successful completion of a program are identified in writing and made known to students. (V.B.2.); each student demonstrates the attainment of the required program competencies in order to successfully complete the program (V.D.2.a.); the depth and breadth of the program's curriculum enables graduates to acquire competencies in cognitive, psychomotor,

and affective domains and to perform ultrasound procedures as an entry-level professional sonographer in the field of diagnostic medical sonography (DMS.A.1.) (Diagnostic Medical Sonography program); and, a clinical experience is required for completion of the program (DMS.A.2.) (Diagnostic Medical Sonography program).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Listing of affiliation agreements for the Diagnostic Medical Sonography program and an evaluation of the viability of the facilities for students to be able to complete their competencies while on externship. Affiliation agreements and evaluations should be of sufficient quantity and quality to appropriately support the student population in attaining necessary competencies.

The institution explained that finding good externships for the Diagnostic Medical Sonography program is very hard to do and the situations that allow students to demonstrate competency are infrequent at their current sites. The institution provided a description of a plan to allow students listed by the visiting team to complete their competencies after graduation, but it is having difficulty because the students are not covered by the institution's liability insurance. In any case, this practice would not comply with DMS.A.2 as noted.

11. External clinical experiences are available to serve the diverse needs of a program(s) (for applicable programs) (V.B.4.a.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Listing of affiliation agreements for the Diagnostic Medical Sonography program and an evaluation of the viability of the facilities for students to be able to complete their competencies while on externship. Affiliation agreements and evaluations should be in quantity and quality that support the student population in obtaining necessary competencies.
- Affiliation agreements with San Joaquin Community Hospital, RadNet Huntington Park Advanced Imaging, Wilshire Downtown Advanced Imaging, Burbank Advanced Imaging Center, and San Fernando Valley Advanced Imaging Center with signatures and the date signed.

In regards to the Magnetic Resonance Imaging program, the institution provided a response that addressed the issue raised with respect to V.A.1., but did not provide updated copies of the corrected affiliation agreements described in the response.

12. A program has clinical experiences to meet its goals and objectives (V.B.4.b.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Examples of evaluations completed by a registered Magnetic Resonance Imaging Technologist for students completing clinical experiences February 15, 2017 through April 15, 2017.

The team found that competency evaluations were completed by the clinical site administrator instead of by the staff technologist. The team found that the staff technologist simply provides some verbal feedback to the student regarding his/her performance. The institution's MRI Program Clinical Handbook on p. 36 states "Once the student under supervision has reached a proficient level clinically while performing the specific examination, he/she is to be evaluated by a Registered MRI technologist supervising technologist supervising and/or MRI Program Director/Clinical Coordinator." The team determined the institution is not following its own processes. In the institution's response, it submitted the same quote (above) from the Handbook and the institution did not provide any additional explanation or exhibits regarding the absence of the evaluation.

13. Supervision and evaluation of student performance is provided during the clinical experiences (V.B.4.c.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Evidence that supervision and evaluation of student performance is provided during the clinical experiences by an individual who meets the minimum qualifications of program faculty member within the Magnetic Resonance Imaging program.

The team found that the program's clinical coordinator, Homa Engheta, is not qualified for the position. She does not possess sufficient clinical experience to meet the minimum qualifications. In its response, the institution stated that Homa Engheta, the clinical coordinator, is qualified to be a faculty member, but did not provide any support for this claim. In addition, the resume submitted did not include two (2) years of occupational (i.e. practical) experience in the subject field needed for Ms. Engheta to qualify under V.B.4.c. as a clinical coordinator.

14. Relevant and industry-current learning resources exist to complement the program (V.C.2.b.); library resources exist to complement the program(s) (VI.B.3.a.); and, an individual with professional academic education and experience supervises an institution's library (VI.B.3.b.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Invoice or contract evidencing that the institution has subscribed to the ProQuest Nursing and Allied Health Source and SciVerse ScienceDirect.
- Evidence that a knowledgeable librarian possessing documented experience or related training is available to assist students in the use of the technologies.

The institution stated it had a virtual library for which it recently added Open Access Journals Database which is free and provided a list of resources available to students including ProQuest Nursing, Allied Health Source and SciVerse ScienceDirect but provided no evidence that these resources were paid for and available to students.

15. A program is managed (V.E.1.a.); the individual(s) responsible for organization, administration, periodic review, planning, development, evaluation and general effectiveness of the program has experience in education methodology (V.E.1.b.) (Magnetic Resonance Imaging and Vocational Nurse); and, program supervisors are provided time, resources, and opportunities for professional development (V.E.1.c.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Official academic transcript for Program Manager, Mr. William Korson showing an earned baccalaureate degree and appropriate academic preparation in education methodology
- Evidence of Mr. William Korson's professional development.
- A signed job description by Mr. Korson indicating for which campus he is the Program Manager.
- A signed job description of the program manager assigned to the other campus and evidence of his/her qualifications.
- Evidence of a periodic evaluation of to modify clinical facilities or equipment by the Vocational Nurse Program Director.

The institution is listing Mr. William Korson as the Program Manager for both the Van Nuys and Anaheim campuses which are approximately 37 miles apart. However, it did not provide any evidence that he is given the time, resources and opportunities for professional development, particularly while having the responsibility of managing two campuses. The institution did not address the team's concern that the lack of curriculum development and review of faculty files do not reflect supervision and that Mr. Korson is unable to manage both campuses effectively, given the distance between them.

In addition, the team reviewed Mr. William Korson's faculty file as Program Manager for the Magnetic Resonance Imaging programs at both the Van Nuys and Anaheim campuses and found no evidence of a bachelor's degree which is a requirement as a Program Manager. In its response, the institution submitted his resume, but no evidence of the bachelor's degree.

16. Annual training for program supervisors is provided for the improvement of education-related management skills (V.E.1.d.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Evidence that the Program Manager(s) has participated in an annual training for the improvement of education related management skills. Documentation of training and evidence of attendance is required.

The institution indicated that all staff participated in an in-service titled, "Teaching the Adult Learner" and "Habits of the Mind," but did not provide any evidence. These in-services are focused on the improvement of teaching skills and not management skills as required to comply with V.E.1.d.

17. Faculty consists of qualified individuals who are knowledgeable and current in the specialty field (V.E.2.a.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Evidence of a license for Minh-Tri Le, Physical Therapy Assistant instructor, in order to show that he is able to work in the field in which he instructs.
- Evidence that Dr. Khosravi, Diagnostic Medical Sonography instructor, has obtained ARDMS credential in OB/Gyn, and at least 3 years of clinical practical experience of scanning in this specialization specifically.
- A listing of all faculty in the Magnetic Resonance Imaging program and ABHES Data sheets that demonstrate that faculty possess two (2) years of occupational (i.e., practical) experience in the subject field in which they teach.

The institution explained that Ms. Tajolosa, a Vocational Nursing instructor, and Dr. Khosravi, (DMS) instructor are still employed but will not teach until their faculty files are complete. The institution did not provide any evidence showing that the other faculty file deficiencies listed above have been corrected or information regarding who will be fulfilling the teaching responsibilities of Ms. Tajolosa and Dr. Khosravi.

18. Faculty receive training in educational methods, testing and evaluation and evidence strength in instructional methodology, delivery and techniques as indicated by evaluation by supervisory personnel within 30 days of beginning instruction, and annually thereafter (V.E.2.b.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

List of all instructors, which includes their hire date, most recent evaluation completed, and date of most recent training in educational methods, testing and evaluation. Copies of evaluations and training completed should be provided.

The institution provided a plan for the improvement of its process to evaluate and provide training within 30 days of beginning instruction, but provided no evidence of on-going annual training.

19. Personnel records for all full-time and part-time (including adjunct) faculty meet the requirements of Appendix E, Section B, Records Maintenance, and are up to date and maintained in a well-organized and easily accessible manner (V.E.2.c.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Medical Resonance Imaging (MRI) faculty data sheets for Thomas Macias, All Velasquez and Miguel Valdivia that indicates employment start dates.
- Signed job descriptions for MRI faculty: Thomas Macias and James Carter

- Evidence of degrees for MRI faculty: Thomas Macias and All Velasquez
- Annual performance evaluations for MRI faculty : Brian Anhalt, Homa Engheta, Thomas Macias, All Velasquez, James Carter & Miguel Valdivia
- Evidence of evaluation within 30 days for MRI instructors: Thomas Macias and Miguel Valdiva
- Documented continuing education and professional education for MRI instructors: Thomas Macias and Miguel Valdivia.
- Transcript for Physical Therapy Assistant (PTA) instructor, David Pevsner from California State University
- Annual Performance Reviews for PTA faculty: Roseto, Houck, and Coder
- Signed annual evaluation for Diagnostic Medical Imaging (DMS) instructor, Dr. Khostanyan
- Signed job description for DMS instructor, Dr. Khostanyan
- Updated ABHES Faculty data sheet for DMS instructor, Dr. Bahaa

The team found numerous faculty and personnel file deficiencies. In its response, the institution provided a lengthy explanation of Mr. Malone's qualifications, a description of the process the institution intends to follow in the future and an employee signed evaluation of Mr. Kostanyan., DMS instructor. No evidence addressing the other deficiencies listed above was provided.

20. Faculty meetings are held and the minutes are recorded (V.E.2.d.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Faculty meeting minutes for most recent faculty meeting.

The institution provided an explanation of how it keeps good communication between the faculty regarding students but did not provide any documentation as requested by the team.

21. A program of in-service training is provided for the improvement of faculty skills in teaching methodology and is conducted at least twice annually (V.E.4.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Evidence of two in-service trainings for Magnetic Resonance Imaging faculty, Thomas Macias, and Miguel Valdivia that were completed in the last year.

The institution explained that all faculty had participated in an in-service training titled, "Adult Learner Habits of the Mind Professional Development," however, no documentation was provided.

22. Faculty is provided time, resources, and opportunities for professional development (V.E.5.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Evidence of professional development activities for Magnetic Resonance Imaging faculty: All Velasquez, Miguel Valdivia, Thomas Macias, Homa Engheta, and Brian Anhalt.

The institution explained that all faculty had participated in an in-service training titled, "Adult Learner Habits of the Mind Professional Development," however, no documentation was provided. In addition, this training would be considered in-service training rather than professional development.

23. A program demonstrates that each constituency satisfaction rate is determined based on program surveys (V.I.1.f.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Updated Program Effectiveness Plans for all programs that identify and analyze constituency participation and satisfaction rates.

The institution did not address survey satisfaction or participation rates other than student surveys.

24. A program has an established documented plan for assessing its effectiveness as defined by specific outcomes. (V.I.2.)

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Updated Program Effectiveness Plans for all programs that identify and analyze constituency participation and satisfaction rates.

The institution provided updated Program Effectiveness Plans for all programs which included some information and analysis on survey results. However, there was not a consistent notation of survey participation and satisfaction rates for each of the constituencies.

25. A program has a process for assessing effectiveness annually (V.I.3.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Updated Program Effectiveness Plans for all programs that identify and analyze constituency participation and satisfaction rates.

The institution provided updated Program Effectiveness Plans for all programs which included some information and analysis on survey results. However, there was not a consistent notation of survey participation and satisfaction rates for each of the constituencies.

26. Faculty consists of qualified individuals (VI.A.2.).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

Evidence of a license for Minh-Tri Le in order for him to work in the field in which he instructs.

The team reviewed all faculty files and could not verify that Minh-Tri, Physical Therapy Assistant instructor, possessed a current license. The institution did not respond to this Standard.

27. Faculty consists of qualified individuals (VI.B.2.); and, faculty formal education/training and experience support the goals of the program (DMS.B.2.a.) (Diagnostic Medical Sonography program).

The institution is directed to submit sufficient information and documentation to show compliance with this standard, including, but not limited to, the following:

- Faculty data sheets and Baccalaureate degrees for Magnetic Resonance Imaging (MRI) instructors: All Velasquez, Brian Anhalt, Miguel Valdiva, Thomas Macias, and William Korson.
- Documentation that Diagnostic Medical Sonography (DMS) instructor, Dr. Khosravi is ARDMS credentialed in OB/Gyn, and possesses at least 3 years of clinical practical experience of scanning in this specialization specifically.

The institution explained that they have implemented a process for the review of employee files in the MRI program and if faculty are found not to be qualified, they will be suspended from teaching. No documentation was provided. In addition, the institution explained that Dr. Khosravi is still employed, but not teaching until the file is complete. No evidence was provided.

Student Achievement Indicators

According to Chapter III, Section A, Subsection 10, failure to demonstrate at least a 70 percent placement rate raises a question whether accreditation requirements are being met. An institution is required at minimum to demonstrate that it has effectively analyzed the situation and taken measures to correct the deficiency through creation of an action plan.

Furthermore, Chapter III, Section C, states the Commission may withdraw accreditation at any time if it determines that placement rates fall below 70 percent. The Commission may at its discretion provide an opportunity for the institution or program to bring itself into compliance within a time period specified by the Commission. The findings of non-compliance for the Vocational Nurse – Diploma program were first identified by the Commission in its letter dated August 8, 2016 and for the Diagnostic Medical Sonography – Associate of Science program by letter dated August 12, 2016.

According to our records, the placement rates below have been reported significantly lower than the required placement rate for the Vocational Nurse – Diploma and Diagnostic Medical Sonography – Associate of Science programs to date:

- December 2015 – The institution reported a placement rate of 25% for the Vocational Nurse – Diploma program and a 38% for the Diagnostic Medical Sonography – Associate of Science program on their 2014-2015 ABHES Annual Report.
- May 2016 – The institution reported an updated placement rate of 37% for the Vocational Nurse – Diploma program and a 60% for the Diagnostic Medical Sonography – Associate of Science program for the 2014-2015 reporting year.
- October 2016 – The institution reported an updated placement rate of 49% for the Vocational Nurse – Diploma program and a 60% for the Diagnostic Medical Sonography – Associate of Science program for the 2014-2015 reporting year.
- December 2016 - The institution reported a placement rate of 11% for the Vocational Nurse – Diploma program and a 32% for the Diagnostic Medical Sonography – Associate of Science program on their 2015-2016 ABHES Annual Report.

Therefore, the institution is directed to submit evidence that the Vocational Nurse – Diploma program has achieved a placement rate of at least 70% including, but not limited to, the following:

1. Updated placement rates for the Vocational Nurse – Diploma program and the Diagnostic Medical Sonography – Associate of Science program for the 2014-2015 and 2015-2016 reporting years, including back-up documentation to confirm the rates using the ABHES required back-up form located on the ABHES website at www.abhes.org/annualreport.
2. A list of graduates whose placement categorization (in field, in a related field, unavailable or, placed out of field/not placed) has changed including graduate name, previous category and current category, as well as, documentation and rationale to justify any new categorizations identified on said list as placed in field, in a related field, or unavailable for employment.
3. An analysis of those graduates within the 2014-2015 and 2015-2016 reporting period, not placed or placed out of field and how they may influence the current placement rate and the institution's action plan.

If the institution is unable to evidence that its placement rate has reached or exceeded the 70% benchmark for the 2014-2015 or 2015-2016 reporting year and wishes the Commission to allow additional time to come into compliance, then the institution's response to this directive must provide a detailed explanation of precisely how and when the institution expects to be in compliance. The explanation must include an updated action plan that details the institution's objectives, outlines how the institution plans to achieve compliance, and specify the timeline for when compliance will be achieved.

Additionally, should the institution choose to voluntarily teach-out and discontinue any or both of the above programs, please provide the confirmation of the formal teach-out acknowledgement sent by ABHES as part of its response.

The Commission may in its discretion provide an opportunity for the institution to bring itself into compliance within a time period specified by the commission. That time period will not exceed:

- a. Twelve months, if the longest program is less than one year in length.
- b. Eighteen months, if the longest program is at least one year, but less than two years in length.
- c. Two years, if the longest program is at least two years in length.

If, as part of its response to this directive, the institution wishes to appear before a panel of the Commission, its request to appear must be submitted in hard-copy form to the ABHES office within 10 calendar days of the date of this letter. A \$3,000 personal appearance fee must accompany this request and a \$3,000 fee for expenses will be required to be submitted 30 days prior to the appearance. The institution has the opportunity to request a teleconference, in lieu of a personal appearance, which requires a \$2,000 fee to accompany this request, also due within 10 calendar days from the date of the Commission action.

Should the institution wish to appear, the appearance materials must be submitted in accordance with the Response Requirements outlined below.

Response Requirements for the Show Cause Directive

The institution's response to this letter, including the cover letter, narrative, exhibits, and the completed "Notice for Commissioner Recusal" form included with this letter, must be submitted on a USB (stick) drive in accordance with the instructions "Preparing Your Institution's Response" found under the Forms Tab on the ABHES Website at www.abhes.org/forms. Please be advised, according to the instructions, electronic bookmarks must be used to identify supporting exhibits in the response. A response, which does not include electronic bookmarked exhibits, will not be accepted.

Additional Information Required

In addition, the institution must submit a Teach-Out Plan for the Diagnostic Medical Sonography and Medical Diagnostic Imaging programs at the Anaheim location as a means of protecting current and future students. The Teach-Out Approval Form must be utilized for this purpose. The Teach-Out plan is required even if the institution elects to appeal the Commission's decision to withdraw the accreditation of the Anaheim campus (explained below). If the institution does elect to appeal, the implementation of the plan may be delayed until the conclusion of the appeal.

The Teach-Out Approval Form, which is found under the Forms Tab on the ABHES website at www.abhes.org/forms, is consistent with applicable standards and regulations and provides for the equitable treatment of students. Include documentation of the following provisions in the submitted teach-out plan:

- a. The teach-out institution is accredited by an institutional accrediting agency recognized by the U.S. Department of Education.
- b. The teach-out institution is stable, carries out its mission and meets all obligations to existing students.

- c. The teach-out institution has the necessary experience, resources and support services to provide educational program(s) that are of acceptable quality and reasonably similar in content, structure, and scheduling to those provided by the institution or program that may cease operations either entirely or at one of its locations. This includes graduates' access to the same credentialing exams, as applicable.
- d. Students are provided access to the program and services without requiring them to move or travel substantial distances.
- e. Students will be treated equitably with regard to any charges or refunds; and, if tuition has been paid in full, that students receive the instruction promised at no additional charge.
- f. Students will be provided with written notification regarding their rights and opportunities for teach-out, transfer and refunds.

The plan may propose that the teach-out be accomplished by the institution that may cease operations, either entirely or at one of its locations, or by another institution(s) so long as the requirements listed above are met.

The institution's response to the Show Cause directive and the Teach-Out Plan must be received by ABHES no later than May 1, 2017 on a USB drive. It is imperative that the USB drive is properly labeled with the (1) institution's name, (2) city/state, (3) ABHES ID #, (4) Response to February 2017 Show Cause Letter and Teach-Out Plan, and (5) date.

The institution is advised that failure to respond in accordance with the Response Requirements by the due date will result in a late-fee assessment in accordance with Appendix G of the Accreditation Manual.

ANAHEIM, CALIFORNIA CAMPUS (ID#: I-065-02)

Reasons for Denial of Reaffirmation and Withdrawal of Accreditation

ABHES conducted an on-site visit at the Anaheim location on October 12 - 13, 2016. The visit had a two-fold purpose: to conduct an evaluation of the institution's Application for Renewal of Accreditation and a follow up visit for reaffirmation of the Change of Location approval granted on March 23, 2016. The Visitation Reports contained 51 violations of ABHES standards at the Anaheim campus. The institution was given an opportunity to respond to those violations and its response resolved seven (7) of the violations, leaving 44 other violations unresolved. The response was reviewed in detail by the Commission and based on the following specific violations related to the physical condition of and lack of educational resources at the Anaheim campus (below), are the basis for the Commission's decision to deny reaffirmation of the Change of Location and to withdraw the accreditation of the Anaheim campus

1. An institution complies with current applicable local, state, and federal laws (IV.D.1.).

At the time of the site visit, the team had concerns with the building size in relationship to the 50+ students and faculty attending on Saturdays. The team asked the President, Mr. Malone, for a certificate of occupancy and he stated the occupancy permit has not yet been issued. In the institution's response, it stated that it had not yet received a certificate of occupancy but believed the space to be adequate. The institution did provide an exhibit labeled certificate of occupancy, but it

was actually a business license and did not indicate the approved capacity of the space. The Commission found that the institution had not provided responsive documentation to the original concern and accordingly did not demonstrate compliance with IV.D.1.

2. Common areas complement and support instruction and learning (IV.J.1.).

The institution did not provide documentation, such as a Certificate of Occupancy, Proof of Inspection or a Floor plan showing common areas that complement and support instruction and learning as required by the standard. The response did not address concerns raised by the visiting team regarding a lack of adequate administrative space; inadequacies in the resource center (library) and the fact that the kitchen was being used as office space for the Registrar, Diagnostic Medical Sonography, and Medical Resonance Imaging Program Directors. (See I-065-02 Institutional Administrative Visitation Report, October 12, 2016, p. 15). Accordingly, the Commission concluded that the institution had not demonstrated that common areas complement and support instruction and learning.

3. An institution has a written emergency preparedness plan that is available to all students and staff (IV.J.2.).

The institution explained (at the time of the team visit) as well as in its response that this is being worked on and will be forthcoming, however, no written emergency preparedness plan was provided.

4. Records are maintained in a manner that is safe from risk of loss and are located at a reasonably accessible place (IV.J.3.).

The institution provided an explanation that it would scan records temporarily and thinks it will likely sign a contract with SchoolDocs in the future. However, the response did not include any evidence that all student records presently not stored in fire-proof cabinets have been stored in a manner safe from loss.

5. Resources exist to meet the educational goals and objectives (V.A.3.); equipment and supplies are readily available to support the delivery of didactic and supervised clinical and administrative practice components required in the curriculum (V.C.2.d.); the institution's laboratory facilities include the following (DMS.C.1); and, equipment and instruments are available within the institution's laboratory facility to achieve the program's goals and objectives (DMS.C.2.).

The institution explained that the Medical Resonance Imaging program is currently searching for the most appropriate person to lead the program and perform evaluations of resources. It stated that the MRI program has a new program supervisor, Mr. William Korson and he will be performing evaluations going forward. However, it did not provide evidence that the program supervisor has performed an evaluation of the resources available to run the program, faculty minutes reflecting the annual evaluation of program resources, description of the process in place for the annual evaluations or a listing of current resources for the Medical Resonance Imaging program. It did not address the site visit team's concern regarding noise in the building nor the lack of projection equipment in the Magnetic Resonance Imaging program.

Specifically, in regards to the Diagnostic Medical Sonography program, the institution said it is currently in search of newer equipment and provided quotes for equipment under consideration. However, it did not provide evidence that it addressed concerns raised in the site visit report regarding the need to replace

or repair the broken ultrasound scanning machine and replace the older Acusons with new models that can be connected to the network.

The institution is responsible to document compliance with all applicable accreditation requirements. As the findings above indicate, the institution failed to demonstrate compliance. **For this reason, the institution's grant of institutional accreditation for the Anaheim campus is withdrawn and accreditation will end on February 6, 2017.** Chapter I.B.1 of the *Accreditation Manual* provides that within 60 days of the date of this letter the Commission makes available upon request to the Secretary of the U.S. Department of Education, appropriate state agencies, recognized accrediting agencies, and the public a brief statement summarizing the reasons for this negative action and the official comments, if any, that your institution wishes to make with regard to this decision, or in the absence of official comment from your institution evidence that the institution or program was offered the opportunity to provide official comment. **Consequently, if you wish to make a brief official written comment on this negative action you must do so within 10 calendar days of the date of this letter.** You are not required to make such statement, and failure to do so within the time allotted will be understood as a decision not to comment.

Should the institution wish to appeal the action of the Commission withdrawing the accreditation of the Anaheim campus, it may do so by filing in hard-copy a statement of its intent to appeal the Commission action. This statement of intent to appeal must be submitted within 10 calendar days of the date of this action letter. A non-refundable \$5,000 appeal fee and a \$10,000 expense deposit must accompany this statement of intent to appeal. This fee must be submitted in the form of a money order or cashier's check payable to "Accrediting Bureau of Health Education Schools."

The institution will be provided a summary of expenses following the appeal hearing and will be refunded or charged the difference from the \$10,000 deposit.

Should ABHES receive a proper statement of intent to appeal as set forth above it will modify its public notification of the negative action to indicate that the Commission's final action is under appeal. As provided in Chapter III.E.1 of the *Accreditation Manual* the institution remains in accredited status while an appeal is pending.

The institution should review carefully all procedures governing its appeal, in accordance with the procedures found in Chapter III.E.2. of the *Accreditation Manual*. The appeal is based upon the information available to the Commission at the time of its action.

Requirements for written statement of grounds for appeal

A written statement of the grounds for appeal must be submitted on a USB drive or on a CD Rom **within 45 calendar days of the date of this letter.** The cover letter, narrative, and exhibits must be formatted in accordance with the instructions "Preparing Your Institution's Response" found under the Forms Tab on the ABHES Website at www.abhes.org/forms. Please be advised, according to the instructions, electronic bookmarks must be used to identify supporting exhibits in the response. **A response, which does not include electronic bookmarked exhibits, will not be accepted. In the absence of the institution perfecting an appeal in compliance with the requirements set forth in the *Accreditation Manual*, the action becomes effective beginning on the eleventh calendar day from the date of this letter.**

It is imperative that the USB drive or the CD Rom is properly labeled with the (1) institution's name, (2) city/state, (3) the institution's ABHES ID #, (4) "Statement of grounds for appeal", and (5) date.

Mr. Greg Malone
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February 6, 2017

The U.S. Department of Education and the appropriate state-licensing agency have been notified of this action.

If you have any questions concerning this correspondence, please contact me at (703) 917-9503.

Sincerely,

A handwritten signature in black ink that reads "Florence Tate". The signature is written in a cursive style with a large, stylized initial "F".

Florence Tate
Executive Director

Attachment: Notice for Commissioner Recusal

C: Lisa Hawkins – Casa Loma College – Anaheim, CA