



ACCREDITING COUNCIL FOR CONTINUING EDUCATION & TRAINING
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December 22, 2016

VIA EMAIL & FEDERAL EXPRESS
(niki@josephnursing.org)

Ms. Niki Joseph
Saint Joseph's School of Nursing
816 West Lancaster Blvd
Lancaster, CA 93534

***Re: Reaccreditation Denied
(Appealable, Not a Final Action)
ACCET ID #1394***

Dear Ms. Joseph,

This letter is to inform you that, at its December 2016 meeting, the Accrediting Commission of the Accrediting Council for Continuing Education & Training (ACCET) voted to deny reaccreditation, while on a show cause directive, to Saint Joseph's School of Nursing, located in Lancaster, California.

The decision was based upon a careful review and evaluation of the record, including the institution's Analytic Self-Evaluation Report (ASER), the on-site visit team report (visit conducted September 15 – 16, 2016), and the institution's response to that report, dated November 12, 2016. It is noted for the record that an Institutional Show Cause directive was initiated at the August 2016 Commission meeting based on the institution's continued failure to resolve serious issues relative to its non-compliant refund policy, its internal policies and procedures for processing cancellations, drops, and withdrawals, and catalog issues, which were originally identified during the June 11, 2015 Quality Assurance Visit, with successive Commission Action Letters requiring interim reporting, dated August 29, 2015, December 15, 2015, and April 28, 2016. The Commission also reviewed a series of three complaints (#1405, # 1414, #1417), which included allegations that overlapped with weaknesses cited in the team report, including Qualifications of Instructional Personnel, Externship/Internship, and Institutional Management (class cancellation/instructor no-shows).

It is noted that five of the 20 weaknesses cited in the team report were adequately addressed in the institution's response and accepted by the Commission. However, the Commission determined that the institution has not adequately demonstrated compliance with respect to ACCET standards, policies, and procedures, relative to the following 15 findings:

1. Standard I-C Planning

The institution did not demonstrate that it utilizes a planning process to establish plans that support the institution's mission and goals, that its plans are reviewed at least annually,

updated regularly, and implemented to improve the effectiveness of the institution, that they encompass both the educational and operational objectives of the institution, or that they include specific and measurable objectives, along with corresponding operational strategies, projected time frames, required resources, and methods for subsequent evaluation.

The team report indicated that business plans were not provided in its ASER, and that those provided on-site were plans from the prior ACCET visit in 2012. An update was provided to the team while on-site, but did not include both short and long-term plans, and did not contain the elements required by this standard, including specific and measurable objectives, along with corresponding operational strategies, projected time frames, required resources, and methods for subsequent evaluation. Further, the institution failed to provide evidence of implementation of the planning document, regular review, or annual revision.

In its response, the institution provided separate short and long-term plans, organized in accordance with a template to include the plan objective, strategy, responsible party, funds, time frame, and method of evaluation. However, both the short and long-term plan objectives focused on the development and maintenance of policies and procedures required by ACCET for accreditation, and each with due dates in the future. For example, the first five (of 11) objectives in the short-term plan are listed as follows:

Objective 1: Create and maintain short and long-term business plans in compliance with ACCET Standards.

Objective 2: Develop a manual of internal operational policies and procedures, consistent with ACCET policies, with detailed procedures to guide staff regarding implementation.

Objective 3: Develop Education department policies and procedures (class schedule development, syllabi/ lesson plan design, equipment/supply ordering procedures and safety, learning resources).

Objective 4: Develop Human Resources policies and procedures regarding Faculty: qualifications; orientation, training, and professional development; evaluation and observation.

Objective 5: Review and revise Academic policies and procedures regarding: SAP; attendance; make-up time; leave of absence (LOA); probation.

The long-term plan, with 10 total objectives, follows in the same vein. For example, objectives six – 10 are listed as follows:

Objective 6: To prepare Document 28.1 annually to provide accurate completion and placement data for assessing institutional effectiveness.

Objective 7: To conduct student surveys according to written policy and compile results to assess institutional effectiveness.

Objective 8: To conduct employer surveys according to written policy and compile results to assess institutional effectiveness.

Objective 9: To document and regularly schedule the review and revision of policy and procedure for the development and approval of advertising materials.

Objective 10: Develop relationships with education/training and employer/industry networks to enhance the quality of education, training, and student services.

The strategies and steps identified for the majority of the plan objectives are comprised of reviews of drafts via e-mail or meetings. The funding targeted for each objective in each plan is listed as zero dollars. In each case, the plan objectives align with an area cited as a weakness in the team report, and each of which is a standard required for accreditation; however, the planning documents do not demonstrate objectives to enhance and improve the institution and its education, training, and services, beyond ACCET accreditation. Nor does the documentation provided evidence regular review or update as required.

The institution failed to demonstrate that its business planning process has been effectively implemented to improve and enhance the institution or that the plans support its mission and goals. Therefore, the institution failed to demonstrate compliance with this standard.

2. Standard II-B Institutional Management

The institution did not demonstrate that management is responsible for developing and effectively implementing policies within an organizational framework that is clearly defined, understood, and effective or that written policies and procedures guide the day-to-day operations of the institution.

The team report indicated that the institution did not provide a policy and procedure manual. Some policies were provided, while others were non-existent. The limited policies provided did not include useful procedures, but instead were copies of the corresponding ACCET policy, which provided little guidance for staff regarding implementation. For example, the policy document provided to the newly hired Placement Coordinator was a copy of ACCET Document 28 – Completion and Placement Policy, but did not include any information relative to the internal procedure necessary to comply with ACCET policy.

In its response, the institution stated that it has been creating a detailed and thorough policy and procedure manual which required extensive time to develop, and that the manual is being expanded and improved. The response included a table of contents and sample policies. However, the table of contents listed policies in no particular order, without page references or policy numbers, and lacked any feasible way to identify which policies were included as

samples and which were placeholders. Of the 51 pages included, the document consisted heavily of sample, unreferenced forms, with significant attention devoted to refund processing (state and ACCET) and to placement definitions. Only eight of the sample policies were assigned a policy number, and none pre-dated September 28, 2016. By way of comparison, the ACCET document *Written Policies and Procedures Required in the ACCET Analytic Self-Evaluation Report (ASER)* located on the ACCET website and provided to all accreditation workshop participants, identifies 25 policies that are considered as a starting point and are specifically required to be included in the ASER.

The team report indicated that the institution did not provide an accurate class schedule to the team, as the Vocational Nursing (VN) Day program was not included. The VN Day class was cancelled by the Owner during the visit and, therefore, the team was not able to observe class or interview students. (Complaint #1405 alleged that the school failed to provide significant portions of scheduled program hours due to unannounced class cancellations and instructor no-shows.)

In its response to the team report, the institution explained that the VN – Day class was cancelled during the visit as the instructor (the school owner) would be working with the ACCET team. In its response to the complaint, the institution stated that “*the allegations that instructions [sic][instructional hours] were not delivered because the instructor was absent is false. Make up time and remediation was made available to all students.*” The institution failed to respond to the concern regarding unannounced class cancellations and instructor no-shows. The Commission noted that the cancellation of a class, slotted for observation by the on-site team so that the instructor (school owner) could tend to the accreditation visit, undermines the purpose of an on-site review.

The institution failed to demonstrate that complete policies and procedures are used to effectively guide its day-to-day operations or that it is administratively capable of developing and implementing policies within an organizational framework. The dearth of adequate and effective policies and procedures permeated the team report, including policies on class cancellations and substitute instructors, which were also identified by the team as weaknesses under Standard VI-B Supervision of Instruction. The institution’s response did not remedy these issues. Therefore, the institution failed to demonstrate compliance with this standard.

3. Standard II-C Human Resource Management

The institution did not demonstrate that its human resource policies and procedures ensure that qualified and capable personnel, at appropriate staffing levels, are effectively utilized, or that these policies and procedures address the orientation, supervision, retention, and training of all personnel.

The team report indicated that turnover had been extremely high in both administrative and faculty positions. The turnover rate for administrative staff was 100%, with all support positions having only recently been filled: (Administrative Assistant, hired 6/14/16,

Admissions Coordinator, hired 8/13/16, Financial Aid administrator, hired 9/2/16, and Placement Coordinator, hired 9/9/16.)

Instructor turnover was difficult to calculate as the institution did not provide a list of replaced faculty; however, two of the three instructors listed on ACCET Document 21–Personnel File/Qualifications Checklist had been hired in June and September 2016. Based on interviews with current students, the high turn-over has had a negative effect on the student experience. Students from the Vocational Nursing Program (evening cohort) indicated that they were on their third new instructor.

In total, of the seven faculty and staff listed on ACCET Document 21 (excluding the owner), only one was in the employ of the institution prior to June 2016, (two started in June 2016, one in August 2016, and three in September 2016).

In its response, the institution stated that it has added additional employee benefits to support employees by way of a group accident insurance policy. Regarding retention, the institution provided the start dates (ranging from 2010-2012), end dates, and the reason for the departures of the one faculty and three staff who departed since December 30, 2015. In evaluating the turnover for both faculty and staff, the institution stated: *We are satisfied with staff/faculty retention.*

The institution's response did not provide documentation of the orientation or training of its four new administrative staff. With the sole exception of the Financial Aid Administrator (start date 9/2/16 and training webinar attended on 9/13/16), the Document 21 reviewed by the team did not evidence training for any new employee subsequent to their employment start date. Further, the institution did not respond to the concern that the evening vocational nursing students were on their third new instructor.

The institution failed to demonstrate that its new faculty and staff were properly oriented, trained and supervised, or that its evening faculty turnover rate was addressed. The lack of appropriate training and oversight was further evidenced by team findings in such areas as procedures for oversight and monitoring of externships (Standard IV-C), taking attendance (Standard VIII-B), administration and analysis of student satisfaction surveys (Standard IX-A), administration and analysis of Employer/Sponsor satisfaction surveys (Standard IX-B), and monitoring, tracking, and recording of graduate placement data (Standard IX-D). Therefore, the institution failed to demonstrate compliance with this standard.

4. Standard II-F Professional Relationships

The institution did not demonstrate that professional relationships are used to enhance the quality of education, training, and student services, as required by the standard.

The team report indicated that the institution's professional relationships are limited to regulatory bodies (BPPE, ACCET, and the U.S. Department of Education) and that the owner is a member of the California Directors of Vocational Nursing group. There was no documentation, either in the ASER or provided to the team, of relationships within the education/training and/or employer/industry networks. For example, the ASER states:

Our relationships with our competitors allow us to continue to raise the bar and mold our institution into the ideal choice for quality for the consumer. However, within the same narrative, the ASER clearly states, in relationship to the competitors listed (Antelope Valley College, High Desert, University of Antelope Valley) that no relationships exist. The industry contacts section lists regulatory agencies (Bureau for Private Postsecondary Education (BPPE), California Department of Public Health (CDPH), Board of Vocational Nursing and Psychiatric Technicians (BVNPT)), describes these relationships as regulatory, and documents those relationships based solely on the regulatory approvals. The Higher Education/Profession and Trade association section lists *The College Network* as an educational relationship, and purportedly documents this relationship with an articulation agreement, which was neither attached, provided to the team, nor provided in its response to the team report.

In its response, the institution provided an additional listing of memberships as evidence of its commitment to be involved in community activities to support growth in education, training and student services: Southern California Directors of Vocational Nurse programs – 2009 to Present; Board of Vocational Nursing and Psychiatric Technicians Forum – August 20, 2015; ACCET – 2016 Annual Conference; and California Association of Private Postsecondary Schools – School Membership November 2016, along with documentation of membership and participation in continuing education activities. However, no narrative was provided to demonstrate how these relationships are used to enhance the quality of education, training, and student services, as required by the standard.

The institution failed to demonstrate significant professional relationships with organizations or associations outside of the regulatory bodies that require membership for the institution to operate. Further, the institution failed to demonstrate how these minimal relationships are maintained, utilized, and documented for the purpose of enhancing the quality of education, training, and student services. Therefore, the institution failed to demonstrate compliance with this standard.

5. Standard IV-B Program/Instructional Materials

The institution did not demonstrate that program materials, including syllabi, lesson plans, instructional guides, and texts reflected the appropriate scope, sequence, and depth of each program or course in relation to the stated goals and objectives.

The team report indicated that the syllabi for all programs were missing key elements such as performance objectives, required textbooks, program title and descriptions, methods of instruction, current instructor names, attendance requirements, class behavioral objectives and mode of delivery. While lesson plans were available from the textbook publishers, the institution did not provide evidence, nor did the team observe, that they were being utilized or made available to the faculty. Finally, the institution did not provide evidence that syllabi existed for the Home Health Aid program or the NCLEX review course, which were not in session at the time of the visit.

In its response, the institution confirmed that it had reviewed and understood the weakness, and provided updated syllabi for the Vocational Nursing and Nursing Assistant programs, which include a descriptive title of the course/program; a statement of educational objectives; length of the course/program; sequence and frequency of class sessions; complete citations of textbooks, and other required written materials; outline of subject matter to be addressed or a list of skills to be learned and how those skills are to be measured (tasks and grading); and instructional mode or methods. The response also maintains that the institution disagrees with the finding that lesson plans were not made available or used by faculty. It states that all curriculum materials are in binders in the faculty office and retrieved for each day's use. However, the institution failed to demonstrate that the revised syllabi provided for the Vocational Nursing and Nursing Assistant programs were disseminated to faculty, that faculty were trained in their use, or that the syllabi are being systematically and effectively used in the classroom, which can only be documented over time.

The response stated that the NCLEX review course is no longer being offered, but failed to demonstrate that revised syllabi were available for the Home Health Aid Training program. The exhibit provided was a three-page topical outline which provided the course clinical and theory hours and a short description, for example: *This module is designed to train the students in basic nursing care performed at home and on how to become efficient caring members of the health care team.* A revised syllabus comparable to the revised VN and NA programs was not provided.

The institution failed to demonstrate that all materials are complete, up-to-date, available, and implemented. Therefore, the institution failed to demonstrate compliance with this standard.

6. Standard IV-C Externships/Internships

The institution did not demonstrate that written policies and procedures for the supervision and evaluation of externships are established and followed to ensure consistency and effectiveness, nor that it provides a sufficient number of sites to ensure appropriate and timely learning experiences in its externship program.

The team report indicated that the institution did not provide relevant written policies and procedures to guide the process of the externship/clinical requirements including, but not limited to orientation, attendance, and progress for all programs at the institution.

Further, student feedback gathered by the team reported an overall dissatisfaction with the clinical experience. One student indicated that he was sent away from a clinical site as the site did not know that the group was coming. Another student stated that *"there was no organization, it was a day-by-day thing."* The Director of Nursing/Owner explained a very elaborate and detailed clinical placement and student tracking procedure; however, no written documentation was provided to demonstrate implementation of a student clinical placement packet, clinical forms, or written policies and procedures as requested by the team. The

Commission also noted that Complaint #1405 (received from a former student), alleged that the school maintains an inadequate number and quality of externship sites.

The response also stated that there are sufficient sites as approved and monitored per class size not only by the institution, but by BVNPT (Board of Vocational Nursing & Psychiatric Technicians), as well, and that all students attend clinical with an assigned instructor throughout their program as a group, with a reminder that clinical training is not like an externship where a student attends on their own with a site supervisor not associated in any other manner with the institution. A listing of 19 sites was provided as approved by the BVNPT with site approval dates ranging from 5/12/2005 – 5/13/2015. While referenced as an exhibit in the response, no clinical agreements were provided.

In its response, the institution indicated that: a) it currently has nine students in its evening Vocational Nurse Training Program, and that the concern that a student was turned away from the externship site was caused by a coincidental unannounced State site visit to the clinical site, however no documentation was provided to corroborate this; b) students were unhappy to have lost a favored instructor, who relocated out of state for family reasons, however, it is unclear how this relates to the clinical experience; and c) students were surveyed the week of October 10, 2016, following the team visit, and students indicated they were satisfied. The response also noted that “evening students are provided with clinical orientation, objectives, and check-sheets,” as evidenced in an attached exhibit; however, no information was provided for day students.

The response included a copy of 68 surveys, labeled “Copy of ADMISSIONS DEPARTMENT” but appeared to be a mix of two different survey types. The exhibit did not provide any indication of the survey dates, what program the students were in, or in what stage of the program. No tabulation of results was provided. Further, no questions relative to the clinical or externship experiences were included in the survey.

The response also included a 30-page exhibit, comprised of three different documents: a) *Facility Orientation Plan* (14 plans, all signed by students on 11/6/16, but described as a “Clinical Orientation for Clinical Faculty”); b) *Clinical Passport Checklist for VN Students* (seven checklists for a clinical rotation date of 6/12/16, with instructor initials on each task) and c) *Sample Form – Nurse Assistant Training Program – Skills Checklist*, for two students.

Reference to *Clinical Training* is included in the Table of Contents page of the procedure manual provided as an exhibit under Standard II-B, but a manual search uncovered no such policy or procedure. No references to policies and procedures for the externship were either used as a placeholder in the procedure manual, or found within its text.

The institution did not demonstrate that written policies and procedures for the supervision and evaluation of externships and clinicals are followed to ensure consistency and effectiveness. The institution did not provide evidence that a sufficient number of sites are used to ensure appropriate and timely learning experiences in its externship program as no clinical agreements were provided. Therefore, the institution failed to demonstrate compliance with this standard.

7. Standard IV-D Curriculum Review/Revision

The institution did not demonstrate that it has or implements effective written policies to continuously monitor and improve the curriculum.

The team report indicated that there was no evidence of effective implementation of curricular feedback, suggestions or recommendations received by any constituencies, including students, graduates, externship sites, employers, or advisory boards, nor was there evidence that any feedback was solicited or collected. No evidence was provided to demonstrate implementation of policies and procedures which would navigate the process for implementation of curricular changes or updates as a result of the feedback or recommendations, if any had been solicited.

Finally, there was no evidence provided to suggest that any curricular changes, updates or revisions have ever been made to the curriculum content, mode of delivery, methodology, or textbooks.

In its response, the institution stated that it had a curriculum review assessment of its Vocational Nurse Training Program during its last advisory board meeting on February 1, 2016, which identified the licensure pass rate as an area needing significant improvement, resulting in the adoption of the HESI exam and subsequently high pass rates. Minutes of that meeting were attached as an exhibit. The response included the third quarter 2016 NCLEX results for the school, showing 2/2 passed in the quarter, and 8/9 passing for the 12-month period of 10/1/5 – 9/30/16. The same exhibit included, without a narrative explanation, the HESI results for five students, each dated 8/31/15. There is no indication of the relationship of these HESI results to the NCLEX test taking cohort.

The response also stated that the institution has implemented a policy and procedure to obtain consistent feedback from employers via an employer survey, which will be provided to each employer upon learning that a graduate has secured employment and recorded as employed on the Document 28.1. A copy of four completed employer surveys was attached, each dated 11/7/16. There is no indication on the survey which program these pertain to. The job titles of the four employed graduates were: *Safety Keeper, CNA Supervisor, and CNA(2)*. The survey included four questions, none of which related directly to the curriculum.

Finally, the response stated that the placement coordinator provides the survey via email, fax or hand delivery, using a minimum of three attempts to obtain written or verbal feedback, and that the results will be reviewed at the next Advisory Board meeting.

Reference to *Curriculum Review* is included in the Table of Contents page of the procedure manual provided as an exhibit under Standard II-B, but a manual search uncovered no such policy or procedure. No reference or exhibits to curriculum review or revision for its Home Health or Nursing Assistant programs were included in the response. No evidence was provided that demonstrated that feedback had been solicited from students, faculty, or graduates. While the institution has collected, on a first time basis, four surveys from

employers, the ongoing and effective implementation of this new, and as yet undocumented procedure, can only be demonstrated over time.

The institution did not demonstrate that its curricular review and revision policies and procedures for all three of its programs include both soliciting and utilizing feedback from faculty, students, graduates, and employers, or that it has systematically and effectively implemented policies to continuously monitor and improve the curriculum as required. Therefore, the institution failed to demonstrate compliance with this standard.

8. Standard V-C Learning Resources, Equipment, and Supplies

The institution did not demonstrate that adequate, appropriate, up-to-date, and functional equipment and supplies are readily available for instructor and student use and for the effective and safe delivery of the institution's education and training, nor did it demonstrate that written policies and procedures exist to ensure that adequate quantities of equipment/supplies are maintained and equipment is upgraded and/or replaced on a regular basis.

The team report indicated that the institution did not provide evidence of: a) written policy and procedures designed to ensure that adequate quantities of equipment/supplies are maintained and equipment is upgraded and/or replaced on a regular basis; b) the personnel responsible for the procurement and distribution of equipment and supplies; c) the use of an appropriately licensed vendor to properly dispose of the sharps containers and hazardous waste; d) a Hazardous Communication plan or Safety Program policy and procedure; and e) needle stick and sharps injury protocol policy and procedure.

Further, the institution did not provide evidence of providing all of the necessary safety equipment and supplies to students, including: a) eye wash station; b) MSDS binder; c) biohazardous waste container; and d) OSHA regulations binder.

Finally, there was no evidence provided to the team that supports the institution's ASER claim that the following resources exist: a) mentors and tutors to assist student to use the learning resources and assist with the learning experiences; b) archived videotapes of each lecture to be used for learning augmentation experiences and for course review; c) audio visuals for classroom and individualized learning related to the content presented; and d) current and classic books to supplement the classroom textbooks.

In its response, the institution provided: a) a 29 page exhibit comprised of images of classroom resources, textbooks, and various receipts; b) a 397 page exhibit comprised of images of online receipts for ToolDiscount.com (dated 11/6/16), storage cabinets, photos of binders on a shelf, classroom images, and the full text of several OSHA and State of California health, safety, and hazardous waste binders, including those used for general industry, maritime applications, construction, and signs, signals and barricades; c) invoices for Kaplan NCLEX materials; and d) receipt and images of a birthing mannequin purchased on October 2015. These voluminous exhibits were neither indexed nor accompanied by a narrative to explain how these documents addressed the weaknesses cited in the team report.

While a reference to *Equipment and Supplies* is included in the Table of Contents page of the

procedure manual provided as an exhibit under Standard II-B, a manual search uncovered no such policy or procedure. No reference or exhibits to procedures for equipment and supplies or health and safety, were included in the response.

The response also stated that make-up hours (VN program only) and tutoring are offered on Fridays for all programs and that *“Time is scheduled with the student request so an instructor is assigned to that day, as it is not an assigned instructional day.”*

The institution did not demonstrate that policies and procedures exist or are followed for the purchase and maintenance of equipment and supplies, health and safety, or for mentoring and tutoring relative to learning resources and the handling and disposal of hazardous materials. Therefore, the institution failed to demonstrate compliance with this standard.

9. Standard VI-B Supervision of Instruction

The institution did not demonstrate that it has policies and procedures for the supervision and regular evaluation of instructors, including regular classroom observations that are conducted at least annually by qualified supervisors, and that, along with student and supervisory feedback, are documented and effectively utilized to enhance the quality of instruction, including: a) who conducts the classroom observations; b) how often the observations occur; c) how feedback from the observations is recorded and shared with the instructors; and d) what steps are taken to ensure that instructors implement any suggestions for improvement.

The team report indicated that the institution did not provide evidence of a policy and procedure guiding the process for classroom observations to ensure that sound classroom management techniques are being used, that lessons presented supported stated course/program objectives, that methods included interactive teaching strategies (visual, audio, kinesthetic), and that students are actively participating and responding in the classroom and labs. No policies and procedures were provided for classroom observations, instructor evaluations, annual performance evaluations, or substitute teachers.

In its response, the institution stated that classroom observations are conducted quarterly by Niki Joseph, Director of Nursing and/or a peer instructor, that *[sic]* *“classroom observations and annual performance evaluation are the instructor evaluation,”* and that substitute teachers are approved by both BVNPT and the Department of Health (the approved instructor list was attached as an exhibit).

The response included four classroom observations which utilized ACCET Document 19 - Instructor Evaluation. One observation is for an unidentifiable instructor, dated 7/8/16. The remaining three are all for the same instructor, believed to be [REDACTED] RN, dated 12/1/13, 12/10/15, and 8/1/16. All classroom observations appear to be for the Nursing Assistant program. No observations were provided for any other instructors or for any instructors in the Vocational Nursing Program or Home Health Aide Training programs.

The response acknowledged that policies and procedures need to be improved upon and *“are included in the creating of a detailed and thorough policy and procedure manual.”* However, while reference to *Orienting, Supervising, Evaluating, Training, and Development of*

Personnel is included in the Table of Contents page of the procedure manual provided as an exhibit under Standard II-B, a manual search uncovered no such policy or procedure within that document.

The institution did not demonstrate that policies and procedures exist or are followed for the supervision of instructors, classroom observations, instructor evaluations, annual performance evaluations, or substitute teachers. Therefore, the institution failed to demonstrate compliance with this standard.

10. Standard VI-C Instructor Orientation and Training

The institution did not demonstrate that it develops and implements written policies and procedures for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction.

The team report indicated that the institution did not provide evidence of written policies and procedures for instructor orientation and training and in-service training and/or professional development. With the exception of an anecdotal discussion with the evening VN instructor relative to a two-and-a-half-week period of training, there was no evidence that faculty orientation and training was taking place. While the ASER stated that faculty and staff files contained new hire orientation checklists, none were observed by the team.

The team noted that there was no documentation of orientation or training for a new VN evening instructor, [REDACTED] who, according to ACCET Document 21 – Personnel Checklist, started on 9/4/16 (approximately 11 days prior to the on-site visit). The lack of training was apparent during the team classroom observation, and detailed by the team on ACCET Document 19 – Instructor Evaluation, which rated six out of eight instructional skill areas as “needs improvement.”

In its response, the institution stated that [REDACTED] had three weeks of orientation after taking over the class from [REDACTED] who left the school’s employment on September 3, 2016 and had taught under the supervision of Niki Joseph, Director of Nursing for a total of seven days prior to the visit, and that this was [REDACTED]’s first time as an instructor and was extremely nervous during the classroom observation, and is still supported at minimum twice weekly by the Owner/Director of Nursing.

As documentation, the institution provided two faculty orientation checklists: 1) Instructor [REDACTED] with a start date of 9/12/16 and 2) Instructor [REDACTED] with a start date of 12/20/12. However, both checklists were signed and dated 11/7/16, and no checklist was provided for [REDACTED]

The institution did not demonstrate that policies and procedures exist or are followed for the effective orientation and training of instructional personnel to ensure a consistent, high level of instruction. While reference to *Faculty Orientation, Training and Continuing Education* was included in the Table of Contents page of the procedure manual provided as an exhibit under Standard II-B, a manual search uncovered no such policy or procedure within that

document. The institution did not respond to the issue of the lack of regular and relevant in-service training and/or professional development of instructional personnel. Therefore, the institution failed to demonstrate compliance with this standard.

11. Standard VIII-B Attendance

The institution did not demonstrate that it implements written policies and procedures for monitoring and documenting attendance and that its attendance policy ensures that student attendance and participation are consistent with accreditation requirements.

The team report indicated four distinct weaknesses under this standard:

- a. Several students arrived late to the evening VN class but were not marked as tardy by the instructor, and the institution could not demonstrate to the team that the exact record of time as recorded by the time clock is used for SAP purposes, as the electronic download is preset to count the exact time of class to be noted, and therefore, could not determine who was tardy or left early, or who was missing during the middle of the class.
- b. The catalog stated that “*no absences are permitted for Nurse Assistant and Home Health Aide programs.*” However, no information was provided in the catalog relative to tardiness or early departure for this program or dismissal procedures if a student is absent. Additionally, a general make-up work policy was published in the catalog, but did not address make-time. The team found that two students were absent from the day Nurse Assistant Training Program, and confirmed via an interview with the instructor that they would be permitted to make-up the time at a later date.
- c. The catalog stated that “the length of probation shall be for the period of time for the student to bring cumulative clock hours to reach a minimum of 80% however [sic]; it may be lengthened at the sole discretion of the School Director.” Since there were no criteria defined for allowing extensions, this policy could allow for a student to be on probation indefinitely without reaching the minimum 80% attendance requirement.
- d. The Leave of Absence (LOA) policy was found to be incomplete.

In its response, the institution acknowledged that the teacher had not been given instructions to record students for tardiness, but that the Smart Systems time tracking system clearly notes late arrivals. A copy of the Student Time Activity Report was provided for a September 15, 2016 VN class, with a sampling of five students listed. While the report clearly shows students clocking in and out at different times (arriving between 5:40 pm and 6:26 pm, and departing between 9:30 pm and 9:48 pm), the accompanying attendance roster shows only checkmarks for attendance on that evening. The Activity

report shows a variance of clock hours attended that evening between 3.06 and 4.14 hours. There is no explanation for the discrepancy in clock hours actually attended in the classroom, or if/when any missing hours were made up, or if the tardy and early departure policy was applied for any students in this sampling.

The response also stated that students who are tardy, leave early, or are absent in the Nurse Assistant Training and Home Health Aide Training Programs are withdrawn from the program, and that withdrawn students often re-enter with a new enrollment agreement and “makes-up” the time not completed under the previous enrollment. This response directly contradicts the information provided by the instructor interviewed by the team at the time of the visit, and the Commission finds it impractical and academically unsound for a student to be dismissed, then re-enrolled, in order to make-up the time from a single tardy or absence. Regardless, the response did not provide any documentation of such a scenario or any policies which would govern the institution’s procedures in this event.

The response did not provide a policy or procedure for make-up work, which must be comparable in length, content and delivery to the time missed in accordance with ACCET Document 35 – Attendance Policy, nor did it offer any documentation that students are making up work, which was limited to a handwritten entry of “make-up hours” in the column for September 9 on the sample VN 12 Class Attendance Roster. The response was silent on the issue of probation length. The Commission notes that the Leave of Absence policy was updated in the catalog, although no evidence of implementation was provided.

The institution did not demonstrate compliance with ACCET Document 35 – Attendance Policy, as no documentation or policies and procedures were provided to evidence accurate tracking of in-class attendance hours, including tardiness and early departures, that make-up work is comparable in length, content and delivery to the actual class time missed, or that its purported dismissal policy for absences, tardiness, or early departures for the Nursing Assistant and Home Health Aide programs is reasonable, academically sound, or enforced. Therefore, the institution failed to demonstrate compliance with this standard.

12. Standard VIII-C Student Progress

The institution did not demonstrate that it utilizes sound written policies and procedures to determine student compliance with the requirements of ACCET Document 18 – Satisfactory Academic Policy, and to document the results.

The team report indicated that the institution’s student progress policy, as published in the catalog, was confusing, incomplete, and not compliant with ACCET Document 18 – Satisfactory Progress Policy. The policy indicated that SAP evaluation periods were broken into four increments, as 25% of the program. The consequences of not meeting SAP allowed for SAP Warning, SAP Probation, SAP Dismissal (without being terminated), and final termination. Based on the institution’s policy, a student could

theoretically never meet the SAP requirements and still continue at the institution. For example, the VN program included four modules, each of which was an evaluation period:

- a. A student who falls below the required 75% (2.0 GPA) will be placed on an SAP Warning.
- b. If SAP is not achieved at the next evaluation period, the student will be placed on SAP Probation.
- c. If SAP is not met at the next evaluation period, the student will be placed on "SAP Dismissal." If the student meets the conditions of an academic plan (which is not explained in the policy), the student will not be dismissed from the institution and can continue to the final module.
- d. If SAP is not met at the final evaluation period, the student will fail the program.
- e. Further, the policy indicated that students on SAP Probation, SAP Warning, and SAP Dismissal ("with an approved appeal or academic plan"), are considered to be making academic progress and will remain eligible to receive federal financial aid.

In its response, the institution provided a revised student catalog, which included a compliant Satisfactory Academic Progress policy, and documented that the revised catalog had been distributed to its students via e-mail. However, no narrative or exhibits were provided to demonstrate that the policy had been effectively implemented on a current or ongoing basis, which can only be demonstrated over time. Therefore, the institution failed to demonstrate compliance with this standard.

13. Standard IX-A Student Satisfaction

The institution did not demonstrate that has established or implemented written policies and procedures to regularly assess, document, and validate student satisfaction relative to the quality of education, training, and student services provided, that it conducted both interim evaluations and a final evaluation upon completion of the term of enrollment, or that student feedback is utilized to improve the education, training, and student services it provides.

The team report indicated that the institution did not provide documentation to support that student feedback was solicited regularly, including completed interim or final evaluations. While the team reviewed a binder of a sampling of completed surveys, there was no evidence of regular feedback or evaluation. Further, the institution did not demonstrate that feedback is used to improve the institution and curriculum, that it shares the results of surveys with the Board of Vocational Nursing, its Program Advisory Board, faculty, or the students and the community, as indicated in the institution's ASER. Finally, the student surveys that were available for team review showed that students in the Vocational Nurse Training program were not satisfied with their experience at the school, citing inconsistent faculty, regularly cancelled classes, and inconsistent clinical site experiences, which were similar to allegations in Complaint #1405.

In its response, the institution concurred with the finding that evidence of the sharing of survey results, as stated in the ASER, was not available, and that this issue has been addressed in

policies, as [sic] “evidence by the attached policies and procedures manual that SJSN has been creating a detailed and thorough policy and procedure manual.” However, while reference to *Student Satisfaction - Surveys* was included in the Table of Contents page of the procedure manual provided as an exhibit under Standard II-B, a manual search uncovered no such policy or procedure within that document. The procedure manual included a blank Advisory Board Member Survey only.

The institution stated that it did not have evidence of statements of student dissatisfaction and that it was surprised to learn this and provided the same exhibit as referenced under Standard IV-C Externships/Internships. The response included a copy of 68 surveys, labeled “Copy of ADMISSIONS DEPARTMENT, which did not provide any indication of the survey dates, what program the students were in, or in what stage of the program. No tabulation of results was provided.

The institution did not demonstrate that it has policies and procedures for the regular, systematic, and effective assessment, documentation, and validation of student satisfaction relative to the quality of education, training, and student services provided, that it conducts both interim evaluations and a final evaluation upon completion of the term of enrollment, or that student feedback is utilized to improve the education, training, and student services it provides. Therefore, the institution failed to demonstrate compliance with this standard.

14. Standard IX-B Employer/Sponsor Satisfaction

The institution did not demonstrate that it has established and implemented written policies and procedures that provide an effective means to regularly assess, document, and validate employer/sponsor satisfaction relative to the quality of the education and training provided, nor that feedback from employers who hire graduates is documented and utilized to improve the education, training, and student services of the institution.

The team report indicated that the institution did not have a policy and procedure to guide the regular solicitation of feedback from employers of its graduates and that no feedback was being solicited from employers. Indeed, no evidence of employer feedback was being obtained by any means. At the time of the visit, the institution provided a copy of a survey form used for its clinical externships.

In its response, the institution stated that it has implemented a policy and procedure to obtain consistent feedback from employers via an employer survey, which will be provided to each employer upon learning that a graduate has secured employment and recorded as employed on the Document 28.1. As indicated under Standard IV-D Curriculum Review/Revision, a copy of four completed employer surveys was attached, each dated 11/7/16. There is no indication on this survey which program these pertain to. The job titles of the four employed graduates were: *Safety Keeper, CNA Supervisor, and CNA(2)*.

The response stated that the placement coordinator provides the survey via email, fax or hand delivery, using a minimum of three attempts to obtain written or verbal feedback, and that the

results will be reviewed at the next Advisory Board meeting. The institution provided no evidence that the sample of four employer surveys were compiled, analyzed, or shared with relevant constituencies. While reference to *Employer Satisfaction* was included in the Table of Contents page of the procedure manual provided as an exhibit under Standard II-B, a manual search uncovered no such policy or procedure within that document.

The institution did not demonstrate systematic, effective, and ongoing implementation of policies and procedures to regularly assess, document, and validate employer/sponsor satisfaction. Therefore, the institution failed to demonstrate compliance with this standard.

15. Standard IX-D Completion and Placement

The institution did not demonstrate that written policies and procedures are followed that provide effective means to regularly assess, document, and validate the quality of the education and training services provided relative to completion and placement rates.

The team report indicated that:

- a. the institution did not provide year-to-date 2016 (January – April) ACCET Documents 28.1 Completion and Placement Statistics for any programs
- b. the 2015 28.1s provided to the team, and submitted to ACCET as part of the institution's annual report, listed 100% completion for all programs even though the Owner indicated that this was an error, but provided no revisions or updates
- c. the Career Services Representative, who had been in the position for one week, was only able to provide the team with some placement verification forms, all of which were missing at least one of the following required elements (graduation date, program start date, employment start date (month and day)
- d. placement verifications and job titles/descriptions were either not included or not specific (e.g. "medical")
- e. enrollment agreements from 2015 included self-employment attestations which were signed at the time of enrollment, indicating that students were satisfied with self-employment and were making training related income long before graduating from the program

In its response, the institution stated that it has implemented a written placement policy and procedure for the Placement Coordinator that details the steps required to count a placement and that forms were developed and implemented in November 2016, that the enrollment agreement was revised to remove the self-employment attestation, and that all employment attestations are collected at the time of employment, as applicable. As exhibits, the response included revised Document 28.1s for 2015 and for partial year 2016.

However, the institution failed to provide internal completion and placement policies that include responsible parties, methods for tracking completion and placement, and appropriate timeframes, nor did it demonstrate that staff have been trained on the new

policies and forms. The On-Site Verification forms were provided only for the 10 completers for the 2015 Vocational Nurse Training Program (LVN). Further, the employment verification for a 2015 part-time placement, A. Cortez, did not include the required attestation signed by the graduate, and the employment verification for B. Lezama did not include the required employment start date. No employment verifications were provided for the Nursing Assistant or Home Health Aid programs for 2015, and none were provided for any 2016 graduation cohorts. Further, the Document 28.1 labeled for 2016 for the Vocational Nurse Training Program was for students who started in 2016 and were not scheduled to graduate until 2017, demonstrating a further lack of understanding of the intricacies of ACCET criteria and the completion of Document 28.1.

The institution failed to demonstrate that its policies and procedures for monitoring, tracking, and recording placements are sufficiently adequate to validate completion and placements, nor did it provide evidence that its revised policies are complete nor that they have been systematically and effectively implemented. Therefore, the institution failed to demonstrate compliance with this standard.

Since denial of reaccreditation is an adverse action by the Accrediting Commission, the institution may appeal the decision. The full procedures and guidelines for appealing the decision are outlined in Document 11, Policies and Practices of the Accrediting Commission, which is available on our website at www.accet.org.

If the institution wishes to appeal the decision, the Commission must receive written notification no later than fifteen (15) calendar days from receipt of this letter, in addition to a certified or cashier's check in the amount of \$8,500.00, payable to ACCET, for an appeals hearing. This notification must be accompanied by an affidavit signed by an authorized representative of the institution indicating that a Notice of Status of Accreditation notifying interested parties of the Commission's adverse action has been disseminated to new enrollees and posted in conspicuous places at the institution to include, at minimum, the admissions office and student lounge or comparable location. In addition, the institution must submit a written teach-out plan that is in accordance with ACCET Document 32 – Closing/Teach-Out Policy.

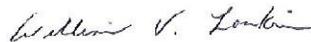
In the case of an appeal, a written statement, plus six (6) additional copies regarding the grounds for the appeal, saved as **PDF documents and copied to individual flash drives**, must be submitted to the ACCET office within sixty (60) calendar days from receipt of this letter. The appeal process allows for the institution to provide clarification of and/or new information regarding the conditions at the institution at the time the Accrediting Commission made its decision to deny or withdraw accreditation. The appeal process does not allow for consideration of changes that have been made by or at the institution or new information created or obtained after the Commission's action to deny or withdraw accreditation, except under such circumstances when the Commission's adverse action included a finding of non-compliance with Standard III-A, Financial Stability, whereupon the Appeals Panel may consider, on a one-time basis only, such financial information provided all of the following conditions are met:

- The only remaining deficiency cited by the Commission in support of a final adverse action decision is the institution's failure to meet ACCET Standard III-A, Financial Stability, with the institution's non-compliance with Standard III-A the sole deficiency warranting a final adverse action.
- The financial information was unavailable to the institution until after the Commission's decision was made and is included in the written statement of the grounds for appeal submitted in accordance with the ACCET appeals process; and
- The financial information provided is significant and bears materially on the specified financial deficiencies identified by the Commission.

The Appeals Panel shall apply such criteria of significance and materiality as established by the Commission. Further, any determination made by the Appeals Panel relative to this new financial information shall not constitute a basis for further appeal.

It remains our hope that the accreditation evaluation process has served to strengthen your institution's commitment to and development of administrative and academic policies, procedures, and practices that inspire a high quality of education and training for your students.

Sincerely,



William V. Larkin, Ed. D.
Executive Director

WVL/jss

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