



**Transmitted by electronic mail only:** [REDACTED]

February 17, 2022

[REDACTED]  
Administrator  
Mia's Medical Academy  
624 Chavelle Court  
Baton Rouge, LA 70806

Dear [REDACTED]:

The Commission, at its January 2022 meeting, reviewed the record<sup>1</sup> of your application for an initial grant of institutional accreditation. Based on review and discussion, the Commission acted to **deny** the institution's application for initial accreditation based on the standards from the *Accreditation Manual*, subject to appeal in accordance with Chapter III, Section C, Subsection 6.

#### **Reasons for the Denial of Accreditation**

1. An institution demonstrates that it has the financial resources to ensure continuity of operation and to fulfill its obligations to students and employees (IV.B.1.).

The Commission found that the institution has not demonstrated compliance with this standard because a current audited financial statement was not submitted as directed in a letter dated January 7, 2019, from ABHES to the institution. ABHES sent a follow-up email on December 31, 2021, requesting the institution's audited financial statement for fiscal years ending December 31, 2019, and December 31, 2020; however, no statements were submitted. Therefore, the institution did not demonstrate that it has the financial resources to ensure continuity of operation and to fulfill its obligations to students and employees.

2. The on-site administrator demonstrates effective management capability (IV.C.1.).

The Commission found that the institution has not demonstrated effective management capability given the number and seriousness of violations cited in the November 2021 visit reports, and the fact that only one of areas of non-compliance has been resolved to date. Additionally, the institution's failure to provide required financial audits also points to a lack of management capability and calls into question the on-site administrator's capacity to implement policies and procedures that align with the mission of the institution, accreditation standards, and other regulatory requirements as required by IV.C.1(c) of the *Accreditation Manual*.

---

<sup>1</sup> The accreditation record includes the April 2021 Self-Evaluation Report, the November 2021 visit reports, the December 2021 response to the reports, the institution's financial history, and other relevant correspondence and documentation.

3. Personnel responsible for recruiting and admissions meet all applicable regulatory requirements (IV.E.3.c.).

The Commission found that the institution has not demonstrated compliance with this standard because the submitted Louisiana Board of Regents Solicitor's Permit for [REDACTED] expired September 25, 2021. Additionally, the institution submitted a copy of the Application for Solicitor's Permit for [REDACTED]; however, there was no documentation submitted to substantiate that the application had been approved.

4. An enrollment agreement and other enrollment documents fully and accurately provide required enrollment information that meets the requirements of Appendix D, Enrollment Agreements (IV.E.4.).

The Commission found that the institution has not demonstrated compliance with this standard because the submitted enrollment agreement does not include the following required elements: (1) date printed, (4) method of delivery, and (9) estimated cost of learning resources that are required and available for purchase through the institution, and any/all other costs of on-site equipment and materials required to complete the program.

5. An institution publishes an informative and accurate catalog and addenda, as applicable, that are in compliance with the requirements of Appendix C, Catalogs (IV.E.5.a.).

The Commission found that the institution has not demonstrated compliance with this standard because a revised institutional catalog was not submitted to evidence it includes the following required elements: (2) date of catalog printing, (9) listing of administrative staff and faculty (full- and part-time) that includes each faculty member's level of education, degrees, and name of institution conferring same, (11a) the course and academic standards required for successful completion of the programs including the credential given for successful completion, and (18) tuition breakdown, including registration fee, tuition, and any other fees charged for each program.

6. Collection practices and procedures are fair, reflect sound and ethical business practices, and encourage student retention and goodwill (IV.F.2.).

The Commission found that the institution did not respond to the violation in the visit report and therefore has not demonstrated compliance with this standard. The site visit report indicates that during the visit the institution informed the team that it does not have a collection procedure because students cannot progress through the program without having paid their tuition in full. However, the team found information in files for students [REDACTED], [REDACTED], and [REDACTED] that conflicted with the institution's statement as by the time of the site visit these students had already completed externship, and all of them had outstanding account balances. The institution did not resolve this conflicting information in its response to the visit reports and so the Commission concluded that it had not demonstrated that its collection practices and procedures are fair and reflect sound ethical business practices.

7. An institution has and uniformly applies a published cancellation and refund policy that complies with all applicable state, federal, and accrediting agency requirements (IV.F.3.a.).

The Commission found that the institution has not demonstrated compliance with this standard because the submitted refund policy does not include the following required element: (iv) a statement which defines a determined date of withdrawal. This is the date that an institution determined that a student was no longer in school, referred to as the date of determination.

8. An institution complies with its written and published institutional Standards of Satisfactory Academic Progress policy (IV.H.2.).

The Commission found that the institution has not demonstrated compliance with this standard because no documentation was provided to evidence the submitted CNA-SAP Progress Form has been implemented. Additionally, no documentation was submitted to evidence the institution tracks Satisfactory Academic Progress and complies with terminating students who the institution has determined cannot successfully complete the program within 150 percent of the normal program length.

9. Students are satisfied with the administrative and student services offered by an institution (IV.I.1.).

The Commission found that the institution has not demonstrated compliance with this standard because the completed student surveys reviewed by the team did not contain questions specific to administrative and student services offered by the institution. The institution's response to the on-site visit reports also did not include any updated survey forms or evidence to support that the institution demonstrates through the use of regularly administered surveys that students are satisfied with the administrative and student services offered by an institution.

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

The Commission found that the institution has not demonstrated compliance with this standard because the institution's Fire or Emergency Evacuation Plan, did not include the following required elements: (i) risk assessment, (ii) evacuation, (iii) lockdown, (iv) communications, (v) media, and (vi) training.

11. Prepared meeting minutes are maintained and distributed (V.A.5.b.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with this standard because the minutes submitted for the March 22, 2021, advisory board meeting, did not include the following required elements: (i) the community of interest each board member represents, (iv) a summary of significant outcomes and activities, and (vii) the program's response to the advisory board recommendations.

12. External clinical experiences are available to serve the diverse needs of a program (V.B.4.a.). (Certified Nursing Assistant program)

The standard requires that prior to initial assignment of students to a clinical experience site, an individual employed by the institution who meets the minimum qualifications of a program faculty member is responsible for preparing a signed documented evaluation ensuring that a viable environment exists for an effective learning experience. The Commission found that the institution has not demonstrated compliance with this standard because the documentation submitted, which included Mid-City/Affinity Nursing and Rehabilitation Site Viability Evaluations, signed by [REDACTED] did not include documentation that [REDACTED] is employed by the institution and meets the minimum qualifications of a program faculty member.

13. Relevant and industry-current learning resources exist to complement the program (V.C.2.b.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with this standard because no documentation was provided to evidence the programs learning resources complement the program and meet the following requirements: (ii) learning resources are current and relevant to the program offering and student population and include reference texts, periodicals, and multi-media materials, and (iii) knowledgeable staff, possessing documented experience or related training are available to assist students in the use of the technologies.

14. A program is managed (V.E.1.a.); and, the individual(s) responsible for the organization, administration, periodic review, planning, development, evaluation and general effectiveness of the program has experience in education methodology (V.E.1.b.); and, individual(s) responsible for program management are provided time, resources, and opportunities for professional development (V.E.1.c.); and, annual training for individual(s) responsible for program management is provided for the improvement of education-related management skills (V.E.1.d.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with these standards because no documentation was submitted to evidence the institution provides full-time, on-site oversight of the program by one or a combination of individuals who meet the qualifications set forth in V.E.1.a. of the *Accreditation Manual*. Since the program did not demonstrate that it has a full-time on-site administrator that meets standard, V.E.1.a., the Commission determined the institution also does not meet standards, V.E.1.b., V.E.1.c., and V.E.1.d. of the *Accreditation Manual*.

15. 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); and, faculty participate in in-service training with a focus on effective teaching at least twice annually (V.E.4.); and, faculty is required to participate in professional growth activities annually (V.E.5.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with these standards because documentation including personnel records reviewed for faculty members [REDACTED], [REDACTED], and [REDACTED] did not evidence participation in in-service trainings twice annually, or in annual professional growth activities.

16. A program demonstrates that students complete their program (V.I.1.a.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with this standard because it did not provide the ABHES Backup Documentation form or other information and rationale in its response to substantiate the 2020-2021 retention rate of 89%. The institution also failed to provide evidence that students are withdrawn from the program instead of being placed on Leave of Absence when they do not meet satisfactory academic progress or wish to drop from the program.

17. A program demonstrates that graduates participate in credentialing examinations required for employment (V.I.1.b.); and, a program demonstrates that graduates are successful on credentialing examinations required for employment (V.I.1.c.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with these standards because the 2020-2021 credentialing pass rate of 87.5% and the credentialing participation rate of 100% identified in its response was unverifiable without supporting documentation to substantiate

the rates, such as evidence from the Louisiana Department of Health or Prometric, who is contracted to administer the Certified Medical Assistant examination.

18. A program demonstrates that graduates are successfully employed in the field for which they were trained (V.I.1.d.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with this standard because no additional documentation and rationale was provided to substantiate the placed graduate categorization for the following students since the graduate's job title does not match the title of the program: [REDACTED] (PCA), [REDACTED] (PCA), [REDACTED] (PCA), and [REDACTED] (Tech).

19. A program demonstrates that its required constituencies participate in completing program surveys (V.I.1.e.); and, a program demonstrates that each constituency satisfaction rate is determined based on program surveys (V.I.1.f.). (Certified Nursing Assistant program)

These standards require institutions to demonstrate that required constituencies participate in completing program surveys to collect data regarding a perception of a program's strengths and weaknesses. The institution did not submit evidence in its response that graduate survey forms provided insight regarding graduates' satisfaction with the following: (a) preparedness for entry into the program field; (b) training and education; and (c) career services. Similarly, employer survey forms did not provide insight regarding employers' satisfaction with the following: (a) skill level of employees; and (b) would hire another graduate from the program. Additionally, documentation submitted by the institution did not substantiate that required constituencies: students, graduates, external clinical affiliates, and employers, complete satisfaction surveys. Consequently, the institution did not demonstrate that it determines each constituency's satisfaction rate based on the results of program surveys and in accordance with ABHES required method of calculation per standard V.I.1.f.

20. A program has an established documented plan for assessing its effectiveness annually as defined by specific outcomes (V.I.2.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with this standard because it did not submit a Program Effectiveness Plan (PEP).

21. A program maintains academic transcripts indefinitely, and other academic records that comply with Appendix E, Section A, (Record Maintenance) (V.J.1.). (Certified Nursing Assistant program)

The Commission found that the institution has not demonstrated compliance with this standard because the academic transcript submitted did not include the following required elements: (iii) the student's achievement in terms of clock hours for courses attempted and earned, and (iv) credential conferred to the program graduate (Certificate).

### **Appeal of Action, Notice of Intent to Appeal and Required Fees**

If the institution wishes to appeal the action of the Commission, it may do so by filing its intent to appeal the Commission action online via [DropBox Commission Responses](#) within 10 calendar days of the date of this letter with file name, "*Initial Intent to Appeal*," for receipt by ABHES by **5:00 p.m., Eastern Time, on February 28, 2022**. A non-refundable \$5,000 appeal fee plus an Appeal Hearing expense deposit of \$10,000 are to be remitted to ABHES to accompany the statement of intent to appeal.

All fees are to be remitted electronically. Please contact the Accounting Department at [accounting@abhes.org](mailto:accounting@abhes.org) or (703) 917-9503 to obtain an invoice. 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.

### **Written Statement of Grounds for Appeal**

The *Written Statement of Grounds for Appeal*, including a cover letter, narrative, and exhibits, must be submitted to ABHES online via [DropBox Commission Responses](#) within **45 calendar days of the Commission action, April 4, 2022, in accordance with the instructions in Preparing Your Response**. It is imperative that the file name include “INITIAL, RSP to Feb 2022 Denial Letter – APPEAL”, and date of submission (ex: INITIAL\_RSP to Feb 2022 Denial APPEAL Letter\_42022). The institution should review carefully all procedures governing its appeal, in accordance with Chapter III, Section E, Subsection 3 of the *Accreditation Manual*. Note that the appeal is based upon the information available to the Commission at the time of its action. Unless specifically provided for in Chapter III, Section E, Subsection 3, (f), the Appeals Panel has no authority to consider evidence outside of the record reviewed by the Commission at its January 2022 meeting. The institution has the burden of demonstrating that the action of the Commission was not supported by the record or was otherwise erroneous.

Should the institution elect not to appeal, the decision to withdraw accreditation will be effective as of February 28, 2022, and the institution may not reapply to ABHES for accreditation within one year from that date. The institution’s account must be current on any outstanding fees to ABHES before a new *Application for Institutional Accreditation* will be accepted by ABHES.

### **Required Submissions:**

The institution is directed to submit the following:

- **Teach-Out Plan and student disclosure**

By **February 28, 2022**, the institution must submit, online via [DropBox Forms/Applications](#), a Teach-Out Plan and the corresponding *Teach-out Plan Form* (available for download from the ABHES website at <https://abhes.org/resources/#Forms>).

The institution must also include, in its submission, evidence it has published a student disclosure notice **within seven business days of the date of this letter** and that the notice is readily available to enrolled and prospective students informing them of the Denial of Accreditation action as the reason the Teach-Out Plan is being required.<sup>2</sup>

### **Disclosure**

The U.S. Department of Education, the appropriate State licensing or authorizing agency, the appropriate accrediting agency, and the public have been notified of this action to deny the application and that the action is subject to appeal in compliance with 34 Code of Federal Regulations § 602.26 *et seq* and Chapter III of the *Accreditation Manual*.

---

<sup>2</sup> This disclosure is also required under 34 Code of Federal Regulations § 668.43(a) (19) which states: “If the institution is required to maintain a teach-out plan by its accrediting agency, notice that the institution is required to maintain such teach-out plan and the reason that the accrediting agency required such plan under § 602.24(c)(1). . .”

Page 7  
February 17, 2022

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

Sincerely,

A handwritten signature in black ink that reads "India Y. Tips". The signature is written in a cursive style with a large, stylized initial "I".

India Y. Tips  
Executive Director

c: Courtney Britton, Louisiana State Board of Regents  
Herman Bounds, U.S. Department of Education