

## Notice of Survey

### Indicate AAAHC Program related to this Notice of Survey

- |                                                               |                                                                      |
|---------------------------------------------------------------|----------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Ambulatory Accreditation  | <input type="checkbox"/> Advanced Orthopaedic Certification          |
| <input type="checkbox"/> Medicare Deemed Status Accreditation | <input type="checkbox"/> Patient-Centered Medical Home Certification |
| <input type="checkbox"/> Health Plans Accreditation           |                                                                      |
| <input type="checkbox"/> Health Plans FEHB Accreditation      |                                                                      |

AAAHC

Organization ID 111778

Organization Legal  
Name

Organization "Doing  
Business As" Name

Wah-Zha-Zhi Health Clinic

- ☐ This is an Unannounced Survey ~ **OR** ~ ☐ Survey date(s) for this  
Announced Survey 11 Sept 2025

The above-named organization has voluntarily requested this accreditation/certification survey as a means of having a third-party review to build upon strengths or identify opportunities to improve its delivery of safe, high-quality health care to its patients and/or members. The survey will evaluate the organization's compliance with AAAHC Standards and to determine if accreditation/certification should be awarded to, or retained by, this organization.

The general public, patients, members, and employees, believing that they have relevant and valid information about this organization's provision of services or compliance with AAAHC Standards, may request to present this information to AAAHC Surveyors at the time of the survey **or** may communicate such information in writing or by telephone to the AAAHC office.

All information received from identified individuals at or prior to the survey will be considered in making the accreditation/certification decision. The information presented will not be debated with the reporting individual.

A request to present or report information may be communicated in writing by mail to the address below; by email to [feedback@aaahc.org](mailto:feedback@aaahc.org); or by telephone or fax to the numbers below.

### Accreditation Association for Ambulatory Health Care, Inc.

3 Parkway North, Suite 201  
Deerfield, IL 60015

TEL: 847.853.6060  
FAX: 847.853.9028

*The organization must post the Notice prominently for at least 30 calendar days or through the end of the survey, **whichever is later**.*

Date

Posted 8/7/25

Staff

Name

Mitchell Wallengrin

Title

Quality/Compliance Officer

### Instructions for the public posting of the Notice of Survey

In accordance with AAAHC policies and procedures, the attached *Notice of Survey* must be completed and posted. To achieve widespread awareness, the *Notice* can be printed, copied, and posted to achieve significant visibility.

For all survey types except Random and Discretionary surveys, this *Notice* must be posted prominently throughout all organization sites for at least 30 calendar days or through the end of the survey, **whichever is later**. If the *Notice* is not posted, the survey will take place, but the accreditation/certification decision may be held until it has been posted for 30 calendar days. If the *Notice* is not posted and subsequent to the survey, AAAHC receives a request to present relevant information, a Surveyor may be sent at the surveyed organization's expense, to receive the information.

The goal of the Notice is to provide an opportunity during the onsite survey for patients, members, staff, and members of the general public to present to AAAHC Surveyor(s) relevant information about the organization's provision of care or its compliance with AAAHC Standards. Alternatively, individuals may present such information in writing directly to AAAHC. AAAHC will consider all information received from individuals for relevance and accuracy during the accreditation/certification process. AAAHC may include the findings in the survey report if applicable.

AAAHC will manage the schedule for public presentation of information during the survey. Any such requests received by the organization should be referred to AAAHC.

The Surveyor usually schedules the opportunity for individuals to present information in person the morning of the first survey day; typically, these sessions do not exceed one hour. The time and length of the session should be agreeable to all parties concerned, but final authority for such matters rests with the AAAHC Surveyor. The surveyed organization will provide reasonable accommodations for the session, which is chaired by the AAAHC Surveyor. The organization may be asked to inform the requesting individual of the date, time, and place for the presentation to the Surveyor(s).

The date and the name and title of the person responsible for posting should be recorded on the *Notice*. The *Notice* must be prominently displayed at all facilities, including each Child Business Unit (CBU), if applicable, in public locations such as the lobby, reception area, or other public area, so that large segments of the public served are likely to view it. Posting must be at least as conspicuous as the AAAHC certificate.

### Health Plans Only

The *Notice* may be communicated via mailings, newsletters or bulletins, or e-blasts, and must also be prominently displayed in the organization's headquarters and administrative offices, and in any clinic, provider, or service sites owned and operated by the surveyed organization. Member questions must be addressed to the health plan, collected, and made available during the survey.

At the time of the survey, AAAHC Surveyors will verify when and where the *Notice* was posted.

Contact AAAHC with any additional questions at 847-853-6060.