



August 28, 2008

Organization #: **77516** Accreditation Expires: **June 17, 2011**

Organization: **Maryam Rahbar, MD, Inc. dba Pacific Coast Spine Institute and Pain Center**
Address: **17822 Beach Boulevard, Suite 101**
City, State, Zip: **Huntington Beach, CA 92647**

Decision Recipient: **Maryam Rahbar, MD** Survey Chair: **William W. Funderburk, MD**
Survey Contact: **Maryam Rahbar, MD**
Special cc: **CMS CO - Baltimore**
CMS RO IX – San Francisco

CMS Certification Number (CCN): **Initial** Type of Survey: **Re-Survey/Initial Medicare**

Survey Dates: **June 10 – 11, 2008**

It is a pleasure to inform you that the Accreditation Association for Ambulatory Health Care, Inc. (AAAHC) Accreditation Committee has awarded **Maryam Rahbar, MD, Inc. dba Pacific Coast Spine Institute and Pain Center a three-year term of accreditation.**

As an organization that had an AAAHC/Medicare deemed status survey, your organization has demonstrated its compliance with not only the AAAHC standards, but also the Medicare Conditions for Coverage (CfC). Your organization is recommended for participation in the deemed status program, effective **June 11, 2008**. The Centers for Medicare & Medicaid Services (CMS) will be notified of your organization's accreditation status, and CMS will identify the effective date for participation based on its acceptance of your application by the state authority and CMS. To ensure continued proper notification to CMS regarding your accreditation status, please provide AAAHC with a copy of your CMS approval letter notifying you of the CMS Certification Number (CCN).

Granting accreditation reflects confidence, based on evidence from this recent survey that you meet, and will continue to demonstrate throughout the accreditation term, the attributes of an accreditable organization as reflected in the standards found in the *Accreditation Handbook for Ambulatory Health Care*. The dedication and effort necessary for an organization to be accredited is substantial and the compliance with those standards implies a commitment to continual self-evaluation and continuous improvement.

Members of your organization should take time to review the enclosed Survey Report:

- Any standard marked "PC" (Partially Compliant) or "NC" (Non-Compliant) must be corrected promptly. Subsequent surveys by the AAAHC will seek evidence that deficiencies from this survey were addressed without delay.
- The Summary Table provides an overview of compliance for each chapter applicable to the organization. Emphasis for attention should be given to chapters marked "PC" (Partially Compliant) or "NC" (Non-Compliant).
- As a guide to the ongoing process of self-evaluation, periodically review the Survey Report to ensure the organization's ongoing compliance with the standards throughout the term of accreditation.
- Statements in the "Consultative Comments" sections of the report represent the educational component of the survey. Such comments may provide suggested approaches for correcting identified deficiencies.

AAAHC policies and procedures and standards are revised on an annual basis, such revisions become effective March 1 each year. Accredited organizations are required to maintain their operations in compliance with the current AAAHC standards and policies. Therefore, the organization is encouraged to visit the AAAHC website, www.aaahc.org, for information pertaining to any revisions to AAAHC policies and procedures and standards.

We hope the survey has been beneficial to your organization in identifying its strengths and opportunities to improve. AAAHC trusts that you will continue to find the accreditation experience meaningful, not only from the benefit of having