Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	03P001	05/21/2026
Name of Provider or Supplier	**Street Address, City, State**	
Donor Network Of Arizona	2010 West Rio Salado Parkway, Tempe, AZ	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	Summary Statement of Deficiencies (Each deficiency should be preceded by full regulatory or LSC identifying information)
E0000	An unannounced on-site Recertification Survey conducted at Donor Network of Arizona OrganProcurement Organization (OPO) from 05/18/2026 through 05/21/2026 resulted in a finding of substantial compliance respective to the Emergency Preparedness Program Condition for Coverage under 42 CFR 486.360.
Z0000	An unannounced on-site Recertification Survey conducted at Donor Network of Arizona Organ Procurement Organization (OPO) from 05/18/2026 through 05/21 /2026 resulted in non-compliance respective to the Condition for Coverage under 42 CFR 486 with the following standard level deficiencies listed below. Z085: Advisory Board, Z118: Qualifications, Z120: Credentialing, & Z121: Staffing.
Z0085	ADMINISTRATION AND GOVERNING BODY CFR(s): 486.324(a) While an OPO may have more than one board, the OPO must have an advisory board that has both the authority described in paragraph (b) of this section and the following membership: This STANDARD is not met as evidenced by: Based on record review and interview the agency failed to develop and/or maintain written guidance describing the process for initial and/or annual verification of

	Advisory Board member qualifications. Findings include: Record review of Charter of the Medical Executive Committee of [Agency Name], Amended and Adopted: February 2, 2023, provides no mention of the process for initial and/or annual verification of Advisory Board member qualifications. Specifically, there was no mention of the steps the agency takes to verify that Advisory Board members meet the required qualifications at the time of appointment nor the steps the agency takes to conduct annual re-verification. In an interview on May 19, 2026, at approximately 4:15 pm with DQRC4 (Director, Quality and Regulatory Compliance) when asked if the agency has a written policy or procedure for verifying credentials for the Advisory Board, DQRC4 stated, No. We do not have a formal written policy for verifying board member qualifications each year."
Z0118	QUALIFICATIONS CFR(s): 486.326(a) (1) The OPO must ensure that all individuals who provide services and/or supervise services, including services furnished under contract or arrangement, are qualified to provide or supervise the services. This STANDARD is not met as evidenced by: Based on interview and record review the agency failed to ensure all individuals providing services are qualified to provide the services in 3 out of 8 staff (DLA9, ORL13, and ROC16) personnel records reviewed. The failed practice can lead to a breakdown in the integrity of the organ and tissue donor process and lead to poor organ and tissue outcomes. Findings include: Record review of policy titled CO-HR01 STAFFING PROCESS with an effective date of 04/20/2026 states on page 6-7, procedure 6.5.3.2. Resume and/or application review - A scan of applicant submitted documents to determine if they are likely to meet minimum qualifications. 6.7.3 Background checks shall include educational and other professional credentials, job history check 6.7.3.1 Information that is significant and clearly different from the candidates application, resume, identify, and/or other information provided during the selection process that was dishonest will disqualify the contingent new hire from continuing in the hiring process The policy does not mention that the minimum qualifications will be verified against the background check information, nor does it mention what equivalent experience would qualify. Record review of job description titled: Donation and Family Advocate I, II, III with a

	revised date of 04/03/2025 states on page 4 under header Position Qualifications and Specifications Minimum Education Bachelors Degree or equivalent experience. Record review of DLA9 (Donor Legacy Advocate II) personnel records revealed that DLA9 stated on his resume that he had a bachelors degree, but there was no proof that the bachelors degree was verified by the agency prior to being employed as a Donation and Family Advocate I, II, III Record review of DLA9 Universal Background Screening revealed there was no section of the background check labeled Education Verification. Record review of job description titled: Organ Referral Liaison with a revised date of 3 /9/2026 states on page 4 under header Position Qualifications and Specifications Minimum Education: Associate degree, bachelors degree or relevant medical certification. Record review of ORL13 (Organ Referral Liaison II) personnel records revealed ORL13 stated on her resume that she had a masters degree, but there was no proof that the masters degree was verified by the agency prior to being employed as an Organ Referral Liaison. Record review of ORL13 Universal Background Screening revealed there was no section of the background check labeled Education Verification. Record review of job description titled: Referral Optimization Charge with a revised date of 3/9/2026 states on page 4 under header Position Qualifications and Specifications Minimum Education: Associate degree or higher in nursing, respiratory therapy, paramedic medicine, related biological science (including transplant and donation science). Record review of ROC16 (Referral Optimization Charge) personnel records revealed ROC16 stated on her resume that she had a bachelors degree, but there was no proof that the bachelors degree was verified by the agency prior to being employed as a Referral Optimization Charge. Record review of ROC16 Universal Background Screening revealed there was no section of the background check labeled Education Verification. In an interview on May 21, 2026, at approximately 8:45am with VPTC22 (Vice President, Talent & Culture) when asked if the education degrees were verified prior to being employed in the position, VPTC22 stated that if the degree was not in the background check, then the experience may have qualified them for the position. When asked what experience would qualify these applicants for the positions, VPTC22 stated that there is no guideline set for that, they rely on the departments to make that determination because they are the experts on that matter.
Z0120	QUALIFICATIONS CFR(s): 486.326(a)(3) The OPO must have credentialing records for physicians and other practitioners who

routinely recover organs in hospitals under contract or arrangement with the OPO and ensure that all physicians and other practitioners who recover organs in hospitals with which the OPO has agreements are qualified and trained.

This STANDARD is not met as evidenced by:
Based on donor medical record review, policy review, and staff interviews, it was determined that the OPO failed to follow their operational policy and ensure the qualifications of the physician who recovered organs were verified prior to organ recovery. This failed practice affected 1 of 10 donors whose medical records were reviewed (DCD2) and had the potential for unqualified surgeons recovering organs with the potential result of loss of transplantable organs. Findings include:

OPO policy number DP-OR06 and titled, CREDENTIALING AND QUALITY MONITORING OF PHYSICIANS AND SURGEONS with an effective date of 11/10 /2025 was reviewed. The policy stated, 6.4.2. The DNA ORC/ODC will access the ACIN database (http://acin.aopo.org) and verify that the surgeon is credentialed to recover the intended organs within the sending transplant centers code Note: The surgeon must be active in the ACIN database and must have a DateInActive in the future to procure organs in Arizona. If there is no entry in the DateInActive field, then the surgeon may not recover organs without an ACIN-credentialed surgeon present. 6.4.3. Using the ACIN, the ORC/ODC will create a PDF with the surgeons credentialing information and email the PDF to the CRS team. Note: ACIN credential verifications are time-stamped and must be completed before the recovery begins. 6.4.4. The Clinical Review Specialist (CRS) team will upload a copy of each ACIN verification in the donor medical record.

This policy was not followed. Examples include:

DCD2 was an organ donor on 4/12/2026 and their medical record was reviewed. It was noted that their heart was recovered and the surgeon was listed. There was no verification in the donor medical record of the surgeons credentials prior to recovery of the organ.

Donor record DND2 was reviewed with the MODO6 on 05/19/2026 beginning at 2:11 PM. The MODO6 was asked to locate the surgeons credential verification in donor record DND2 and agreed there was no record of verification of the surgeon credentials prior to organ recovery in DND2s donor chart.

AVPCS1 was asked to provide evidence that surgeon credentials were verified prior to organ recovery for donor DND2 on 05/20/2026 at 4:21 PM. The AVPCS1 explained they were unable to provide evidence of surgeon credential verification prior to recovery of organs for a surgeon who recovered organs from DND2.

The OPO failed to ensure all surgeons who recovered organs from donors had their credentials verified prior to organ recovery.

Z0121

STAFFING
CFR(s): 486.326(b)(1)

The OPO must provide sufficient coverage, either by its own staff or under contract or arrangement, to assure both that hospital referral calls are screened for donor potential and that potential donors are evaluated for medical suitability for organ and/or tissue donation in a timely manner.

This STANDARD is not met as evidenced by:
Based on interview, record review, and policy review, the facility failed to ensure the Organ Procurement Organization (OPO)'s staff member arrived at the donor hospital within two hours of the initial referral time for one of ten donors (Brain Death Donor (BDD) 4, UNOS (United Network for Organ Sharing) ID#: AMFU382) donor records reviewed. This failure could negatively impact the OPO's ability to procure viable donor organs.

Findings include:

Review of BDD4's "Progress Notes" tab of the electronic medical record (EMR) revealed a progress note which indicated, ". . . Organ Initial Referral06/13/25 at 06:41 [6:41 AM] MST [Mountain Standard Time] Spoke with BSRN (Bachelor of Science Registered Nurse) . . . who called in the initial referral . . . Dx [Diagnosis]: Respiratory failure 06/13/25 @ 06:22 [6:22 AM] . . ."

Review of BDD4's "Progress Notes" tab of the EMR revealed a progress note which indicated, ". . . Assignment Organ Coordinator, 06/13/25 at 0654 [6:54 AM] MST Notified Organ Donation Coordinator [ODC3] . . . [ODC3] to see, Thank you."

Review of BDD4's "Progress Notes" tab of the EMR revealed a progress note which indicated, ". . . Organ Following [ODC3] 06/13/25 at 1033 [10:33 AM] MST . . . Onsite with BSRN . . . patient is a GCS [Glasgow Coma Scale)]3 + cough . . ."

Review of the OPO's "Staff Tracking" sheet for UNOS#: AMFU382 under the "Staff Logs" section indicated ODC3 arrived at the donor hospital on 06/13/25 at 10:05 MST and departed on 06/13/25 at 10:36 MST. This was greater than two hours after the initial referral was received by the OPO.

During an interview on 05/20/26 at 2:15 PM, Referral Optimization Charge (ROC) 2 stated the typical OPO staff member arrival time to the donor hospital, after donor referral, was within two hours. ROC2 explained if the arrival time was greater than two hours, he/she would document the reason for the delay in a delayed onsite note in the donor's EMR. ROC2 reviewed BDD4's EMR and stated the referral time for that case was at 6:22 AM, and the OPO staff member's documented arrival time to the donor hospital was 10:33 AM. ROC2 confirmed she was the ROC for this referral. ROC2 stated normally she would have documented why there was a delay with staff arrival, but without the documentation she would be guessing the cause of the delay.

During an interview on 05/21/26 at 8:40 AM, the Assistant Vice President of Clinical Services (AVPCS) 1 confirmed there was a delay with the initial staff arrival time to

	the donor hospital for BDD4's case. AVPCS1 explained the response teams were arranged by regions and it normally should not take a staff member four hours to arrive at a donor hospital. ASVPCS1 stated the two-hour response period was the goal for the OPO staff assigned to a donor referral case. Review of the OPO's policy titled, "Referral Intake and Monitoring," effective date 06/23/25, indicated, "1. Purpose: 1.1. This policy will define Donor Network of Arizona (DNA)'s preparation for, response to and continual monitoring of organ referrals . . . 2.2. Organ Referral and Donation Optimization staff are responsible for responding to referrals in a prompt, professional manner that facilitates the evaluation . . . 6. Procedure: . . . 6.3.2. Excluding situations described in 6.2.1, the ORO (Organ Referral Optimization) staff will respond on-site to provide professional consultation of the referred candidate as soon as possible. Any delays in an onsite being performed > 2 hours of the initial referral should be documented by the ROC (Referral Optimization Charge) . . ."