

Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 03P001	(X3) Date Survey Completed 04/29/2010
Name of Provider or Supplier Donor Network Of Arizona	Street Address, City, State 201 West Coolidge, Phoenix, 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)
Z0237	<p>ADMINISTRATION AND GOVERNING BODY CFR(s): 486.324(f)</p> <p>The OPO must have procedures to address potential conflicts of interest for the governing body described in paragraph (d) of this section.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the OPO did not ensure that it had procedures to ensure that members of the governing body complied with the policy and procedures for identifying and addressing potential conflict of interest. Finding includes: Review of the OPO's conflict of interest policy revealed that all members of the governing body as well as the medical executive committee "will be required to complete a conflict of interest disclosure statement upon affiliation with (the OPO) and to update the statement at least annually." Review of completed disclosure forms however revealed that of ten (10) members of the governing body, eight (8) did not have updated forms. Of eighteen (18) members of the medical executive committee, only five (5) had current disclosure forms; one (1) had an outdated form, and twelve (12) did not have evidence of signed disclosure statements.</p>