

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)
Z0318	<p>TESTING CFR(s): 486.344(c)(2)</p> <p>[The OPO must do the following:] (2) Ensure that screening and testing of the potential donor (including point-of-care testing and blood typing) are conducted by a laboratory that is certified in the appropriate specialty or subspecialty of service in accordance with part 493 of this chapter.</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, the OPO did not ensure that testing and screening of the potential donor including blood-typing, was conducted by a laboratory that is certified. Finding includes: In two of 10 donation cases, review of the donor records revealed that one of two ABO results did not identify the name of the hospital or laboratory where the test was performed. Without the identifier, determining whether the hospital or laboratory was certified could not readily be made. During an interview on 4/27/10, an OPO staff stated that while the ABO results when printed noted the potential donor's name, the medical record number, and date and time the sample was tested, it did not however, include the name of the hospital and/or any other information. (Reference Donors 2 and 10.)</p>