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