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)
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.