

*Building a Healthy New Mexico!*Michelle Lujan Grisham
Secretary

Bill Richardson Governor

Jessica Sutin
Deputy SecretaryJennifer Stone
Deputy SecretaryDuffy Rodriguez
Deputy SecretaryKatrina Motrum
Division Director

February 19, 2007

Administrator
University of New Mexico Transplant Center
2211 Lomas Blvd. NE
Albuquerque, New Mexico 87106

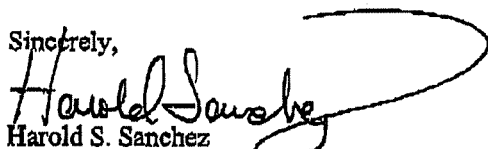
Dear Administrator:

On October 26, 2006 a recertification survey was conducted at your facility by the Health Facility Licensing and Certification Bureau to determine if your facility was in compliance with the Federal and State regulations for Transplant Centers. Your facility was found to be in compliance with the Conditions of Participation.

Note: This notice of clearance is limited only to the recertification survey mentioned above.

If you have any questions, please contact Sandra Cole, Bureau Chief, at 2040 South Pacheco Street, 2nd Floor, Room #413 Santa Fe, New Mexico 87505. Phone: (505) 476-9028 Fax: (505) 476-9026.

Sincerely,


Harold S. Sanchez

Quality Assurance Supervisor

Quality Assurance Survey Processing Unit

Health Facility Licensing and Certification Bureau

Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0390

Post-Certification Revisit Report

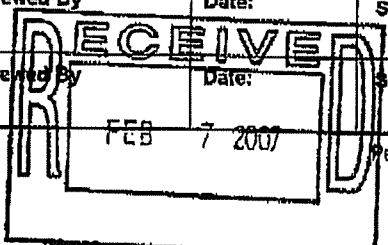
Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26684, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0390), Washington, D.C. 20503.

(Y1) Provider / Supplier / CLIA / Identification Number 322300	(Y2) Multiple Construction A. Building B. Wing	COPY	(Y3) Date of Revisit 1/30/2007
Name of Facility UNIVERSITY OF NEW MEXICO TRANSPLANT CENTER			Street Address, City, State, Zip Code 2211 LOMAS BOULEVARD NE ALBUQUERQUE, NM 87106

This report is completed by a qualified State surveyor for the Medicare, Medicaid and/or Clinical Laboratory Improvement Amendments program, to show those deficiencies previously reported on the CMS-2567, Statement of Deficiencies and Plan of Correction that have been corrected and the date such corrective action was accomplished. Each deficiency should be fully identified using either the regulation or LSC provision number and the identification prefix code previously shown on the CMS-2567 (prefix codes shown to the left of each requirement on the survey report form).

(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>V0110</u> Reg. # <u>405.2136</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0112</u> Reg. # <u>405.2138</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0135</u> Reg. # <u>405.2136(c)(3)(ii)</u> LSC _____	Correction Completed 01/30/2007
ID Prefix <u>V0154</u> Reg. # <u>405.2136(d)(6)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0185</u> Reg. # <u>405.2137</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0196</u> Reg. # <u>405.2137</u> LSC _____	Correction Completed 01/30/2007
ID Prefix <u>V0187</u> Reg. # <u>405.2137(a)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0188</u> Reg. # <u>405.2137(a)(1)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0190</u> Reg. # <u>405.2137(a)(3)</u> LSC _____	Correction Completed 01/30/2007
ID Prefix <u>V0191</u> Reg. # <u>405.2137(a)(3)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0192</u> Reg. # <u>405.2137(b)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0194</u> Reg. # <u>405.2137(b)(2)</u> LSC _____	Correction Completed 01/30/2007
ID Prefix <u>V0195</u> Reg. # <u>405.2137(b)(3)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0197</u> Reg. # <u>405.2137(b)(5)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0227</u> Reg. # <u>405.2138(e)</u> LSC _____	Correction Completed 01/30/2007

Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Christa Jewett RA, HFCL</i>	Date: <u>1/30/07</u>
State Agency _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
Reviewed By _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____
CMS RO _____	Reviewed By _____	Date: _____	Signature of Surveyor: _____	Date: _____



Department of Health and Human Services
Centers for Medicare & Medicaid Services

Form Approved
OMB NO. 0938-0380

Post-Certification Revisit Report

Public reporting for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing the burden, to CMS, Office of Financial Management, P.O. Box 26884, Baltimore, MD 21207; and to the Office of Management and Budget, Paperwork Reduction Project (0938-0380), Washington, D.C. 20503.

COPY

(Y1) Provider / Supplier / CLIA / Identification Number 322300	(Y2) Multiple Construction A. Building B. Wing	(Y3) Date of Revisit 1/30/2007
Name of Facility UNIVERSITY OF NEW MEXICO TRANSPLANT CENTER	Street Address, City, State, Zip Code 2211 LOMAS BOULEVARD NE ALBUQUERQUE, NM 87106	

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(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date	(Y4) Item	(Y5) Date
ID Prefix <u>V0245</u> Reg. # <u>405.2139(b)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0480</u> Reg. # <u>405.2170</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0483</u> Reg. # <u>405.2170(c)</u> LSC _____	Correction Completed 01/30/2007
ID Prefix <u>V0490</u> Reg. # <u>405.2171</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0492</u> Reg. # <u>405.2171(b)</u> LSC _____	Correction Completed 01/30/2007	ID Prefix <u>V0496</u> Reg. # <u>405.2171(d)</u> LSC _____	Correction Completed 01/30/2007

Reviewed By _____ State Agency	Reviewed By _____	Date: _____	Signature of Surveyor: <i>Christa Hewitt RN, HFCC</i>	Date: 1/30/07
Reviewed By _____ CMS RO	Reviewed By _____	Date: _____	Signature of Surveyor:	Date:

Followup to Survey Completed on: 10/26/2006	Check for any Uncorrected Deficiencies. Was a Summary of Uncorrected Deficiencies (CMS-2567) Sent to the Facility? YES NO
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