Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number** 07D0101910	**(X3) Date Survey Completed** 11/17/2025
Name of Provider or Supplier Ridgefield Pediatric Associates	**Street Address, City, State** 38-B Grove St, Ridgefield, CT	

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**
D0000	A Proficiency Test (PT) Desk Review was performed on November 17, 2025, at Ridgefield Pediatric Association PC, the laboratory was found out of compliance with the following conditions: 42 CFR 493.803 Proficiency Testing, Successful Participation 42 CFR 493.1441 Laboratory Director, High complexity