Statement of Deficiencies	(X1) Provider/Supplier/CLIA Identification Number 07D2246148	(X3) Date Survey Completed 07/06/2022
Name of Provider or Supplier Gh 260 Long Ridge Laboratory	**Street Address, City, State** 260 Long Ridge Rd, Stamford, 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	The GH 260 Long Ridge Laboratory was surveyed pursuant to 42CFR Part 493 of the Clinical Laboratory Improvement Amendment of 1988 (CLIA). This was an initial survey performed on July 6, 2022 and the laboratory was found to be in compliance with the laboratory requirements for CLIA.