



RICK SCOTT  
GOVERNOR

ELIZABETH DUDEK  
SECRETARY

April 9, 2015

Administrator  
Family Connect Life Inc  
7969 Pinehurst Drive  
Spring Hill, FL 34606

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on December 9, 2014 by a representative of this office. Enclosed is the provider's copy of the State Form (5000-3547), which indicates there were no discernible deficiencies noted on the date of the survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at <http://ahca.myflorida.com/Publications/Forms.shtml> as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the surveyor. Should you have any questions please call this office at (386) 462-6201.

Sincerely,

Kriste J. Mennella  
Field Office Manager

KJM/amw  
Enclosure

1GGN



**AGENCY FOR HEALTH CARE  
ADMINISTRATION**

**PRINTED: 04/09/2015  
FORM APPROVED**

|                                                                                                                                                                                                                                          |                                                                                                |                                                     |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| STATEMENT OF DEFICIENCIES                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER<br>IDENTIFICATION NUMBER:<br><br><b>AL11967453</b>                      | (X3) DATE SURVEY COMPLETED<br><br><b>12/09/2014</b> |
| NAME OF PROVIDER OR SUPPLIER<br><br><b>FAMILY CONNECT LIFE INC</b>                                                                                                                                                                       | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>7969 PINEHURST DRIVE<br/>SPRING HILL, FL 34606</b> |                                                     |
| SUMMARY STATEMENT OF DEFICIENCIES<br>(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)                                                                                                                                  |                                                                                                |                                                     |
| <p><b>0000 - Initial Comments</b></p> <p>A re-licensure survey was conducted on December 9, 2014 at Family Connect Life (dba Faith Loving Care) in Spring Hill, FL. Deficient practice was not identified at the time of the survey.</p> |                                                                                                |                                                     |