STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967453	R **04/14/2017**
NAME OF PROVIDER OR SUPPLIER **FAMILY CONNECT LIFE INC**	STREET ADDRESS, CITY, STATE, ZIP CODE **7969 PINEHURST DRIVE** **SPRING HILL, FL 34606**	

SUMMARY STATEMENT OF DEFICIENCIES
(FINDINGS PRECEDED BY TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 - Initial Comments

An unannounced second follow up to a Biennial Relicensure Survey was conducted on 4/14/2017 at Family Connect Life (facility license number 11521) in Spring Hill, Florida. No deficiencies were identified.