STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11967453	R-C **08/22/2017**
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

On 8/22/17, an unannounced follow-up survey was conducted at the Family Connect Life Inc. Assisted Living Facility (License #11521). No deficient practice was identified.