

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/07/2019
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11967453	(X3) DATE SURVEY COMPLETED R-C 01/29/2019
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 January 29, 2019, an unannounced follow-up to biennial re-licensure survey was conducted at Family Connect Life Inc. Assisted Living Facility (License #11521), Spring Hill, FL. No deficient practice was identified at the time of the survey.