STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11969520	**05/08/2019**
NAME OF PROVIDER OR SUPPLIER **OUR BUTTERFLY HOME**	STREET ADDRESS, CITY, STATE, ZIP CODE **207 W COLLEGE AVE** **RUSKIN, FL 33570**	

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

0000 - Initial Comments

An announced initial licensure survey was conducted at Our Butterfly Home on 5/8/2019. The provider had no deficiencies at the time of the visit.