

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/31/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966176	(X3) DATE SURVEY COMPLETED 01/08/2014
NAME OF PROVIDER OR SUPPLIER Mesa Haven Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 Mesa Dr Jacksonville, FL 32221	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0000 - - Initial Comments

St - A - 0090 - 58a-5.0191(11) Fac - Training -

St - A - L243 - 58a-5.0191(8) Fac - Lmh - Training S-S= D

S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced relicensure survey was conducted on Mesa Haven Inc. had Licensure deficiencies found at the time of the visit.

0090-Training -

58A-5.0191(11) FAC

Based on employee record review and interview with the Administrator, the facility failed to provide 2 out of 3 sampled employees (Employee A & B) training in within 30 days of hire.

The findings include:

A review of Employee A's personnel file revealed a hire date of There was no documentation in Employee A's personnel file that she had received training in

A review of Employee B's personnel file revealed a hire date of There was documentation in Employee B's personnel file that she had received training in

In an interview with the Administrator on at 12:25 PM, he confirmed that Employee A and Employee B have not received training in

Class III

L243-LMH - Training 58A-5.0191(8) FAC

Based on employee record review and interview with the Administrator, the facility failed to provide 3 hours of continuing education in subjects pertaining to mental health for 2 out of 3 sampled employees (Employee A & B).

The findings include:

A review of Employee A's personnel file revealed a hire date of Employee A had documentation that she received the initial 6 hour training in Limited Mental Health on There was no documentation in Employee A's personnel file that she had received 3 hours of continuing education biennially in subjects pertaining to mental health.

A review of Employee B's personnel file revealed a hire date of Employee B had documentation that she received the initial 6 hour training in Limited Mental Health on There was no documentation in Employee B's personnel file that she had received 3 hours of continuing education biennially in subjects pertaining to mental health.

AGENCY FOR HEALTH CARE
ADMINISTRATION

PRINTED: 01/31/2014
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER: AL11966176	(X3) DATE SURVEY COMPLETED 01/08/2014
NAME OF PROVIDER OR SUPPLIER Mesa Haven Inc	STREET ADDRESS, CITY, STATE, ZIP CODE 1520 Mesa Dr Jacksonville, FL 32221	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

In an interview with the Administrator on at 12:25 PM, he confirmed that Employee A and Employee B did not receive 3 hours of continuing education in subjects pertaining to mental illness.

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

2014

Administrator
Mesa Haven, Inc.
1520 Mesa Drive
Jacksonville, FL 32221

Dear Administrator:

This letter reports the findings of a state biennial licensure survey that was conducted on 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after 2014 to verify that the necessary corrections are in place to correct the deficiencies identified on your 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

Sincerely,

Robert E. Dickson
Field Office Manager
Division of Health Quality Assurance

JM/RED/sm
Enclosure

