

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 02/18/2016
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966176	(X3) DATE SURVEY COMPLETED 02/08/2016
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 TAGS AND REGULATORY IDENTIFYING INFORMATION)

0000 Initial Comments

On , 2016 a biennial relicensure survey in was conducted at Mesa Haven Incorporated. Deficient practice was identified during the survey.

L243 LMH - Training

Based on employee record review and staff interview, the facility failed to have 3 hours of continuing education in mental health for the administrator of the facility.

The findings include:

A review of the administrators file revealed the administrator had not received 3 hours in continuing education in mental health issues.

An interview with the administrator on at 9:18 AM confirmed he did not have 3 hours of continuing education on mental health issues and stated, "I will have to get that, I didn't know I needed that."

Class III



RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2016

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 , 2016
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. **Please attach a summary of your corrective action for each deficiency, including completion dates, on your letterhead. Also include any additional documentation to support correction of identified deficiencies. Submit summary and documents to the Field Office no later than 18, 2016.** Staff from this office will conduct a review of the provided corrective action and supporting documentation to verify that the necessary corrections are in place to correct the deficiencies identified on your survey, which may include a desk review or onsite revisit.

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 -4201.

Sincerely,


Jana Meyering, QIDP
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

AF/JM/sm
Enclosure
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