

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 01/20/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966176	(X3) DATE SURVEY COMPLETED 01/13/2017
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

A complaint investigation (CCR #2016012140) was conducted at Mesa Haven Assisted Living (License # 10448) on 1/13/2017. Mesa Haven Assisted Living had deficiencies at the time of the investigation.

0085 Training - Nutrition & Food Service

Based on employee record review and staff interview the facility failed to ensure the administrator or food service designee had 2 hours of continuing education annually.

The findings include:

A review of the employee record for the administrator revealed a certificate indicating 2 hours of CEU's (continuing education units) dated in 12/2015 of 2015 a good for 12 months through 12/2016, 2016. The administrator or designee must received 2 hours of CEU's for food service annually.

During an interview with the administrator on 1/13/2017 at 1:30 pm he agreed his most recent CEU's for food service was completed in 12/2015 and needed to be updated.

Class III

0093 Food Service - Dietary Standards

Based on facility record review and staff interview the facility failed to ensure the regular and therapeutic menus were reviewed by a registered dietician annually.

The findings include:

A review of the facility menus revealed the last time the menus were updated by the Registered Dietician was on 1/13/2017. All menus must be reviewed annually by a licensed or Registered Dietician.

During an interview with the Administrator on 1/13/2017 at 1:15 pm he agreed the most recent review of the menus by a dietician was completed on 1/13/2017 and that an update was needed.

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Class III



RICK SCOTT
GOVERNOR

JUSTIN M. SENIOR
SECRETARY

, 2017

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

RE: CCR #2016012140

Dear Administrator:

This letter reports the findings of a state licensure complaint survey that was conducted on 2017 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 20, 2017.** 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 904-4201.

Sincerely,

Amanda Wisheart
Health Facility Evaluator Supervisor
Division of Health Quality Assurance

JS/AW/sm
Enclosure
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