

**AGENCY FOR HEALTH CARE
ADMINISTRATION**

PRINTED: 03/06/2017
FORM APPROVED

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: AL11966176	(X3) DATE SURVEY COMPLETED R 02/28/2017
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 All deficiencies were corrected at the time of the follow-up visit.		