



**pennsylvania**  
DEPARTMENT OF HUMAN SERVICES

**CERTIFICATE OF COMPLIANCE**

This certificate is hereby granted to JEWISH HOME AND HOSPITAL FOR AGED AT PITTSBURGH  
LEGAL ENTITY

To operate AHAVA MEMORY CARE RESIDENCE  
NAME OF FACILITY OR AGENCY

Located at 200 JHF DRIVE, PITTSBURGH, PA 15217  
(COMPLETE ADDRESS OF FACILITY OR AGENCY)

\_\_\_\_\_  
ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

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ADDRESS OF SATELLITE SITE ADDRESS OF SATELLITE SITE

To provide Assisted Living-Special Care  
TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed 30  
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller. (MAXIMUM CAPACITY)  
Special Care Unit - 55 Pa.Code §§ 2800.231-239 - Capacity 30

Restrictions: \_\_\_\_\_

This certificate is granted in accordance with the Human Services Code of 1967, P.L. 31, as amended, and Regulations

55 Pa.Code Chapter 2800: Assisted Living Residences  
(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from April 27, 2018 until October 11, 2018,  
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **448580**

Robert E. Robinson  
ISSUING OFFICER

Carolyn K. Ellison  
DEPUTY SECRETARY

NOTE: This certificate is issued for the above site(s) only and is not transferable and should be posted in a conspicuous place in the facility.



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DEPARTMENT OF HUMAN SERVICES

**CERTIFIED MAIL – RETURN RECEIPT REQUESTED**  
**MAILING DATE: APR 27 2018**

Ms. Deborah Winn-Horvitz  
President/Chief Executive Officer  
Jewish Home and Hospital for the Aging at Pittsburgh  
200 JHF Drive  
Pittsburgh, Pennsylvania 15217

RE: Ahava Memory Care Residence  
License #: 448580

Dear Ms. Winn-Horvitz:

As a result of your residence's recent adjustment of the use of physical space, we are issuing a revised license under the authority of 55 pa. Code Ch. 2800 (relating to Assisted Living Residence) . The enclosed license indicates a revision of your capacity for your residence. The expiration date of the license remains unchanged.

Sincerely,

A handwritten signature in black ink, appearing to read 'J. Rowe'.

Jacqueline L. Rowe  
Director

Enclosure  
License

**LICENSING INSPECTION SUMMARY**  
**Assisted Living Residences – 55 Pa.Code § 2800**

<b>ALR Name:</b> Ahava Memory Care Residence	<b>License Number:</b> 448580
<b>Address:</b> 200 JHF Drive Pittsburgh, PA 15217	<b>County:</b> Allegheny
<b>Administrator:</b> Martha Martel	
<b>RECEIVED</b>	
<b>Legal Entity Name:</b> Jewish Home for and Hospital for the Aged at Pittsburgh	
<b>APR 23 2018</b>	
<b>Legal Entity Address:</b> 200 JHF Drive Pittsburgh, PA 15217	
<b>WEST REGION FIELD OFFICE</b> Human Services Licensing	
<b>Certificate(s) of Occupancy:</b> 1-2 3-9-18 City of Pittsburgh	
<b>Type of Inspection:</b> Partial	
<b>Reason(s) for Inspection(s):</b> Increase in Capacity	
<b>On-Site Inspections Dates and Department Representatives On-Site:</b> 4-13-2018	
<b>Off-Site Inspection Dates and Inspectors, if Applicable:</b>	
<b>Resident Demographic Data as of Inspection Dates</b>	
<b>Licensed Capacity: 16</b>  <b>Number of Residents Served: 16</b>  <b>Secured Dementia Care Unit in Home: 16</b>  <b>Area:</b> <b>Secured Unit Capacity, if Applicable-entire facility</b>  <b>Number of Residents Served in Secured Dementia Care Unit, if applicable: 16</b>  <b>Number of Current Hospice Residents: 5</b>  <b>Number of Hospice Residents in past year: 5</b>	<b>Number of Residents who:</b>  <b>Receive Supplemental Security Income: 0</b>  <b>Are 60 Years of Age or Older: 16</b>  <b>Have Mental Illness: 0</b>  <b>Have an Intellectual Disability: 0</b>  <b>Have a Mobility Need: 16</b>  <b>Have a Physical Disability: 1</b>

Regulation § 2800.131(f) Fire extinguishers shall be inspected and approved annually by a fire safety expert. The date of the inspection shall be on the extinguisher.

**Violation**

The following fire extinguishers did not contain a tag indicating they were inspected and approved by a fire safety expert within the past year:

- Across from bedroom #21
- Across from the "elevator machine room"

**Plan of Correction**

Both fire extinguishers were replaced with fire extinguishers with inspection tags. Fire extinguishers will be checked monthly by maintenance department and added to the list for yearly inspection by the fire safety expert. See attached photos.

Printed Name and Title of Legal Entity Representative (Required on all pages)	
Martha Martel Administrator	
Signature of Legal Entity Representative (Required on all pages)	Date
Martha Martel M	4/23/18
<b>DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!</b>	
The above plan of correction is approved as of <u>4/25/18</u> (Date)	Plan of correction implementation status as of <u>4/25/18</u> (Date)
The above plan of correction was approved by <u>[Signature]</u> (Initials)	<input type="checkbox"/> Fully Implemented <input checked="" type="checkbox"/> Partially Implemented – Adequate Progress <u>[Signature]</u> <input type="checkbox"/> Partially Implemented – Inadequate Progress <input type="checkbox"/> Not Implemented

RECEIVED

APR 23 2018

APR 23 2018

WEST REGION FIELD OFFICE  
Human Services Licensing

**Regulation § 2800.133. Exit signs.**

The following requirements apply for a residence serving nine or more residents:

- (1) Signs bearing the word "EXIT" in plain legible letters shall be placed at all exits.
- (2) Access to exits shall be marked with readily visible signs indicating the direction to travel.
- (3) Exit sign letters must be at least 6 inches in height with the principal strokes of letters at least 3/4 inch wide.

**Violation**

The exit door from the breezeway to the porch area is not marked with an exit sign.

The doors from the dining room and from the breezeway open into an enclosed courtyard which does not provide a means of egress from the facility. However, these doors are not marked as "not an exit".

**Plan of Correction**

The exit door from the breezeway to the porch area is not an exit as it does not automatically release. All three doors now have "Not An Exit" signs posted. See attached pictures. Staff receive training upon hire that these doors are not routes of emergency egress. Staff will be retrained annually and as needed.

Printed Name and Title of Legal Entity Representative (Required on all pages) Martha Martel, Administrator

Signature of Legal Entity Representative (Required on all pages) MARtha Martel RN Date 4/23/18

**DEPARTMENT USE ONLY - HOMES MAY NOT WRITE BELOW THIS LINE!**

The above plan of correction is approved as of 4/25/18  
(Date)

The above plan of correction was approved by [Signature]  
(Initials)

Plan of correction implementation status as of 4/25/18  
(Date)

- Fully Implemented [Signature]
- Partially Implemented - Adequate Progress
- Partially Implemented - Inadequate Progress
- Not Implemented