

Department of Human Services  
Bureau of Human Service Licensing  
LICENSING INSPECTION SUMMARY - PUBLIC

May 10, 2023

[REDACTED]  
JEWISH HOME AND HOSPITAL FOR AGED AT PITTSBURGH  
200 JHF DRIVE  
PITTSBURGH, PA, 15217

RE: AHAVA MEMORY CARE RESIDENCE  
200 JHF DRIVE  
PITTSBURGH, PA, 15217  
LICENSE/COC#: 44858

Dear [REDACTED],

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing licensing inspections on 05/04/2023 of the above facility, no regulatory citations have been identified as a result of this inspection.

Please note that you are required to post this Licensing Inspection Summary at your facility in a conspicuous location.

Sincerely,  
[REDACTED]

Enclosure  
Licensing Inspection Summary (LIS)

cc: Pennsylvania Bureau of Human Service Licensing

## Facility Information

Name: *AHAVA MEMORY CARE RESIDENCE* License #: *44858* License Expiration: *08/18/2023*  
 Address: *200 JHF DRIVE, PITTSBURGH, PA 15217*  
 County: *ALLEGHENY* Region: *WESTERN*

## Administrator

Name: [REDACTED] Phone: [REDACTED] Email: [REDACTED]

## Legal Entity

Name: *JEWISH HOME AND HOSPITAL FOR AGED AT PITTSBURGH*  
 Address: *200 JHF DRIVE, PITTSBURGH, PA, 15217*  
 Phone: [REDACTED] Email: [REDACTED]

## Certificate(s) of Occupancy

Type: *I-2* Date: *12/21/2017* Issued By: *City of Pittsburgh*

## Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *56* Waking Staff: *42*

## Inspection Information

Type: *Partial* Notice: *Unannounced* BHA Docket #:  
 Reason: *Complaint* Exit Conference Date: *05/04/2023*

## Inspection Dates and Department Representative

*05/04/2023 - On-Site:* [REDACTED]

## Resident Demographic Data as of Inspection Dates

## General Information

License Capacity: *30* Residents Served: *28*

## Special Care Unit

In Home: *Yes* Area: *entire license* Capacity: *30* Residents Served: *28*

## Hospice

Current Residents: *4*

## Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *28*  
 Diagnosed with Mental Illness: *5* Diagnosed with Intellectual Disability: *0*  
 Have Mobility Need: *28* Have Physical Disability: *0*

## Inspections / Reviews

*05/04/2023 - Partial*

Lead Inspector: [REDACTED] Follow-Up Type: *Not Required*

NO DEFICIENCIES FOUND