



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 **JEWISH ASSOCIATION ON AGING PERSONAL CARE RESIDENCE**

NAME OF FACILITY OR AGENCY

Located at **100 JHF DRIVE, PITTSBURGH, PA 15217**

(COMPLETE ADDRESS OF FACILITY OR AGENCY)

ADDRESS OF SATELLITE SITE/SERVICE LOCATION

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To provide **Personal Care Homes**

TYPE OF SERVICE(S) TO BE PROVIDED

The total number of persons which may be cared for at one time may not exceed **58**
or the maximum capacity permitted by the Certificate of Occupancy, whichever is smaller.

(MAXIMUM CAPACITY)

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 2600: Personal Care Homes

(MANUAL NUMBER AND TITLE OF REGULATIONS)

and shall remain in effect from **November 13, 2025** until **November 13, 2026**,
unless sooner revoked for non-compliance with applicable laws and regulations.

No: **457320**

Janette Biderup
ISSUING OFFICER

Juliet Marsala
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.



Pennsylvania Department of Human Services

Emailing Date: November 13, 2025

[REDACTED]
Jewish Home and Hospital for Aged at Pittsburgh
[REDACTED]

RE: Jewish Association on Aging Personal
Care Residence
100 JHF Drive
Pittsburgh, Pennsylvania 15217
License #: 457320

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Services Licensing, (Department), licensing inspections on October 30, 2025 of the above facility, we have found that your facility is in substantial compliance with the regulations, set forth in 55 Pa. Code Ch. 2600 (relating to Personal Care Homes), that can be adequately assessed at this time. The licensing inspector was unable to complete a full inspection because the home is new and not yet serving four or more residents.

In accordance with 55 Pa.Code § 2600.11(b) (relating to procedural requirements for licensure or approval of personal care homes, a re-inspection of your newly licensed facility will be conducted within 3 months of the effective date of this license. Complete compliance with all applicable regulations is required in order to maintain your license.

During the inspection, citations on the enclosed Licensing Inspection Summary were found. All citations specified on the Licensing Inspection Summary must be corrected by the dates specified on the Licensing Inspection Summary and continued compliance with 55 Pa.Code Ch. 2600 must be maintained.

Your NEW license is enclosed.



Pennsylvania
Department of Human Services

Sincerely,

Juliet Marsala

Juliet Marsala
Deputy Secretary
Office of Long-term Living

Enclosures
License
Licensing Inspection Summary

Inspections / Reviews

10/30/2025 - Partial

Lead Inspector: [REDACTED]

Follow-Up Type: *POC Submission*

Follow-Up Date: *11/09/2025*

11/04/2025 - POC Submission

Submitted By: [REDACTED]

Date Submitted: *11/06/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Document Submission* Follow-Up Date: *11/10/2025*

11/06/2025 - Document Submission

Submitted By: [REDACTED]

Date Submitted: *11/06/2025*

Reviewer: [REDACTED]

Follow-Up Type: *Exception*

94b - Non-Skid Surface

1. Requirements

2600.

94.b. Interior stairs, exterior steps and ramps must have nonskid surfaces.

Description of Violation

A nonskid surface was not present on the stairs in stairwells #1, #2 and #3.

Plan of Correction

Accept [redacted] - 11/04/2025)

1. On October 30th no nonskid surface was noted on stairwells 1,2,and 3. Maintenance was immediately notified of the need for nonskid strips on all stairs in the stairwell, and an order was placed.
2. Nonskid strips will be placed on every step, in stairwell 1,2,and 3 by the end of the day on November 4th 2025.
3. After completion of the nonskid strips Administrator will complete an audit to verify the compliance by November 5th 2025.
4. Education will be provided to maintenance by the Administrator about Regulation 2600.94b – Non skid surfaces by November 4th 2025 per 2600.65i regulation.
5. Monthly audits will continuously be completed by Administrator/designee to ensure all nonskid strips are in place and intact. Documentation of the audits will be kept.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [redacted] 11/06/2025)

123a - Exit Doors

2. Requirements

2600.

123.a. Exit doors must be equipped so that they can be easily opened by residents from the inside without the use of a key or other manual device that can be removed, misplaced or lost.

Description of Violation

The double exit doors at the 2nd floor elevator lobby are equipped with a card reader device, which requires a card to open the doors.

The double exit doors at the 3rd floor elevator lobby are equipped with a card reader device, which requires a card to open the doors.

The double exit doors at the 3rd floor service elevator lobby are equipped with a card reader device, which requires a card to open the doors.

Plan of Correction

Accept [redacted] - 11/04/2025)

1. On October 30th the 2nd floor and 3rd floor lobby doors and 3rd floor services doors were noted to be locked by key card. The doors in the 2nd and 3rd floor lobby and 3rd floor services doors were immediately disengaged by IT and Security. A sign has been made to be placed on each door stating "Staff only. To be used only as an Emergency exit" by November 4th 2025
2. On October 31st the Administrator completed an audit of all emergency exit doors to ensure that they pertain to Regulation 2600.123a.
3. Education will be provided to IT, Security and Maintenance by the Administrator pertaining to DHS Regulation

123a - Exit Doors (continued)

2600.123a Exit doors by November 4th 2025 per regulation 2600.65i.

4. Monthly audit will continuously be completed by Administrator/designee to ensure exit doors on the 2nd and 3rd floor lobby and 3rd floor services are able to open freely to resident and staff. Documentation of audits will be kept.

Licensee's Proposed Overall Completion Date: 11/03/2025

Implemented [REDACTED] - 11/06/2025)