

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

March 23, 2026

[REDACTED] PRESIDENT & CEO
JEWISH HOME AND HOSPITAL FOR AGED AT PITTSBURGH
[REDACTED]

RE: WATERSIDE LANDING PERSONAL
CARE RESIDENCE
100 JHF DRIVE
PITTSBURGH, PA, 15217
LICENSE/COC#: 45732

Dear [REDACTED]

As a result of the Pennsylvania Department of Human Services, Bureau of Human Service Licensing review on 02/10/2026 of the above facility, we have determined that your submitted plan of correction is fully implemented. Continued compliance must be maintained.

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

Sincerely,
[REDACTED]

cc: Pennsylvania Bureau of Human Service Licensing

Facility Information

Name: *WATERSIDE LANDING PERSONAL CARE RESIDENCE* License #: *45732* License Expiration: *11/13/2026*
 Address: *100 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: [REDACTED]
 Phone: [REDACTED] Email: [REDACTED]

Certificate(s) of Occupancy

Type: *I-2* Date: *09/03/2025* Issued By: *City of Pittsburgh*

Staffing Hours

Resident Support Staff: *0* Total Daily Staff: *8* Waking Staff: *6*

Inspection Information

Type: *Full* Notice: *Unannounced* BHA Docket #:
 Reason: *Renewal* Exit Conference Date: *02/10/2026*

Inspection Dates and Department Representative

02/10/2026 - On-Site: [REDACTED]

Resident Demographic Data as of Inspection Dates

General Information

License Capacity: *58* Residents Served: *8*

Secured Dementia Care Unit

In Home: *No* Area: Capacity: Residents Served:

Hospice

Current Residents: *0*

Number of Residents Who:

Receive Supplemental Security Income: *0* Are 60 Years of Age or Older: *8*
 Diagnosed with Mental Illness: *0* Diagnosed with Intellectual Disability: *0*
 Have Mobility Need: *0* Have Physical Disability: *0*

Inspections / Reviews

02/10/2026 - Full

Lead Inspector: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/13/2026*

03/16/2026 - POC Submission

Submitted By: [REDACTED] Date Submitted: *03/23/2026*
 Reviewer: [REDACTED] Follow-Up Type: *POC Submission* Follow-Up Date: *03/19/2026*

Inspections / Reviews *(continued)*

03/16/2026 - POC Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow-Up Type: Document Submission Follow-Up Date: 03/23/2026

03/23/2026 - Document Submission

Submitted By: [REDACTED]

Date Submitted: 03/23/2026

Reviewer: [REDACTED]

Follow-Up Type: Not Required

89b - Hot Water Temperature

1. Requirements

2600.

89.b. Hot water temperature in areas accessible to the resident may not exceed 120°F.

Description of Violation

At 11:40 a.m., the water temperature at the counter sink in the second-floor Bistro measured 124.3 degrees Fahrenheit.

At 11:45 a.m., the water temperature at the sink in the unlocked, accessible kitchen area near the second-floor dining room measured 126.0 degrees Fahrenheit.

Plan of Correction

Accept () - 03/16/2026

1. On February 10, 2026, upon notification of elevated hot water temperatures, maintenance staff were immediately notified and began assessing water temperatures throughout the building.
2. On February 11, 2026, the General Manager contacted () Plumbing to service the affected sinks and install or replace mixing valves as needed to ensure hot water temperatures remained within the regulatory limit.
3. A facility-wide hot water temperature audit was completed by Administrator on February 15, 2026. All other sinks and resident-accessible water sources were found to be within the acceptable temperature range.
4. On February 20, 2026, mixing valves were installed/replaced on the bistro and handwashing sink in kitchen. Water temperatures at the bistro sink and handwashing sink were rechecked on February 21, 2026, and measured at 117°F to 118°F, which is within regulatory limits.
5. The facility contacted () Plumbing again on March 10, 2026, to install mixing valves on the kitchen sinks located on both floors to ensure continued compliance () will be in on March 13th 2026 to add the mixing valves.
6. The Administrator will provide education to maintenance staff regarding 2600.89(b) Hot Water Temperature requirements by March 17, 2026, in accordance with staff training requirements under 2600.65(i).
7. Upon completion of the mixing valve installation in the kitchen areas, the Administrator/designee will implement weekly hot water temperature audits at six different locations throughout the building for four weeks. Following this monitoring period, audits will be conducted monthly on an ongoing basis to ensure continued compliance. Documentation of these audits will be maintained by the facility.
8. The audit results will be presented and discussed at the Community's Quality Management Meetings. Additional corrective action plans will be implemented if necessary.

Licensee's Proposed Overall Completion Date: 03/17/2026

Implemented () - 03/23/2026

95 - Furniture and Equipment

2. Requirements

2600.

95. Furniture and Equipment - Furniture and equipment must be in good repair, clean and free of hazards.

Description of Violation

At 11:18 a.m., there was a bedside mobility device on the right side (when lying supine) of resident # () bed in room 301. However, the enabler was not secured to the bedframe below the enabler. It was only secured to the left side of the bedframe.

Plan of Correction

Accept () - 03/16/2026

1. On February 10, 2026, maintenance staff were immediately notified of the unsecure bed enabler. Upon

95 - Furniture and Equipment (continued)

evaluation, it was determined that the equipment did not meet safety requirements per Department of Human Services. The bed enabler was removed from the resident's bed to eliminate any potential hazard.

2. On February 16, 2026, the resident was assessed by Occupational Therapy to determine if a bed mobility device was appropriate. Occupational Therapy determined that the resident would benefit from a properly installed and compliant bed enabler to assist with bed mobility.

3. On February 17, 2026, the Occupation Therapy identified a bed enabler that met Department of Human Services compliance standards. The resident's family was notified and agreed to purchase the recommended equipment.

4. On March 9, 2026, a physician order was obtained for Home Health Therapy services to evaluate the resident and ensure the bed enabler is properly positioned and that the resident is safely utilizing the device for bed mobility.

5. Education will be provided to maintenance and direct care staff by the Administrator regarding 2600.95 Furniture and Equipment and the proper use and safety requirements for bed enablers by March 18, 2026, in accordance with staff training requirements under 2600.65(i).

6. Quarterly audits and safety assessments of bed enablers will be completed by Occupational Therapy to ensure the equipment remains secure, safe, and appropriate for resident use. Documentation of these audits will be maintained by the facility.

7. The audit results will be presented and discussed at the Community's Quality Management Meetings. Additional corrective action plans will be implemented if necessary.

Licensee's Proposed Overall Completion Date: 03/18/2026

Implemented (█) - 03/23/2026

103i - Outdated Food**3. Requirements**

2600.

103.i. Outdated or spoiled food or dented cans may not be used.

Description of Violation

At 1:36 p.m., the following opened and undated items were in the walk-in freezer that is not connected to the walk-in cooler in the home's kitchen:

- A 12 pack of vegetarian burgers in clear plastic packaging with 6 patties remaining
- A 12 pack of vegetarian burgers in clear plastic packaging with 4 patties remaining
- A 12 pack of vegetarian burgers in clear plastic packaging with 6 patties remaining
- A partially full brown bag of crinkle cut fries.

Plan of Correction

Accept (█) - 03/16/2026

1. On February 10, 2026, all outdated food items and any dented or potentially spoiled food products identified during inspection were immediately discarded to ensure resident safety.

2. A complete audit done by the Dietary Manager of all refrigerators, freezers, and dry food storage areas was conducted by February 18, 2026, to ensure no additional outdated, spoiled, or dented food items were present.

3. The Administrator provided education to all dietary staff regarding proper food storage, food rotation, and the requirements of 2600.103(i) by February 17, 2026, in accordance with staff training requirements under 2600.65(i).

4. Starting February 19th 2026 the Dietary Manager will conduct daily audits of all refrigerated and frozen food items are dated for four weeks to ensure compliance with food safety regulations. After the initial monitoring period, audits will be conducted three times per week on an ongoing basis. Documentation of these audits will be maintained on-site.

103i - Outdated Food (continued)

5. The audit results will be presented and discussed at the Community's Quality Management Meetings. Additional corrective action plans will be implemented if necessary.

Licensee's Proposed Overall Completion Date: 03/16/2026

Implemented () - 03/23/2026)

187a - Medication Record

4. Requirements

2600.

187.a. A medication record shall be kept to include the following for each resident for whom medications are administered:

- 6. Dose.
- 7. Route of administration.
- 8. Frequency of administration.

Description of Violation

Resident #1 is ordered [redacted] However, the entry on resident #1's February 2026 medication administration record (MAR) for this medication indicates [redacted] starting 12/12/25." The MAR entry does not include the dose [redacted] to be administered [redacted].

Resident #2 is ordered [redacted] as needed [redacted] However, the PRN entry for this medication on the resident's February 2026 MAR indicates [redacted] It does not indicate the frequency that this medication can be administered as needed.

Resident #2 is ordered [redacted]. However, the entry for this medication on the resident's February 2026 MAR indicates [redacted] It does not indicate the frequency that this medication can be administered as needed.

Plan of Correction

Accept () - 03/16/2026)

1. On March 10, 2026, the medications for Resident #1 [redacted] and Resident #2 [redacted] as needed orders were updated.
 - o Resident #1: [redacted] order [redacted] added to the Electronic MAR per the exact written physician order.
 - o Resident #2: [redacted] orders as needed [redacted] added to the Electronic MAR per the exact written physician order.
2. Administrator will do a complete audit of all residents' medication records will be completed by March 18, 2026, to ensure that all written physician orders accurately match electronic MAR entries including but not limited to dose, route of administration, and frequency of administration.
3. Education regarding 2600.187(a) Medication Records will be provided by the Administrator to all nursing staff and care partners by March 18, 2026, in accordance with staff training requirements under 2600.65(i).
4. Following education, weekly audits of all residents' medication records to match the Electronic MAR will be conducted by the Administrator or designee for four weeks to ensure ongoing compliance. After the initial four-week period, audits will continue monthly. Documentation of all audits will be maintained on-site.
5. The audit results will be presented and discussed at the Community's Quality Management Meetings. Additional

187a - Medication Record (continued)

corrective action plans will be implemented if necessary.

Licensee's Proposed Overall Completion Date: 03/18/2026

Implemented ([REDACTED] - 03/23/2026)