

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

PCR Results Web Posting

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| Provider Organization | CHRYSALLIS |
| Contact Person(s) | Ilene Wilson |
| Phone Number | 301-853-6754 |
| Email Address(s) | chrysallis_inc@msn.com |
| Provider Services Reviewed | Supported Living, Supported Living Periodic, |
| Location(s) Reviewed | |
| # Individuals Reviewed by Service | Supported Living - 2 Supported Living Periodic - 2 |
| Annual PCR dates | 06/03/2013 - 06/05/2013 |
| F/U Review Date(s) | 08/12/2013 |
| Annual Report Date | 06/14/2013 |
| F/U Report Date | 08/16/2013 |

The overall results on initial review were:

| Service | Person Centered Domains Score | % | Organization Score | % | Rating | Satisfaction Score | % |
|---------------------------|--------------------------------------|----------|---------------------------|----------|-------------------|---------------------------|----------|
| | # Yes/Total | | # Yes/Total | | | # Yes/Total | |
| Supported Living | 93/100 | 93% | 25/33 | 76% | Needs Improvement | 15/20 | 75% |
| All Mandatory Indicators | 18/18 | 100% | 10/13 | 77% | | | |
| Supported Living Periodic | 98/112 | 88% | 25/33 | 76% | Needs Improvement | 20/20 | 100% |

| | | | | | | | |
|--------------------------|-------|-----|-------|-----|--|--|--|
| All Mandatory Indicators | 17/19 | 89% | 10/13 | 77% | | | |
|--------------------------|-------|-----|-------|-----|--|--|--|

The overall results on follow up review were:

| Service | Person Centered Domains Score | % | Organization Score | % | Rating | Satisfaction Score | % |
|---------------------------|-------------------------------|-----|--------------------|------|--------------|--------------------|------|
| | # Yes/Total | | # Yes/Total | | | # Yes/Total | |
| Supported Living | 99/100 | 99% | 33/33 | 100% | Satisfactory | 15/20 | 75% |
| All Mandatory Indicators | 18/18 | | 100% 13/13 | 100% | | | |
| Supported Living Periodic | 111/112 | 99% | 33/33 | 100% | Satisfactory | 20/20 | 100% |
| All Mandatory Indicators | 19/19 | | 100% 13/13 | 100% | | | |

Certification issued/dates/services

| Waiver Service | Certification Dates | Certification Type |
|---------------------------|-------------------------|--------------------|
| Supported Living | 06/03/2013 - 06/03/2014 | Annual |
| Supported Living Periodic | 06/03/2013 - 06/03/2014 | Annual |