

GOVERNMENT OF THE DISTRICT OF COLUMBIA
DEPARTMENT ON DISABILITY SERVICES

PCR Results Web Posting

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|--|--|
| Provider Organization | First Metropolitan Community Service, Inc. |
| Contact Person(s) | Mercy Faturoti |
| Phone Number | 301-532-5075 |
| Email Address(s) | mfaturoti@aol.com |
| | |
| Provider Services Reviewed | Supported Living, |
| | |
| | |
| # Individuals Reviewed by Service | Supported Living - 2 |
| | |
| Annual PCR dates | 04/15/2019 - 04/17/2019 |
| F/U Review Date(s) | 06/05/2019 |
| | |
| Annual Report Date | 04/19/2019 |
| F/U Report Date | 06/17/2019 |
| | |

The overall results on initial review were:

| Service | | Person Centered Domains Score | | | Satisfaction Score | |
|-----------------------|----------------------------|--------------------------------------|---------------------|------------|--------------------|------|
| | | # Yes/Total | Points Yes/Total | % | # Yes/Total | % |
| Supported Living | All Q/A Indicators | 160/171 | 584/619 | 94% | 20/20 | 100% |
| | Critical Indicators | 54/55 | 270/275 | 98% | | |
| | HCBS Indicators | 51/51 | N/A | 100% | | |
| Organizational | | Organizational Outcomes Score | | | | |
| | | # Yes/Total | Points Yes/Total | % | | |
| | All Q/A Indicators | 36/43 | 116/143 | 81% | | |
| | Critical Indicators | 10/14 | 50/70 | 71% | | |

| | | | | |
|--|-----------------|-----|-----|-----|
| | HCBS Indicators | 3/4 | N/A | 75% |
|--|-----------------|-----|-----|-----|

The overall results on follow up review were:

| Service | | Person Centered Domains Score | | | Satisfaction Score | |
|------------------|-------------------------|-------------------------------|------------------|------|--------------------|------|
| | | # Yes/Total | Points Yes/Total | % | # Yes/Total | % |
| Supported Living | All Q/A Indicators | 171/171 | 619/619 | 100% | 20/20 | 100% |
| | All Critical Indicators | 55/55 | | 100% | | |
| | HCBS Indicators | 51/51 | N/A | 100% | | |

| Organizational | | Organizational Outcomes Score | | |
|----------------|-------------------------|-------------------------------|------------------|------|
| | | # Yes/Total | Points Yes/Total | % |
| | All Q/A Indicators | 43/43 | 143/143 | 100% |
| | All Critical Indicators | 14/14 | | 100% |
| | HCBS Indicators | 3/4 | N/A | 75% |

Certification issued/dates/services

| Waiver Service | Certification Dates | Certification Type |
|------------------|-------------------------|--------------------|
| Supported Living | 04/15/2019 - 04/15/2020 | Annual |