



State of Connecticut

## Lookup Detail View

### Contact Information

| Name        | Address                             | PHONE | Provider Name            | Provider Phone |
|-------------|-------------------------------------|-------|--------------------------|----------------|
| STECK DRIVE | 10 Steck Drive<br>Newtown, CT 06470 |       | KEY HUMAN SERVICES, INC. | (860) 409-7350 |

### License Information

| License     | License Type                 | Effective Date | Expiration Date | Status |
|-------------|------------------------------|----------------|-----------------|--------|
| DSLA.021258 | Community Living Arrangement | 05/01/2022     | 04/30/2024      | ACTIVE |

### Inspection History

| Number      | Date       | Type             | Violations [Regulation] ( <a href="http://www.ct.gov/dds/cwp/view.asp?a=2839&amp;q=389970">http://www.ct.gov/dds/cwp/view.asp?a=2839&amp;q=389970</a> )                                                      |
|-------------|------------|------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X2022-173   | 03/18/2022 | DSLA<br>BIENNIAL | 11d - Hazard prevention - 17a-227-11d<br>18a1 - Medication Administration Regulations - 17a-227-18a1                                                                                                         |
| X2020-185   | 03/05/2020 | DSLA<br>BIENNIAL | 12b - Emergency response training/monthly fire drills - 17a-227-12b<br>14b4 - Residence routines training timeliness - 17a-227-14b4<br>19a1 - Financial accountability - 17a-227-19a1                        |
| X2019-485   | 05/17/2019 | REVISIT          | 05b - POC implementation timeliness - 17a-227-05b                                                                                                                                                            |
| X2018-12482 | 04/13/2018 | DSLA<br>BIENNIAL | 15b2 - Behavior medication given by regulation - 17a-227-15b2<br>17g - Community learning opportunities provided - 17a-227-17g<br>17h - The OPS shall be reviewed at least minimally quarterly - 17a-227-17h |

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|-------------|------------|-----------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| X2016-11179 | 04/12/2016 | DSLA<br>ANNUAL  | 11d - Hazard prevention - 17a-227-11d<br>14b4 - Residence routines training timeliness - 17a-227-14b4<br>15b3B - Behavior management techniques authorized - 17a-227-15b3B<br>17h - The OPS shall be reviewed at least minimally quarterly - 17a-227-17h<br>17j - Data collected on programs - 17a-227-17j<br>18a3A - Coordination, assessment, monitoring of medical services - 17a-227-18a3A<br>18a4A - Medical testing and follow-up - 17a-227-18a4A<br>19a2 - Individual financial records - 17a-227-19a2 |
| X2015-10871 | 09/25/2015 | REVISIT         | 18a3A - Coordination, assessment, monitoring of medical services - 17a-227-18a3A                                                                                                                                                                                                                                                                                                                                                                                                                              |
| X2015-10567 | 04/02/2015 | DSLA<br>INITIAL |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |

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