



MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES
BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE
LODGING ESTABLISHMENT INSPECTION REPORT

Establishment Name Quality Inn Arrive 9:51am, Leave 3:28pm	Name of Owner/Contact Person Farmington Hotel LLC, Dipesh Patel
---	--

Mailing Address	City	Zip Code
-----------------	------	----------

Physical Address 1400- W. Liberty St.	City Farmington, MO	Zip Code 63640
--	------------------------	-------------------

County 187	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone 573-756-8951	No. of Stories 2	No. of Rooms 48	Rooms Inspected 111,112,227,102,109,119,123,126,225,218
----------------------	---	-----------	---------------------------	---------------------	--------------------	--

Please check Yes or No next to each item.		Yes	No	Water Supply		Yes	No
Was this lodging facility built after October 31, 2005		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the water supply private		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Is the water supply public		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Water sample taken		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Do the following local ordinances apply?				Sewage/Wastewater			
Fire safety		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater private		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical wiring		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater public		<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Swimming Pools/Spas			
Fuel burning appliances		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indoor pool		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Plumbing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swimming pools/spas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spa		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Pool larger than 2000 square feet		<input type="checkbox"/>	<input checked="" type="checkbox"/>

Based on an inspection this day, the items marked "No" below identify noncompliance in operations or facilities which must be corrected by the next routine inspection, or such shorter period of time as may be specified in writing by the regulatory authority. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

Yes=In Compliance		No=Not in Compliance, explain on additional page(s)				NB=Not Observed				NA=Not Applicable				
SECTION A: WATER SUPPLY		YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)				YES	NO	NB	NA	
1. Approved source, construction & operation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Doors and locks permitted		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complies with chemical, bacT & rad standards		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Textiles, hangings and mirrors proper		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained & operated properly.		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Fire extinguisher type, inspected, location		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION B: SEWAGE & WASTEWATER						5. Vertical openings protected		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Operating satisfactorily		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION C: SANITATION/HOUSEKEEPING						7. Smoke detectors installed, good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Walls, floors & ceilings in good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Proper housekeeping practices		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Evacuation route and plan, installed, available		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Towels & bed linens clean		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Stairs and ramps maintained, good repair		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mattresses & box springs clean		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Means of egress, number, maintained		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. No evidence of rodents & insects		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION F: SWIMMING POOLS/SPAS								
6. Ice machines, scoops, liners, clean & protected		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage & refuse properly maintained		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises, plant growth controlled		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Food sources, sound condition, approved		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, good repair		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Proper facilities to wash, rinse & sanitize		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Adequate ventilation		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Proper hygienic practices		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Electrical outlets, proper protection & distance		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION D: LIFE SAFETY						8. Records maintained & signs posted		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Combustible/toxic items properly used & stored		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SECTION G: PLUMBING/MECHANICAL								
2. Building maintained to assure safe conditions		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CO detectors installed, good repair		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. GFCI and proper wiring installed, good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exit signs installed, good repair		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. T & P relief valves adequate, good repair		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Emergency lighting installed, good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Relief valve discharge pipes installed, adequate		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Electric panel protected, labeled, good repair		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Proper air gaps, no cross connections		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION E: FIRE SAFETY (New Establishment Only)						SECTION H: HEATING & COOLING								
1. Smoke detectors hardwired & maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Fire alarm system installed & maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head/detector		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Sprinkler system installed & maintained		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Proper location of heating/cooling units		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SECTION E: FIRE SAFETY (All Establishments)						4. Ventilation of appliances & utility rooms		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1. Complies with local building codes, fire codes & ordinances		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Operation & condition adequate		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

INSPECTED BY John Wiseman	EPHS NUMBER 1507	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947	TELEPHONE
------------------------------	---------------------	--	-----------

LICENSING YEAR 2016-2017	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 10-6-16	SCHEDULED FOLLOW UP 10-27-16	REVIEWED BY 	DATE October 6, 2016
-----------------------------	---	---------------------------	---------------------------------	-----------------	-------------------------



Establishment Name: Quality Inn Arrive 9:51am, Leave 3:28pm	Physical Address: 1400- W. Liberty St.	City: Farmington, MO
--	---	-------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

D4) The outlet servicing the TV in the lobby is loose. Wiring shall be in good repair. Please repair.
 C2) the paper towel dispenser in the womens room in the lobby was broken. Proper housekeeping practices shall be used. Please repair.
 E5) An opening from the ground floor through to upper floors was observed in the laundry room near the washer. Vertical openings shall be protected against fire migration. Please close off opening.
 G6) The connection between the water supply and the clothes washer was observed without backflow prevention. There shall be no cross connections. Please install a hose bibb vacuum breaker between the washer and the municipal water supply.
 G1) A water leak was observed at a water pipe above the hot water heaters in the laundry room. Plumbing shall be in good repair. Please repair the damaged pipe.
 E5) An opening from the ground level through to upper floors was observed above the pool filter equipment in the laundry room. Vertical openings shall be protected against fire migration. Please close off opening.
 D7) Access to the electrical panels in the laundry room was blocked by boxes. Electrical panels shall be accessible.
 C10) Tooth brushes were stored below chemicals in the laundry room. Food shall be protected from contamination. COS
 F3) The throwable device in the indoor pool was not provided with a rope. Throwable devices shall be provided with a rope that is at least one and a half times the width of the pool.
 F4) The free chlorine in the indoor pool was less than 1 ppm. The chlorine must be at least 1 ppm.
 F2) A boundary rope was not installed across the pool between the 3 foot and 5 foot depths. A boundary line must be installed.
 F4) According to the manager, the pool chlorine is tested weekly. Chlorine concentrations shall be tested daily and a record of results maintained.
 C2) Note: Most of the AC filters in the guest rooms are dirty. Proper housekeeping practices shall be used. Please clean the filters.
 Room 102
 D2) Empty light sockets were observed in the bathroom. The building must be maintained to ensure safe conditions. Please install bulbs.
 C10) The single use cups, ice bucket and coffee maker were stored in the restroom. Food shall be protected from contamination. Please store these items outside the restroom.
 D4 The light in the restroom did not work. The wiring system shall be in good repair. Please repair the light.
 Room 109
 D4) The GFI in the vanity area was not working. The GFI shall be in good repair. Please replace the GFI.
 C2) The inside of the refrigerator was dirty. Good housekeeping practices shall be used. Please clean the refrigerator.
 C2) Note: Most guest room windows contain dead flies. Good housekeeping practices shall be used. Please clean the windows of dead insects.
 Outside Pool
 F1) The gates to the outside pool enclosure were either not self closing or not self latching. Gates must fully close and self latch.
 F3) The throwable device did not have a rope on it. The throwable device must have a rope that is 1.5 times the width of the pool.
 D1) The outside pool chemical/mechanical room was not locked. Toxic materials shall be safely stored.
 D4) The electrical box in the outside pool mechanical room was uncovered. Wiring shall be in good repair. Please cover the electrical box.
 D4) Open spliced wires were observed in the outside pool mechanical room. Wiring shall be in good repair. Place splices and wire terminals inside electrical boxes.
 G1) A copper water pipe behind the filter equipment in the outside pool mechanical room was observed to be split and leaking water. The plumbing system shall be in good repair. Please repair the broken pipe.
 Room 111
 C2) Debris was observed on the floor around the bed. Good housekeeping practices shall be used. Please clean the floor.
 D6) The emergency light located near the vending machines was not working. Emergency lighting shall be in good repair.
 D1) Cans of mineral spirits were stored in the AC room of the ground floor housekeeping room. Store combustibles away from sources of ignition.
 Room 112
 E6) The room door does not fully self close. Room doors shall be fully self closing. Please repair.
 D2) A light bulb was missing from the bedside lamp. The building shall be maintained to assure safe conditions. Please replace the bulb.
 C2) Food residue was observed on the inside upper surface of the microwave. Please clean and sanitize the inside of the microwave.

Inspected by:

John Wiseman

Date:

October 6, 2016

Received by:

Dipesh Patel

Date:

October 6, 2016



Establishment Name: Quality Inn Arrive 9:51am, Leave 3:28pm	Physical Address: 1400- W. Liberty St.	City: Farmington, MO
--	---	-------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

Room 126
 D4) The light in the restroom was not working. The wiring system shall be in good repair. Please fix the light.

Upstairs Storage Room
 D4) A damaged extension cord was plugged into an outlet beside the door inside the room. The wiring system shall be in good repair. Please replace or repair.

Room 227
 C5) An open gap was observed between the AC unit and the unit housing. The premises shall be protected from pest entry. Please repair the gap.

Room 218
 C1) A hole was observed in the wall above the bed. Walls shall be in good repair. Please repair.



D6) The emergency lighting on the south balcony was not working. Emergency lighting shall be in good repair.

D6) The exit light located at the north side of the balcony breezeway was not working. Emergency lighting shall be in good repair.

Third Party Inspections Pending for 2016-2017
 E1) Farmington Fire and Safety Inspection
 E8) Fire Alarm Inspection
 G1) Backflow Inspection

E9) An emergency evacuation plan must be maintained on file and all staff must demonstrate knowledge of the plan.

Note: Several closets were not inspected because the management could not locate a key for the doors. These areas will be inspected during the follow-up visit.

Inspected by: 	John Wiseman	Date: October 6, 2016
Received by: 	Dipesh Patel	Date: October 6, 2016