



Establishment Name Red Cedar Lodge	TIME IN: 9:20 am TIME OUT: 1:00 pm	Name of Owner/Contact Person Bhole Baba, Inc. / Govind Patel
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Mailing Address 7036 U. S. Highway 67	City Bonne Terre	Zip Code 63628
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Physical Address 7036 U. S. Highway 67	City Bonne Terre	Zip Code 63628
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County 187	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone (573)358-8900	No. of Stories 2	No. of Rooms 37	Rooms Inspected 17,19,22,23,26,28,35,36,66,29,74
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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 type="checkbox"/>	<input type="checkbox"/>	Is the water supply private	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Is the water supply public	<input type="checkbox"/>	<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"/>	<input type="checkbox"/>	Water sample taken	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do the following local ordinances apply?				Sewage/Wastewater			
Fire safety	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the Sewage/Wastewater private	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Electrical wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fuel burning appliances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Swimming Pools/Spas			
Plumbing	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoor pool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming pools/spas	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spa	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Pool larger than 2000 square feet	<input type="checkbox"/>	<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					SECTION E: FIRE SAFETY (All Establishments cont.)									
YES	NO	NB	NA		YES	NO	NB	NA	YES	NO	NB	NA		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Approved source, construction & operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Complies with chemical, bacT & rad standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Chlorinator maintained & operated properly.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION B: SEWAGE & WASTEWATER					SECTION F: SWIMMING POOLS/SPAS									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Operating satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SECTION C: SANITATION/HOUSEKEEPING					SECTION G: PLUMBING/MECHANICAL									
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Towels & bed linens clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Mattresses & box springs clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Ice machines, scoops, liners, clean & protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	9. Food sources, sound condition, approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	11. Proper facilities to wash, rinse & sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
SECTION D: LIFE SAFETY					SECTION H: HEATING & COOLING									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Combustible/toxic items properly used & stored	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (New Establishment Only)					SECTION I: UNVENTED FUEL-BURN APPLIANCE/SPACE HEATER									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Smoke detectors hardwired & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire alarm system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Sprinkler system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (All Establishments)					SECTION J: VENTILATION OF APPLIANCES & UTILITY ROOMS									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Complies with local building codes, fire codes & ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
					SECTION K: OPERATION & CONDITION ADEQUATE									
					<input checked="" type="checkbox"/>									
					<input checked="" type="checkbox"/>									

INSPECTED BY <i>Rose Mier</i>	EPHS NUMBER 1390	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947
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LICENSING YEAR 2015-2016	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED April 16, 2015	SCHEDULED FOLLOW UP April 29, 2015	REVIEWED BY <i>[Signature]</i>	DATE April 16, 2015
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Establishment Name: Red Cedar Lodge	Physical Address: 7036 U. S. Highway 67	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
Main Office Area	
D1 - Kerosene was stored on a shelf in the storage room off the main office area. Volatiles shall be stored in a flammables cabinet. Please remove from premises or store in a cabinet built to store flammables.	
C5 - The back entry door into the main office area did not fully shut and seal. Entry doors shall be fully self-closing and sealed to prevent pest entry.	
Room 19	
E7 - The battery in the smoke detector was not in place, making the detector nonfunctional. Smoke detectors shall be functional. CORRECTED ON SITE by replacing battery.	
C2 - Debris observed in the top left drawer of the chest. Guest rooms shall be clean. Please clean.	
C3 - The top sheet on the bed had several burns in it. Linens shall be in good condition. Please replace sheet.	
C4 - Stains observed on the mattress. Mattress shall be clean. Please clean.	
Room 22	
C5 - Insect eggs observed on the wall/ceiling juncture above the bathtub. Rooms shall be free of insects. Please remove evidence of pests and use approved methods of pest control	
C1 - Coating on bathtub was chipping. Guests rooms shall be in good repair. Please repair.	
C2 - Mold observed in the caulk around the bathtub. Guest rooms shall be clean. Please replace caulk.	
Room 23	
D4 - The ground fault circuit interrupter by the sink was not working. GFCI shall be working. Please repair or replace.	
Room 17	
No violations noted.	
Room 28	
C2 - Food and debris observed in the drawers of the chest. Room shall be cleaned between guests. Please clean drawers.	
C2 - Dust buildup behind chest of drawers. Room shall be clean. Please clean behind chest of drawers.	
C2 - Caulk around base of tub and toilet was dirty and moldy. Please clean and/or replace caulk.	
D4 - The GFCI by the handwashing sink was not working. Please replair or replace.	
C1 - Coating on handwashing sink was chipping. Equipment shall be in good repair. Please repair or replace.	
E7 - There was no battery in the smoke alarm. Smoke alarms shall be functional. Please replace battery and ensure alarm is functional. CORRECTED ON SITE by replacing battery	
C4 - The mattresses were stained on both beds. Mattresses shall be clean and in good condition. Please clean or replace.	
C3 - The quilt on one of the beds had many holes in the underside from burns. Linens shall be in good condition. Please replace.	
C1 - Excessive debris observed on the inside of the air conditioner filter door. Rooms shall be clean. Please clean air conditioner.	
C3 - The bottom sheet on the bed closest to the entry door was stained. Linens shall be clean. Please clean.	
C1 - The floor was stained in several places. Floors shall be clean and in good repair. Please clean stained areas.	
Room 29	
C2 - The grate over the mechanical vent in the bathroom was dirty. Rooms shall be clean. Please clean.	
C2 - Accumulation of dust at the top of the tile surrounding the bathtub. Please clean.	
Room 26	
C2 - Debris on the floor beside the chest of drawers. Room shall be clean. Please clean.	
C4 - Stains observed on the mattress. Mattresses shall be clean. Please remove stains or replace.	
C3 - Stains observed on the sheet, and blood on the pillowcase. Please clean and remove stains from linens.	
C1 - The sink porcelain was badly scratched and chipping. Equipment shall be in good repair. Please repair or replace.	
C2 - Excessive dust accumulation on the grate of the mechanical vent. Please clean.	
C1 - The toilet seat was in poor condition. Equipment shall be in good repair.	
Room 35	
C2 - The microwave contained a glass of liquid and food splatters. Equipment shall be cleaned between guests. Please wash, rinse, and sanitize microwaves in rooms.	
C2 - Food spill and bad odor observed inside the refrigerator. Equipment shall be cleaned between guests. Please clean and sanitize refrigerator.	
C2 - Dust accumulation on the grate of the mechanical vent in the bathroom. Please clean.	
C3 - The quilt on the bed closest to the AC had several holes in it. Linens shall be in good condition. Please clean.	
E7 - There was no battery in the smoke alarm. Smoke alarms shall be functional. Please replace battery and ensure alarm is functional.	
E9 - An evacuation route and plan was not available. Evacuation routes shall be posted on or near the exit door. Please post.	

Inspected by: 	Rose Mier	Date: April 16, 2015
Received by: 		Date: April 16, 2015



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

Establishment Name: Red Cedar Lodge	Physical Address: 7036 U. S. Highway 67	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
Room 66	<p>C2 - Dust accumulation on the grate of the mechanical vent. Please clean.</p> <p>D2 - There was no bulb in the fixture above the sink. Facility shall be maintained safe. Please install bulb.</p> <p>C4 - The mattress was in poor condition with tears. Mattresses shall be in good condition. Please replace.</p> <p>C5 - Daylight observed around the door and frame. Doors shall be sealed to reduce pest entry. Please seal.</p> <p>C1 - The curtains were not attached to the rod and hanging down. Please attach curtains to hooks on rod. CORRECTED ON SITE by reattaching curtain.</p>
Room 36	<p>C2 - Food splatters observed inside the microwave. Please wash, rinse, and sanitize microwave between guests.</p> <p>C2 - Mold in caulk around bathtub edge and between floor and bathtub. Facility shall be clean. Please clean or replace caulk.</p> <p>C2 - Accumulation of dust observed on the grate over the mechanical vent. Please clean.</p> <p>C1 - A hole was observed in the wall by the bathroom. Walls shall be in good repair. Please repair wall.</p> <p>E7 - The smoke detector was not functional. Smoke detectors shall be functional. Please repair or replace smoke alarm. Do not rent the room until it is functional.</p> <p>C2 - Dust accumulation on the filters in the AC unit. Please clean.</p> <p>C5 - Daylight observed around the frame of the door. Doors shall be tight-fitting to prevent pest entry. Please seal door.</p>
Laundry Room	<p>D2 - Excessive lint accumulation in the dry screen. Lint screens shall be clean. Please clean after each use.</p>
Hot water heater room	<p>C5 - Daylight observed around frame of door. Please seal to reduce pest entry.</p>
Blue storage room	<p>C1 - The covering over the access hole in the ceiling was pulled down. Ceilings shall be in good repair. Please repair to seal ceiling.</p>
	<p>The following inspections need to be completed for the 2015-2016 licensing year:</p> <p>E4 - Portable fire extinguishers</p> <p>G1 - LP Gas leak test</p>
	<p>NOTE: During this inspection, Room 74 was inspected in response to a bed bug complaint received at our office on 4-7-2014. No evidence of bed bugs was found. The complete complaint investigation procedure and results were written on the complaint form.</p>
	<p>NOTE: According to Mr. Patel, the following rooms are apartments: 39, 40, 41, 49, 50, 51, 52, 53, 54, 55, 56, 57, 63, 68, 77 These rooms are lodging rooms: 11, 12, 14-38, 58-62, 65, 66, 73, 74, 75.</p>

Inspected by: 	Rose Mier	Date: April 16, 2015
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Received by: 		Date: April 16, 2015
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