



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

Establishment Name Red Cedar Lodge: Arrival 10:10am, Departure 1:55pm	Name of Owner/Contact Person Bhole Baba, Inc. / Govind Patel
--	---

Mailing Address 7036 U. S. Highway 67	City Bonne Terre	Zip Code 63628
--	---------------------	-------------------

Physical Address 7036 U. S. Highway 67	City Bonne Terre	Zip Code 63628
---	---------------------	-------------------

County 187	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input type="checkbox"/> Complaint	Telephone 573-358-8900	No. of Stories 2	No. of Rooms 40	Rooms Inspected 18,15,11,38,37,29,28,12,74
----------------------	--	---------------------------	---------------------	--------------------	---

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"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the water supply private	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				Is the water supply public	<input type="checkbox"/>	<input checked="" type="checkbox"/>
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<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 type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the Sewage/Wastewater private	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical wiring	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Is the Sewage/Wastewater public	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fuel burning appliances	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Swimming Pools/Spas		
Plumbing	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoor pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming pools/spas	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spa	<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"/>	<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 checked="" 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"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	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 type="checkbox"/>	<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 type="checkbox"/>	<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"/>	<input type="checkbox"/>	SECTION F: SWIMMING POOLS/SPAS							
6. Ice machines, scoops, liners, clean & protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	3. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Food sources, sound condition, approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	6. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECTION D: LIFE SAFETY						8. Records maintained & signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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"/>	<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 type="checkbox"/>	<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"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<input 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"/>	<input 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"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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	TELEPHONE (573) 431 - 1947		6. Proper safety valve, thermo control, elect. switch	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LICENSING YEAR 2016-2017	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 6-21-16	SCHEDULED FOLLOW UP 7-27-16	REVIEWED BY	DATE June 22, 2016
-----------------------------	---	---------------------------	--------------------------------	-------------	-----------------------



Establishment Name: Red Cedar Lodge: Arrival 10:10am, Departure 11:00am	Physical Address: 17036 U. S. Highway 67	City: Bonne Terre
--	---	----------------------

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

Room 18

- E7) The smoke detector was not functioning. COS by replacing the detector.
- D2) An empty light socket was observed above the restroom vanity. The building shall be maintained to ensure safe conditions.
- C5) Dead insects were observed on the floor. There shall be no evidence of rodents or insects.
- C3) Holes were observed in the bed sheets. Towels and bed linens shall be clean and in good repair.
- D4) The outlet behind the bed is not functioning. Wiring shall be in good repair.
- D2) An empty light socket was observed in the room floor lamp. COS by removing the lamp from the room.
- C1) Holes were observed in the walls by the chair and by the dresser. Walls, floors, and ceilings shall be in good repair.
- D4) The outlet beside the door was not functioning. Wiring shall be in good repair.

Room 15

- C1) Damaged was observed to the room carpeting. Walls, floors, and ceilings shall be in good repair.
- C4) The mattress was observe to be stained. Mattresses and box springs shall be clean.
- C1) The chair upholstery was observe to be stained. Furniture shall be in good repair.
- D2) An empty light socket was observed above the vanity in the restroom. The building shall be maintained to ensure safe conditions.
- G1) The hot water handle on the sink in the restroom was observe to be loose. Fixtures shall be maintained in good repair.
- C1) Deep scratches were observed on the walls. Walls, floors, and ceilings shall be in good repair.
- C1) An accumulation of dust was observed on the AC filter. The AC system shall be maintained in good repair.
- C1) Burns were observed on the upholstery of the reclining chair. Furniture shall be maintained in good repair.

Room 11

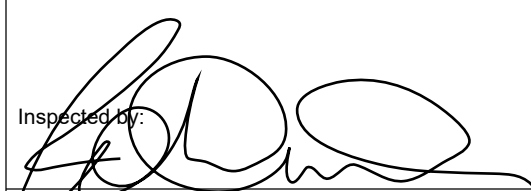

- C1) The cove molding was observed to be unattached from the wall in the restroom. Walls, floors and ceilings shall be maintained in good repair.
- D2) An empty light socket was observed above the vanity in the restroom. The building shall be maintained to ensure safe conditions.
- C1) Damage was observed to the wall behind the door. Walls, floor, and ceilings shall be maintained in good repair.
- C5) Dead insects were observed on the floor. There shall be no evidence of rodents and insects.
- C4) The box spring was observed to be stained. Mattresses and box springs shall be clean.

Room 38

- E9) Evacuation instructions were not posted in the room. Evacuation route and plans shall be installed and available.
- D4) The outlet in the restroom was non functioning. Wiring shall be maintained in good repair.
- D2) An empty light socket was observed above the vanity in the restroom. The building shall be maintained to ensure safe conditions.
- C3) The towels in the restroom were not clean. Towels and bed linens shall be clean.
- C2) The floor and the toilet base were dirty in the restroom. Walls, floors, ceilings, and fixtures shall be kept clean.
- C2) An accumulation of dust was observed on the mechanical ceiling vent in the restroom. The ventilation system shall be kept clean.
- C2) Stains were observed on the walls in the restroom. Walls, floors and ceilings shall be kept clean.
- C5) A live roach was observed on the floor. There shall be no evidence of rodents and pests.
- C2) Food residue was observed inside the room refrigerator. Clean and proper housekeeping shall be employed.
- C1) Stains and debris was observed the chair upholstery. Furniture shall be kept clean.
- C2) Clumps of dust were observed hanging from the ceiling. Walls, floors and ceilings shall be kept clean.
- C3) The top cover on the bed was observed to be damaged. Towels and bed linens shall be clean and in good repair.
- C3) One bed pillow was observed to be stained and the other was torn. Towels and bed linens shall be clean and in good repair.
- C3) Debris was observed on the bed sheets. Towels and bed linens shall be clean and in good repair.

Room 37

- C1) Dust was observed on the AC filter. The ventilation system shall be kept clean.
- D4) The outlet beside the bed was observed to be non-functioning. Wiring shall be maintained in good repair.
- C1) The upholstery of the chair was observed to be stained. Furniture shall be kept clean.
- C1) A hole was observed in the wall in the restroom. Walls, floors and ceilings shall be in good repair.
- C1) Stains were observed on the walls in the restroom. Walls, floors and ceilings shall be in good repair and clean.

Inspected by: 	John Wiseman	Date: June 22, 2016
Received by: 	Govind Patel	Date: June 22, 2016



Establishment Name: Red Cedar Lodge: Arrival 10:10am, Departure	Physical Address: 7036 U. S. Highway 67	City: Bonne Terre
--	--	----------------------

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

Room 29
 E7) The smoke detector was observed hanging from the wall. COS by replacing the detector.
 D2) An empty light socket was observed in the lamp. The building shall be maintained to assure safe conditions.
 C2) Food residue was observed inside the microwave. Clean and proper housekeeping shall be employed.
 C3) Holes were observed in the bed sheets. Towels and bed linens shall be clean and in good repair.
 C4) Holes were observed in the box springs. Mattresses and box springs shall be clean and in good repair.
 C1) The chair upholstery was observed to be dirty and damaged. Furniture shall be clean and in good repair.
 C1) The surface of the dresser was observed to be dirty. Furniture shall be clean and in good repair.
 C1) The carpet was observed to be damaged. Walls, floors and ceilings shall be clean and in good repair.

Room 28
 E7) The smoke detector was not functioning. COS by replacing the detector.
 C1) The AC unit filter was observed to be dirty. The ventilation system shall be maintained and clean.
 D2) An electrical extension cord greater than six feet in length was observed in use. The building shall be maintained to assure safe conditions.

Room 12
 D4) The outlet installed beside the door was observed to be loose. Wiring shall be in good repair.
 D2) The cover was observed to be completely removed from the AC unit. The building shall be maintained to assure safe conditions.
 C5) Dead insects were observed on the floor. There shall be no evidence of rodents or insects.
 D2) An electrical extension cord was observed on the floor. The building shall be maintained to assure safe conditions.
 E7) The smoke detector was missing. Smoke detectors shall be installed and in good repair.
 C1) A hole was observed in the ceiling with a piece of clothing stuffed into it. Walls, floors and ceilings shall be clean and in good repair.
 G1) The hot water handle on the faucet in the restroom was observed to be loose. Fixtures shall be maintained in good repair.
 C1) An accumulation of dust was observed on the mechanical ceiling vent in the restroom. The ventilation system shall be maintained clean and in good repair.
 C1) Damage was observed to the side of the dresser. Furniture shall be maintained in good repair.

Room 74
 E7) The smoke detector was not functioning. Smoke detectors shall be installed and in good repair.
 C1) An accumulation of dust was observed on the mechanical ceiling vent in the restroom. The ventilation system shall be maintained clean and in good repair.
 C1) Tiles were missing from the wall beside the vanity outside the restroom. Walls, floors and ceilings shall be maintained in good repair.
 C1) An accumulation of dust was observed on the AC unit filter. The ventilation system shall be maintained clean and in good repair.
 C3) Holes were observed in the top cover of the bed. Towels and bed linens shall be clean and in good repair.
 C1) A hole was observed in the wall behind the door. Walls, floors and ceilings shall be maintained in good repair.
 C1) The top drawer of the entertainment system was observed to be broken. Furniture shall be maintained in good repair.
 E9) Evacuation instructions were not posted in the room. Evacuation route and plans shall be installed and available.

Front Lobby Restroom
 C2) Paper towels were not available at the hand wash sink. COS by providing paper towels at this location.

Second Floor Veranda
 D4) The outlet mounted on the railing closest to the parking lot was missing it's cover. The electrical components were not fully protected and the outlet is not GFCI protected. GFCI and proper wiring shall be installed and in good repair.

Exterior of the Back Building
 D2) At least two empty light sockets were observed on the exterior of the back building. The building shall be maintained to assure safe conditions.

Inspected by:	John Wiseman	Date: June 22, 2016
Received by:	Govind Patel	Date: June 22, 2016



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

Establishment Name: Red Cedar Lodge: Arrival 10:10am, Departure	Physical Address: 7036 U. S. Highway 67	City: Bonne Terre
--	--	----------------------

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

Back Building Utility Room

- E7) There was no hardwired, functional smoke detector present. Smoke detectors shall be hardwired and functional.
- D7) Access to the electrical boxes were obstructed by a ladder and bags of salt. COS by moving the obstructions.
- C1) A hole was observed in the wall behind the hot water heater. Walls, floors and ceilings shall be maintained in good repair.
- D1) Gas cans were observed stored on the floor beside the hot water heater. COS by removing the combustibles to a secure location.

Facility Laundry Room

G6) There was no back flow protection provided between the water supply and the hoses connected to the temporary washer. There shall be no cross connections.

Guest Laundry Room

- D3) The carbon monoxide/smoke detector was not functioning. COS by replacing the detector.
- E5) Holes were observe in the walls and ceiling of the former restroom. Vertical openings shall be protected.

Fire Safety

E9) The evacuation routes provided in the required rooms are not sufficiently concise, intelligible and intuitive. An evacuation route diagram reflecting the actual floor or exterior doors that lead outside of the dwelling unit at street or ground level arrangement, exit locations, and room identification shall be posted in a location and manner acceptable to the administrative authority in every guest room or immediately adjacent to every guest room door. Provide instructions in all required rooms which indicate in a clear and simple way, how to evacuate the room to ground level.

The following inspections have been conducted during this licensing year:

1. Bacteriological water analysis conducted by MO DNR on a sample collected on 6-3-2016. Coliforms absent.
2. LP Gas leak test conducted by MO Propane Gas Commission on 5-16-2016. System OK.
3. Fire extinguisher inspection conducted by L & K Safety Service on 3-4-2016. The follow-up inspection was conducted on 4-5-2016.

Inspected by: 	John Wiseman	Date: June 22, 2016
Received by: 	Govind Patel	Date: June 22, 2016