



Establishment Name Rosener's Inn (In/Out: 14:36/15:41)	Name of Owner/Contact Person Dipak Patel
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Mailing Address	City	Zip Code
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Physical Address 3411 Rosener's Road	City Park Hills, MO	Zip Code 63601
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County 187	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint	Telephone 573-431-4241	No. of Stories 1	No. of Rooms 75	Rooms Inspected 109, 110, 111, 115 and 116
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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"/>		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"/>	<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"/>	<input checked="" type="checkbox"/>		Is the Sewage/Wastewater private	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical wiring	<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"/>	<input checked="" type="checkbox"/>		Swimming Pools/Spas		
Plumbing	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Indoor pool	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Swimming pools/spas	<input type="checkbox"/>	<input checked="" type="checkbox"/>		Outdoor pool	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Food	<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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Doors and locks permitted	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3. Chlorinator maintained & operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
SECTION B: SEWAGE & WASTEWATER						5. Vertical openings protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
1. Operating satisfactorily	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated	<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"/>			
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 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3. Towels & bed linens clean	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Stairs and ramps maintained, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Garbage & refuse properly maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
8. Premises, plant growth controlled	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, good repair	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
12. Proper hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Electrical outlets, proper protection & distance	<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 checked="" type="checkbox"/>	<input type="checkbox"/>			
1. Combustible/toxic items properly used & stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
3. CO detectors installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Boilers/pressure vessels MDPS certified	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
5. Exit signs installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. T & P relief valves adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
6. Emergency lighting installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Proper air gaps, no cross connections	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
SECTION E: FIRE SAFETY (All Establishments)						4. Ventilation of appliances & utility rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>			
INSPECTED BY		EPHS NUMBER		AGENCY		TELEPHONE							
<i>Jon Peacock</i>		880		ST. FRANCOIS COUNTY HEALTH CENTER		(573) 431 - 1947							

LICENSING YEAR 2016-2017	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 3/21/2017	SCHEDULED FOLLOW UP 4/25/2017	REVIEWED BY <i>Dipak Patel</i>	DATE 3/24/2017
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Establishment Name: Rosener's Inn (In/Out: 14:36/15:36)	Physical Address: 3411 Rosener's Road	City: Park Hills, MO
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
NOTE:	On March 21, 2017 a visit was made to this establishment. The purpose of the visit was due to receipt of a complaint allegation regarding bed bugs in room 116 and room 110. During this visit guest rooms 109, 110, 111, 115 and 116 were inspected primarily for the presence of pests. However, other issues were also noted. The following was observed:
C-4	Room 109: The box springs on both beds were observed with the bottoms damaged and in poor repair. Mattresses and box springs must be clean and in good repair.
C-2	Debris was observed accumulated under each bed. A guest room must be kept clean and thoroughly cleaned at least each time a different guest rents the room.
C-1	The drawer fronts on the chest of drawers were observed coming apart and in poor repair. Furniture must be kept clean and in good repair.
G-2	The mechanical exhaust fan in the restroom was not operable. The fan cover was missing and the fan appeared to be unplugged from the building electrical system.
E-7	The smoke detector was found to be inoperable. Guest rooms must be equipped with operable smoke detectors that are tested at least monthly. (It is advised the smoke detectors be checked between room occupancies to ensure they are working properly and a log be created to document this.)
C-1	The wall by the restroom sink was observed in the process of repair. An access cover to the building plumbing system was observed off and lying on the floor. Walls, floors and ceilings must be kept clean and in good repair.
C-1	Daylight was observed along the base of the entry door. Exterior doors must be tight-fitting to prevent the entry of pests.
C-5	Room 110: An adult bed bug was found behind the headboard on a bed. The presence of insects, rodents and other pests must be controlled to minimize their presence on the premises. THIS ROOM MUST BE TAKEN OUT-OF-SERVICE IMMEDIATELY! A professional pest management company must be retained to evaluate the entire facility and eradicate these pests where found. Any adjacent (side by side or back to back, etc.) guest rooms/areas must be promptly inspected by the pest management company. Any evidence of bed bugs in those guest rooms, other guest rooms and areas would result in those rooms being placed out-of-service. Please be advised any guest room or areas placed out-of-service MAY only be rented when cleared by a representative of the pest management company and a representative of the St. Francois County Health Center (SFCHC). Documentation from the pest management company must be provided to the SFCHC showing proof of inspection of the guest rooms, laundry areas/laundry/linen storage areas and other areas, treatment of those affected areas and written clearance of those areas attesting they are free of bed bugs prior to placing these rooms back into service. (A reinspection by the SFCHC of the affected rooms will be conducted prior to use)

Inspected by: 	Jon Peacock	Date: 3/24/2017
Received by: 	Dipak Patel	Date: 3/24/2017



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
	Room 110: (Cont.)
C-5 (Cont.)	Please have a representative of the pest management company contact the SFCHC (573-431-1947 x 120) regarding this matter.
C-1	The drawer fronts on the chest of drawers was observed broken. Furniture must be kept clean and in good repair.
C-2	Debris was observed accumulated under each bed. A guest room must be kept clean and thoroughly cleaned at least each time a different guest rents the room.
D-2	A light bulb was missing from the light bar above the restroom sink. Light sockets must be equipped with properly rated light bulbs that do not exceed the wattage rating of the corresponding light fixture.
C-1	Daylight was observed around the entry door. Exterior doors must be tight-fitting to prevent the entry of pests.
	Room 111:
C-5	An adult bed bug was found behind the headboard on a bed. The presence of insects, rodents and other pests must be controlled to minimize their presence on the premises. THIS ROOM MUST BE TAKEN OUT OF SERVICE IMMEDIATELY! (See "C-5" on Page 2 for further details)
C-1	An area of mold was observed on the ceiling. The root cause for the mold growth must be determined. When the cause is found it must be ameliorated and the mold removed and the ceiling repaired. Walls, floors and ceilings in guest rooms must be kept clean and in good repair.
E-7	The smoke detector was found to be inoperable. Guest rooms must be equipped with operable smoke detectors that are tested at least monthly. (It is advised the smoke detectors be checked between room occupancies to ensure they are working properly and a log be created to document this.)
C-1	The chest of drawers was observed coming apart and in poor repair. Furniture must be kept clean and in good repair.
C-2	Debris was observed accumulated under each bed. A guest room must be kept clean and thoroughly cleaned at least each time a different guest rents the room.
	Room 115:
C-4	The mattress was observed stained and in poor repair and the box springs noted damaged at the bed by the door. Mattresses and box springs must be clean and in good repair.

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Received by: 	Dipak Patel	Date: 3/24/2017



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
C-5	<p>Room 115: (Cont.)</p> <p>An adult bed bug was found behind the headboard on a bed. The presence of insects, rodents and other pests must be controlled to minimize their presence on the premises. THIS ROOM MUST BE TAKEN OUT OF SERVICE IMMEDIATELY! (See "C-5" on Page 2 for further details)</p>
E-7	<p>Room 116:</p> <p>The smoke detector was missing from this room. Guest rooms must be equipped with operable smoke detectors that are tested at least monthly. (It is advised the smoke detectors be checked between room occupancies to ensure they are working properly and a log be created to document this.)</p>
C-1	<p>An area of mold was observed on the ceiling. The root cause for the mold growth must be determined. When the cause is found it must be ameliorated and the mold removed and the ceiling repaired. Walls, floors and ceilings in guest rooms must be kept clean and in good repair.</p>
D-2	<p>A light bulb was missing from the light bar above the restroom sink. Light sockets must be equipped with properly rated light bulb that does not exceed the wattage rating of the corresponding light fixture.</p>
C-4	<p>The mattress was observed stained on a bed. Mattresses and box springs must be clean and in good repair.</p>
C-1	<p>Daylight was observed around the entry door. Exterior doors must be tight-fitting to prevent the entry of pests.</p>
NOTE:	<p>A copy of the "Missouri Laws accompanied by the Department of Health and Senior Services Rule Governing Lodging Establishments" along with information on the prevention/control of bed bugs was provided to Mr. Patel. during a return visit to this establishment on March 24, 2017. During that visit a review of the inspection findings were discussed with Mr. Patel. Mr. Patel agrees to notify the SFCHC once the pest management company has verified the guest rooms, etc., are free from bed bugs so a visit from a representative of the SFCHC can be made to verify.</p> <p>John Wiseman and I visited this site on March 24, 2017 from 11:15 am - 11:50 am.</p>

Inspected by: 	Jon Peacock	Date: 3/24/2017
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Received by: 	Dipak Patel	Date: 3/24/2017
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