



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

Establishment Name Rosener's Inn Arrive: 10:55am, Leave: 12:15pm	Name of Owner/Contact Person Deepak Patel/ Harvey Goad
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Mailing Address	City	Zip Code
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Physical Address 3411 Rosener's Road	City Park Hills	Zip Code 63601
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County 187	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Follow-up	Complaint	Telephone 573-431-4241	No. of Stories 1	No. of Rooms 75	Rooms Inspected 108
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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 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"/>	<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 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"/>
2. Complies with chemical, bacT & rad standards	<input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/>	3. Textiles, hangings and mirrors proper	<input checked="" 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 type="checkbox"/> <input checked="" type="checkbox"/> <input 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"/>	6. Doors, self closing & fire rated	<input checked="" 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"/>
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 type="checkbox"/> <input type="checkbox"/> <input checked="" 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 type="checkbox"/> <input type="checkbox"/> <input checked="" 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 type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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"/>
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 type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
7. Garbage & refuse properly maintained	<input type="checkbox"/> <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2. Boundary line, pool depth properly marked	<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"/>	3. Lifesaving equipment adequate, good repair	<input checked="" 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 type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/> <input type="checkbox"/> <input checked="" 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"/>
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"/>
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"/>
SECTION D: LIFE SAFETY		8. Records maintained & signs posted	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" 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 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"/>	2. Ventilation adequate, plumbing, restrooms	<input checked="" 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"/>
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"/>
6. Emergency lighting installed, good repair	<input checked="" 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"/>
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6. Proper air gaps, no cross connections	<input checked="" 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 type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved	<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 type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<input checked="" 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 type="checkbox"/>	3. Proper location of heating/cooling units	<input checked="" 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"/>
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"/>
INSPECTED BY	EPHS NUMBER	AGENCY	TELEPHONE
<i>John Wiseman</i>	1507	ST. FRANCOIS COUNTY HEALTH CENTER	(573) 431 - 1947

LICENSING YEAR 2016 - 2017	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 8-9-16	SCHEDULED FOLLOW UP 8-29-16	REVIEWED BY <i>Harvey Goad</i>	DATE August 9, 2016
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Establishment Name: Rosener's Inn Arrive: 10:55am, Leave: 12:15pm	Physical Address: 3411 Rosener's Road	City: Park Hills
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 100
 C1) An accumulation of dust was observed on the filter of the AC unit. Appliances shall be maintained clean and in good repair. Please clean.
 C10) The ice bucket was dirty. Food shall be protected from contamination. Please clean.
 C10) The single service cups were not individually wrapped. Single service cups shall be prepackaged and individually wrapped.
 E7) The smoke detector was not hardwired. COS by plugging in the smoke detector.

Room 101
 C10) The single service cups were not individually wrapped. Single service cups shall be prepackaged and individually wrapped.
 C1) An accumulation of dust was observed on the filter of the AC unit. Appliances shall be maintained clean and in good repair. Please clean.
 C5) A dead insect was observed on the floor. There shall be no evidence of rodents or insects. Please arrange for professional pest abatement services to minimize the presence of insects on the premises.

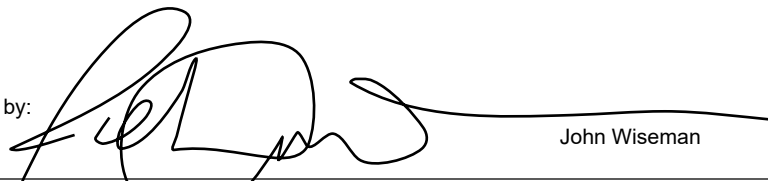

Room 104
 E7) The smoke detector was not hardwired. COS by plugging in the smoke detector.
 C10) The single service cups were not individually wrapped. Single service cups shall be prepackaged and individually wrapped.
 C1) Mark and scuffs were observed on the walls. Walls, floors, and ceilings of guest rooms shall be kept clean and in good repair.

Room 105
 E7) The smoke detector was not functioning. COS by replacing the smoke detector.
 C10) The single service cups were not individually wrapped. Single service cups shall be prepackaged and individually wrapped.
 C2) The housekeeper indicates that ice buckets are cleaned in the room sink. Ice buckets shall be washed, rinsed, and sanitized in the facility's three-compartment sink.
 C6) The ice bucket liner bags were stored with cleaning chemicals in the housekeeping cart. Ice bucket liners shall be clean and protected from contamination. COS by separating the liners from the cleaning chemicals.

Room 140
 E7) The smoke detector was not hardwired and not functioning. Smoke detectors shall be installed and in good repair. Please supply a functioning, hardwired smoke detector.
 D4) An open ground was detected in the outlet beside the entry. Proper wiring shall be installed and in good repair. Please repair the outlet to proper function.
 C1) The tile surface in the shower was observed to be damaged. Walls, floors, and ceilings of guest rooms shall be clean and in good repair. Please repair damaged tile to a durable, cleanable condition.
 C1) Mildew and debris was observed in the door tracks installed on the edge of the bathtub. Please clean the door tracks.

Room 141
 D4) The outlet beside the AC unit was not functioning. Proper wiring shall be installed and in good repair. Please repair the outlet to proper function.
 E7) The smoke detector was not hardwired and not functioning. Smoke detectors shall be installed and in good repair. Please supply a functioning, hardwired smoke detector.
 C5) Live drainflies were observed in the room sink. There shall be no evidence of rodents or insects. Please remove evidence of pests.

Note: Conduct follow up on 8-29-16 after 11:00am.

Inspected by:  John Wiseman	Date: August 9, 2016
Received by:  Deepak Patel	Date: August 9, 2016



Establishment Name: Rosener's Inn Arrive: 10:55am, Leave: 12:15pm	Physical Address: 3411 Rosener's Road	City: Park Hills
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 153
 C10) The single service cups were not individually wrapped. Single service cups shall be prepackaged and individually wrapped.
 C1) Exposed insulation was observed around the AC unit. The walls, floors, and ceilings of a guest room shall be clean and in good repair. Please repair the gap at this location.
 C10) The ice bucket was dirty. Food shall be protected from contamination. Please wash, rinse, and sanitize the ice buckets.
 E7) The smoke detector was not hardwired and not functioning. Smoke detectors shall be installed and in good repair. Please supply a functioning, hardwired smoke detector.
 C1) The ceiling in the restroom was stained. The walls, floors, and ceilings of guest rooms shall be kept clean and in good repair. Please clean the ceiling.
 C1) A hole was observed in the restroom ceiling. The walls, floors, and ceilings of guest rooms shall be kept clean and in good repair. Please repair the hole in the ceiling.
 C1) Mildew and debris was observed in the door tracks of the bathtub shower doors. Please clean the door tracks.
 D4) An open ground was detected in the outlet beside the AC unit. Proper wiring shall be installed and in good repair. Please repair the outlet to proper function.
 C1) Damage to the room walls was observed. The walls, floors, and ceilings of a guest room shall be clean and in good repair. Please repair damage to the walls.

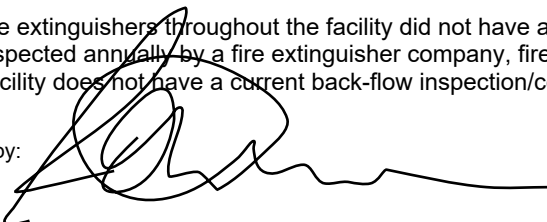
Room 165
 E7) The smoke detector was not functioning. Smoke detectors shall be installed and in good repair. Please supply a functioning, hardwired smoke detector.
 D4) An open ground was detected in all of the outlets in the room. Proper wiring shall be installed and in good repair. Please repair the outlets to proper function.
 C5) Openings to the exterior of the building were observed around the AC unit. The establishment shall be protected from entry by insects and pests. Please close the gaps around the AC unit.
 C1) The floor is not sealed to the wall with cove molding. The walls, floors, and ceilings of guest rooms shall be kept clean and in good repair. Please install cove molding in the room.
 C10) The single service cups were not individually wrapped. Single service cups shall be prepackaged and individually wrapped.
 C2) A build-up of soap scum was observed on the soap holder in the shower. Guest rooms shall be kept clean. Please clean the shower.

Room 164
 E7) The smoke detector was not hardwired and not functioning. Smoke detectors shall be installed and in good repair. Please supply a functioning, hardwired smoke detector.
 C10) The single service cups were not individually wrapped. Single service cups shall be prepackaged and individually wrapped.
 D2) A missing lightbulb was observed above the room vanity. The building shall be maintained assure safe conditions. Please install a functioning bulb in the empty light socket.
 C1) The floor is not sealed to the wall with cove molding. The walls, floors, and ceilings of guest rooms shall be kept clean and in good repair. Please install cove molding in the room.
 E7) The smoke detector was not functioning. Smoke detectors shall be installed and in good repair. Please supply a functioning, hardwired smoke detector.
 D4) An open ground was detected in the outlets behind the night stand and beside the AC unit. Proper wiring shall be installed and in good repair. Please repair the outlets to proper function.

Building Exteriors
 D4) An open ground and a non-functioning GFI was detected in the outlet on the exterior of the East side of building #2. GFI's and proper wiring shall be installed and in good repair. Please restore the outlet to proper function.

Utility Room Bldg #2
 E4) There was no fire extinguisher located in this area. Fire extinguishers shall be available in all mechanical rooms. Please install a fire extinguisher in this location.
 G6) A hose was connected to a hydrant without proper back-flow in place. The water supply shall be protected from back-flow by use of an air gap or an American Association of Sanitary Engineers (A.A.S.E.) rated back-flow prevention device such as a hose bibb vacuum breaker installed between the water supply and the hose. Please install a hose bibb vacuum breaker between the faucet and the hose.

E4) The fire extinguishers throughout the facility did not have a current fire extinguisher inspection/certification. All fire extinguishers shall be inspected annually by a fire extinguisher company, fire department or other entity approved to conduct the inspection
 G6) The facility does not have a current back-flow inspection/certification. A back-flow inspection shall be conducted annually.

Inspected by:		Date:	August 9, 2016
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Received by:		Date:	August 9, 2016
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