



Establishment Name: **Crown Pointe Lodge** IN: 9:20 am OUT: 2:00 pm Name of Owner/Contact Person: **Eagle Lake Restaurant, Inc. / Barrett Lewis**

Mailing Address: **4245 Hunt Road** City: **Farmington** Zip Code: **63640**

Physical Address: **4245 Hunt Road** City: **Farmington** Zip Code: **63640**

County: **187** This inspection is a(n)  Initial  Follow-up Complaint Telephone: **(573)701-9747** No. of Stories: **3** No. of Rooms: **48** Rooms Inspected: **102,105,109,110,202,207,210,302,305,310**

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 checked="" type="checkbox"/>	<input type="checkbox"/>	Is the water supply private		<input type="checkbox"/>	<input checked="" type="checkbox"/>
				Is the water supply public		<input checked="" type="checkbox"/>	<input type="checkbox"/>
If built after October 31, 2005, does it have certification to national standards or an occupancy permit.		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Water sample taken		<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Do the following local ordinances apply?</b>				<b>Sewage/Wastewater</b>			
Fire safety		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater private		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Electrical wiring		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Is the Sewage/Wastewater public		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Fuel burning appliances		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<b>Swimming Pools/Spas</b>			
Plumbing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indoor pool		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swimming pools/spas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spa		<input checked="" type="checkbox"/>	<input 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					SECTION E: FIRE SAFETY (All Establishments cont.)									
1. Approved source, construction & operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	4. Fire extinguisher type, inspected, location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					5. Vertical openings protected									
1. Operating satisfactorily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Doors, self closing & fire rated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					7. Smoke detectors installed, good repair									
1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Fire alarm & sprinkler systems tested & approved	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Towels & bed linens clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Stairs and ramps maintained, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
4. Mattresses & box springs clean	<input type="checkbox"/>	<input checked="" 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"/>	<b>SECTION F: SWIMMING POOLS/SPAS</b>									
6. Ice machines, scoops, liners, clean & protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7. Garbage & refuse properly maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
8. Premises, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
9. Food sources, sound condition, approved	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Pool clarity, pH, disinfectant, temp maintained	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
10. Food protected from contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Steps, ladders, deck installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
11. Proper facilities to wash, rinse & sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SECTION D: LIFE SAFETY</b>					8. Records maintained & signs posted									
1. Combustible/toxic items properly used & stored	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>SECTION G: PLUMBING/MECHANICAL</b>									
2. Building maintained to assure safe conditions	<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"/>					
3. CO detectors installed, good repair	<input type="checkbox"/>	<input checked="" 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 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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Proper air gaps, no cross connections	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SECTION E: FIRE SAFETY (New Establishment Only)</b>					<b>SECTION H: HEATING &amp; COOLING</b>									
1. Smoke detectors hardwired & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unvented fuel-burn appliance/space heater approved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>					
2. Fire alarm system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head/detector	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
3. Sprinkler system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Proper location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
<b>SECTION E: FIRE SAFETY (All Establishments)</b>					4. Ventilation of appliances & utility rooms									
1. Complies with local building codes, fire codes & ordinances	<input checked="" type="checkbox"/>	<input 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"/>					
					6. Proper safety valve, thermo control, elect. switch									

INSPECTED BY: *Rose Mier* Rose Mier EPHS NUMBER: 1390 AGENCY: ST. FRANCOIS COUNTY HEALTH CENTER TELEPHONE: (573) 431 - 1947

LICENSING YEAR: 2017-2018 APPROVED:  YES  NO DATE INSPECTED: May 10, 2017 SCHEDULED FOLLOW UP: June 7, 2017 REVIEWED BY: *Eric Patterson* DATE: May 10, 2017



Establishment Name: Crown Pointe Lodge	Physical Address: 4245 Hunt Road	City: Farmington
---	-------------------------------------	---------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
LOBBY AREA / FIRST FLOOR HALLWAYS	
C1	Stains observed on the ceiling tile above the ice maker. Walls, floors, and ceilings shall be in good repair. Please ensure there are no leaks, then either paint or replace the ceiling tile.
C2	Paper towels were not in the dispenser in the women's bathroom. Paper towels shall be dispensed in a sanitary manner. Please install towels in the dispenser.
D6	The emergency light in the dining room did not turn off after testing. Emergency lights shall be in good repair. Please repair or replace.
D6	The emergency light in the hall near the business center did not turn on when tested. Emergency lights shall function. Please replace battery or replace light fixture.
LAUNDRY ROOM and MECHANICAL ROOM OFF LAUNDRY ROOM	
C10	Coffee packets and single-use cups were stored below chemicals. Food and single-use items shall be stored separately from or above chemicals to prevent contamination. Please separate food and food items from chemicals, or rearrange so food is above chemicals.
G1	A leak was observed behind the clothes washer closest to the entry into the laundry. Plumbing shall be in good repair.
E6	The door into the laundry room was propped open. Doors are fire rated and shall be closed. Please keep door closed.
D3	The CO detector in the water heater room was dislodged; it was not able to be reached to test it. Please check that it is functioning correctly and replace back into its holder.
E4	A fire extinguisher was not found in the water heater room. Fire extinguishers shall be located in mechanical rooms.
ROOM 102	
C2	The air conditioner filter was dusty. Please clean filters as often as needed to keep clean.
ROOM 105	
C2	Debris observed under the bed closest to the bathroom. Please clean under equipment between guests.
FITNESS ROOM	
C1	A stain on the ceiling tile was observed in the fitness center. Please ensure there are no leaks, then either paint or replace the tile.
ROOM 109 - no violations noted	
ROOM 110	
C2	A pill was found beneath a couch cushion. Please clean under furniture cushions between guests.
POOL AND POOL ROOMS	
F3	The rope on the lifesaving ring was fraying and not of adequate length (23'). Lifesaving equipment shall be in good repair, and the rope on a throwable device shall be 1/4" diameter with a length of 1.5 times the maximum width of the swimming pool, or fifty feet, whichever is less. Please replace the rope or the entire device so the rope is of adequate length and in good condition.
F1	One sliding door that led to the outside was not self-closing and had a mechanical latch operable from the pool side. Doors leading into an indoor pool area shall be installed with self-closing and positive self-latching closure mechanisms. Please permanently seal this door.
Spa: pH 7.8, free chlorine 0, Pool: pH 7.5, free chlorine 4	
F4	The free chlorine in the spa was 0; the last two days of the log book showed no free chlorine detected in the spa. Free chlorine shall be at least 1 ppm. Please adjust and monitor chlorine to ensure the level of chlorine remains at least 1 ppm.
F8	The logs for the pool and spa did not contain measurements for temperature or the time taken. Water temperature shall be recorded daily, as well as the chlorine, pH, date, and time of taking the measurements.
F8	There was no sign posted on the inside of the pool area concerning lifeguard. Swimming pools that have no lifeguard service shall have a sign placed on the entry and on the inside the pool area which states "Warning no lifeguard on duty" with plainly legible letters. (A warning was placed on the entry door, legible from the hallway.)
E4	A fire extinguisher was not found inside the pool chemical storage area. Please install a water-type extinguisher. Size of the extinguisher shall be determined by the manufacturer's specifications.
ROOM 210	
C4	A stain observed on the mattress closest to the window. Mattresses shall be clean.
ROOM 207	
C1	A tear was observed in one cushion on the couch. Furniture shall be in good repair. Please repair or replace.
C4	A stain observed on the mattress. Please spot clean stain.

Inspected by: <i>Rose Mier</i> Rose Mier, EPHS #1390	Date: May 10, 2017
Received by: <i>Eric Patterson</i> Eric Patterson, maintenance	Date: May 10, 2017



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

Establishment Name: Crown Pointe Lodge	Physical Address: 4245 Hunt Road	City: Farmington
---	-------------------------------------	---------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
ROOM 202 C5 - A live spider was observed on the curtain. Facility shall be free of pests. Please provide approved control methods for spiders. C1 - The cushion on the desk chair was torn. Please repair or replace.	
GUEST LAUNDRY, 2nd floor C2 - Debris observed on the floor around the ice maker. Please clean floor in this area. C2 - Debris observed on the floor between the washer and dryer. Please clean floor in this area. D7 - One electrical panel box was not locked, allowing access to the public. Electrical panels shall be protected. Please keep this box locked.	
ROOM 302 - No violations noted	
ROOM 305 - No violations noted	
ROOM 310 - No violations noted	
STORAGE ROOM, 3RD FLOOR C10 - Boxes of single use cups, and boxes of coffee packets were stored on the floor. Food and single-use items shall be stored a minimum of six inches off floor to protect from contamination. Please elevate these boxes.	
NOTE: C1: The lining of curtains in many of the inspected rooms were deteriorating. Please inspect curtains in every room and replace those with lining that is in poor condition.	
Required third party inspections: *Fire inspection by the city of Farmington, completed 10-27-2016 *Fire extinguisher inspection: completed 3/7/2017 *Backflow prevention inspection: completed 2/15/2017 *Sprinkler system inspection: completed 1/31/2017 *Elevator safety inspection: completed 9/9/2016	
NOTE: Please provide copies of passed inspections when completed in 2017 for: *City of Farmington fire inspection *Elevator safety inspection	
NOTE: The two violations noted concerning fire extinguishers (E4) may be exempted under the city of Farmington's fire ordinance. To be exempted from the state rule, please take the form E9.03 "Compliance with Local Ordinances" to the representative of the inspecting agency that has the legal authority to inspect for fire safety in Farmington. Return the completed form to this office at the time of the follow-up inspection.	

Inspected by: <i>Rose Mier</i>	Rose Mier, EPHS #1390	Date: May 10, 2017
--------------------------------	-----------------------	-----------------------

Received by: <i>Eric Patterson</i>	Eric Patterson, maintenance	Date: May 10, 2017
------------------------------------	-----------------------------	-----------------------