



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

Establishment Name Rosener's Inn / Dipak Patel	Arrival: 10:24 am Departure: 2:10 pm	Name of Owner/Contact Person Ashirwad LLC dba Rosener's Inn / Dipak Patel
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Mailing Address 3411 Rosener's Road	City Park Hills	Zip Code 63601
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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 checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up <input checked="" type="checkbox"/> Complaint	Telephone 573.431.4241	No. of Stories 1	No. of Rooms 74	Rooms Inspected 103,110,116,117,120,125,129,137,141,155,140
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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 checked="" type="checkbox"/>	<input type="checkbox"/>
				sample will be taken 4/25/18		
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 type="checkbox"/>	<input checked="" 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 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Mattresses & box springs clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Means of egress, number, maintained	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
8. Premises, plant growth controlled	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>
9. Food sources, sound condition, approved	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>
11. Proper facilities to wash, rinse & sanitize	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
12. Proper hygienic practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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 type="checkbox"/>	<input checked="" 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 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"/>	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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"/>	<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"/>	<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 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"/>	<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 checked="" type="checkbox"/>	<input 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"/>	<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 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"/>	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"/>
						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"/>

INSPECTED BY <i>Rose Mier</i> Rose Mier	EPHS NUMBER 1390	AGENCY ST. FRANCOIS COUNTY HEALTH CENTER	TELEPHONE (573) 431 - 1947
LICENSING YEAR 2018-2019	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED 4/24/18	FOLLOW UP DATE 5/22/18
REVIEWED BY <i>Dipak Patel</i>		DATE 4/24/18	



Establishment Name: Rosener's Inn / Dipak Patel	Physical Address: 3411 Rosener's Road	City: Park Hills
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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LOBBY and LAUNDRY ROOMS

- C2 - The microwave was dirty on the inside. Food contact surfaces shall be clean to sight and touch.
- C10- When questioned, the owner stated the coffee carafes are washed in the laundry sink. Coffee carafes shall be washed, rinsed and sanitized at least daily at the 3-vat sink.
- C12 - There were no soap or paper towels available in the bathroom. Please supply soap and paper towels at all times to allow proper hygienic practices.
- C1 - Debris observed on the windowsill by the ice machine, and on the floor beneath and around the ice machine. Facility shall be clean.
- E4 - There was no fire extinguisher in the facility laundry room. Please install a minimum of 5 lb., 2A-10BC fire extinguisher in this room.
- E6 - The laundry room doors were propped open to remove odors. Doors shall be closed. COS by closing doors.
- D2 - Several rooms have a power bar to which a microwave, refrigerator, wall lamp, and cord for the multi-outlet desk are plugged into. Temporary wiring and flexible cords shall not be used in place of fixed wiring. The total amount of amperage of equipment plugged into an outlet shall not exceed the amperage for which it is rated. Please install permanent wiring for permanent fixtures.

ROOM 117 (unrented, clean) - complaint inspection - alleged roaches and dirty room

- C2 - The toilet seat and base were dirty. Toilets shall be clean.
- C1 - The wall behind the toilet was dirty. Walls shall be clean.
- C2 - Food was left in the refrigerator, and debris observed on the bottom of the refrigerator. Refrigerators shall be cleaned between guests.
- C2 - The microwave was dirty, and dust accumulation on the microwave. Food equipment shall be clean.
- C2 - Accumulation of dust observed on the cabinet holding the microwave and refrigerator, and on the night stand by the bed. Room shall be cleaned between guests.
- C2 - The vents on the AC/heater were dirty. Facility shall be clean.
- C2 - Debris observed under the beds. Room shall be cleaned between guests.

ROOM 116 (unrented, clean)

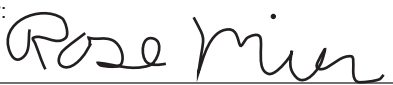

- G1 - There was very little water stream at the handwashing sink faucet, possibly due to calcium build-up in the debris screen. Plumbing shall be maintained in good repair.
- C2 - Dust build-up on the AC/heater vents. Facility equipment shall be clean.
- C2 - Debris and dead spiders observed in the corner of the room and under the beds. Floor shall be clean.

ROOM 110 (unrented, clean)

- C2 - The base of the toilet was dirty. Toilets shall be cleaned between guests.
- C1 - The grate over the mechanical fan was dirty and was dislodged. Equipment shall be clean and in good repair.
- C2 - Dust accumulation on the nightstand and on the chest of drawers. Rooms shall be clean.
- C2 - Debris observed beneath each bed. Room shall be clean.
- E1 - The smoke alarm was dislodged (it tested as functional). Smoke alarms shall be maintained in good repair.
CORRECTED ON SITE by replacing the cover on the alarm.
- C5 - Daylight showed between the door and the frame. Outside openings shall be sealed against pest entry.

ROOM 103 (unrented, clean)

- C2 - The base of the toilet was dirty. Toilets shall be cleaned between guests.
- C2 - Dust accumulation on the nightstand and on the chest of drawers, and debris in the drawer of the nightstand. Rooms shall be clean.
- C2 - Dead insects and debris observed beneath the beds. Guest room shall cleaned between guests.
- C3 - Holes observed in the mattress pad on the bed closest to the window. Linens shall be in good condition.

Inspected by: 	Rose Mier	Date: 4/24/18
Received by: 	Dipak Patel	Date: 4/24/18



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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ROOM 120 (unrented)
 This room was not rented for several months due to plumbing issues and lack of heater. It has new wiring installed for installation of a heater, and the plumbing is being repaired.
 C2 - The floor, bathtub, and toilet were dirty (debris from plumbing repair).
 C2 - The sink counter was dirty.
 C8 - Debris observed inside the ice "tub." Ice buckets shall be clean.
 C1 - Three bulbs above the sink were not working. Equipment shall be maintained in good repair.
 C2 - Much debris observed on the floor, under bed, on furniture, etc. Thoroughly clean.

ROOM 125 (not yet cleaned from last guest)
 G2 - The mechanical exhaust vent did not appear to be working. Ventilation shall be provided in bathrooms.
 E7 - The smoke detector was removed. Smoke detectors shall be in each room.

ROOM 129 (unrented, clean)
 C2 - The base of the toilet was dirty, and the toilet seat coating was chipping off. Toilet shall be clean and in good repair.
 E7 - The smoke detector was not functioning. Smoke detectors shall be maintained in good repair. COS by replacing battery.

ROOM 137
 D2 - Empty light sockets observed in the fixture above the sink. There shall be no empty light sockets. COS by installing bulbs.
 E7 - The smoke detector was not functioning. COS by replacing the battery.
 C2 - The inside of the microwave was dirty. Food equipment shall be cleaned between guests.
 C1 - Daylight was observed between the door and the frame. Doors shall be sealed to reduce pest entry.
 C1 - The on/off switch on the lamp on the table was missing the knob, making the light not able to be turned on. Equipment shall be maintained in good repair.
 C2 - Accumulation of dust behind the headboard. Room shall be clean.
 C2 - Accumulation of debris beneath the bed. Floor shall be clean.
 C5 - Spider webs observed on the walls and ceiling. There shall be no evidence of spiders or other pests.
 D2 - An 8-receptacle surge bar was in this room. Power bars should not be used except for items such as cell phones. COS by removing.

STORAGE ROOM, Building 2
 C2 - The room was dirty and cluttered. Storage rooms shall be clean and organized.

ROOM 140
 C1 - Coving (baseboard) was removed from the wall near the sink. Walls shall be maintained in good repair.

ROOM 141
 G2 - The mechanical vent in the bathroom did not appear to be working. Ventilation shall be provided in bathrooms.
 C2 - Debris observed on the base of the toilet. Toilets shall be cleaned between guests.
 E7 - The smoke detector was not functioning. COS by installing battery.
 C3 - Holes observed in the quilt on the bed closest to the window. Linens shall be in good repair.
 C2 - Accumulation of dust behind the headboard and on the floor under the beds. Room shall be clean.

ROOM 155 (not yet cleaned between guests)
 C1 - Tape was used to repair a chair seat. Equipment shall be in good repair.

HOUSEKEEPING CLOSET (Building 3)
 C12 - There was no soap at the handwashing sink. Soap shall be supplied at all times to allow proper handwashing.

GUEST LAUNDRY (Building 3)
 C2 - The floor was dirty with dust around and under equipment. Room shall be kept clean.
 E4 - There was no fire extinguisher in this room. Fire extinguishers are required in laundry rooms.

Inspected by: 	Rose Mier	Date: 4/24/18
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Received by: 	Dipak Patel	Date: 4/24/18
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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PLUMBING/STORAGE ROOM (Building 4)
 D2 - Empty light sockets in one ceiling fixture. There shall be no empty light sockets.
 - The cover was missing on the electrical outlet in the wall, near the entry door. Electrical boxes shall be covered.
 E7 - One smoke detector was not working. Smoke detectors shall be functional. COS by replacing smoke detector.
 E4 - The fire extinguisher was not fully charged. Fire extinguishers shall be fully charged and hold the charge.

OUTSIDE PREMISES
 C8 - Accumulation of trash observed in the "green" areas of bushes. Premises shall be clean.

- NOTES:**
- a) A water sample will be collected before 9:30 am on April 25, 2018 for bacteriological analysis.
 - b) Per manager, the outdoor swimming pool is permanently closed and will be filled in.
 - c) A pest control company (Orkin) treats the facility monthly. The latest treatment invoice was provided during this visit.
 - d) A copy of the backflow prevention device testing was provided during this visit. The device in the mechanical room was tested on April 6, 2018.
 - e) The last inspection for the portable fire extinguishers was July 2017. Inspection is scheduled for this week. Please provide a copy of the inspection report at the time of the follow-up inspection.
 - f) According to manager, the following rooms are closed for remodeling: 121, 122, 123, 132, 133, 135, 138, 139, 144, 145
 According to manager, the following rooms are rented long-term (monthly basis): 155, 157-176
 - g) A copy of this report will be emailed to Mr. Patel.
 - h) This facility has a total of 74 rooms, including the rooms rented on a monthly bases. There are 40 rooms rented on nightly basis.

Inspected by: 	Rose Mier	Date: 4/24/18
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Received by: 	Dipak Patel	Date: 4/24/18
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