



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

Establishment Name Super 8 Motel 6-28-17:10:37am - 3:35pm, 7-20-18: 1:32pm - 2:02pm	Name of Owner/Contact Person Dev Lodging, Inc. / Nirav Patel
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Mailing Address	City	Zip Code
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Physical Address 930 Valley Creek Drive	City Farmington	Zip Code 63640
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County <b>187</b>	This inspection is a(n) <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Follow-up	Complaint	Telephone 573-756-0344	No. of Stories 2	No. of Rooms 62	Rooms Inspected 123,110,121,244,235,236,219,136,145,138
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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 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 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 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"/>
				Swimming Pools/Spas			
Fuel burning appliances		<input checked="" type="checkbox"/>	<input type="checkbox"/>	Indoor pool		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Plumbing		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Outdoor pool		<input checked="" type="checkbox"/>	<input type="checkbox"/>
Swimming pools/spas		<input type="checkbox"/>	<input checked="" type="checkbox"/>	Spa		<input type="checkbox"/>	<input checked="" type="checkbox"/>
Food		<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					SECTION E: FIRE SAFETY (All Establishments cont.)									
YES	NO	NB	NA		YES	NO	NB	NA	YES	NO	NB	NA		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Approved source, construction & operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Complies with chemical, bacT & rad standards	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Chlorinator maintained & operated properly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION B: SEWAGE & WASTEWATER					SECTION F: SWIMMING POOLS/SPAS									
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Operating satisfactorily	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION C: SANITATION/HOUSEKEEPING					<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Walls, floors & ceilings in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Mattresses & box springs clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Ice machines, scoops, liners, clean & protected	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Proper facilities to wash, rinse & sanitize	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION D: LIFE SAFETY					SECTION G: PLUMBING/MECHANICAL									
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Exit signs installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input checked="" 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"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (New Establishment Only)					SECTION H: HEATING & COOLING									
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Smoke detectors hardwired & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	3. Sprinkler system installed & maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SECTION E: FIRE SAFETY (All Establishments)					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Complies with local building codes, fire codes & ordinances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INSPECTED BY <i>John Wiseman</i>					EPHS NUMBER 1507					AGENCY ST. FRANCOIS COUNTY HEALTH CENTER (573) 431 - 1947				
TELEPHONE					DATE INSPECTED 6-28-18, 7-20-18					SCHEDULED FOLLOW UP 8-31-18				
LICENSING YEAR 2018-2019					APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO					REVIEWED BY <i>[Signature]</i>				
DATE 7-20-18														

MO 580-0883 (11-08) PART A



Establishment Name: Super 8 Motel 6-28-17:10:37am - 3:35pm, 7-20	Physical Address: 930 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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**Exterior of Building**

D4) Light bulbs are missing from many of the ground mounted light fixtures at the front and rear of the building. According to the owner, the light fixtures in this area are not functioning because they are not supplied with power. Proper wiring shall be installed and in good repair. Please remove these fixtures and disconnect from the power source.

C5) An accumulation of debris and trash inside the dumpster enclosure. There shall be no evidence of rodents, insects, pest harborage or points of entry.

**Lobby**

C5) A visible gap was observed between the front entry doors. There shall be not evidence of rodents, insects, pest harborage or points of entry.

**Swimming Pool**

F3) The throwable lifesaving device is in poor condition. The outer surfaces is worn through in several places and has been mended with tape. Lifesaving equipment shall be adequate and in good repair.

F3) The rope for the throwable lifesaving device was not attached to the device. Lifesaving equipment shall be adequate and in good repair.

F4) The chlorine concentration when measured was not detectable. Pool disinfection shall be maintained.

F5) The hand rail into the pool is loose. Steps and ladders shall be in good repair.

F8) The "No Diving" signs painted around the perimeter of the pool are badly faded. Proper signage shall be posted. Please repaint the signs.

**Hot Water Heater Room**

Note: The facility has two hot water heaters. One is less than 200,000 BTU and bears a label that indicates that is exempted from inspection by MDPS. The other, having a BTU greater than 200,000, bears a metal tag indicating that it is under inspection by MDPS. There are no violations in this room.

**Facility Laundry Room**

D1) A pump sprayer to dispense pesticide and a spray bottle of CLR were not labeled. Toxic materials shall be properly labeled. COS by labeling the containers.

C2) An accumulation of lint and dust was observed on the ceiling AC vent. Proper housekeeping practices shall be used.

G6) A hose bibb vacuum breaker installed on the utility sink faucet was observed to be malfunctioning. The public water supply shall be protected against backflow.

G6) There appears to be a cross-connection between the water supply and the Ecolab chemical dispensing unit installed on the facility laundry washer. The vacuum breaker that is installed on this water line is installed down-stream from the point at which the chemical dispenser is plumbed to the water supply. There shall be no cross-connections between the potable water system and sources of contamination. Install an American Society of Sanitary Engineers (ASSE) approved vacuum breaker between the incoming water supply and the hose to the chemical dispenser.

D7) The back cover of the dryer in the laundry room was removed. Electrical panels shall be protected and in good repair. Please replace the back cover of the dryer.

**Room 123 Dirty**

C2) An accumulation of dust was observed on the AC filter. Proper housekeeping practices shall be used.

D4) Signs of heat damage was observed on the AC unit plug. Proper wiring shall be installed and in good repair. Please replace the plug.

**Room 110 Dirty**

C2) An accumulation of dust was observed on the AC filter. Proper housekeeping practices shall be used.

E7) The smoke detector is not a hard-wired device. Smoke detectors shall be hard wired with battery backup.

C1) An unpainted portion of wall was observed behind the lamps between the beds. Walls, floors and ceilings shall be in good repair.

**Room 121 Clean**

D4) Electrical power was not detected in the wall outlet on the left side of the bed. Proper wiring shall be installed and in good repair.

Inspected by: 	John Wiseman	Date: 7-20-18
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Received by: 	Nirav Patel	Date: 7-20-18
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MISSOURI DEPARTMENT OF HEALTH & SENIOR SERVICES  
 BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE  
**LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)**

Establishment Name: Super 8 Motel 6-28-17:10:37am - 3:35pm, 7-20-18	Physical Address: 930 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 244 Clean  
 E7) The smoke detector did not sound when tested. Smoke detectors shall be installed and in good repair.  
 C2) Food debris was observed behind the TV stand. Proper housekeeping practices shall be used.

Second Floor East Hallway  
 D5) The EXIT sign at this location was not illuminated. EXIT signs shall be installed and in good repair.

Room 235 Dirty  
 D4) The ground prong on the microwave plug is missing. Proper wiring shall be installed and in good repair.

Room 236 Dirty  
 C2) An accumulation of dust was observed on the AC filter. Proper housekeeping practices shall be used.  
 C2) An accumulation of mold was observed inside the AC unit. Proper housekeeping practices shall be used.  
 C3) Stains were observed on the bed pillows. Towels and bed linens shall be clean.

Room 219 Clean  
 C2) A white residue was observed on the shelf inside the refrigerator. Proper housekeeping practices shall be used.  
 C2) An accumulation of mold was observed inside the AC unit. Proper housekeeping practices shall be used.

Guest Laundry Room  
 E7) The smoke detector in the guest laundry room is not hard-wired. Smoke detectors shall be hard wired with battery backup.

Guest Laundry Storage Room  
 C10) Single service food items were observed on the floor in this room. Food and food related products shall be protected from contamination by storing them off of the floor.

Breakfast Area  
 G6) The ice machine in this room is a Scotsman Model C0322SW-D1. This machine is not equipped with backflow prevention on the condenser water line. The public water supply shall be protected against backflow. Please install an American Association of Sanitary Engineers (ASSE) approved backflow prevention device between the water supply and the condensing water line.  
 G1) A leak was observed at the connection to the water line at the back of the machine. Equipment shall be in good repair.

Room 136 Clean  
 C2) An accumulation of mold was observed inside the AC unit. Proper housekeeping practices shall be used.

Room 145 Clean  
 C2) An accumulation of mold was observed inside the AC unit. Proper housekeeping practices shall be used.

Room 138 Clean  
 C2) An accumulation of mold was observed inside the AC unit. Proper housekeeping practices shall be used.  
 C2) An accumulation of dust was observed on the AC filter. Proper housekeeping practices shall be used.

NOTE: C11) During a recent remodel, the facility three compartment sink was moved from the breakfast bar area to the facility laundry room. In reference to the installation of a three compartment sink, the Missouri Environmental Health Operational Guidelines (EHOG) for lodging establishments indicates that "food, equipment, utensils, linens and single service articles are not to be located in the same room as the mechanical clothes washer or dryer", per 4-401.11 of the Missouri Food Code. The EHOG further indicates: "If an existing facility expands their food service, remodels, re-builds, or re-constructs the laundry room and the three compartment sink is located in that room, then the lodging establishment shall be required to relocate the sink to an area where it is not exposed to contamination." The three compartment sink must be moved to an area that is free of sources of contamination, is provided with a dedicated hand wash sink, and equipped with adequate space to air dry food equipment.

Inspected by: 	John Wiseman	Date: 7-20-18
Received by: 	Nirav Patel	Date: 7-20-18



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**LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)**

Establishment Name: Super 8 Motel 6-28-17:10:37am - 3:35pm, 7-21	Physical Address: 930 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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NOTE: D6) Emergency lighting is not installed in the first and second floor hallways. Emergency lighting is installed in the stairwells and in the front lobby. Section (D) 2 J (I) of the Missouri Lodging Rules indicates: "Emergency lighting shall be provided when guest room doors open to an interior corridor and where guest room doors open to the outside but not directly at grade level." Consultation with the Missouri Department of Health Commercial Lodging program confirms that emergency lighting should be installed in interior hallways to provide adequate lighting for patron evacuation in an emergency. Please install at least two emergency lights on each floor of the interior hallways.

Third Party Inspections Required for 2018 - 2019 Licensing Year

- E1) City of Farmington Fire Inspection
- E4) Fire Extinguisher Inspection
- E8) Fire Alarm Inspection
- G8) Backflow Inspection

Note: The facility hot water heaters are labeled with a placard from the Missouri Dept. of Public Safety (MDPS) indicating that they are exempt from inspection by that agency. A current MDPS inspection with an expiration date of 8-24-19 has been provided.

Inspected by: 	John Wiseman	Date: 7-20-18
Received by: 	Nirav Patel	Date: 7-20-18