



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name: **Rosener's Inn**  
 Name:  Owner  General Manager  
**Ashirwad, LLC / Dipak Patel**

Physical Address: **3411 Rosener's Road** City: **Park Hills** Zip: **63601**

Mailing Address: **3400 Rosener's Road** City: **Park Hills** Zip: **63601**

County: **187** This inspection is a(n)  Initial  Annual  Follow-up Telephone: **(573)431-4241** No. of Stories: **1** No. of Rooms: **75** Is the current lodging license displayed?  Yes  No  N/A- new

**Rooms Inspected:** 104, 110, 115, 116, 120, 123, 126, 127, 151, 152, 154

**Water Supply:**  Private  Public  
 Water sample taken  Yes  No

**Wastewater:**  Private  Public  
 Regulated by:  DHSS  DNR

**Swimming Pools/Spas (check all that apply)**  
 Indoor pool  Outdoor pool  Spa  Pool larger than 2000 square feet

**Please check if the following local ordinances apply**  
 Fire Safety  Electrical Wiring  
 Plumbing  
 Swimming Pools/Spas  
 Fuel Burning Appliances

**New Lodging Establishments**  N/A

Smoke detectors hardwired  Yes  No  N/A  
 Fire alarm system installed  Yes  No  N/A  
 Sprinkler system installed  Yes  No  N/A

Swimming Pool Certified  Yes  No  N/A  
 Building Certified to National Standards or Occupancy Permit  Yes  No  
 Historical Building  Yes  No  N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. 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)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable		In	Out	NO	N/A
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>					<b>Section E: Fire Safety</b>				
1. Approved source, construction and operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complies with water quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	2. Fire extinguisher type, inspected, and location	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained and operated properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Vertical openings fire-rated, self-closing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section C: Sanitation/Housekeeping</b>					<b>Section F: Swimming Pools/Spas</b>				
1. Walls, floors and ceilings in good repair	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
2. Housekeeping practices and furnishings	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
3. Towels and bed linens clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Deck is clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Mattresses and box springs clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Pest control procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Pool clarity, pH, disinfectant, & temp. maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>Food Inspection conducted according to 19CSR20-1.025</b>					<b>Section G: Plumbing/Mechanical</b>				
9. Food, equipment and single service/use	<input type="checkbox"/>	<input checked="" 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"/>
10. Food protected from contamination	<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"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Section D: Life Safety</b>					<b>Section H: Heating &amp; Cooling</b>				
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Ventilation of appliances and utility rooms	<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"/>	5. Operation and condition adequate	<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"/>	<b>Required Annual Third Party Inspections</b>				
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>Required Annual Third Party Inspections</b>					2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	INSPECTED BY (PRINT NAME and SIGN) Rose Mier <i>Rose Mier</i>				
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	EPHS NUMBER: 1390 AGENCY: St. Francois County Health Center TELEPHONE: (573)431-1947				

INSPECTED BY (PRINT NAME and SIGN): **Rose Mier** *Rose Mier*

EPHS NUMBER: **1390** AGENCY: **St. Francois County Health Center** TELEPHONE: **(573)431-1947**

LICENSING YEAR: **2019 / 2020** APPROVED  YES  NO DATE INSPECTED: **May 22, 2019** FOLLOW UP DATE: **June 19, 2019**

RECEIVED BY (PRINT NAME AND TITLE and SIGN): **Dipak Patel, Manager/Owner** *Dipak Patel* PAGE 1 OF 4



Establishment Name: <b>Rosener's Inn</b>	Physical Address: <b>3411 Rosener's Road</b>	City: <b>Park Hills</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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**LOBBY**

- C6 - Pink and black debris observed on the ice chute, and black debris observed on the inside floor of the ice maker. IFood contact surfaces shall be washed, rinsed, and sanitized at least daily.
- C5 - Daylight observed between the front entry doors. Facility shall be protected from the entry of pests.
- C2 - Accumulation of dust observed on the ceiling vents in the bathroom. Ventilation systems shall be clean.
- C12 - There were no towels in the bathroom. Disposable towels shall be supplied at all times.
- C2 - Accumulation of debris observed in the cabinet below the microwave. Equipment shall be kept clean.
- C9 - Small, multi-use plates were stored unprotected next to the microwave. Food equipment shall be protected from contamination.
- D2 - There was no lighting available in the guest laundry room. Adequate lighting shall be provided for safety and to allow effective cleaning.

**STOREROOM OFF LOBBY**

- G4 - There was no discharge pipe attached to the temperature/pressure (T/P) relief valve on the electrical water heater. A copper discharge pipe that is the same diameter as the T/P relief valve must extend to the floor, ending at 6" above the floor. Also, the T/P discharge pipe installed on the gas water heater was made of PVC material. If replaced, please install a copper discharge pipe as PVC becomes brittle with age.
- D2 - Accumulation of lint observed inside the dryer lint catchers and behind the machines. Building shall be maintained to assure safe conditions. Please do not allow lint to accumulated to reduce the fire hazard.
- D7 - Breakers 40 and 42 were not labeled in the first electrical box (farthest to the left). Electrical panels shall be correctly labeled.
- E2 - Four fire extinguishers were stored on the floor in this room. According to staff, the extinguishers were recharged and not yet replaced in their holders in the facility. The tags indicated they were serviced in April 2019. Fire extinguishers shall be located at least every 75 feet throughout the facility, in public gathering places, and in all laundry and mechanical rooms. Please place the extinguishers in their correct locations.

**ROOM 115**

- C5 - Daylight observed around the door. Please seal to prevent pest entry.
- C2 - Frost accumulation inside the freezer of the refrigerator. Please clean to protect food from contamination and to maintain equipment in good working condition.
- D2 - An empty light socket was observed above the sink. Bulbs shall be installed in all sockets.
- G1 - A rag was wrapped around the drain pipe under the sink. Plumbing shall be maintained in good repair. Please remove rag and repair leak.
- C5 - Live bed bug observed in the back of the bed board hanging on the wall. Please close this room until it is treated and approved to be opened by this office.
- C2 - Accumulation of dust observed on the filter of the AC unit. Please clean as often as needed to keep clean.
- C3 - Bed linens were observed with holes and burns. Linens shall be in good condition. Please replace all linens that are stained or have holes or tears.
- C2 - Debris observed behind the beds. Rooms shall be cleaned between guests.

**ROOM 116**

- C1 - The vent in the bathroom was dislodged from the wall. Equipment shall be maintained in good repair.
- C1 - There was tape around the light cover in the bathroom. Equipment shall be maintained in good repair. Please repair or replace light cover.
- C2 - Debris observed under and behind the beds. Rooms shall be cleaned between guests.
- C4 - A stain observed on the mattress on the bed closest to the bathroom. Mattresses shall be clean.
- C1 - The taped drywall was coming loose in the ceiling in the area containing the sink. Ceilings shall be in good repair.
- E5 - The smoke alarm lacked a battery. Smoke alarms shall be maintained functional at all times. COS by replacing battery

**ROOM 110 (not yet cleaned)**

- E5 - The smoke alarm did not work when tested. Smoke alarms shall be maintained functional at all times.
- G1 - The toilet fill valve did not turn off the flow of water, and the tank lid was missing. Plumbing shall be maintained in good repair.
- C4 - The bottom of the box springs on the bed closest to the bathroom was coming loose. Box springs shall be maintained in good condition.
- C5 - Daylight was observed around the door. Please seal to prevent pest entry.

**ROOM 111 (Storage)**

- C2 - This room held a variety of items in storage. In general, it needs to be cleaned and items such as the linens placed on shelves. Please clean and organize this room, removing all unneeded items.

**ROOM 104 (not yet cleaned)**

- D2 - An empty light socket was observed above the sink. Please install a bulb in this fixture.
- C2 - A bag of old ice was stored in the freezer, and the freezer needed defrosting. Please remove ice between guests and defrost freezer.

Inspected by:  Rose Mier	Date: May 22, 2019
Received by:  Dipak Patel, Manager/Owner	Date: May 22, 2019



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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ROOM 120 (not yet cleaned)  
 C1 - Damage to the wall was observed behind the bed, and the ceiling above the tub was flaking. Ceilings/walls shall be maintained in good repair.  
 C2 - The filter in the AC was dirty. Please clean filter between guests.  
 G1 - Caulk around the tub was missing or in poor condition. Plumbing equipment shall be maintained in good repair.  
 C5 - Daylight observed around the door. Please seal to prevent pest entry points.  
 C4 - Stains observed on both sides of the mattress. Mattresses shall be clean and in good condition.  
 C4 - The fabric on the bottom of the box springs was torn and in poor condition. Box springs shall be maintained in good repair.

ROOM 126 (not yet cleaned)  
 E5 - The smoke alarm was not functional upon testing. Please replace the battery or the smoke detector. COS by replacing battery.  
 C1 - Water damage observed behind the toilet and behind the door. Please determine if there is a leak and repair; repair floor and wall.  
 C1 - The shower-round was damaged with holes. Walls shall be in good condition.  
 G1 - The faucet in the bathtub leaked. Plumbing shall be maintained in good repair.  
 C2 - Mold observed on the shower curtain, and the bathtub and toilet was excessively stained and dirty. Rooms shall be cleaned between guests, and at least weekly for long-term guests.  
 C1 - Stains observed on the ceiling in the bathroom and walls in the area with the sink. Walls and ceilings shall be maintained clean.  
 C5 - Spider webs observed in the corner of the floor/ceiling above the clothes rack and on the walls in the bedroom, and dead roaches observed in a drawer below the television. Facility shall be free of pests; room shall be cleaned at least weekly when the same guest occupies the room long-term.  
 C2 - The filter on the AC was dirty. Please clean as often as needed to keep clean.  
 C2 - Damage observed on the top of the television stand and on the seat of the chair. Furnishings shall be maintained in good repair.  
 C1 - Damage observed to the wall around the AC, and coving was missing in several areas. Walls shall be maintained in good repair.  
 NOTE: this room was occupied by the same guest at least since May 1. By the appearance of the room, it has not been cleaned on a regular basis. Rooms shall be serviced by cleaning, changing linens, and removing trash at least weekly when occupied by the same guest(s).  
 C5 - Daylight observed beneath the door. Please seal.

ROOM 127  
 C1 - The door was very difficult to close, and daylight observed around it. Please repair and seal door.  
 C2 - Debris observed in drawers. Room, including drawers, shall be cleaned between guests.  
 D2 - The television cable was looped around the clothes rack and hung down, posing a danger to children becoming entangled. Facility shall be maintained to assure safe conditions.  
 C2 - Debris observed under furniture. Room shall be cleaned, including behind and beneath all furniture.  
 D2 - Empty light sockets observed above the sink and in the bathtub room. Sockets shall be filled with bulbs.  
 C1 - The fan vent cover was pulled loose and broken in the bathtub room. Fixtures shall be maintained in good repair.  
 C1 - Tile was missing around the tub, and a hole was observed in the wall. Walls shall be maintained in good repair.  
 C1 - Coving was missing in the bathtub room. Please replace coving.  
 C1 - Stains and splatter observed on the ceiling in the bathroom and the sink area. Please clean or refinish.  
 D4 - The ground prong on the AC unit was broken off. Please repair or replace to properly ground the unit.  
 C1 - Wall damage observed around the AC unit, and the coving was pulled loose on that wall and by the sink. Please repair.  
 C2 - Damage observed on the vinyl chair seat. Furnishings shall be in good repair.  
 C2 - The AC filter was dirty. Please clean.

ROOM 151  
 C2 - The AC filter was dirty. Please clean each time room is cleaned.  
 C2 - Dead flies observed in the window sill. Please clean window sills when room is cleaned.  
 C1 - The vent cover was missing, and the fan was unplugged in the bathroom. Bathrooms shall have mechanical vents and in good repair.  
 C1 - Brown stains observed on ceiling in bathtub room, and damage to the wall below the sink. Ceilings and walls shall be clean and in good repair.  
 C5 - Daylight observed around the door. Please seal.  
 D2 - Empty light socket above the sink; please install bulb.

Inspected by: 	Rose Mier	Date: May 22, 2019
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Received by: 	Dipak Patel, Manager/O	Date: May 22, 2019
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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**ROOM 152**

- C1 - Damage observed on the wall where the door hits it when opened. Please repair to keep walls in good repair.
- C2 - Debris and dead insect parts observed inside drawers, behind and beneath furniture, in the bathroom. Please clean baseboards, drawers, behind and beneath all furniture between guests.
- C1 - Stains observed on the ceiling in the bathroom, the cover for the vent fan was loose, and a tile was loose behind the toilet. Please clean or refinish ceiling, repair fan cover, and repair or replace tile.
- C2 - The caulk around the tub was stained and in poor condition. Please replace to maintain plumbing fixture in good repair.
- C2 - The filter for the AC was dirty. Please clean between guests.
- C5 - Daylight observed at the bottom corner of the door. Please seal.
- C3 - Stains observed on the top and bottom sheets, in the same location. It appears the sheets were not replaced between guests. Linens shall be replaced between guests.
- C2 - Dust and insects observed on windowsill. Please clean.
- C2 - The curtain lining was torn from the facing. Curtains shall be maintained clean and in good repair. Please replace curtains.

**ROOM 154**

- C2 - A powdery substance, identified as diatomaceous earth by staff, coated furniture, walls, mattress, etc. Please clean room of the substance.
- C3- The plastic liner on the box springs was torn; stains observed on the mattress and pillow; and tears in the quilt. Linens shall be clean and in good condition. Please clean stains and replace all linens, mattresses, and box springs that are torn, have holes, or stains cannot be removed.
- C2 - The AC filter and AC were dirty. Please clean between guests.
- C1 - Dust and debris observed on the vent fan cover, the rails and around the tub, and mold on the curtain. Please clean.
- C5 - Dead insects observed in the drawers and bathroom, and below the sink. Please remove all evidence of pests.
- C1 - Brown stains observed on the ceiling in the bathtub room. Please clean or refinish.
- D4 - Empty light sockets above the sink. Please install bulbs.
- C2 - Residue remaining after repair of leak below the sink. Please clean.
- C5 - Daylight observed at the bottom of the door. Please seal.
- C10 - Styrofoam cups were not individually wrapped. Single-service cups shall be pre-packaged. Please remove from room.

**GUEST LAUNDRY**

- C2 - Floor was dirty, and what appeared to be a soda spill was observed under the beverage dispenser. Please clean floor.
- C2 - Window sill had an accumulation of dead bugs. Please clean.
- E2 - There was no fire extinguisher in the room. There was a fire extinguisher on the floor in the locked storage room that held soda. It was last inspected in April of 2018. A 5 lb., 2A10BC fire extinguisher shall be provided in laundry rooms; fire extinguishers shall be inspected annually; fire extinguishers shall be mounted at least four inches off the floor.
- D4 - An empty light socket was observed on the outside wall. Please install a bulb.

**HOUSEKEEPING CLOSET #4**

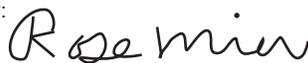
- D7 - The electrical panels were not labeled correctly; some slots were not labeled, and others were labeled incorrectly. Please label all breakers correctly.
- E2 - The fire extinguisher was discharged. This extinguisher was serviced in April 2019. Please replace this fire extinguisher.

**HOUSEKEEPING CLOSET #2**

- E2 - The fire extinguisher was last inspected in 2017. Fire extinguishers shall be inspected yearly. Please have this fire extinguisher inspected.
- D7 - Slots 120/121; 128/129 were not labeled correctly on the electrical panel. Please label correctly.

**NOTES:**

- A) Stains, tears and holes were observed on pillows, quilts, sheets, mattress protectors, mattresses, and box springs in most rooms. Please inspect all linens, mattresses and box springs and replace those that cannot be cleaned or repaired. It is obvious the rooms are not being thoroughly cleaned between guests or during long-term stays. Please ensure all rooms are thoroughly cleaned between guests and at least weekly for rooms occupied by the same guests. Make repairs before renting the room.
- B) This facility is not managed to ensure the life safety of its guests. Please have all fire extinguishers inspected yearly and mounted in required locations; inspect all electrical panels and label correctly; keep laundry room clean; keep batteries in smoke alarms; keep all light sockets filled.
- C) Third party inspections required are for fire extinguishers and backflow devices. Please provide approved inspection papers.
- D) Long-term "apartments" are rooms 156 to 176.
- E) This facility is supplied with water from a non-community public well. A Permit to Dispense was displayed, and the most recent report (5/1/19) from MO DNR for bacteriological analysis of a water sample was provided. A water sample for bacteriological analysis will be collected before 9:30 am on May 26.

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Received by:  Dipak Patel, Manager/Owner	Date: May 22, 2019 May 22, 2019