



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name Red Cedar Lodge		Name <input type="checkbox"/> Owner <input checked="" type="checkbox"/> General Manager Dipak Patel, owner; Harvey Goad, GM	
Physical Address 7036 U.S. Highway 67		City Bonne Terre	Zip 63628
Mailing Address 3411 Rosener's Road		City Park Hills	Zip 63601
County 187	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone 573.358.8900	No. of Stories 1 No. of Rooms 41 Is the current lodging license displayed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: 16, 18, 20, 25, 26, 28, 29, 43, 60, 61	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input checked="" type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input type="checkbox"/> N/A Smoke detectors hardwired <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire alarm system installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler system installed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> N/A
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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
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A
1. Approved source, construction and operation	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Complies with water quality standards	<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"/>
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C: Sanitation/Housekeeping	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Housekeeping practices and furnishings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Towels and bed linens clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mattresses and box springs clean	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pest control procedures	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Garbage storage and disposal	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Section D: Life Safety	In	Out	NO	N/A
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input checked="" 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"/>
4. GFCI, outlets & switches installed, good repair	<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"/>
6. Emergency lighting installed, good repair	<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"/>
Required Annual Third Party Inspections	In	Out	NO	N/A
1. Fire Alarm System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input 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. Vertical openings fire-rated, self-closing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Doors, self-closing and fire-rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Smoke detectors hardwired, installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Evacuation route and plan, installed, available	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Stairs and ramps, maintained, storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Means of egress, number, maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Handrails and balconies maintained and appropriate	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Boundary line, pool depth properly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Deck is clean and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Pool clarity, pH, disinfectant, & temp. maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
9. Records maintained and signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10. First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Lighting adequate and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, good repair	<input type="checkbox"/>	<input checked="" 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"/>
3. T & P relief valves adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Backflow, air gaps, no cross connections	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2. Fire resistant room or sprinkler head	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. Location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ventilation of appliances and utility rooms	<input type="checkbox"/>	<input checked="" 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"/>

INSPECTED BY (PRINT NAME and SIGN) Daniel Huff <i>[Signature]</i>	EPHS NUMBER 1645	AGENCY St. Francois County Health Center	TELEPHONE (573)431-1947
LICENSING YEAR 20 19 / 2020	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		DATE INSPECTED June 20, 2019
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>[Signature]</i>		FOLLOW UP DATE August 5, 2019	



Establishment Name: Red Cedar Lodge	Physical Address: 7036 U.S. Highway 67	City: Bonne Terre
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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NOTE: According to Mr. Goad, the rooms rented out on a monthly basis as apartments are room numbers 49-58, 60, 62, 63, 65, 66, 68, 71 (17 of the total of 41 rooms)

NOTE: The lodging license that was displayed expired in 2013. Please display in a location visible to the public a current lodging license.

NOTE: The Permit to Dispense water to the public in a noncommunity well, provided by DNR, did not have the current owner's name. Please contact Missouri Department of Natural Resources, public water division, to obtain a permit to dispense with the current owner's name.

LOBBY

- C5 - Back and front entry doors to the lobby were propped open. Facility shall be maintained to prevent pest entry. Please keep doors closed.
- D6 - Emergency lighting was weak when tested, indicating the battery was weak. Emergency lighting shall be maintained. Please replace batteries.
- D7 - Electrical panel 6 was not correctly labeled. Electrical panels shall be labeled to correctly identify what is controlled by each breaker. Please edit the panel to be accurate.
- E2 - Fire extinguisher inside the electrical closet was stored on the floor. Fire extinguishers shall be mounted at least 4" off the floor.
- D5 - There were no lighted exit signs or emergency lights in the rear entry hall. Building shall be maintained to assure safe conditions. Please install lighted exit signs on each exit door at the back of the lobby, and emergency light in the hall area between the two back doors.

ROOM 43 (occupied)

- C1 - Damage was observe on ceiling seams. Ceilings shall be maintained in good repair.
- G5 - There was no backflow prevention on hand-held shower in the bathtub. the shower head can hang below the rim of the bathtub. Water shall be protected from contamination from backflow. Please install an American Society of Sanitation (ASSE) backflow prevention device, or provide an air gap between the shower head and the rim of the bathtub.
- D2 - There was an empty light socket in the bathroom ceiling. Please replace bulb.
- C1 - The bathroom vanity was in poor condition. Equipment shall be maintained in good repair.
- C5 - Daylight was observed at the top of the door. Please seal to prevent pest entry.

ROOM 61 (remodeling in-progress)

- D4 - The GFCI at the kitchen sink did not reset. Please replace the GFCI outlet.
- D4 - GFCI's at the bathroom sink and next to the stove had no power. GFCIs shall be correctly wired. Please repair or replace these outlets.
- G1 - Drain in the bathroom sink did not drain. Please repair.
- G2 - The air vent in the bathroom did not work. Bathrooms shall be equipped with mechanical ventilation. Please repair or replace.
- G1 - The paint on the toilet seat is chipped. Plumbing equipment shall be maintained in good repair. Please replace toilet seat.
- C2 - Dust filters in the AC are dirty. Please clean as often as needed to keep clean.

REAR BUILDING MECHANICAL ROOM

- D7 - The electrical panels were not labeled correctly; there were open breaker slots in one box. Please label panels and install blanks in open spots.
- E5 - Smoke alarm had a low battery. Please replace battery.
- E2 - There was no fire extinguisher in this room. Fire extinguishers shall be installed in mechanical rooms. Please install a 5lb.10A-2BC fire extinguisher at least 4 inches off the floor.

WELL ROOM

- E2 - The fire extinguisher was last inspected in February 2018. Fire extinguishers shall be inspected yearly. Please have extinguisher inspected.
- G3 - The T/P valve was leaking on the water heater. Pressure relief valves shall be maintained in good repair.

FACILITY LAUNDRY and HOUSEKEEPING CLOSET

- E2 - The fire extinguisher was last inspected in February 2018. Please have the extinguisher inspected.
- D1 - Two spray bottles containing liquids, stored on the housekeeping cart, were not labeled. Working containers of chemicals shall be labeled with the common name of the contents. Please label bottles.
- H4 - The amount of make-up air for the gas burning dryers in this room was not adequate. There was a vent in the door leading into the well room, but when the total BTU was added between the two rooms, there was not enough make-up air. Rooms having a volume of 50 cubic feet per 1000 BTU/hour do not need additional venting. Please provide enough make-up air for the dryers in this room, either by adding vents to the outside entry door, or vent pipes through the roof. One square inch per 1000 BTU is required. Please add adequate vents and clean the vents between this room and the well room.

OUTSIDE PREMISES

- C7 - The outside dumpster lids were broken in. Dumpster lids shall be tight fitting and closed. Please ask trash company to repair or replace lids.
- E9 - Front south stairwell railing was 33". Railings shall be 34" to 38" inches measured vertically from the stair tread. Please add height to this rail.

Inspected by:  Daniel Huff	Date: June 20, 2019
Received by: 	Date: June 20, 2019



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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GUEST LAUNDRY
 E5 - The smoke detector did not work when tested. Please replace batteries or detector.
 C1 - The ceiling seam was peeled off, and damage by the ceiling light. Ceilings shall be maintained in good repair.
 E2 - There was no fire extinguisher in this room. Please install a 5lb. 10A-2BC fire extinguisher in this room.

MECHANICAL ROOM #3
 E2- The fire extinguisher was last inspected in 2017 and was discharged. Please have extinguisher inspected and serviced.

2ND STORY OUTSIDE WALKWAY
 D5 - The exit sign near room 24 was not working. Please repair, replace batteries, or replace sign.
 D5 - The exit sign near room 38 was not working. Please repair, replace batteries, or replace sign.

ROOM 25
 E5 - There was no smoke detector in this room. Please install a hardwired, working smoke detector.
 C5 - Live and dead roaches found in room. There shall be no evidence of pests. Please have facility sprayed.
 D4 - The plug-in for the AC did not fully insert into the outlet. Please repair so the plug fully inserts into outlet.
 C3, C4 - Stains on a pillowcase and a pillow, and cracker crumbs on the mattress. Linens shall be clean. Please clean stains on pillow, case, and clean mattress.
 C5 - Daylight observed around door frame. Please seal against pest entry.
 C2 - The blind slats were broken. Furnishings shall be in good repair. Please replace or remove blinds.
 C1 - There was a hole in the wall under the unused headboard. Please repair hole.
 E6 - There was no evacuation route on the door of this room. Evacuation routes shall be posted when rooms exit above grade level. Please install.

ROOM 26
 C5 - Live and dead roaches. Please have entire facility sprayed for roaches.
 E5 - The smoke alarm was chirping. Please replace battery.
 C2 - The filters on the AC were dirty. Please clean filters between guests.
 D4 - The plug-in for the AC did not fully insert into the outlet. Please repair so plug fully inserts into outlet.

ROOM 29
 D4 - The plug-in for the AC did not fully insert into the outlet. Please repair.
 E5 - The smoke detector was chirping. Please replace battery.
 C5 - Dead roaches found in room. Please clean room and treat for roaches.
 D4 - The GFCI in the bathroom was broken. Please replace.

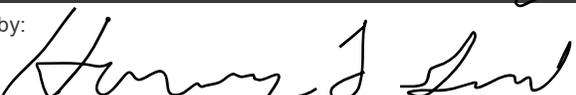
ROOM 28
 E5 - The smoke detector was chirping. Please replace battery.
 C5 - Live roaches. Please have facility treated.
 D4 - The plug-in for the AC did not fully insert into the outlet. Please repair.
 G5 - The shower head hung below the rim of the bathtub; there was no backflow preventor on the line. Please install an ASSE rated backflow prevention device, such as a hose bibb vacuum breaker, or shorten to allow an air gap between the shower head and the rim of the bathtub.
 C2 - Accumulation of debris, rodent feces, dead insects behind beds. Room shall be cleaned between guests. Please thoroughly clean under beds.

GROUND FLOOR OUTSIDE WALKWAY
 E2 - There was no fire extinguisher in the holders near room 16, or by room 19. Please install an inspected, charged, 5lb, 10A2BC fire extinguisher.

ROOM 18 (not yet cleaned)
 D4 - The plug-in for the AC did not fully insert into the outlet. Please repair.
 G1 - A rust stain ran down the tiles and into the bathtub, and the bathtub was in poor repair. Please clean and repair faucet, tiles, tub as needed.
 E5 - There was no battery in the smoke detector. Please replace.

ROOM 16 (not yet cleaned)
 D4 - The plug-in for the AC did not fully insert into the outlet. Please repair.
 C5 - Lots of dead and live roaches found. Please treat facility for roaches and thoroughly clean room, including under bed..
 C2 - The filters on the AC unit were very dirty. Please clean between guests.
 C4 - Holes and stains observed on the mattress. Please replace mattress.

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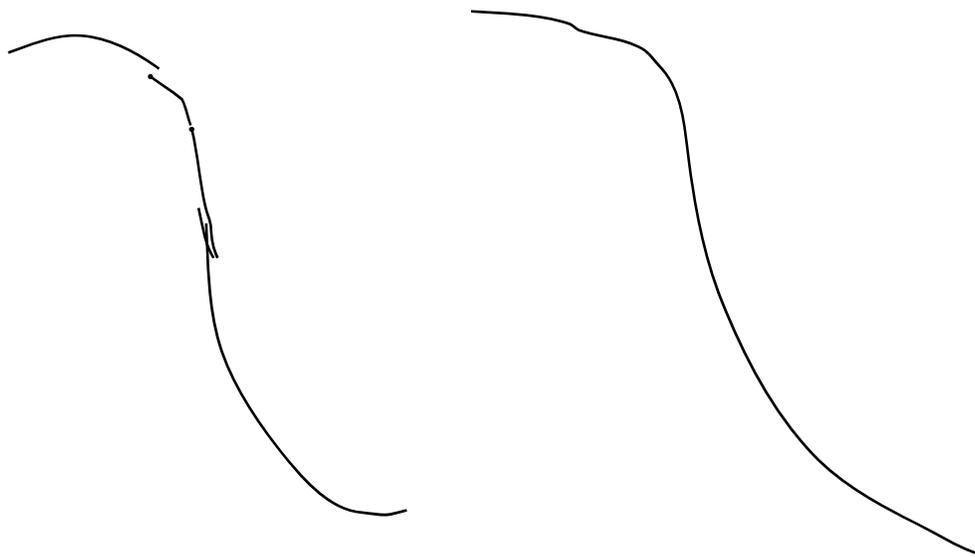
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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ROOM 20
 C5 - Rodent feces observed in drawer. Please treat facility for rodents.
 D4 - The plug-in for the AC did not fully insert into the outlet. Please repair.
 D4 - The GFCI was wired backwards. Please wire correctly or replace GFCI.
 C2 - Drawers were broken in the dresser. Furnishings shall be in good condition. Please repair or replace drawers or dresser.
 C5 - Dead insects, lots of roaches. Please clean room and treat for insects.
 C3 - Stains observed on sheets, pillows, quilt. Linens shall be clean. Please clean or replace.
 C2 - The cover over the ceiling light was loose. Please repair or replace.
 C5 - The mattress was stained; the box springs was stained and torn. Please clean or replace mattress; replace box springs.

MECHANICAL ROOM NORTH END
 D5 - The fire extinguisher was last inspected in 2017. Please have extinguisher inspected.

Please provide the following approved third party inspections:
 #1 - Fire extinguishers
 #6 - LP gas leak test



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