



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
-----------------------------	----------------------

Establishment Name: **Red Cedar Lodge**
 Name: Owner General Manager
Dipak Patel, owner; Harvey Goad, GM

Physical Address: **7036 U.S. Highway 67** City: **Bonne Terre** Zip: **63628**

Mailing Address: **3411 Rosener Road** City: **Park Hills, MO** Zip: **63601**

County: **187** This inspection is a(n) Initial Annual Follow-up Telephone: **(573)358-8900** No. of Stories: **1** No. of Rooms: **41** Is the current lodging license displayed? Yes No N/A- new

Rooms Inspected: 15, 16, 18, 21, 22, 24, 27, 28, 36, 48
Water Supply: Private Public
Wastewater: Private Public
 Water sample taken Yes No Regulated by: DHSS DNR

All storage rooms, laundries, mechanical rooms, halls, common areas.
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	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified	<input 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	Building Certified to National Standards or Occupancy Permit	<input type="checkbox"/> Yes <input type="checkbox"/> No
Sprinkler system installed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> N/A	Historical Building	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> 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
Section A & B: Water Supply & Wastewater					Section E: Fire Safety				
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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Section C: Sanitation/Housekeeping					Section F: Swimming Pools/Spas				
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 checked="" type="checkbox"/>	<input 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 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. Garbage storage and disposal	<input type="checkbox"/>	<input checked="" 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"/>
Food Inspection conducted according to 19CSR20-1.025					Section G: Plumbing/Mechanical				
9. Food, equipment and single service/use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Equipment adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section D: Life Safety					Section H: Heating & Cooling				
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input checked="" 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"/>	Required Annual Third Party Inspections				
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Fire Alarm System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Annual Third Party Inspections					2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
1. Fire Alarm System	<input type="checkbox"/>	<input checked="" 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 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"/>	6. Liquid Propane Leak Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Backflow Device(s) Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	INSPECTED BY (PRINT NAME and SIGN) Rose Mier <i>Rose Mier</i>				
6. Liquid Propane Leak Test	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	EPHS NUMBER: 1390 AGENCY: St. Francois County Health Center TELEPHONE: (573)431-1947				

LICENSING YEAR: 2020 / 2021
 DATE INSPECTED: August 6, 2020
 FOLLOW UP DATE: Sept. 3, 2020

RECEIVED BY (PRINT NAME AND TITLE and SIGN): Raj Patel (staff)
 APPROVED YES NO
 PAGE 1 OF 3



Establishment Name: Red Cedar Lodge	Physical Address: 7036 U.S. Highway 67	City: Bonne Terre
---	--	-----------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

NOTE: The following third party inspections are required:
 LP Gas leak test, conducted 6/2020, certification was provided during this visit.
 Fire extinguishers (due August 2020)

NOTE: Drinking water for this facility is supplied from a non-community public well. A water sample will be collected on August 10 before 10:00 am. The Permit to Dispense was displayed; the most recent report from monthly water submissions was not provided. Please provide the report at the follow-up inspection.

NOTE: The most recent invoice from Terminix for pest control was dated for May 2020. Please increase frequency of pest control treatments and provide evidence of treatments.

NOTE: According to the owner, rooms 39 through 77 are rented out as "long-term" apartments, 30 days at a time. These rooms are not furnished and do not receive housekeeping services. I explained that, as long as this facility is advertised as a "motel," all guests, no matter how long the stay, shall receive housekeeping services at least weekly.

E2 - The fire extinguisher between rooms 45 and 46 (back, lowest level) and outside rooms 55 and 51 (upper deck, back) were not fully charged. Fire extinguishers shall be charged.

D2 - The stairwell rail on the lowest level, servicing the middle of the building in the back, was not secure. Railings shall be securely fastened.

E2 - There were no fire extinguisher in the holders outside rooms 15/16, 18/19, 34/35, 27/28

C3 - Holes, cigarette burns, and stains were observed in many bed linens. Linens shall be clean and in good condition. Please replace all bed linens that remain stained after cleaning or that have holes.

C5 - Live roaches were found in most of the rooms. Please provide most invoice for most recent pest control treatment (email or fax).

C2 - The interior finish on most of the bathtubs in the inspected rooms was deteriorating. Please refinish or replace all bathtubs with deteriorating finish.

All of the following rooms that were inspected were cleaned rooms.

ROOM 15 (single)
 C2 - The draperies were shredded on the left side of the window. Furnishings shall be in good repair.

ROOM 16 (single) - see notes above

ROOM 18 (single)
 D4 - There was no bulb in the light on the table. There shall be no empty light sockets.

C1 - The baseboard behind the toilet was pulled loose. Facility shall be maintained in good condition,.

C2 - A smear of grease was observed on the wall on the closet frame. Room shall be cleaned between guests.

ROOM 21 (double)
 C2 - The access panel above the tub was missing caulk. Please clean and replace caulk.

C3 - A lot of loose, black debris was observed on one of the sheets. Bed linens shall be cleaned between guests.

C2 - The top drawer of TV stand was observed dirty. Furnishings shall be cleaned between guests.

ROOM 22 (single) - see notes above

ROOM 36 (single) -
 C1 - A hole observed in the wall where the doorknob on the entry door hit. Walls shall be in good condition.

ROOM 28 (single) - see notes above

ROOM 27 (single)
 C1 - The linoleum was peeling up in several places. Floor shall be maintained in good condition.

Inspected by: 	Rose Mier	Date: August 6, 2020
Received by: 	Raj Patel (staff)	Date: August 6, 2020



Establishment Name: Red Cedar Lodge	Physical Address: 7036 U.S. Highway 67	City: Bonne Terre
---	--	-----------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

D2 - Lumber was stacked next to the railway in the central platform on the upper level (front of building). This provided the opportunity for a child to climb onto the railing. Facility shall be maintained to assure life safety. Also, some of the lumber had nails sticking out. Please move lumber to an area that is not accessible by children.

ROOM 24 (single)

C2 - Accumulation of dead bugs and debris observed on the windowsill and floor. Room shall be cleaned between guests.

C1 - Damage observed on the walls in the closet, room, and in the cabinet below the sink. Walls shall be maintained in good repair.

D4 - GFCI outlet was not functioning. There shall be a GFCI outlet within 5 feet of a water source.

C5 - Daylight observed on the side of the entry door, when closed. Doors shall be sealed against the entry of pests.

ROOM 48 (kitchen sink)

NOTE: this room is rented "long term" with no portable furnishings or housekeeping services provided.

C1 - The wall was damaged behind the bathroom door. Walls shall be in good repair.

D4 - The hot and neutral lines were reversed in the GFCI outlet by the kitchen sink, creating a shock hazard (located in the tiled wall). Wiring shall be installed correctly for safety.

GUEST LAUNDRY

NOTE - The outlets behind the washing machines were not GFCI. It is strongly recommended these outlets be replaced with GFCI; it is required they be replaced if this room is renovated.

D3 - There was no carbon monoxide detector for the gas-burning water heaters. Carbon monoxide detectors are required in rooms holding fuel-burning equipment. The detectors shall be installed according to manufacturer's specifications and should not be placed within five feet of gas-fueled appliances.

FACILITY LAUNDRY

NOTE - The electrical outlet behind the clothes washer was not GFCI protected. It is strongly recommended this outlet be replaced with a GFCI outlet, and is required if this room is renovated.

D1 - A spray bottle of ammonia was not legibly labeled. Working containers of chemicals shall be legibly labeled.

WELL HOUSE

D3 - The carbon monoxide/smoke alarm was chirping, indicating a low battery. Smoke/CO detectors shall be checked monthly. Please replace battery.

C7 - The lids on the outside dumpster were broken in, and mattresses were on the ground next to the dumpster. Lids shall be tight fitting on outside trash receptacles, and the area around the dumpster shall be kept free of debris. Please have the trash company replace the lids or dumpster, and clean up the area around the dumpster.

Inspected by:

Rose Mier

Rose Mier

Date:

August 6, 2020

Received by:

Raj Patel

Raj Patel (staff)

Date:

August 6, 2020