



Missouri Department of Health & Senior Services  
Bureau of Environmental Health Services  
Lodging Establishment Inspection Report

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <b>Red Cedar Lodge</b>				Name <input type="checkbox"/> Owner <input checked="" type="checkbox"/> General Manager <b>Raj Patel</b>																																																																																																																																																																																																																																																																																																																																																										
Physical Address <b>7036 U.S. Highway 67</b>				City <b>Bonne Terre</b>																																																																																																																																																																																																																																																																																																																																																										
Mailing Address <b>3411 Rosener Road</b>				Zip <b>63628</b>																																																																																																																																																																																																																																																																																																																																																										
County <b>187</b>		This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up		Telephone <b>573-358-8900</b>																																																																																																																																																																																																																																																																																																																																																										
No. of Stories <b>2</b>		No. of Rooms <b>41</b>		Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new																																																																																																																																																																																																																																																																																																																																																										
Rooms Inspected: <b>15, 18, 21, 22, 28, 27, 24, 33</b>		Water Supply <input checked="" type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input 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 type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A Sprinkler system installed <input 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 Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input 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)																																																																																																																																																																																																																																																																																																																																																														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th>In=In Compliance</th> <th>Out=Not In Compliance, explain on additional page(s)</th> <th>NO=Not Observed</th> <th>N/A=Not Applicable</th> </tr> </thead> <tbody> <tr> <td colspan="5"><b>Section A &amp; B: Water Supply &amp; Wastewater</b></td> </tr> <tr> <td>1. Approved source, construction and operation</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Complies with water quality standards</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Chlorinator maintained and operated properly</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Wastewater operation and maintenance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5"><b>Section C: Sanitation/Housekeeping</b></td> </tr> <tr> <td>1. Walls, floors and ceilings in good repair</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Housekeeping practices and furnishings</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. Towels and bed linens clean</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. 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Premises maintained, plant growth controlled</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5"><b>Food Inspection conducted according to 19CSR20-1.025</b></td> </tr> <tr> <td>9. Food, equipment and single service/use</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>10. Food protected from contamination</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>11. Facilities to wash, rinse and sanitize</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>12. 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GFCI, outlets &amp; switches installed, good repair</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Exit signs installed, good repair</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>6. Emergency lighting installed, good repair</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>7. Electric panel protected, labeled, good repair</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5"><b>Required Annual Third Party Inspections</b></td> </tr> <tr> <td>1. 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Vertical openings fire-rated, self-closing</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Doors, self-closing and fire-rated</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Smoke detectors hardwired, installed, good repair</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>6. Evacuation route and plan, installed, available</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>7. Stairs and ramps, maintained, storage</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>8. Means of egress, number, maintained</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>9. Handrails and balconies maintained and appropriate</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5"><b>Section F: Swimming Pools/Spas</b></td> </tr> <tr> <td>1. Fence, gate adequate, proper closure mechanism</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2. Boundary line, pool depth properly marked</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>3. Deck is clean and in good repair</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>4. Lifesaving equipment adequate, good repair</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>5. Pool clarity, pH, disinfectant, &amp; temp. maintained</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>6. Steps, ladders, and handrails installed, good repair</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>7. Adequate ventilation</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>8. Electrical outlets, proper protection &amp; distance</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>9. Records maintained and signs posted</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>10. First aid kit available</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>11. Lighting adequate and in good repair</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td colspan="5"><b>Section G: Plumbing/Mechanical</b></td> </tr> <tr> <td>1. Equipment adequate, good repair</td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>2. Ventilation adequate, plumbing, restrooms</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>3. T &amp; P relief valves adequate, good repair</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>4. Relief valve discharge pipes installed, adequate</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td>5. Backflow, air gaps, no cross connections</td> <td><input checked="" type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="5"><b>Section H: Heating &amp; Cooling</b></td> </tr> <tr> <td>1. Unvented fuel-burning appliance/space heater</td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input checked="" type="checkbox"/></td> </tr> <tr> <td>2. 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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"/>	<b>Section G: Plumbing/Mechanical</b>					1. Equipment adequate, good repair	<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"/>	3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Section H: Heating &amp; Cooling</b>					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 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"/>
	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable																																																																																																																																																																																																																																																																																																																																																										
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>																																																																																																																																																																																																																																																																																																																																																														
1. Approved source, construction and operation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
2. Complies with water quality standards	<input checked="" type="checkbox"/>	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Section C: Sanitation/Housekeeping</b>																																																																																																																																																																																																																																																																																																																																																														
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 checked="" 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 type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Food Inspection conducted according to 19CSR20-1.025</b>																																																																																																																																																																																																																																																																																																																																																														
9. Food, equipment and single service/use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Section D: Life Safety</b>																																																																																																																																																																																																																																																																																																																																																														
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
6. Emergency lighting installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Required Annual Third Party Inspections</b>																																																																																																																																																																																																																																																																																																																																																														
1. Fire Alarm System	<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"/>																																																																																																																																																																																																																																																																																																																																																										
3. Local Fire and Building Codes/Ordinances	<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"/>																																																																																																																																																																																																																																																																																																																																																										
5. Backflow Device(s) Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Section E: Fire Safety</b>																																																																																																																																																																																																																																																																																																																																																														
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 checked="" 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 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"/>																																																																																																																																																																																																																																																																																																																																																										
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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Section F: Swimming Pools/Spas</b>																																																																																																																																																																																																																																																																																																																																																														
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"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Section G: Plumbing/Mechanical</b>																																																																																																																																																																																																																																																																																																																																																														
1. Equipment adequate, good repair	<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"/>																																																																																																																																																																																																																																																																																																																																																										
3. T & P relief valves adequate, good repair	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																																																																																																																																																																																																																																																																																																																																										
<b>Section H: Heating &amp; Cooling</b>																																																																																																																																																																																																																																																																																																																																																														
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 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"/>																																																																																																																																																																																																																																																																																																																																																										
INSPECTED BY (PRINT NAME and SIGN) <b>Nicholas Joggerst</b>		EPHS NUMBER <b>1687</b>		AGENCY <b>St. Francois County Health Center</b>																																																																																																																																																																																																																																																																																																																																																										
LICENSING YEAR <b>2021 / 2022</b>		DATE INSPECTED <b>5/20/2021</b>		TELEPHONE <b>(573)431-1947</b>																																																																																																																																																																																																																																																																																																																																																										
RECEIVED BY (PRINT NAME and SIGN) <b>Raj Patel</b>		APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		FOLLOW UP DATE <b>June 21, 2021</b>																																																																																																																																																																																																																																																																																																																																																										
PAGE 1 OF 3																																																																																																																																																																																																																																																																																																																																																														

MO 580-0883 (6-16)

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

E9.02

Time In: 10:01am

Time Out: 1:33pm



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

Page

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Establishment Name: <b>Red Cedar Lodge</b>	Physical Address: <b>7036 U.S. Highway 67</b>	City: <b>Bonne Terre</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 15: (clean)

E5: Smoke alarm missing. Smoke alarms shall be installed and in good repair.  
C5: Dead cricket observed beneath the bed. There shall be no evidence of pests.

Room 18: (clean)

C2: Accumulation of dust and debris beneath the bed, on the head board, and in the closet. Furnishings shall be kept clean.

Room 21: (clean)

C5: A dead roach was observed in the vanity of the bathroom sink and dead bugs were observed in the light fixture in the ceiling of the bathroom. There shall be no evidence of pests.  
C3: Crumbs and debris was observed in the bedding for the mattress. Bed linens shall be kept clean.  
C5: Live roaches were observed beneath the mattress closest to the window. There shall be no evidence of pests.  
E5: Smoke alarm was missing. Smoke alarms shall be installed and in good repair.  
C1: The flooring near the window was observed coming apart from one another with debris observed in the gaps. Floors shall be kept in good repair.

Room 22: (clean)

C5: Live roach was observed on the wall near the closet and in the closet. There shall be no evidence of pests.  
C2: Black debris was observed on the bathroom counter vanity. Furnishings shall be kept clean.  
C2: Green debris was observed on the corner of the wall in front of the bathroom. Furnishings shall be kept clean.  
C5: Live roaches were observed in the bathtub. There shall be no evidence of pests.  
C1: The bathtub was in disrepair near the drain (chipped, cracked, and rusted). Physical facilities shall be kept in good repair.  
G1: The bathtub was observed continually dripping from the faucet. Plumbing shall be kept in good repair.  
D4: The GFCI was observed with no power. GFCI shall be installed and in good repair.

Room 28: (clean)

C1: Flooring near the closet was observed in disrepair spread apart with minor debris in the crack. Floors shall be kept in good repair.

Room 27: (clean)

D2: Light bulb was observed missing from the sconce above the handsink vanity. There shall be no empty light sockets.  
C2: Minor staining was observed in the vanity beneath the bathroom sink. Furnishings shall be kept clean.  
C2: Used cigarettes were observed on the windowsill behind the curtain. Furnishings shall be kept clean.  
C3: Comforter was observed with cigarette burns and hair. Bed linens shall be kept clean and in good repair.  
E5: No smoke detector was observed in the room. Smoke alarms shall be installed and in good repair.  
E6: No emergency exit was located in the room. Evacuation route shall be posted where required.  
C5: Live roach was observed in front of the bed. There shall be no evidence of pests.

Room 24: (Clean)

C3: Stain was observed on the bed sheet. Bed linens shall be kept clean and in good repair.  
C2: The vents for the a/c unit were observed with an accumulation of dust and debris. Furnishings shall be kept clean.  
G1: The faucet for the bath tub was observed continually running. Plumbing shall be kept in good repair.  
C1: The bath tub was observed with an accumulation of rust deposits near the drain. Physical facilities shall be kept in good repair.  
C5: Light was observed at the bottom right of the door when completely shut that opens to the outside. The facility shall be maintained to prohibit the entry of pests.  
E6: No emergency exit plan was posted. Evacuation route shall be posted where required.

Room 33:

C5: Dead roach observed underneath bed. There shall be no evidence of pests.

Laundry area:



C1: Minor hole in the ceiling above the washer and wall behind the washer observed. Walls and ceilings shall be maintained in good repair.  
H2: The closeted area in the laundry room did not appear to have a sprinkler or be fire resistant above gas water heater. Rooms containing water heaters shall have an automatic water sprinkler or shall be protected throughout by an approved automatic sprinkler system, or be fire resistant. Sprinkler head should be rated for 165F; the sprinkler should be installed so the water spray will encompass all of the gas water heater. Or a fire resistant room shall consist of walls and ceilings designed to be fire resistant for a minimum of 1 hour. With a 1 hour fire rated door and door jamb. All openings into this room shall be designed with one hour fire rated materials.

Left interior corridor:

C1: Live roaches observed at the end of the hall. There shall be no evidence of pests.

Right interior corridor:

No violations

Inspected by: 	Nicholas Joggerst	Date: 5/20/2021
Received by: 	Raj Patel	Date: 5/20/2021



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

Page

3 of 3

Establishment Name: <b>Red Cedar Lodge</b>	Physical Address: <b>7036 U.S. Highway 67</b>	City: <b>Bonne Terre</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Storage shed:  
Large pit was observed dug to access part of the well piping that was leaking.  
I asked staff if any water samples had been taken since the time the leak had been fixed. They were unsure.  
Since it is unknown if any bacterial contaminants have entered the well I am placing Red Cedar Lodge under a provisional boil water order, until a water sample can be taken and be cleared by the St. Francois County Health Center. Please provide bottled drinking water for residents.

H2: Water heater observed in outside storage garage was observed not in fire proof room. If located in a garage a water heater shall be at least 18 inches off the floor and and enclosed in a fire proof room.

C7: The outside dumpster was observed with the lids broken and damaged. Outside garbage containers shall be lidded and

C8: Broken or not in use fridge was observed in front of the building (garage side). The premises shall be maintained.

C5: Ants were observed on the railing near the laundry room, gathering near soda debris. There shall be no evidence of pests.



NOTE: Only 8 rooms were available to inspect at this time. To meet the minimum 10 room requirement Mr. Patel said 2 more rooms would be left open during a follow up.

Pending water sample

Third party inspections pending

L.P. Gas inspection

Fire extinguishers

Inspected by:  Nicholas Joggerst	Date: 5/20/2021
Received by:  Raj Patel	Date: 5/20/2021