



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name
Rosener's Inn

Name ☒ Owner ☐ General Manager
Deepak, Patel

Physical Address
3411 Rosener Road

City
Park Hills

Zip
63601

Mailing Address
3411 Rosener Road

City
Park Hills

Zip
63601

County
187

This inspection is a(n)
☐ Initial ☒ Annual ☐ Follow-up

Telephone
(573) 431-4241

No. of
Stories **1**

No. of Rooms
75

Is the current lodging license displayed?
☐ Yes ☐ No ☐ N/A- new

Rooms Inspected:

Rooms: 115, 116, 118, 103, 104, 106, 114, 112, 120, 123,
140

Water Supply

☒ Private ☐ Public
Water sample taken ☐ Yes ☒ No

Wastewater

☐ Private ☒ Public
Regulated by: ☐ DHSS ☒ DNR

Swimming Pools/Spas (check all that apply)

Indoor pool ☐ Outdoor pool ☐ Spa ☐ Pool larger than 2000 square feet ☐

**Please check if the following
local ordinances apply**

☐ Fire Safety ☐ Electrical Wiring
☐ Plumbing
☐ Swimming Pools/Spas
☐ Fuel Burning Appliances

New Lodging Establishments

☐ N/A

Smoke detectors hardwired

☐ Yes ☐ No ☐ N/A

Fire alarm system installed

☐ Yes ☐ No ☐ N/A

Sprinkler system installed

☐ Yes ☐ No ☐ N/A

Swimming Pool Certified

☐ Yes ☐ No ☐ N/A

Building Certified to National Standards or Occupancy

Permit ☐ Yes ☐ No

Historical Building ☐ Yes ☐ No ☐ N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

In=In Compliance		Out=Not In Compliance, explain on additional page(s)		NO=Not Observed		N/A=Not Applicable			
	In	Out	NO	N/A		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 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"/>	3. Vertical openings fire-rated, self-closing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4. Wastewater operation and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	4. Doors, self-closing and fire-rated	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section C: Sanitation/Housekeeping					5. Smoke detectors hardwired, installed, good repair				
1. Walls, floors and ceilings in 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 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"/>	7. Stairs and ramps, maintained, storage	<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"/>	8. Means of egress, number, maintained	<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"/>	9. Handrails and balconies maintained and appropriate	<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"/>	Section F: Swimming Pools/Spas				
6. Ice machines, scoops, liners clean & protected	<input checked="" type="checkbox"/>	<input 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"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	<input 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"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input 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"/>
Food Inspection conducted according to 19CSR20-1.025					4. Lifesaving equipment adequate, good repair				
9. Food, equipment and single service/use	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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"/>
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	7. Adequate ventilation	<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 checked="" type="checkbox"/>	<input type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Section D: Life Safety					9. Records maintained and signs posted				
1. Combustible/toxic items usage and storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. First aid kit available	<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"/>	11. Lighting adequate and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section G: Plumbing/Mechanical				
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Exit signs installed, good repair	<input checked="" type="checkbox"/>	<input 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"/>
6. Emergency lighting installed, good repair	<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"/>
7. Electric panel protected, labeled, 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"/>
Required Annual Third Party Inspections					5. Backflow, air gaps, no cross connections				
1. Fire Alarm System	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Section H: Heating & Cooling				
2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<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 type="checkbox"/>	<input checked="" type="checkbox"/>	2. Fire resistant room or sprinkler head	<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"/>	3. Location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Backflow Device(s) Test	<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"/>
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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) Donovan Kleinberg					EPHS NUMBER 1686	AGENCY St. Francois County Health Center		TELEPHONE (573) 431-1947	
LICENSING YEAR 20 22 / 2023					DATE INSPECTED May 16, 2022		FOLLOW UP DATE June 23, 2022		
RECEIVED BY (PRINT NAME AND TITLE and SIGN) The inspection was discussed on site with Deepak Patel and emailed to him on 5-16-2022					PAGE 1 OF 3				

MO 580-0883 (6-16)

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

E9.02

Time In: 10:15 AM

Time Out: 12:07 PM



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

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Establishment Name: Rosener's Inn	Physical Address: 3411 Rosener Road	City: Park Hills
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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General Facility

C5: Live as well as dead insects such as cockroaches, spiders and June bugs were noticed in a number of guest rooms and facility rooms. Insects, rodents and other pests shall be controlled to minimize their presence in the facility.

C3: Many rooms were found with blankets and comforters that were soiled, stained and/or with cigarette burns through them. Linens shall be kept clean and in good condition.

E5: Many rooms were presented without smoke detectors or with non-functioning smoke detectors. Sleeping rooms shall have functional smoke detectors.

Facility Lobby

C2: An accumulation of debris, dead bugs and a moldy rag were found on the floor of the lobby behind the ice maker machine with more dead insects found inside the drawers of cabinets in the lobby. Proper cleaning and housekeeping of the facility shall be done.

G1: There was no hot water available at the handwashing sink in the restroom attached to the lobby. Hot and cold water shall be available at all times.

Facility Laundry Room

E4: The interior door of the laundry room was left propped open and ajar. Service openings to laundry rooms shall be self closing and kept closed.

E5: A mount for a smoke detector was found empty. Please install a new smoke detector inside the room.

D7: The electrical panels were found to be blocked by a plastic table set up in front of them. Electrical panels shall be kept accessible.

D2: There were two ceiling mounted lightbulb sockets left empty. Lightbulb sockets shall not be left empty.

Room 115 (Cleaned)

C2: Hair and debris was found inside the drawers of the nightstand while personal items and trash from previous guests were found stuffed under the mattress. Proper housekeeping procedures shall be employed.

E5: The smoke detector for this room was missing from its mount. Smoke detectors shall be installed in each guest room.

C3: The bed linens were found to be stained and dirty. Linens shall be kept clean.

Room 116 (Cleaned)

C5: There was a gap observed around the door. Exterior entrances shall be sealed to prevent pest entry.

C2: The drawer on the nightstand was broken and hanging loose. Furnishings shall be kept in good repair.

C1: The baseboard molding was pulled back from the wall in the sleeping area and bathroom. Ceilings, floors and walls shall be kept in good repair.

Room 118 (Cleaned)

C5: Dead June bugs as well as living spiders were found in the room. Please control pests including insects.

Room 103 (Dirty)

C1: A hole was found in the bathroom wall from the door handle. Ceilings, walls and floors shall be protected.

E5: The smoke detector was missing from its mount. Sleeping rooms shall have smoke detectors installed.

Room 104 (Cleaned)

E5: The smoke detector did not have batteries installed. Smoke detectors shall be operational.

C5: Dead bugs were found in the room. Please control insects and pests.

C1: There were holes in the vanity area from what appeared to be a mounting. Ceilings, walls and floors shall be in good repair.

Room 106 (Dirty)

No violations found.

Room 114 (Cleaned)

C2: A broken drawer was found in the room for the TV stand. Furnishings shall be kept in good repair.

C5: Dead insects were found piled up inside by the door. Please control insects and pests.

Room 112 (Cleaned)

C2: There was staining from a dark liquid on the wall between the two beds and dark stains observed on the back of the sitting chair. Housekeeping and cleanliness shall be employed.

C3: The bed linens and box spring were found to have food debris and potential mouse feces on them. Bed linens shall be kept clean and in good condition.

C4: The bedbug cover over the mattress was ripped. Mattresses and box springs shall be in good condition.

C1: A hole was found in the bathroom just above the light switch. Floors, ceilings and walls shall be in good repair.

E5: The smoke detector did not function when tested. Smoke detectors shall be functional.

Inspected by:

Donovan Kleinberg

Date:

May 16, 2022

Received by:

The inspection was discussed

Date:

May 16, 2022



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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 120 (Dirty)
E5: The smoke detector was missing from its mount. All sleeping rooms shall have a smoke detector.
D2: There was an empty light socket above the vanity. No light bulb sockets shall be left empty.
C2: There was an accumulation of gray debris and staining in the bathtub. Furnishings shall be kept clean.
G1: There was no hot water available at the bathroom sink. Cold and hot water shall be supplied.

Room 123 (Cleaned)
C1: The lights above the vanity did not operate. Physical facilities shall be in good repair.
C3: The linens and box spring were extremely heavily stained and soiled. Bed linens shall be clean and in good condition.
E5: The smoke detector did not function when tested. Smoke detectors shall be functional.
C4: The bed bug cover over the mattress was ripped open. Mattresses shall be in good condition.
C5: There was a gap observed on the bottom of the door. Exterior opening shall be sealed against pest entry.
C5: Live cockroaches were observed inside the drawer of the nightstand. Please control pests and insects.

Room 140 (Cleaned)
C5: Dead insects were observed in drawers. Please control pest entry into the facility.
C4: The bed bug cover over the mattress was heavily torn. Mattresses shall be in good condition.


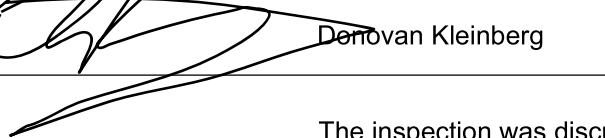
Guest Laundry
C5: Spiders and webs were found in the corners of the room. Please control pest entry into the facility.

Housekeeping Closet
D2: There was an empty light socket on the ceiling. Empty light sockets are not allowed.
C2: There were two unlabeled spray bottles on a housekeeping cart. Working containers of potentially toxic materials shall be labeled.

Maintenance Room
C1: There were multiple holes found in the walls. Ceilings, walls and floors shall be in good repair.
D4: A surge protector was observed to be hooked into another surge protector in the attic space above the maintenance room. Temporary wiring and cords shall not be used in place of fixed wiring.

Third Party Inspections:
Fire Extinguishers: Pending
Backflow Prevention: Pending
Proof of Pest Control: Pending

Notes: This facility has a non-public community well. A DNR permit to dispense was displayed and latest bacteriological results will be examined in the follow-up inspection.

Inspected by:  Donovan Kleinberg	Date: May 16, 2022
Received by:  The inspection was disc	Date: May 16, 2022