



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name  
**Sure Stay Plus**

Name ☒ Owner ☐ General Manager  
**Mike Patel**

Physical Address  
**1625 West Columbia Street**

City  
**Farmington**

Zip  
**63640**

Mailing Address  
**Same as Physical Address**

City

Zip

County  
**187**

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

Telephone  
**(573) 756-8031**

No. of  
Stories **2**

No. of Rooms  
**94**

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

**Rooms Inspected:**

248, 224, 223, 240, 239, 238, 234, 236, 127, 135, 137, 141,  
140, 142

**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			
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A	Section E: Fire Safety	In	Out	NO	N/A		
1. Approved source, construction and operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Textiles, hangings and mirrors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Complies with water quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire extinguisher type, inspected, and location	<input 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 type="checkbox"/>		
4. Wastewater operation and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Doors, self-closing and fire-rated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Section C: Sanitation/Housekeeping</b>					5. Smoke detectors hardwired, installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Walls, floors and ceilings in good repair	<input type="checkbox"/>	<input 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 type="checkbox"/>		
2. Housekeeping practices and furnishings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Stairs and ramps, maintained, storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Towels and bed linens clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. Means of egress, number, maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Mattresses and box springs clean	<input type="checkbox"/>	<input 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 type="checkbox"/>		
5. Pest control procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Section F: Swimming Pools/Spas</b>						
6. Ice machines, scoops, liners clean & protected	<input 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 type="checkbox"/>		
7. Garbage storage and disposal	<input 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 type="checkbox"/>		
8. Premises maintained, plant growth controlled	<input 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 type="checkbox"/>		
<b>Food Inspection conducted according to 19CSR20-1.025</b>					4. Lifesaving equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Food, equipment and single service/use	<input type="checkbox"/>	<input 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 type="checkbox"/>		
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Steps, ladders, and handrails installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Adequate ventilation	<input 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 type="checkbox"/>	8. Electrical outlets, proper protection & distance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Section D: Life Safety</b>					9. Records maintained and signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Combustible/toxic items usage and storage	<input 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 type="checkbox"/>		
2. Building maintained to assure safe conditions	<input type="checkbox"/>	<input 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 type="checkbox"/>		
3. CO detectors hardwired, installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Section G: Plumbing/Mechanical</b>						
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Equipment adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Exit signs installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Ventilation adequate, plumbing, restrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Emergency lighting installed, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. T & P relief valves adequate, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Electric panel protected, labeled, good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Relief valve discharge pipes installed, adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>Required Annual Third Party Inspections</b>					5. Backflow, air gaps, no cross connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1. Fire Alarm System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>Section H: Heating &amp; Cooling</b>						
2. Sprinkler System	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. Unvented fuel-burning appliance/space heater	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Fire resistant room or sprinkler head	<input type="checkbox"/>	<input 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 type="checkbox"/>	3. Location of heating/cooling units	<input 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 type="checkbox"/>	4. Ventilation of appliances and utility rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Liquid Propane Leak Test	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	5. Operation and condition adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
INSPECTED BY (PRINT NAME and SIGN) <b>Donovan Kleinberg</b>					EPHS NUMBER <b>1686</b>	AGENCY <b>St. Francois County Health Center</b>		TELEPHONE <b>(573)431-1947</b>			
LICENSING YEAR <b>20 22 / 2023</b>					DATE INSPECTED <b>May 20, 2022</b>		FOLLOW UP DATE <b>TBD</b>				
RECEIVED BY (PRINT NAME AND TITLE and SIGN)					PAGE 1 OF 3						

Violations were discussed with Mr. Patel and the copy of the report was emailed to him.

MO 580-0883 (6-16)

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

E9.02

Time In: 9:50 AM

Time Out: 12:35 PM



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>Sure Stay Plus</b>	Physical Address: <b>1625 West Columbia Street</b>	City: <b>Farmington</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Room 248 (Dirty)  
E6 - There was no evacuation map inside the room detailing the floor plan of the building and an evacuation route in case of fire. All guest rooms shall have a evacuation map inside the room or immediately adjacent to the room.

Room 224 (Dirty)  
No violations found.

Room 223 (Dirty)  
No violations found.

Room 240 (Dirty)  
No violations.

Room 239 (Dirty)  
C1 - There was chipping paint found on the upper frame of the window. Walls, floors and ceilings shall be kept in good repair.  
D4 - The outlet to the far left of the bed was found to have a corner cracked off exposing the box behind it. Outlets and switches shall be maintained in good repair.

Room 238 (Dirty)  
No violations found.

Room 236 (Clean)  
No violations found.

Room 234 (Clean)  
No violations found.

Room 127 (Dirty)  
C1 - Chipped paint was found all the way around the window frame. Walls, floors and ceilings shall be in good repair.

Room 135 (Clean)  
No violations found.

Room 137 (Clean)  
No violations found.

Room 141 (Dirty)  
No violations found.

Room 140 (Clean)  
D4 - There was a missing light bulb for the floor lamp. Empty light sockets are prohibited.

Room 142 (Clean)  
No violations found.

Guest Laundry  
D2 - There was a large accumulation of lint inside the guest laundry. Lint traps shall be cleaned of excess lint to reduce fire risk.

Main Laundry Room  
D7 - The electrical box by the water heater was found to have an open circuit slot. Electrical box circuits shall be covered or have a switch in place for all slots.  
G1 - There was a leaking drain pipe on the left wall by the water heater and electrical boxes flowing into a bucket. Please route the drain to a floor drain.  
C2 - There was mold growth observed on the ceiling in the garage next to the laundry area. Physical facilities shall be cleaned.  
E4 - The self closing doors to the pool machine room and the hallway from the laundry room were left ajar and propped open. The laundry room door shall be kept closed to reduce fire spread risk and pool chlorinating equipment shall be housed in a room which is not open to other interior rooms.  
D1 - There were unlabeled spray bottles on the shelving inside the laundry storage room. Chemicals shall be properly stored.

Inspected by:

Donovan Kleinberg

Date:

May 20, 2022

Received by:

Violations were discussed with

Date:

May 23, 2022



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

Page

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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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Hallways  
C9 - The microwave on the second floor landing by the gym was found to have food debris inside of it. Food equipment shall be kept clean.  
C1 - The light in the ceiling at room room 201 was found to be hanging loosely by the wires out of the ceiling. Ceiling shall be maintained in good repair.  
C1 - There were water stains found in the ceiling tiles by the ice maker machine in the first floor hallway leading to rooms 101 - 124. Ceiling shall be maintained in good repair.  
D5 - The exit light by the same ice maker did not function when tested. Exit lights shall be functional.  
D6 - The emergency light in the hall leading to the conference room did not function when tested. Emergency lighting shall be functional.  
C12 - There was no paper towels available at the restrooms near room 127. Handwashing facilities shall be fully supplied.

Electrical Room by 101 - 124 Hallway Entrance

C1 - A cross beam in the ceiling was rotting and flaking off paint. Ceilings, walls and floor shall be maintained in good repair.

Maintenance Room, 2nd Floor by Gym #1

D3 - The carbon monoxide detector did not function when tested. CO detectors shall function properly.

Storage Room by room 147

C5 - Dead insects and bugs were found on the floor behind the door. Pest control measures shall be in place.

NOTE: This facility has an outdoor pool which was not in operation at this time. Upon the follow-up the pool shall be checked for life safety, chemistry and maintenance.

Third party inspections:

1. Farmington Fire Department - Still required.
2. Backflow prevention. - Still Required.
3. Fire Alarm, Smoke Detectors and Fire Extinguisher Inspection - Still Required.

Inspected by:

Donovan Kleinberg

Date:

May 20, 2022

Received by:

Violations were discusse

Date:

May 23, 2022