



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name
Crown Pointe Lodge

Name ☐ Owner ☐ General Manager
Devin Meadows

Physical Address
4245 Hunt Road

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) 701-9747

No. of
Stories **3**

No. of Rooms
48

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

Rooms Inspected:

102, 105, 110, 201, 209, 214, 303, 307, 314, 318

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
1. Approved source, construction and operation	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Complies with water quality standards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Chlorinator maintained and operated properly	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Wastewater operation and maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Section C: Sanitation/Housekeeping	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Housekeeping practices and furnishings	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Towels and bed linens clean	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Mattresses and box springs clean	<input checked="" type="checkbox"/>	<input 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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Garbage storage and disposal	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Food protected from contamination	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Handwashing facilities/hygienic practices	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Section D: Life Safety	In	Out	NO	N/A
1. Combustible/toxic items usage and storage	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/>	<input 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 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"/>
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Required Annual Third Party Inspections	In	Out	NO	N/A
1. Fire Alarm System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Sprinkler System	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Local Fire and Building Codes/Ordinances	<input checked="" 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 checked="" type="checkbox"/>
5. Backflow Device(s) Test	<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 type="checkbox"/>	<input checked="" type="checkbox"/>
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire extinguisher type, inspected, and location	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Vertical openings fire-rated, self-closing	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Doors, self-closing and fire-rated	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Smoke detectors hardwired, installed, good repair	<input checked="" type="checkbox"/>	<input 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"/>
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Boundary line, pool depth properly marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Deck is clean and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Lifesaving equipment adequate, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Pool clarity, pH, disinfectant, & temp. maintained	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Steps, ladders, and handrails installed, good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Adequate ventilation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Electrical outlets, proper protection & distance	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Records maintained and signs posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. First aid kit available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Lighting adequate and in good repair	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, 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"/>
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"/>
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Fire resistant room or sprinkler head	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Location of heating/cooling units	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ventilation of appliances and utility rooms	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. Operation and condition adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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

APPROVED ☐ YES ☒ NO

DATE INSPECTED
June 2, 2022

FOLLOW UP DATE
June 16, 2022

RECEIVED BY (PRINT NAME and TITLE and SIGN)

Devin Meadows

PAGE 1 OF 2



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

Page

2 of 2

Establishment Name: Crown Pointe Lodge	Physical Address: 4245 Hunt Road	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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THIRD FLOOR STORAGE BY ELEVATOR

- C5 - Dead insects and spider webs were found inside the room. Pest control measures shall be employed.
C9 - Single Service Cups were found stored on the floor. Single Service items shall be stored off of the floor.
D1 - Tile cleaner was found stored above coffee makers. Chemicals shall be stored separately from food equipment. COS by moving the chemicals.

OTHER THIRD FLOOR STORAGE ROOM

- C1 - Flaking paint was found on the ceiling. Physical facilities shall be in good repair.
D4 - One of the ceiling light panels appeared to be missing a light bulb. No light socket shall be left empty.

POOL AREA

Pool Chlorine - 30 ppm, Spa Chlorine - 5 ppm NOTE Chlorine above 7ppm may cause discomfort, please monitor chlorine levels.
NOTE: The pH levels were unable to be checked along with the locked rooms inside the pool area. These will be checked on the follow-up.

Room 110 (Dirty)

- C5 - There was a large number of ants found on the table near the window. Pest control measures shall be employed.
C2 - The leather chair was ripped. Furnishings shall be in good repair.
C1 - There was cracking paint on the wall/ceiling seam by the window. Walls, floors and ceilings shall be in good repair.

LAUNDRY ROOM

- E4 - The door to the laundry service was left propped open. Laundry rooms shall be equipped with self closing doors that are kept closed.

BUSINESS CENTER

- C1 - There was staining indicative of water damage in the ceiling tiles. Floors, walls and ceilings shall be in good repair.

Room 105 (Clean)

- C1 - There was cracked paint in a seam above the air conditioning unit. Walls, floors and ceilings shall be in good repair.
C2 - Black residue was found around the outlet for the air conditioning unit. Proper housekeeping measures shall be employed.

HALLWAYS/STAIRWELLS

- C5 - Many dead insects and spider webs were found throughout the hallways and in public areas. Please employ proper pest control procedures and remove dead insects.

Room 102 (Clean)

- C5 - A small insect was found in the bed sheets. Please employ proper pest control.

Room 201 (Clean)

- C5 - A ant was found atop the air conditioning unit. Please employ proper pest control.

Room 209 (Clean)

- C2 - Crumbs were found on the mattress atop the pull out mattress from the sofa. Proper housekeeping measures shall be used.

Room 214 (Clean)

- C2 - The leather chair was found to have a tear in it. Furnishings shall be in good condition.

Room 303 (Clean)

- E6 - The evacuation map on the door was missing. There shall be a evacuation route visible in each interior room that does not open outside to grade.
C2 - There was a heavy accumulation of dead gnats atop the air conditioning unit. Please clean.

Room 307 (Clean)

No violations found.

Room 314 (Clean)

No violations found.

Room 318 (Dirty)

- C5 - There were ants found atop the air conditioning unit. Proper pest control measures shall be employed.

Third Party Inspections

Farmington Fire Department - May 26, 2022, Fire Alarm - September 8, 2021, Fire Extinguisher - August 10, 2021
Sprinkler & Backflow - February 2, 2022

Inspected by: 	Donovan Kleinberg	Date: June 2, 2022
Received by: 	Devin Meadows	Date: June 2, 2022