



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

FOR CENTRAL  
OFFICE  
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name

Quality Inn

Name ☐ Owner ☒ General Manager  
Rahul Mishra

Physical Address

1400 West Liberty Street

City

Farmington

Zip

63640

Mailing Address

Same as Physical

City

Zip

County **187** This inspection is a(n) ☐ Initial ☒ Annual ☐ Follow-up Telephone (573) 664-1210 No. of Stories **2** No. of Rooms **48** Is the current lodging license displayed? ☐ Yes ☒ No ☐ N/A- new

Rooms Inspected:

112, 111, 110, 218, 219, 102, 103, 108, 109, 124

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		
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>					
1. Approved source, construction and operation	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>Section E: Fire Safety</b>			
2. Complies with water quality standards	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Textiles, hangings and mirrors <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
3. Chlorinator maintained and operated properly	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Fire extinguisher type, inspected, and location <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
4. Wastewater operation and maintenance	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Vertical openings fire-rated, self-closing <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<b>Section C: Sanitation/Housekeeping</b>					
1. Walls, floors and ceilings in good repair	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	4. Doors, self-closing and fire-rated <input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
2. Housekeeping practices and furnishings	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	5. Smoke detectors hardwired, installed, good repair <input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
3. Towels and bed linens clean	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	6. Evacuation route and plan, installed, available <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
4. Mattresses and box springs clean	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	7. Stairs and ramps, maintained, storage <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
5. Pest control procedures	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	8. Means of egress, number, maintained <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
6. Ice machines, scoops, liners clean & protected	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	9. Handrails and balconies maintained and appropriate <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
7. Garbage storage and disposal	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>Section F: Swimming Pools/Spas</b>			
8. Premises maintained, plant growth controlled	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Fence, gate adequate, proper closure mechanism <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<b>Food Inspection conducted according to 19CSR20-1.025</b>					
9. Food, equipment and single service/use	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Boundary line, pool depth properly marked <input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
10. Food protected from contamination	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Deck is clean and in good repair <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
11. Facilities to wash, rinse and sanitize	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	4. Lifesaving equipment adequate, good repair <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
12. Handwashing facilities/hygienic practices	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	5. Pool clarity, pH, disinfectant, & temp. maintained <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<b>Section D: Life Safety</b>					
1. Combustible/toxic items usage and storage	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	6. Steps, ladders, and handrails installed, good repair <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
2. Building maintained to assure safe conditions	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	7. Adequate ventilation <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
3. CO detectors hardwired, installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	8. Electrical outlets, proper protection & distance <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
4. GFCI, outlets & switches installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	9. Records maintained and signs posted <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
5. Exit signs installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	10. First aid kit available <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
6. Emergency lighting installed, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>Section G: Plumbing/Mechanical</b>			
7. Electric panel protected, labeled, good repair	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Equipment adequate, good repair <input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<b>Required Annual Third Party Inspections</b>					
1. Fire Alarm System	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Ventilation adequate, plumbing, restrooms <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
2. Sprinkler System	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. T & P relief valves adequate, good repair <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
3. Local Fire and Building Codes/Ordinances	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	4. Relief valve discharge pipes installed, adequate <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
4. Current Boiler/Pressure Vessels MDPS Certification	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	5. Backflow, air gaps, no cross connections <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
5. Backflow Device(s) Test	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>Section H: Heating &amp; Cooling</b>			
6. Liquid Propane Leak Test	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	1. Unvented fuel-burning appliance/space heater <input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
<b>INSPECTED BY (PRINT NAME and SIGN)</b>					
Donovan Kleinberg		EPHS NUMBER	AGENCY	TELEPHONE	
		1686	St. Francois County Health Center	(573)431-1947	
<b>LICENSING YEAR</b>		<b>DATE INSPECTED</b>		<b>FOLLOW UP DATE</b>	
20 <u>23</u> / 20 <u>24</u>		4/13/2023		TBD	
<b>RECEIVED BY (PRINT NAME AND TITLE and SIGN)</b>					
Emailed to General Manager Rahul Mishra					



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

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Establishment Name: <b>Quality Inn</b>	Physical Address: <b>1400 West Liberty Street</b>	City: <b>Farmington</b>
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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**FACILITY LAUNDRY ROOM**

D1 - Unlabeled spray bottles were found on the chemicals storage shelf. Potentially toxic materials shall be properly stored and labeled.  
C1 - Multiple ceiling tiles were found damaged and buckled. Ceilings shall be in good repair.  
E4 - All laundry room doors to halls and adjacent rooms were found propped or left open. Laundry room doors shall be kept closed to reduce the spread of potential fire.

**INDOOR POOL AREA**

F2 - The rope line indicating the depth change from the shallow to deep area was heavily frayed and in poor condition. Pool depth shall be properly marked in a readable manner.  
C2 - A large tuft of hair was found stuck to the wall of the pool room and mildew growth was seen on the back corner beneath the table and chairs. Proper housekeeping practices shall be employed.  
Pool PH: 7.3, Bromine: 4ppm

**ICE DISPENSER/CHEST**

C6 - Mold was found inside the ice machine dispenser and in the ice chest. Food contact surfaces shall be kept clean.

**GUEST LAUNDRY ROOM**

E5 - No smoke detector was found installed inside the guest laundry room. Smoke detectors shall be installed in all laundry areas.

**THRU SPACES/SMALL STORAGE ROOMS**

G1 - A large number of small storage areas between rooms and thru-spaces were found with pipes that leaked from their fittings. Plumbing shall be maintained in good repair.  
C5 - Several of the small small storage rooms had dead insects on the floor. Pests shall be controlled.

**MAINTENANCE ROOM ON 2nd FLOOR**

C3 - Linens were found stored on the floor in the room. Linens shall be kept clean.  
D1 - An unlabeled spray bottle was found on a shelf. Potentially toxic materials shall be properly stored and labeled.

**OUTDOOR GARAGE**

C1 - The garage door was busted in and letting daylight. Walls shall be in good repair.

**ROOM 112 - CLEAN**

C2 - The desk chair was found to be flaking and experiencing severe wear. Furnishings shall be in good repair.  
C3 - There was a stain found on the bed linen. Bed linens shall be clean.  
C2 - Stains were found on the curtain for the window and fuzzy material was found in the dresser cabinet. Proper housekeep practices shall be employed.  
C1 - Chipping paint was found on the ceiling of the bathroom. Ceilings shall be in good condition.

**ROOM 111 - CLEAN**

No violations found.

**ROOM 110 - CLEAN**

C2 - The floor lamp did not turn on when tested. Furnishings shall be in good repair.

**ROOM 218 - CLEAN**

No violations.

**ROOM 219 - CLEAN**

C2 - The left light bulb for the lamp at the bedside did not function. Furnishings shall be in good repair.  
C2 - The light above the bed did not function. Furnishings shall be in good repair.

**ROOM 102 - DIRTY**

C2 - The left light bulbs in both bedside lamps did not function. Furnishings shall be in good repair.  
C4 - The bed bug protector for the mattress was unable to be zipped. Mattresses shall be kept clean and in good condition.

**ROOM 103 - DIRTY**

No violations.

Inspected by:

Donovan Kleinberg

Date:

4/13/2023

Received by:

Emailed to General Manager F

Date:

4/17/2023



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BUREAU OF ENVIRONMENTAL REGULATIONS AND LICENSURE  
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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**ROOM 108 - DIRTY**

C2 - The chair for the desk was found worn and flaking debris. Furnishings shall be in good repair.

D4 - There was no GFCI outlet for the outlet near the sink. GFCI outlets shall be installed for electrical outlets within five feet of a water source.

**ROOM 109 - DIRTY**

No violations.

**ROOM 124 - CLEANED**

C2 - The hair dryer was torn off of the wall and there were tears in the window curtains. Furnishings shall be in good repair.

H1 - A portable space heater provided to warm the room was found. Electrical space heaters must be approved for use in commercial lodging establishments by the manufacturer.

C2 - The portable space heater was found to be very dusty and dirty. Proper housekeeping practices shall be employed.

NOTE 1: The vast majority of rooms were found to have GFCI labeled outlets which did not have a manner of resetting the outlet after the interrupter was triggered. According to the owner this is because the GFCI outlet trips the circuit on the main breaker instead. It is recommended to use GFCI outlets which are able to be reset at the outlet itself.

NOTE 2: The outdoor pool was not yet open. It will be inspected on the follow-up inspection.

**THIRD PARTY INSPECTIONS**

Farmington Fire Department: Current, expires on 6/21/2023

Backflow: Current, Expires 6/16/2023

Fire Alarm, Smoke Detector and Fire Extinguisher: REQUIRED

*[Handwritten signature]*

Inspected by:

*[Handwritten signature]*

Donovan Kleinberg

Date:

4/13/2023

Received by:

Emailed to General Man:

Date:

4/17/2023