



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name
Super 8 Motel

Name ☐ Owner ☒ General Manager
Nirav Patel

Physical Address
930 Valley Creek Drive

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) 756-0344** No. of Stories **2** No. of Rooms **62** Is the current lodging license displayed? ☒ Yes ☐ No ☐ N/A- new

Rooms Inspected:

109, 120, 204, 241, 210, 220, 227, 226, 222, 136

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					
1. Approved source, construction and operation	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	Section E: Fire Safety			
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			
Section C: Sanitation/Housekeeping					
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 checked="" type="checkbox"/> In <input 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 checked="" type="checkbox"/> In <input 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	Section F: Swimming Pools/Spas			
8. Premises maintained, plant growth controlled	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Fence, gate adequate, proper closure mechanism		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
Food Inspection conducted according to 19CSR20-1.025				2. Boundary line, pool depth properly marked	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
9. Food, equipment and single service/use	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	3. Deck is clean and in good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
10. Food protected from contamination	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	4. Lifesaving equipment adequate, good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
11. Facilities to wash, rinse and sanitize	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	5. Pool clarity, pH, disinfectant, & temp. maintained		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
12. Handwashing facilities/hygienic practices	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	6. Steps, ladders, and handrails installed, good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
Section D: Life Safety				7. Adequate ventilation	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A
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	8. Electrical outlets, proper protection & distance		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
2. Building maintained to assure safe conditions	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	9. Records maintained and signs posted		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" 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	10. First aid kit available		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" 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	11. Lighting adequate and in good repair		<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" 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	Section G: Plumbing/Mechanical			
6. Emergency lighting installed, 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 checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
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	2. Ventilation adequate, plumbing, restrooms		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
Required Annual Third Party Inspections				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
1. Fire Alarm System	<input 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	
2. Sprinkler System	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input 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	
3. Local Fire and Building Codes/Ordinances	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	Section H: Heating & Cooling			
4. Current Boiler/Pressure Vessels MDPS Certification	<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	1. Unvented fuel-burning appliance/space heater		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
5. Backflow Device(s) Test	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	2. Fire resistant room or sprinkler head		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
6. Liquid Propane Leak Test	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	3. Location of heating/cooling units		<input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
INSPECTED BY (PRINT NAME and SIGN) Donovan Kleinberg		EPHS NUMBER 1686	AGENCY St. Francois County Health Center	TELEPHONE (573)431-1947	
LICENSING YEAR 2023 / 2024		DATE INSPECTED April 18 2023		FOLLOW UP DATE TBD	
RECEIVED BY (PRINT NAME AND TITLE and SIGN)		PAGE 1 OF 2			

INSPECTED BY (PRINT NAME and SIGN)
Donovan Kleinberg

LICENSING YEAR
2023 / 2024

APPROVED ☐ YES ☒ NO

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

Discussed violations in person with report then emailed to Nirav Patel

MO 580-0883 (6-16)

Distribution: White/Owner

Canary/Central Office

Pink/Local Office

E9.02

Time In: 12:40 PM

Time Out: 2:35 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: Super 8 Motel	Physical Address: 930 Valley Creek Drive	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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EXTERIOR OF BUILDING

C8 - A grate on one of the AC units at the front of the building was found detached and a picnic table was found smashed on the west side of the premises. The premises shall be well maintained.

HALLWAYS

C1 - There were stained ceiling tiles observed in the hallway that leads to the common area restrooms on the first floor by the lobby. Ceilings shall be in good condition.

LAUNDRY ROOM

D1 - There was an unlabeled spray bottle found on the house keeping cart inside the laundry room. Potentially toxic materials shall be labeled correctly.

D2 - A light fixture over the washers and dryers was found without light bulbs installed. Empty light sockets are prohibited.

E4 - The laundry room doors were observed to be propped open. Laundry room fire doors shall be kept closed.

H4 - A sheet of cardboard was found covering the vent in the exterior door for ventilation. Gas fired equipment shall be properly vented to the outside. CORRECTED ON SITE by moving the cardboard.

ROOM 109 - CLEAN

No violations.

ROOM 120 - CLEAN

E5 - The smoke detector cover was installed loosely and was not able to be tested. Smoke detectors shall function properly.

ROOM 204 - CLEAN

E5 - The smoke detector did not function when tested. Smoke detectors shall function properly.

ROOM 241 - CLEAN

C3 - Stains were found on the bedsheets. Bed linens shall be kept clean.

C1 - Damage to the ceiling was observed behind the rack holding the window curtain. Ceilings shall be in good repair.

ROOM 210 - CLEAN

C1 - Damage to the ceiling was observed behind the rack holding the window curtain. Ceilings shall be in good repair.

ROOM 220 - DIRTY

C2 - The screen over the window was found to be torn. Furnishings shall be kept in good repair.

E5 - The smoke detector was missing from the room. Smoke detectors shall be present in each guest sleeping room.

C1 - There was chipped paint found on the wall by the lamp in the corner. Walls shall be in good repair.

ROOM 227 - DIRTY

E5 - The smoke detector did not function when tested. Smoke detectors shall function properly.

C2 - The screen over the window was found to be torn. Furnishings shall be kept in good repair.

ROOM 226 - DIRTY

E5 - The smoke detector did not function when tested. Smoke detectors shall function properly.

ROOM 222 - DIRTY

No violations found.

ROOM 136 - CLEAN

C4 - There was a stain found on the fold out bed. Mattresses shall be in good condition.

THIRD PARTY INSPECTIONS

Farmington Fire Department: Current, expires 8/25/2023

Boiler: Current, expires 2023

Fire Alarm: REQUIRED

Fire Extinguishers: REQUIRED

Backflow: REQUIRED

NOTE: The outdoor pool was not in operation at this time. It will be inspected during the follow-up inspection.

Inspected by:

Donovan Kleinberg

Date:

April 18 2023

Received by:

Discussed violations in person

Date:

April 20 2023