



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  
**Jatin Patel**

Physical Address  
**1625 West Columbia**

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:**

**112, 109, 116, 107, 127, 128, 140, 148, 244, 235, 234, 228, 203, 214**

**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>		4. Doors, self-closing and fire-rated <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
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	5. Smoke detectors hardwired, installed, good repair <input checked="" type="checkbox"/> In <input 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	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	
3. Towels and bed linens 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	
4. Mattresses and box springs clean	<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	
5. Pest control procedures	<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	
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	<b>Section F: Swimming Pools/Spas</b>	
7. Garbage storage and disposal	<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 type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
8. Premises maintained, plant growth controlled	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	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	
<b>Food Inspection conducted according to 19CSR20-1.025</b>		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	
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	4. Lifesaving equipment adequate, 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 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 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 checked="" type="checkbox"/> In <input type="checkbox"/> Out <input 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	
12. Handwashing facilities/hygienic practices	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	7. Adequate ventilation <input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	
<b>Section D: Life Safety</b>		8. Electrical outlets, proper protection & distance <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	9. Records maintained and signs posted <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 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	
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	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	
4. GFCI, outlets & switches installed, good repair	<input type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	<b>Section G: Plumbing/Mechanical</b>	
5. Exit signs 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	
6. Emergency lighting installed, 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	
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	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	
<b>Required Annual Third Party Inspections</b>		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	
1. Fire Alarm System	<input type="checkbox"/> In <input checked="" 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	
2. Sprinkler System	<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>	
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	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	
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	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	
5. Backflow Device(s) Test	<input checked="" 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	
6. Liquid Propane Leak Test	<input type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	4. Ventilation of appliances and utility rooms <input checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	
INSPECTED BY (PRINT NAME and SIGN) <b>Donovan Kleinberg</b>		EPHS NUMBER <b>1686</b>	AGENCY <b>St. Francois County Health Center</b>
LICENSING YEAR <b>2023 / 2024</b>		DATE INSPECTED <b>April 14, 2023</b>	TELEPHONE <b>(573)431-1947</b>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <b>Discussed violations in person and then emailed report to Jatin Patel</b>		FOLLOW UP DATE <b>TBD</b>	


PAGE 1 OF 3



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

Page

2 of 3

Establishment Name: <b>Sure Stay Plus</b>	Physical Address: <b>1625 West Columbia</b>	City: <b>Farmington</b>
SECTION REFERENCE		
OBSERVATIONS AND ADDITIONAL COMMENTS		
<p>ROOM 112 - DIRTY No violations.</p> <p>ROOM 109 - CLEAN C2 - Hardwater was found on the on the outside of the bath tub faucet. Proper housekeeping practices shall be employed. C5 - Dead insects were found on the window sill. Pests shall be controlled.</p> <p>ROOM 116 - DIRTY C1 - Peeling paint was found on the window sill near the air conditioner. Walls shall be in good repair. C2 - The right light bulb of the lamp at the coffee table did not function. Furnishings shall be in good repair.</p> <p>ROOM 107 - CLEAN C5 - Dead bugs were seen on the window sill. Pests shall be controlled. C2 - The shade of the lamp was found to be torn. Furnishings shall be in good repair. C1 - Chipping and peeling paint was found around the sill where the air conditioner attaches. Walls shall be in good repair.</p> <p>ROOM 127 - DIRTY No violations.</p> <p>ROOM 128 - DIRTY D4 - The GFCI outlet in this room did not function properly when tested. GFCI outlets shall function correctly. C1 - Chipped paint was observed at the window sill. Walls shall be in good condition.</p> <p>ROOM 140 - CLEAN C2 - Hair was observed in the uppermost drawer of the large cabinet and leaf debris was observed on the floor. Proper housekeeping practices shall be employed. C5 - A small gap was observed at the base of the outside opening door. Entrances and exits shall be sealed against pest entry.</p> <p>ROOM 148 - CLEAN C2 - The vent cover over the air conditioner was cracked and the left bulb in the table lamp did not function. Furnishings shall be in good repair. C1 - Chipping and flaking paint was found on both the bathroom door and on the door leading to the adjacent room. Facilities shall be in good repair.</p> <p>ROOM 244 - CLEAN C1 - Chipped pain was found on the window sill. Walls shall be in good repair. C2 - Speckles of paint or other material were found in the bathtub and food debris was found on the dresser behind the mini-fridge. Proper housekeeping practices shall be employed.</p> <p>ROOM 235 - CLEAN C3 - The sheets of the bed were found stained. Bed linens are to be clean and in good repair. C1 - The walls had some chipped paint and smudges. Wall must be in good repair.</p> <p>ROOM 234 - CLEAN C3 - There was a cigarette burn found in the bed sheets. Bed linens shall be in good repair.</p> <p>ROOM 228 - CLEAN C2 - Paint speckles were found on the vent of the air conditioner. Proper housekeeping practices shall be employed.</p> <p>ROOM 203 - CLEAN C2 - A piece of food was found on the floor behind the bed. Proper housekeeping practices shall be employed.</p> <p>ROOM 214 - CLEAN C2 - The plate for the air conditioner control panel was broken off. Furnishings shall be in good repair.</p> <p>1st FLOOR UTILITY ROOM BY FRONT OFFICE C1 - Water damage was found on one of the ceiling joists in the room. Ceilings shall be in good repair.</p> <p>LAUNDRY ROOM C2 - The ceiling fan had a heavy accumulation of laundry lint. Proper housekeeping practices shall be employed.</p>		
Inspected by:	 Donovan Kleinberg	Date: April 14, 2023
Received by:	Discussed violations in person	Date: April 18, 2023



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

Page

3 of 3

Establishment Name: <b>Sure Stay Plus</b>	Physical Address: <b>1625 West Columbia</b>	City: <b>Farmington</b>
--	--	----------------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

2nd FLOOR MAINTENANCE ROOM ABOVE LAUNDRY ROOM  
D1 - Unlabeled spray bottles were found on shelves. Containers holding potentially toxic materials shall be labeled with the contents.

2nd FLOOR STAIRS ABOVE LAUNDRY ROOM  
C1 - Holes were found in the ceiling tiles. Ceilings shall be in good repair.

2nd FLOOR STORAGE ON WEST SIDE OF BUILDING  
D1 - Spray bottles holding cleaner were found stored above coffee filters. Toxic materials shall be stored separately from food and food equipment.

1st FLOOR STORAGE ON WEST SIDE OF BUILDING  
E2 - The extinguisher was below the proper pressure. Fire extinguishers shall be at the correct pressure.

HALLWAYS  
C1 - Flaking paint was observed around the emergency light on the wall between near room 154. Walls shall be in good condition.

14 PERSON CONFERENCE ROOM  
C1 - Loose baseboard was found in the back corner. Walls shall be in good condition.

OUTSIDE AREA  
C8 - PVC drain pipe from the gutters was found broken in the courtyard by the breakfast bar. Physical facilities shall be in good repair.

NOTE: The outdoor swimming pool was not yet in operation and the large conference center was occupied. These two areas will be inspected during the follow up inspection.

THIRD PARTY INSPECTIONS  
Farmington Fire Department: Current, expires 7/25/2023  
Backflow Test: Current, expires 6/16/2023  
Fire Alarm: NEEDED  
Fire Extinguishers: Current, expires 6/17/2023

Inspected by:  Donovan Kleinberg

Date: April 14, 2023

Received by: Discussed violations in p

Date: April 18, 2023