



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
Barrett Lewis

Physical Address
4245 Hunt Road

City
Farmington

Zip
63640

Mailing Address
Same as physical.

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:

105, 101, 107, 106, 215, 216, 209, 316, 309, 306

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
Swimming Pool Certified ☐ Yes ☐ No ☐ N/A
Building Certified to National Standards or Occupancy Permit ☐ Yes ☐ No
Sprinkler system installed ☐ Yes ☐ No ☐ N/A
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 type="checkbox"/> In <input type="checkbox"/> Out <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	Section E: Fire Safety			
2. Complies with water quality standards	<input type="checkbox"/> In <input type="checkbox"/> Out <input checked="" 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 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 type="checkbox"/> In <input type="checkbox"/> Out <input checked="" 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 checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
3. Towels and bed linens clean	<input checked="" type="checkbox"/> In <input 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 checked="" type="checkbox"/> In <input 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	Section F: Swimming Pools/Spas			
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			
Food Inspection conducted according to 19CSR20-1.025					
9. Food, equipment and single service/use	<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 checked="" type="checkbox"/> In <input 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 type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Section D: Life Safety					
1. Combustible/toxic items usage and storage	<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 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	Section G: Plumbing/Mechanical			
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 checked="" type="checkbox"/> In <input type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A			
Required Annual Third Party Inspections					
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 type="checkbox"/> In <input checked="" 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 type="checkbox"/> In <input checked="" type="checkbox"/> Out <input type="checkbox"/> NO <input type="checkbox"/> N/A	Section H: Heating & Cooling			
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 type="checkbox"/> Out <input checked="" 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 20 <u>23</u> / 20 <u>24</u>		DATE INSPECTED June 1, 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

EPHS NUMBER
1686

AGENCY
St. Francois County Health Center

TELEPHONE
(573)431-1947

LICENSING YEAR
20 23 / 2024

APPROVED ☐ YES ☒ NO

DATE INSPECTED
June 1, 2023

FOLLOW UP DATE
TBD

RECEIVED BY (PRINT NAME AND TITLE and SIGN)

PAGE 1 OF 2

Report emailed to Barrett Lewis, a follow-up date will be determined at a later time.



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: Crown Pointe Lodge	Physical Address: 4245 Hunt Road	City: Farmington
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
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GENERAL FACILITY

C5 - Many sleeping rooms and corridors were found to have the presence of insects such as mayflies, gnats and beetles. Pest control procedures shall be in place and used.

ROOM 105 - CLEAN

C2 - Debris and crumbs were found under the cushion of the chair and black smudges were present around the outlet where the air conditioning unit was plugged in. Proper housekeeping methods shall be employed.

ROOM 101 - CLEAN

No violations.

LAUNDRY ROOM

E4 - The fire door to the laundry room was found propped open. Fire doors to maintenance areas shall be kept closed when not in use.

C1 - Missing ceiling tiles were found behind the washing machines. Ceilings shall be in good condition. NOTE: It was stated that the panels were removed to fix a ceiling leak.

C6 - Red debris, presumably mold, was found on the deflector of the ice machine outside the laundry room. Ice machines shall be clean.

ROOM 107 - CLEAN

See general facility violations.

ROOM 106 - CLEAN

See general facility violations.

POOL/SPA

Pool - pH - 6.4, free chlorine - 3ppm

Spa - pH - 6.7, free chlorine - 10ppm

F5 - The pool's pH was 6.4 and the spa's pH was found at 6.7. pH levels for pools and spas shall be between 7.2 to 7.8.

ROOM 215 - CLEAN

See general facility violations.

ROOM 216 - CLEAN

See general facility violations.

ROOM 209 - DIRTY

No violations.

ROOM 316 - DIRTY

No violations.

ROOM 309 - DIRTY

No violations.

ROOM 306 - DIRTY

C1 - Small screw holes were found above the beds from previous picture frames. Walls shall be in good condition.

C2 - The ceiling light near the entrance was found to be hanging from the ceiling. Furnishings shall be in good repair.

3rd FLOOR HOUSEKEEPING CLOSET

C9 - Toilet paper and other single service items were found stored on the floor. Single service items shall be stored up off of the floor.

THIRD PARTY INSPECTIONS

Farmington Fire Department - EXPIRED

Fire Extinguisher - EXPIRED

Back Flow - EXPIRED

Sprinkler - EXPIRED

Inspected by:

Donovan Kleinberg

Date:

June 1, 2023

Received by:

Report emailed to Barrett Lewi

Date:

June 2, 2023