FOTEDI	101111		MOED
ESTABL	JMME.	NINU	MDEH

ESTABLISHMENT NAME NAME OF OWNER/CONTACT PERSON									
MAILING ADDRESS			CONNICE INC						
510 S. Story			Charleston			5.85	11		
PHYSICAL ADDRESS				CITY					
COUNTY 133 THIS INSPECTION IS A(N) AD Initial Follow-up Complaint 683-2175				NO. OF STORIES NO. OF ROOMS ROOMS INSPECTED.				408	
Initial □ Follow-up □ Compl	aint	68	3-21	75	NO. OF STORIES NO. OF ROOMS ROOMS INSPECTED 7_4	130	137	1204	itiz
Please check Yes or No next to each item.			YES	NO	WATER SUPPLY	- 1		YES	NO
Was this lodging facility built after October 31, 2005					Is the water supply private				X
was this loughly built after October 31, 2005			X	Is the water supply public			1	-	
If built after October 31, 2005, does it have certification to national	al standa	rds or		V	Water sample taken				V
an occupancy permit				٨	SEWAGE/WASTEWATER				
Do the following local ordinances apply?				Is the Sewage/Wastewater private				X	
Fire safety				X	Is the Sewage/Wastewater public			V	
Electrical wiring				1	SWIMMING POOLS/SPAS				
Fuel burning appliances					Indoor pool				
Plumbing					Outdoor pool				
Swimming pools/spas				1	Spa				X
Food			X		Pool larger than 2000 square feet				X
Based on an inspection this day, the items marked "No" below ide	entify nor	ncomplia	ance in o	peration	as or facilities which must be corrected by the next routine inspection	on, or suc	h shorte	r period	of time
as may be specified in writing by the regulatory authority. Failure	to compl	v with a	nv time I	imits for	corrections specified in this notice may result in revocation of your	r Indaina I	license a	and/or pr	rosecu-
Voc. In Compliance	tor upon	filing a	written r	equest v	within ten days after receipt of this notice. (RSMo 315.005-065, 19				
Yes = In Compliance No = Not in Compliance			_			Not App			
SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
1. Approved source, construction & operation	X				2. Doors and locks permitted	×			
2. Complies with chemical, bacT & rad standards	X			.,	3. Textiles, hangings and mirrors proper	×			
3. Chlorinator maintained & operating properly	,			X	4. Fire extinguisher type, inspected, location	1	1/1		
SECTION B: SEWAGE & WASTEWATER					5. Vertical openings protected		-		X
Operating satisfactorily	X				6. Doors, self closing & fire rated	V			
SECTION C: SANITATION/HOUSEKEEPING					7. Smoke detectors installed, good repair	X			
1. Walls, floors & ceilings in good repair		X			Fire alarm & sprinkler systems tested & approved	X			
2. Proper housekeeping practices		X			9. Evacuation route and plan, installed, available	X			
3. Towels & bed linens clean		X			10. Stairs and ramps maintained, good repair				X
4. Mattresses & box springs clean	×	100			11. Means of egress, number, maintained	X			
5. No evidence of rodents & insects		X			SECTION F: SWIMMING POOLS/SPAS				
6. Ice machines, scoops, liners, clean & protected	V				Fence, gate adequate, proper closure mechanism	×			
7. Garbage & refuse properly maintained	X	SF			2. Boundary line, pool depth properly marked		X		
8. Premises, plant growth controlled		X			3. Lifesaving equipment adequate, good repair		X		
9. Food sources, sound condition, approved				X	4. Pool clarity, pH, disinfectant, temp maintained		Y		
10. Food protected from contamination				X	5. Steps, ladders, deck installed, good repair		V		
11. Proper facilities to wash, rinse and sanitize				×	6. Adequate ventilation				X
12. Proper hygienic practices			X	/~	7. Electrical outlets, proper protection & distance	V.			
SECTION D: LIFE SAFETY					8. Records maintained & signs posted		X		
Combustible/toxic items properly used and stored		X			SECTION G: PLUMBING/MECHANICAL				
2. Building maintained to assure safe conditions	X				Equipment adequate, good repair	Y			
3. CO detectors installed, good repair	Х				2. Ventilation adequate, plumbing, restrooms	V			
4. GFCI and proper wiring installed, good repair	×				3. Boilers/pressure vessels MDPS certified	V			
5. Exit signs installed, good repair	X				4. T & P relief valves adequate, good repair	V			
6. Emergency lighting installed, good repair	>				5. Relief valve discharge pipes installed, adequate	V			
7. Electric panel protected, labeled, good repair		X			6. Proper air gaps, no cross connections	V			
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS O	NLY)				SECTION H: HEATING & COOLING			The second	
Smoke detectors hardwired & maintained	×				Unvented fuel-burn appliance/space heater approved	x			
2. Fire alarm system installed & maintained	X				2. Fire resistant room or sprinkler head/detector	X			
3. Sprinkler system installed & maintained	X				3. Proper location of heating/cooling units	X			
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)					4. Ventilation of appliances & utility rooms		Y		
1. Complies with local building codes, fire codes &					5. Operation & condition adequate	X	7		
ordinances	X				6. Proper safety valve, thermo control, elect. switch	X			
INSPECTED BY EPHS NUMBER AGENCY TELEPHONE									
Clienton Wolford 1209 Mississipp Co. Health 573-683-2191									
LICENSING YEAR APPROVED DATE IN	SPECTEL)	S		LED FOLLOW UP DATE RECEIVED BY	/	DATE		1
2017-18 YES TWO 9/3	1011	1		10/2	VIII STUGAN MANANNI	5-	9/	221	17
MO 580-0883 (4-13) PART A DISTR	RIBUTION:	WHITE - C	OWNER	CANARY	Y - CENTRAL OFFICE PINK - LOCAL OFFICE	-	1	E9	0.02 (4-13)



Missouri Department of Health and Senior Services Environmental Regulations & Licensure Unit Lodging Establishment Inspection Report

Page 2 of Z

	Establishment Name	Physical Address	City
	Scores 8 mot	rel 5105. Story	Charleston
	Section Reference	Observations and additional comments	
	Laureline Com	50°F on glass coolen / no Temp. Rec. De	
	THE WATER TO THE	Co on goes coeres ho rempo les tre	NICE
	Lill	fire extragration No Inspection tag.	
	101	Exhaust for for Diger Not Functioning	
	DI toler	Excessive glatter in warter heaten Roa	· · · · · · · · · · · · · · · · · · ·
0,0	- Styling CS	Spickers found In All areas of Faci	lita
	Room	<u>'</u>	7
	103 CI	Ceiling Easting	
	124 (1	Moisture smell	
	130 CI	Criting falling	
	CA	Maistage Small	3/
	137		
	44	Filtres broke in home unit	
		Ceiling falling	
CAR	in Steamant CI		
J:	Back introv	Fly Spots on All suspendetectors	
		ICK:	
	to facility	Land to the state of the state	
~,,	O Stationes CI	weeken issues (model) crowd vent	
7	X CI	Facility smalls of moisture.	
	Swimming Per	1	
	Arecl		
	C8	Lorge amount of clotter past Refer	Congression 6
		Pool area Not closed/ boched.	
	FZ, FS, F4	Pool not maintained or covered.	
	感 F3	No Signarcu for sales	
	F3	No Safty durices.	
	201 CS	Spieller Junk formal	
	,	the state of the s	
	208 CZ	Unknown stain on wall + Sink	
	(7	toilet seat dirt	
	CE	Spirlys found in tub	
3	217 (1	Shown head in dispepair	
- 1	210 01	Shown head in disrepair	
-	CZ	Blood Stains on sheets	
	27	Ashes on Hoor by Oliessin.	
- 4	216. 05	spictures above mirror	
	C7	mald on deiling above Tolo	
	HU	Vent damage "in Have unit	
	218 CI	Wall danage Into bouthroom	
-	Special wing		rom wall.
	Inspected by	14 /11 / 10 / 3"	Date
	Received by	Jan Wall	110-111
	Tidodived by	Tarton benedal-	Date (1/27/17)
,	MO 580-0883 (1-06)	Distribution: White/Owner Canary/Central Office Pink/Local Office	1///