



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Kivers Edge</i>		Name <input checked="" type="checkbox"/> Owner <input type="checkbox"/> General Manager	
Physical Address <i>16392 Tom Allen Rd</i>		City <i>Emmetsburg</i>	Zip <i>65466</i>
Mailing Address <i>5940</i>		City	Zip
County <i>203</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573/224/3233</i>	No. of Stories <i>2</i>
		No. of Rooms <i>32</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A - new

Rooms Inspected:	Water Supply <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input checked="" type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply <input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring <input type="checkbox"/> Plumbing <input type="checkbox"/> Swimming Pools/Spas <input type="checkbox"/> Fuel Burning Appliances	New Lodging Establishments <input type="checkbox"/> N/A		
	Smoke detectors hardwired	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Swimming Pool Certified
	Fire alarm system installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Building Certified to National Standards or Occupancy Permit
	Sprinkler system installed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A	Historical Building

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		In	Out	NO	N/A	Section E: Fire Safety		In	Out	NO	N/A
1. Approved source, construction and operation						1. Textiles, hangings and mirrors					
2. Complies with water quality standards						2. Fire extinguisher type, inspected, and location					
3. Chlorinator maintained and operated properly						3. Vertical openings fire-rated, self-closing					
4. Wastewater operation and maintenance						4. Doors, self-closing and fire-rated					
Section C: Sanitation/Housekeeping						5. Smoke detectors hardwired, installed, good repair					
1. Walls, floors and ceilings in good repair						6. Evacuation route and plan, installed, available					
2. Housekeeping practices and furnishings						7. Stairs and ramps, maintained, storage					
3. Towels and bed linens clean						8. Means of egress, number, maintained					
4. Mattresses and box springs clean						9. Handrails and balconies maintained and appropriate					
5. Pest control procedures						Section F: Swimming Pools/Spas					
6. Ice machines, scoops, liners clean & protected						1. Fence, gate adequate, proper closure mechanism					
7. Garbage storage and disposal						2. Boundary line, pool depth properly marked					
8. Premises maintained, plant growth controlled						3. Deck is clean and in good repair					
Food Inspection conducted according to 19CSR20-1.025						4. Lifesaving equipment adequate, good repair					
9. Food, equipment and single service/use						5. Pool clarity, pH, disinfectant, & temp. maintained					
10. Food protected from contamination						6. Steps, ladders, and handrails installed, good repair					
11. Facilities to wash, rinse and sanitize						7. Adequate ventilation					
12. Handwashing facilities/hygienic practices						8. Electrical outlets, proper protection & distance					
Section D: Life Safety						9. Records maintained and signs posted					
1. Combustible/toxic items usage and storage						10. First aid kit available					
2. Building maintained to assure safe conditions						11. Lighting adequate and in good repair					
3. CO detectors hardwired, installed, good repair						Section G: Plumbing/Mechanical					
4. GFCI, outlets & switches installed, good repair						1. Equipment adequate, good repair					
5. Exit signs installed, good repair						2. Ventilation adequate, plumbing, restrooms					
6. Emergency lighting installed, good repair						3. T & P relief valves adequate, good repair					
7. Electric panel protected, labeled, good repair						4. Relief valve discharge pipes installed, adequate					
Required Annual Third Party Inspections						5. Backflow, air gaps, no cross connections					
1. Fire Alarm System						Section H: Heating & Cooling					
2. Sprinkler System						1. Unvented fuel-burning appliance/space heater					
3. Local Fire and Building Codes/Ordinances						2. Fire resistant room or sprinkler head					
4. Current Boiler/Pressure Vessels MDPS Certification						3. Location of heating/cooling units					
5. Backflow Device(s) Test						4. Ventilation of appliances and utility rooms					
6. Liquid Propane Leak Test						5. Operation and condition adequate					

INSPECTED BY (PRINT NAME and SIGN) <i>Karen P. Darden</i>		EPHS NUMBER <i>1777</i>	AGENCY <i>Tom Allen Rd</i>	TELEPHONE <i>477/107/1021</i>
LICENSING YEAR 20 <i>22</i> / 20 <i>23</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>8/1/22</i>	FOLLOW UP DATE <i>8/14/22</i>	
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>X</i>			PAGE 1 OF <i>2</i>	



Establishment Name <i>River Edge</i>	Physical Address <i>16512 Tan Allen Rd</i>	City <i>Emmerson</i>	<i>65666</i>
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**Section Reference      Observations, comments, and corrective measures**

D-3	<i>No CO detectors in ABC &amp; all other fire places + approved propane. Make sure that propane CO/smoke detectors in ALL SPACES w/ possible ignition source</i>
D-4	<i>GFCI Not functioning properly in #7, A, B, Cabin 9</i>
E-1	<i>Need fire extinguisher in ABC &amp; Z any other spaces w/ cooking or fire places. Inspected fire extinguisher - Pass for Extinguisher -</i>
G-2	<i>No mechanical ventilation in kitchen in #7 and small toilet room X</i>
	<i>Rein structure</i>
	<i>#7 (own) GFCI + Mech Vent</i>
	<i>A - No CO Bed GFCI</i>
	<i>B - Good GFCI + CO</i>
	<i>C - Bad GFCI</i>
	<i>X = Fan</i>
	<i>Z - needs tags on exterior</i>
	<i>Obs #9</i>

INSPECTED BY <i>[Signature]</i>	RECEIVED BY <i>[Signature]</i>	DATE <i>8/4/22</i>
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