



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

FOR CENTRAL
OFFICE
USE ONLY

ESTABLISHMENT NUMBER

Establishment Name <i>Hickory House Inn & Suites</i>				Name ☒ Owner ☐ General Manager <i>Spirit Capital</i>																																																																																																																																																																																																																																																																																																																																																												
Physical Address <i>5177 Hwy 99</i>				City <i>Birch Lake</i>		Zip <i>65438</i>																																																																																																																																																																																																																																																																																																																																																										
Mailing Address				City		Zip																																																																																																																																																																																																																																																																																																																																																										
County <i>203</i>	This inspection is a(n) ☐ Initial ☒ Annual ☐ Follow-up		Telephone <i>573/292/1101</i>	No. of Stories <i>2</i>	No. of Rooms <i>15</i>	Is the current lodging license displayed? ☐ Yes ☐ No ☐ N/A- new																																																																																																																																																																																																																																																																																																																																																										
Rooms Inspected: <i>113, 109, 117, 106, 114, 116</i> <i>laundry, mechanical</i>				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)																																																																																																																																																																																																																																																																																																																																																																
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Towels and bed linens clean</td><td>☒</td><td></td><td></td><td></td></tr><tr><td>4. Mattresses and box springs clean</td><td>☒</td><td></td><td></td><td></td></tr><tr><td>5. Pest control procedures</td><td>☒</td><td></td><td></td><td></td></tr><tr><td>6. Ice machines, scoops, liners clean & protected</td><td>☒</td><td></td><td></td><td></td></tr><tr><td>7. Garbage storage and disposal</td><td>☒</td><td></td><td></td><td></td></tr><tr><td>8. Premises maintained, plant growth controlled</td><td>☒</td><td></td><td></td><td></td></tr><tr><td colspan="5">Food Inspection conducted according to 19CSR20-1.025</td></tr><tr><td>9. Food, equipment and single service/use</td><td></td><td></td><td></td><td></td></tr><tr><td>10. Food protected from contamination</td><td></td><td></td><td></td><td></td></tr><tr><td>11. Facilities to wash, rinse and sanitize</td><td></td><td></td><td></td><td></td></tr><tr><td>12. 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Sprinkler System</td><td></td><td></td><td></td><td></td></tr><tr><td>3. Local Fire and Building Codes/Ordinances</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Current Boiler/Pressure Vessels MDPS Certification</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Backflow Device(s) Test</td><td></td><td></td><td></td><td></td></tr><tr><td>6. Liquid Propane Leak Test</td><td>☒</td><td></td><td></td><td></td></tr><tr><td colspan="5">Section E: Fire Safety</td></tr><tr><td>1. Textiles, hangings and mirrors</td><td>☒</td><td></td><td></td><td></td></tr><tr><td>2. Fire extinguisher type, inspected, and location</td><td>☒</td><td></td><td></td><td></td></tr><tr><td>3. Vertical openings fire-rated, self-closing</td><td></td><td></td><td></td><td></td></tr><tr><td>4. Doors, self-closing and fire-rated</td><td></td><td></td><td></td><td></td></tr><tr><td>5. Smoke detectors hardwired, installed, good repair</td><td></td><td></td><td></td><td></td></tr><tr><td>6. 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3. Location of heating/cooling units	☒																																																																																																																																																																																																																																																																																																																																																															
4. Ventilation of appliances and utility rooms	☒																																																																																																																																																																																																																																																																																																																																																															
5. Operation and condition adequate	☒																																																																																																																																																																																																																																																																																																																																																															
INSPECTED BY (PRINT NAME and SIGN) <i>Kevin P. Purdon RPR</i>				EPHS NUMBER <i>1773</i>	AGENCY <i>Tony Collier H.D.</i>	TELEPHONE <i>417/162/413</i>																																																																																																																																																																																																																																																																																																																																																										
LICENSING YEAR <i>2025 / 2026</i>		APPROVED ☐ YES ☒ NO		DATE INSPECTED <i>5/21/25</i>		FOLLOW UP DATE <i>6/11/25</i>																																																																																																																																																																																																																																																																																																																																																										
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>CHARLIE SPON</i>						PAGE 1 OF <i>2</i>																																																																																																																																																																																																																																																																																																																																																										

