



FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <i>Cedar Stone Lodge</i>				Name <i>Susan Money MDPB</i>	<input type="checkbox"/> Owner	<input type="checkbox"/> General Manager
Physical Address <i>15233 Cedar Stone</i>		City <i>Emmelle</i>		Zip <i>65466</i>		
Mailing Address <i>P.O. Box 338</i>		City <i>-</i>		Zip <i>-</i>		
County <i>W3</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>573/221/5456</i>	No. of Stories <i>2</i>	No. of Rooms <i>17</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A-new	
Rooms Inspected: <i>B1, B2, C3, C4 345, 6, 9, 11</i>		Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No		Wastewater <input type="checkbox"/> Private <input 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		New Lodging Establishments <input type="checkbox"/> N/A				
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring		Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input type="checkbox"/> Plumbing		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 <input type="checkbox"/> Yes <input type="checkbox"/> No		
<input type="checkbox"/> Swimming Pools/Spas		Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A		
<input type="checkbox"/> Fuel Burning Appliances						
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	
1. Approved source, construction and operation		<input checked="" type="checkbox"/>				
2. Complies with water quality standards		<input checked="" type="checkbox"/>				
3. Chlorinator maintained and operated properly			<input checked="" type="checkbox"/>			
4. Wastewater operation and maintenance		<input checked="" type="checkbox"/>				
Section C: Sanitation/Housekeeping						
1. Walls, floors and ceilings in good repair		<input checked="" type="checkbox"/>				
2. Housekeeping practices and furnishings		<input checked="" type="checkbox"/>				
3. Towels and bed linens clean		<input checked="" type="checkbox"/>				
4. Mattresses and box springs clean		<input checked="" type="checkbox"/>				
5. Pest control procedures		<input checked="" type="checkbox"/>				
6. Ice machines, scoops, liners clean & protected			<input checked="" type="checkbox"/>			
7. Garbage storage and disposal		<input checked="" type="checkbox"/>				
8. Premises maintained, plant growth controlled		<input checked="" type="checkbox"/>				
Food Inspection conducted according to 19CSR20-1.025						
9. Food, equipment and single service/use				<input checked="" type="checkbox"/>		
10. Food protected from contamination				<input checked="" type="checkbox"/>		
11. Facilities to wash, rinse and sanitize				<input checked="" type="checkbox"/>		
12. Handwashing facilities/hygienic practices				<input checked="" type="checkbox"/>		
Section D: Life Safety						
1. Combustible/toxic items usage and storage		<input checked="" type="checkbox"/>				
2. Building maintained to assure safe conditions		<input checked="" type="checkbox"/>				
3. CO detectors hardwired, installed, good repair			<input checked="" type="checkbox"/>			
4. GFCI, outlets & switches installed, good repair		<input checked="" type="checkbox"/>				
5. Exit signs installed, good repair		<input checked="" type="checkbox"/>				
6. Emergency lighting installed, good repair		<input checked="" type="checkbox"/>				
7. Electric panel protected, labeled, good repair		<input checked="" type="checkbox"/>				
Required Annual Third Party Inspections						
1. Fire Alarm System		<input checked="" type="checkbox"/>				
2. Sprinkler System				<input checked="" type="checkbox"/>		
3. Local Fire and Building Codes/Ordinances				<input checked="" type="checkbox"/>		
4. Current Boiler/Pressure Vessels MDPS Certification				<input checked="" type="checkbox"/>		
5. Backflow Device(s) Test				<input checked="" type="checkbox"/>		
6. Liquid Propane Leak Test				<input checked="" type="checkbox"/>		
INSPECTED BY (PRINT NAME and SIGN) <i>R. D. Kevin D. D.</i>		EPHS NUMBER <i>1773</i>	AGENCY <i>Texas C. Health Dept.</i>	TELEPHONE <i>417/567-4421</i>		
LICENSING YEAR <i>2025</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>5/20/25</i>		FOLLOW UP DATE <i>6/4/25</i>		
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>X Judy Ferguson</i>				PAGE 1 OF <u>2</u>		



Establishment Name	Physical Address	City
Cade Stone Lodge	15233 Cedar State	Eminence
Section Reference	Observations, comments, and corrective measures	
D 4	Faulty GFCI in Room # 5 → kitchen	
D 5	Ext sign up stairs is lit, but does not go on when tested	
D 6	Emergency lights don't light up when tested at top of stairs or front door	
INSPECTED BY	RECEIVED BY	DATE
<i>DRH</i>		5/20/25