



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>Cedar Stone Lodge</i>					Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager <i>Sharon + Mandy Miller</i>								
Physical Address <i>15233 Cedar Stone</i>				City <i>Emeryville</i>			Zip <i>61466</i>						
Mailing Address <i>POB 338</i>				City <i>—</i>			Zip <i>—</i>						
County <i>203</i>	This inspection is a(n) <input type="checkbox"/> Initial <input type="checkbox"/> Annual <input checked="" type="checkbox"/> Follow-up			Telephone		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>5 units</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	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													
5. Backflow Device(s) Test								3. Location of heating/cooling units					
6. Liquid Propane Leak Test								4. Ventilation of appliances and utility rooms					
								5. Operation and condition adequate					
INSPECTED BY (PRINT NAME and SIGN) <i>Kerin Durbin</i>				EPHS NUMBER <i>1773</i>		AGENCY <i>Texas Co Health Dept</i>		TELEPHONE <i>417/967/4131</i>					
LICENSING YEAR <i>2025</i> / <i>2026</i>		APPROVED <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		DATE INSPECTED <i>10/3/25</i>		FOLLOW UP DATE <i>N/A</i>							
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Desk Approval</i>						PAGE 1 OF <i>L</i>							