



34900 E Old US 40 Hwy in Valley, MO 64029  
 Fax: (816) 881-1650

Lodging Establishment Inspection Report

Owner Name Welcome Inn (lodging)	Establishment Welcome Inn (lodging)	Person In Charge	Licensing Year 2018-2019	Approved No
Address 3300 Jefferson	E-Mail welcomeinnmgr@gmail.com	City Code Blue Springs	County Jackson County	
City/Zip Code Blue Springs 64015	Phone 816-622-8171	Fax	Establishment No. 1860	
Purpose Lodging Establishment Complaint	Establishment Type Lodging	This Inspection Is a(n) Complaint	No. of Stories 3	No. of Rooms 233
Inspection Number 2018-05766	Case Number 2018-003415	Agency Jackson County		

PLEASE CHECK YES OR NO TO EACH ITEM.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?			X	Is the water supply public?	X	
DO THE FOLLOWING LOCAL ORDINANCES APPLY?				Water sample taken		X
Fire safety	X			SEWAGE/WASTEWATER		
Electrical wiring	X			Is the Sewage/Wastewater private?		X
Fuel burning appliances	X			Is the Sewage/Wastewater public?	X	
Plumbing	X			SWIMMING POOLS/SPAS		
Swimming pools/spas			X	Indoor pool		X
Food			X	Outdoor pool		X
				Spa		X
				Pool larger than 2000 square feet		X

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED "NO" BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. 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)

YES = IN COMPLIANCE      NO = NOT IN COMPLIANCE, EXPLAIN ON ADDITIONAL PAGE(S)      NB = NOT OBSERVED      NA = NOT APPLICABLE

SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
Approved source, construction & operation				X	Doors and locks permitted				X
Complies with chemical, bacT & rad standards				X	Textiles, hangings and mirrors proper				X
Chlorinator maintained & operating properly				X	Fire extinguisher type, inspected, location				X
SECTION B: SEWAGE & WASTEWATER					Vertical openings protected				X
Operating satisfactorily				X	Doors, self closing & fire rated				X
SECTION C: SANITATION/HOUSEKEEPING					Smoke detectors installed, good repair				X
Walls, floors & ceilings in good repair				X	Fire alarm & sprinkler systems tested & approved				X
Proper housekeeping practices				X	Evacuation route and plan, installed, available				X
Towels & bed linens clean				X	Stairs and ramps maintained, good repair				X
Mattresses & box springs clean				X	Means of egress, number, maintained				X
No evidence of rodents & insects		X			SECTION F: SWIMMING POOLS/SPAS				
Ice machines, scoops, liners, clean & protected				X	Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained				X	Boundary line, pool depth properly marked				X
Premises, plant growth controlled				X	Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved				X	Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination				X	Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize				X	Adequate ventilation				X
Proper hygienic practices				X	Electrical outlets, proper protection & distance				X
SECTION D: LIFE SAFETY					Records maintained & signs posted				X
Combustible/toxic items properly used and stored				X	SECTION G: PLUMBING/MECHANICAL				
Building maintained to assure safe conditions				X	Equipment adequate, good repair				X
CO detectors installed, good repair				X	Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair				X	Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair				X	T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair				X	Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair				X	Proper air gaps, no cross connections				X
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)					SECTION H: HEATING & COOLING				
Smoke detectors hardwired & maintained				X	Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained				X	Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained				X	Proper location of heating/cooling units				X
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances				X	Operation & condition adequate				X
					Proper safety valve, thermo control, elect. switch				X

Received By:	Date Inspected: Wednesday, December 12, 2018
Inspector:	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	Follow-up Date: Tuesday, December 18, 2018
	Telephone No.: EPHS No.:



**JACKSON COUNTY ENVIRONMENTAL HEALTH DIVISION**  
 34900 E Old US 40 Hwy, Gray, MO 64029  
 Fax: (816) 881-1650

**Lodging Establishment Inspection Report**

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b>	<b>Address</b> 3300 Jefferson	<b>City/Zip Code</b> Blue Springs 64015
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<b>SECTION REFERENCE</b>	<b>OBSERVATIONS AND ADDITIONAL COMMENTS</b>
	<p>A complaint was made on 12/9/18 on live roaches in room 233. A field visit was on 12/12/18 and a investigation was made according to guidelines set by Jackson County Environmental Health Division.</p> <p>Upon the inspection live roaches were observed in the walls, window seal, ceiling. Management close the room down.</p> <p><b>CORRECTIVE ACTION FOR PEST ACTIVITY</b></p> <p>The following requirements must be met to correct.</p> <ol style="list-style-type: none"> <li>1. Have a professional pest control company perform an inspection/treatment of the facilities for insect.</li> <li>2. Provide a copy of the invoice for the inspector at time of re-inspection, along with any recommendations or sanitation observations that the tech may have.</li> <li>3. Remove all dead insect and clean and sanitize the surface.</li> </ol> <p>Re-inspection will be done on Mon 12/17/18</p>

<b>Received By:</b> <i>[Signature]</i>	<b>Date Inspected:</b> Wednesday, December 12, 2018
<b>Inspector:</b> <i>[Signature]</i>	<b>Follow-up:</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Telephone No.:</b> (816) 840 7324	<b>Follow-up Date:</b> Tuesday, December 18, 2018
	<b>EPHS No.:</b> License Not On File



JACKSON COUNTY ENVIRONMENTAL HEALTH DIVISION

34900 E Old US 40 Hwy, Grain Valley, MO 64029  
Fax: (816) 881-1650

Lodging Establishment Inspection Report

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b>	<b>Address</b> 3300 Jefferson	<b>City/Zip Code</b> Blue Springs 64015
<b>SECTION REFERENCE</b>	<b>OBSERVATIONS AND ADDITIONAL COMMENTS</b>			
	<p>On 10-5-18 a complaint was made on roaches in room 611. Arrival and made contacted with manager and the occupant and they stated that they had a lot of roaches in their room and that no one came by to spray. Upon inspection there was a large number of dead roaches and some live roaches. Also the bathroom shower had a hole where the called stated that roaches come out of.</p> <p>Maintenace man was going to come by at 4:30pm on 10-5-18 to spary and caulk the shower occupants were going remove thier items. away from the walls and floor. And ALLPEST was going to spary the room on Tues. Reinspection will be done on 10-17-18.</p> <p><b>CORRECTIVE ACTION FOR PEST ACTIVITY</b></p> <p>The following requirements must be met to correct 6-501.111:</p> <ol style="list-style-type: none"> <li>1. Have a professional pest control company perform an inspection/treatment of the facilities for rodents.</li> <li>2. Provide a copy of the invoice for the inspector at time of re-inspection, along with any recommendations or sanitation observations that the tech may have.</li> <li>3. Remove all rodent droppings and clean and sanitize the surface.</li> <li>4. Fill gap around the shower.</li> </ol>			

Received By: <i>Kirk Brewer</i>	Date Inspected: Friday, October 05, 2018
Inspector: <i>Tracy Hudson</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Tracy Hudson	Follow-up Date: Wednesday, October 10, 2018
	Telephone No.: (816)810-7221
	EPHS No.: License Not On File



34900 E Old US 40 Hwy, Grain Valley, MO 64029  
 Fax: (816) 881-1650

### Lodging Establishment Inspection Report

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b>	<b>Licensing Year</b> 2019-2020	<b>Approved</b> No
<b>Address</b> 3300 Jefferson		<b>E-Mail</b> tony@welcomeinnextendedstay.com	<b>City Code</b> Blue Springs	<b>County</b> Jackson County
<b>City/Zip Code</b> Blue Springs 64015		<b>Phone</b> 816-622-8171	<b>Fax</b>	<b>Establishment No.</b> 1860
<b>Purpose</b> Lodging Establishment Complaint	<b>Establishment Type</b> Lodging	<b>This Inspection Is a(n)</b> Complaint	<b>No. of Stories</b> 3	<b>No. of Rooms</b>
<b>Rooms Inspected</b> 232		<b>Inspection Number</b> 2019-06180	<b>Case Number</b> 2019-003193	<b>Agency</b> Jackson County

PLEASE CHECK YES OR NO TO EACH ITEM.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?			X	Is the water supply public?	X	
DO THE FOLLOWING LOCAL ORDINANCES APPLY?			X	Water sample taken		X
Fire safety		X		SEWAGE/WASTEWATER		
Electrical wiring		X		Is the Sewage/Wastewater private?		X
Fuel burning appliances		X		Is the Sewage/Wastewater public?	X	
Plumbing		X		SWIMMING POOLS/SPAS		
Swimming pools/spas			X	Indoor pool		X
Food			X	Outdoor pool		X
				Spa		X
				Pool larger than 2000 square feet		X

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED "NO" BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. 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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SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
Approved source, construction & operation	X				Doors and locks permitted				X
Complies with chemical, bacT & rad standards			X		Textiles, hangings and mirrors proper				X
Chlorinator maintained & operating properly			X		Fire extinguisher type, inspected, location				X
SECTION B: SEWAGE & WASTEWATER					Vertical openings protected				X
Operating satisfactorily				X	Doors, self closing & fire rated				X
SECTION C: SANITATION/HOUSEKEEPING					Smoke detectors installed, good repair	X			
Walls, floors & ceilings in good repair		X			Fire alarm & sprinkler systems tested & approved				X
Proper housekeeping practices		X			Evacuation route and plan, installed, available	X			
Towels & bed linens clean		X			Stairs and ramps maintained, good repair				X
Mattresses & box springs clean	X				Means of egress, number, maintained				X
No evidence of rodents & insects		X			SECTION F: SWIMMING POOLS/SPAS				
Ice machines, scoops, liners, clean & protected			X		Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained			X		Boundary line, pool depth properly marked				X
Premises, plant growth controlled			X		Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved			X		Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination		X			Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize		X			Adequate ventilation				X
Proper hygienic practices			X		Electrical outlets, proper protection & distance				X
SECTION D: LIFE SAFETY					Records maintained & signs posted				X
Combustible/toxic items properly used and stored			X		SECTION G: PLUMBING/MECHANICAL				
Building maintained to assure safe conditions			X		Equipment adequate, good repair				X
CO detectors installed, good repair			X		Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair	X				Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair			X		T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair			X		Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair			X		Proper air gaps, no cross connections				X
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)					SECTION H: HEATING & COOLING				
Smoke detectors hardwired & maintained			X		Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained			X		Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained			X		Proper location of heating/cooling units				X
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances			X		Operation & condition adequate				X
					Proper safety valve, thermo control, elect. switch				X

<b>Received By:</b> <i>Anthony Hirschman</i>	<b>Date Inspected:</b> Friday, October 25, 2019
<b>Inspector:</b> <i>Jerry Huber</i>	<b>Follow-up:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Follow-up Date:</b> Monday, November 11, 2019
	<b>Telephone No.:</b> (816) 881-3334
	<b>EPHS No.:</b>



34900 E Old US 40 Hwy, Grain Valley, MO 64029

Fax: (816) 881-1650

### Lodging Establishment Inspection Report

Owner Name	Establishment	Person In Charge	Address	City/Zip Code
Welcome Inn (lodging)	Welcome Inn (lodging)		3300 Jefferson	Blue Springs 64015

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
	<p>On 11-4-19 Room 232 was re-inspected and the room was spray by Terminix on 11-1-19 no recommendation or activity was listed by the employee. Jackson County Health noticed live roach activity and dead roaches. Room 232 can not be rent out until the next Inspection by Jackson County Health on 11-11-19</p> <p>On 10-25-19 A complaint was email on Room 232 that the room smell awful and live roaches, stain on the wall that look like blood, vent falling off the wall and ceiling and holes in the sheets. Contacted was made by phone with the customer. The room was inspected the vent in the bathroom did not work and it was come off the wall. The heating unit was come off the wall. the bed covers had holes. Noticed one roach on the wall. and stains on the ceiling.</p> <p>Customer were offer another room at the extended stay room was clean. Customer refused the room.</p> <p>Manager was told that the Room 232 needed to be spray by a pest control, and new bed cover and fix the vents and heating unit.</p>

Received By: <i>Anthony Anderson</i>	Date Inspected: Friday, October 25, 2019
Inspector: <i>Jerry Anderson</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: Monday, November 11, 2019
	Telephone No.: (816) 881-1650
	EPHS No.: License Not On File



### Lodging Establishment Inspection Report

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b> Ken Logan	<b>Licensing Year</b> 2019-2020	<b>Approved</b> Yes
<b>Address</b> 3300 Jefferson		<b>E-Mail</b> tony@welcomeinnextendedstay.com	<b>City Code</b> Blue Springs	<b>County</b> 632,232,228
<b>City/Zip Code</b> Blue Springs 64015		<b>Phone</b> 816-622-8171	<b>Fax</b>	<b>Establishment No.</b> 1860
<b>Purpose</b> Lodging Establishment Complaint	<b>Establishment Type</b> Lodging	<b>This Inspection Is a(n)</b> Complaint	<b>No. of Stories</b> 3	<b>No. of Rooms</b>
<b>Inspection Number</b> 2019-06176		<b>Case Number</b> 2019-003301	<b>Agency</b> Jackson County	<b>Rooms Inspected</b> 632,232,228,436,524

PLEASE CHECK YES OR NO TO EACH ITEM.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?			X	Is the water supply public?	X	
<b>DO THE FOLLOWING LOCAL ORDINANCES APPLY?</b>				Water sample taken		X
Fire safety		X		<b>SEWAGE/WASTEWATER</b>		
Electrical wiring		X		Is the Sewage/Wastewater private?		X
Fuel burning appliances		X		Is the Sewage/Wastewater public?	X	
Plumbing		X		<b>SWIMMING POOLS/SPAS</b>		
Swimming pools/spas			X	Indoor pool		X
Food		X		Outdoor pool		X
				Spa		X
				Pool larger than 2000 square feet		X

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED "NO" BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. 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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SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
Approved source, construction & operation		X			Doors and locks permitted			X	
Complies with chemical, bact & rad standards		X			Textiles, hangings and mirrors proper			X	
Chlorinator maintained & operating properly		X			Fire extinguisher type, inspected, location			X	
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					Vertical openings protected			X	
Operating satisfactorily		X			Doors, self closing & fire rated			X	
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					Smoke detectors installed, good repair			X	
Walls, floors & ceilings in good repair	X				Fire alarm & sprinkler systems tested & approved			X	
Proper housekeeping practices		X			Evacuation route and plan, installed, available			X	
Towels & bed linens clean		X			Stairs and ramps maintained, good repair			X	
Mattresses & box springs clean		X			Means of egress, number, maintained			X	
No evidence of rodents & insects	X				<b>SECTION F: SWIMMING POOLS/SPAS</b>				
Ice machines, scoops, liners, clean & protected			X		Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained			X		Boundary line, pool depth properly marked				X
Premises, plant growth controlled	X				Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved				X	Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination				X	Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize			X		Adequate ventilation				X
Proper hygienic practices			X		Electrical outlets, proper protection & distance				X
<b>SECTION D: LIFE SAFETY</b>					Records maintained & signs posted				X
Combustible/toxic items properly used and stored				X	<b>SECTION G: PLUMBING/MECHANICAL</b>				
Building maintained to assure safe conditions			X		Equipment adequate, good repair				X
CO detectors installed, good repair			X		Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair			X		Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair			X		T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair			X		Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair			X		Proper air gaps, no cross connections				X
<b>SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)</b>					<b>SECTION H: HEATING &amp; COOLING</b>				
Smoke detectors hardwired & maintained				X	Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained				X	Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained				X	Proper location of heating/cooling units				X
<b>SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)</b>					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances				X	Operation & condition adequate				X
					Proper safety valve, thermo control, elect. switch				X

Received By: <i>Anthony H. [Signature]</i>	Date Inspected: <b>Monday, November 04, 2019</b>
Inspector: <i>Jerry Anderson</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: <b>Wednesday, December 04, 2019</b>
	Telephone No.: <b>EPHS No.:</b>



34900 E Old US 40 Hwy, Grain Valley, MO 64029  
Fax: (816) 881-1650

### Lodging Establishment Inspection Report

Owner Name	Establishment	Person In Charge	Address	City/Zip Code
Welcome Inn (lodging)	Welcome Inn (lodging)	Ken Logan	3300 Jefferson	Blue Springs 64015
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS			
	<p>Complaint was made on roach activity and dirty mattress on 11-4-19 in room. Inspection was made on room 228 and other rooms at Welcome Inn. Noticed roach activity in 436, 524, 632, 232, and 228 also noticed dead roaches. All three rooms will be closed until re-inspected by the Jackson County Environment Health. Terminix spray on 11-1-19 around 11:30am. The employee from terminix stated in his invoice that he did not see any activity in room 228 and 232 and he did not have any recommendation.</p> <p>Owner Ken of Welcome Inn stated that he will bring down two employees that will talk with the resident that have live there for over a months and about the roach activity that they see inside there rooms. Over 70% of the resident at Welcome Inn live there over a month.</p> <p>Next field visit will be in Dec 4, 2019 on roach activity.</p>			

Received By: <i>ARVIA HILTON</i>	Date Inspected: Monday, November 04, 2019
Inspector: <i>Jerry Anderson</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: Wednesday, December 04, 2019
	Telephone No.: (816) 881-7221
	EPHS No.: License Not On File



34900 E Old US 40 Hwy, Brain Valley, MO 64029  
 Fax: (816) 881-1650

Lodging Establishment Inspection Report


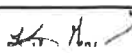
Owner Name Welcome Inn (lodging)	Establishment Welcome Inn (lodging)	Person In Charge Ralph	Licensing Year 2019-2020	Approved No
Address 3300 Jefferson		E-Mail Ralph@welcomeinnextendedstay.com	City Code Blue Springs	County Jackson
City/Zip Code Blue Springs 64015		Phone 816-622-8171	Fax	Establishment No. 1860
Purpose Lodging Establishment Complaint	Establishment Type Lodging	This Inspection Is a(n) Complaint	No. of Stories 3	No. of Rooms
Inspection Number 2019-03276		Case Number 2019-001809	Agency Jackson County Environmental Health	

PLEASE CHECK YES OR NO TO EACH ITEM		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?				Is the water supply public?	X	
DO THE FOLLOWING LOCAL ORDINANCES APPLY?				Water sample taken		X
Fire safety		X		SEWAGE/WASTEWATER		
Electrical wiring		X		Is the Sewage/Wastewater private?		X
Fuel burning appliances		X		Is the Sewage/Wastewater public?	X	
Plumbing		X		SWIMMING POOLS/SPAS		
Swimming pools/spas		X		Indoor pool		X
Food		X		Outdoor pool		X
				Spa		X
				Pool larger than 2000 square feet		X

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED "NO" BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. 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)

YES = IN COMPLIANCE      NO = NOT IN COMPLIANCE, EXPLAIN ON ADDITIONAL PAGES(S)      NB = NOT OBSERVED      NA = NOT APPLICABLE

SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
Approved source, construction & operation				X	Doors and locks permitted				X
Complies with chemical, bacT & rad standards				X	Textiles, hangings and mirrors proper				X
Chlorinator maintained & operating properly				X	Fire extinguisher type, inspected, location				X
SECTION B: SEWAGE & WASTEWATER					Vertical openings protected				X
Operating satisfactorily				X	Doors, self closing & fire rated				X
SECTION C: SANITATION/HOUSEKEEPING					Smoke detectors installed, good repair				X
Walls, floors & ceilings in good repair				X	Fire alarm & sprinkler systems tested & approved				X
Proper housekeeping practices				X	Evacuation route and plan, installed, available				X
Towels & bed linens clean				X	Stairs and ramps maintained, good repair				X
Mattresses & box springs clean				X	Means of egress, number, maintained				X
No evidence of rodents & insects				X	SECTION F: SWIMMING POOLS/SPAS				
Ice machines, scoops, liners, clean & protected				X	Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained				X	Boundary line, pool depth properly marked				X
Premises, plant growth controlled				X	Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved				X	Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination				X	Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize				X	Adequate ventilation				X
Proper hygienic practices				X	Electrical outlets, proper protection & distance				X
SECTION D: LIFE SAFETY					Records maintained & signs posted				X
Combustible/toxic items properly used and stored				X	SECTION G: PLUMBING/MECHANICAL				
Building maintained to assure safe conditions				X	Equipment adequate, good repair				X
CO detectors installed, good repair				X	Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair				X	Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair				X	T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair				X	Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair				X	Proper air gaps, no cross connections				X
SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)					SECTION H: HEATING & COOLING				
Smoke detectors hardwired & maintained				X	Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained				X	Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained				X	Proper location of heating/cooling units				X
SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances				X	Operation & condition adequate				X
					Proper safety valve, thermo control, elect. switch				X

Received By:   
 Ralph  
 Inspector: 

Date Inspected: Monday, June 24, 201  
 Follow-up:  Yes  No  
 Follow-up Date: Wednesday, July 03, 201





JACKSON COUNTY ENVIRONMENTAL HEALTH DIVISION

34900 E Old US 40 Hwy, Clinton Valley, MO 64029

Fax: (816) 881-1650

Lodging Establishment Inspection Report

<b>Owner Name</b>	<b>Establishment</b>	<b>Person In Charge</b>	<b>Address</b>	<b>City/Zip Code</b>
Welcome Inn (lodging)	Welcome Inn (lodging)	Ralph	3300 Jefferson	Blue Springs 64015

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
	<p>A complaint was received from a client who stated that she discovered roaches in her room directly after she rented it. She also stated that there were mouse feces on the bathroom sink. During this visit a live roach was observed in the fan unit on the back of the refrigerator. The person staying in the room at the time of visit showed inspector a trash can that had multiple small roaches crawling around in the bottom of it, under the trash bag.</p> <p>The manager stated that he requires residents to take their own trash to the dumpsters. They are not allowed to place trash bags outside. Per the sanitation/housekeeping section of the State of Missouri Lodging code, section j, the guest rooms, buildings, and premises shall be kept free of refuse and debris. Employees of this hotel shall be ensuring that all trash is removed from the premises daily to help eliminate pest harborage conditions. Management should have procedures to remove trash from the occupied rooms daily.</p> <p>Manager is required to have the room treated by a professional within 10 days. A re-inspection is required and scheduled for July 3rd. Manager call call for re-inspection if room is treated sooner. Manager shall provide a copy of report from professional showing the room was treated and must complete any recommendations made by the pest control technician to eliminate harborage conditions.</p>

Received By: 	Date Inspected: Monday, June 24, 2011
Ralph	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspector: 	Follow-up Date: Wednesday, July 03, 2011



Lodging Establishment Inspection Report

C1	Room 124 1. Hole in the ceiling. 2. Crack in the bathtub  All of the above corrected on 6/26/19.
C2	Room 124- Ceiling in the bathroom dirty  Ceiling cleaned on 6/26/19.
C2	Room 322 1. Air conditioner filters dirty. Corrected 6/26/19 2. Stain on the floor between the beds. Corrected on 6/26/19. 3. Ceiling dirty in the bathroom. Corrected on 6/26/19 4. Wall behind the table was dirty.
C1	Room 322 1. Holes in the bathroom wall. Corrected on 6/26/19. 2. Broken leg on the bed frame. Corrected on 6/26/19 3. Damaged lampshade.
C1	Room 130 1. Cracked lamp shade 2. Large hole on the side of the mattress.  All of the above corrected on 6/26/19.
C2	Room 437- Filters in the air conditioning unit dirty.  Filters cleaned on 6/26/19.
C1	Room 437- Outlet in the bathroom not working properly  Outlet repaired on 6/26/19
C2	Room 632- Filters in the air conditioning dirty  Filters cleaned on 6/26/19.
C2	Room 637- Refrigerator dirty  Refrigerator has been cleaned on 6/25/19
C1	Room 637-Exhaust fan in the bathroom not working.  Exhaust fan repaired 6/26/19
E7	Room 637- Smoke alarm not working  Smoke alarm repaired on 6/26/19
G2	Room 620- Bathroom fan is not working
C1	Room 620 1. Noticed a lot of strains on the walls. 2. Noticed the air conditions filters had a build up of dust. 3. Curtain had stains
D2	Room 620-Empty light socket
C5	Room 620 Noticed a live roach in the back of the mini fridge.  1. Have a professional pest control company perform an inspection/treatment of the facilities for rodents. 2. Provide a copy of the invoice for the inspector at time of re-inspection, along with any recommendations or sanitation observations that the tech may have. 3. Remove all rodent droppings and clean and sanitize the surface.
C1	Room 119 had dead bugs on the window ledge and behind the refrigerator.  Corrected on 6/26/19

Received By:	Date Inspected: Wednesday, June 26, 2019
Ralph Pugsley	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspector:	Follow-up Date: Wednesday, July 03, 2019
Stacy Smallwood	Telephone No.: (816) 881-1650 EPHS No.: 113333 Not On File





**Lodging Establishment Inspection Report**

Owner Name	Establishment	Person In Charge	Address	City/Zip Code
Welcome Inn (lodging)	Welcome Inn (lodging)	Quentin Kearney	3300 Jefferson	Blue Springs 64015
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS			
C2	Room 112. Refrigerator needs clean.			
C2	Room 512 1. Dead flies in the window seal. 2. Air conditioner filters have a build up of dust.			
E7	Room 512 Smoke detectors not working.			
C5	Room 512 Noticed live roaches.			
C2	Room 625 1. T.V. stand needs clean. 2. Refrigerator needs clean.			
E7	Room 625 1. Smoke detectors not working.			
C5	Room 625 Noticed live roaches.			
C5	Room 524 Noticed live roaches in the refrigerator and bathroom			
C1	Room 125 Vanity light fixture broke			
C1	Room 228 Countertop on the desk is damaged.			

Received By: <i>Erica Maxwell</i>	Date Inspected: Tuesday, September 03, 2019
Inspector: <i>Jracy Anderson</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: Friday, September 06, 2019
	Telephone No.: EPHS No.:



34900 E Old US 40 Hwy, Grain Valley, MO 64029  
 Fax: (816) 881-1650

### Lodging Establishment Inspection Report

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b> Quentin Kearney	<b>Licensing Year</b>	<b>Approved</b> Yes
<b>Address</b> 3300 Jefferson		<b>E-Mail</b> Ralph@welcomeinnextendedstay.com	<b>City Code</b> Blue Springs	<b>County</b> Jackson
<b>City/Zip Code</b> Blue Springs 64015		<b>Phone</b> 816-622-8171	<b>Fax</b>	<b>Establishment No.</b> 1860
<b>Purpose</b> Lodging Establishment Complaint	<b>Establishment Type</b> Lodging	<b>This Inspection is a(n)</b> Complaint	<b>No. of Stories</b>	<b>No. of Rooms</b> 1
<b>Inspection Number</b> 2019-05512		<b>Case Number</b> 2019-003001	<b>Agency</b>	

PLEASE CHECK YES OR NO TO EACH ITEM.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?			X	Is the water supply public?	X	
<b>DO THE FOLLOWING LOCAL ORDINANCES APPLY?</b>				Water sample taken		X
Fire safety		X		<b>SEWAGE/WASTEWATER</b>		
Electrical wiring		X		Is the Sewage/Wastewater private?		X
Fuel burning appliances		X		Is the Sewage/Wastewater public?	X	
Plumbing		X		<b>SWIMMING POOLS/SPAS</b>		
Swimming pools/spas		X		Indoor pool		X
Food		X		Outdoor pool		X
				Spa		X
				Pool larger than 2000 square feet		X

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED "NO" BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. 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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SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
Approved source, construction & operation	X				Doors and locks permitted				X
Complies with chemical, bacT & rad standards	X				Textiles, hangings and mirrors proper				X
Chlorinator maintained & operating properly	X				Fire extinguisher type, inspected, location				X
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					Vertical openings protected				X
Operating satisfactorily	X				Doors, self closing & fire rated				X
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					Smoke detectors installed, good repair				X
Walls, floors & ceilings in good repair	X				Fire alarm & sprinkler systems tested & approved				X
Proper housekeeping practices	X				Evacuation route and plan, installed, available				X
Towels & bed linens clean	X				Stairs and ramps maintained, good repair				X
Mattresses & box springs clean	X				Means of egress, number, maintained				X
No evidence of rodents & insects			X		<b>SECTION F: SWIMMING POOLS/SPAS</b>				
Ice machines, scoops, liners, clean & protected				X	Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained				X	Boundary line, pool depth properly marked				X
Premises, plant growth controlled				X	Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved				X	Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination				X	Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize				X	Adequate ventilation				X
Proper hygienic practices				X	Electrical outlets, proper protection & distance				X
<b>SECTION D: LIFE SAFETY</b>					Records maintained & signs posted				X
Combustible/toxic items properly used and stored				X	<b>SECTION G: PLUMBING/MECHANICAL</b>				
Building maintained to assure safe conditions				X	Equipment adequate, good repair				X
CO detectors installed, good repair				X	Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair				X	Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair				X	T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair				X	Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair				X	Proper air gaps, no cross connections				X
<b>SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)</b>					<b>SECTION H: HEATING &amp; COOLING</b>				
Smoke detectors hardwired & maintained				X	Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained				X	Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained				X	Proper location of heating/cooling units				X
<b>SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)</b>					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances				X	Operation & condition adequate				X
					Proper safety valve, thermo control, elect. switch				X

Received By: <i>Drew Miller</i>	Date Inspected: Tuesday, October 15, 2019
Inspector: <i>Sarah Cantrell</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: Monday, October 21, 2019
	Telephone No.: 816 710 2400      EPHS No.: 4698



34900 E Old US 40 Hwy, Grain Valley, MO 64029  
 Fax: (816) 881-1650

**Lodging Establishment Inspection Report**

Owner Name	Establishment	Person In Charge	Address	City/Zip Code
Welcome Inn (lodging)	Welcome Inn (lodging)	Quentin Kearney	3300 Jefferson	Blue Springs 64015
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS			
C5	<p>Room 426:</p> <p>An inspection was conducted for a complaint received.</p> <p>The complaint stated on 10/12/2019, the tenant observed roaches falling from the ceiling and walls and bedbugs on the beds</p> <p>During inspection, roaches were observed on the walls, ceilings, floors, and in the refrigerator. No bedbugs were found.</p> <p>A re-inspection will be conducted on Monday, 10/21/2019 to check that the violation has been corrected.</p> <p><b>CORRECTIVE ACTION FOR PEST CONTROL</b></p> <p>1) A professional pest control service must be utilized in the noted room (426).          2) An invoice shall be provided to the inspector upon re-inspection.</p>			

Received By: <i>[Signature]</i>	Date Inspected: Tuesday, October 15, 2019
Inspector: <i>[Signature]</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date: Monday, October 21, 2019
	Telephone No.: 816 740 2400      EPHS No.: 1828





34900 E Old US 40 Hwy, Grain Valley, MO 64029  
 Fax: (816) 881-1650

**Lodging Establishment Inspection Report**

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b>	<b>Licensing Year</b> 2019-2020	<b>Approved</b> No
<b>Address</b> 3300 Jefferson		<b>E-Mail</b> tony@welcomeinnextendedstay.com	<b>City Code</b> Blue Springs	<b>County</b> Jackson County
<b>City/Zip Code</b> Blue Springs 64015		<b>Phone</b> 816-622-8171	<b>Fax</b>	<b>Establishment No.</b> 1860
<b>Purpose</b> Lodging Establishment Complaint	<b>Establishment Type</b> Lodging	<b>This Inspection Is a(n)</b> Complaint	<b>No. of Stories</b> 3	<b>No. of Rooms</b>
<b>Inspection Number</b> 2019-05928		<b>Case Number</b> 2019-003193	<b>Agency</b> Jackson County	<b>Rooms Inspected</b> 232

PLEASE CHECK YES OR NO TO EACH ITEM.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?			X	Is the water supply public?	X	
<b>DO THE FOLLOWING LOCAL ORDINANCES APPLY?</b>				Water sample taken		X
Fire safety		X		<b>SEWAGE/WASTEWATER</b>		
Electrical wiring		X		Is the Sewage/Wastewater private?		X
Fuel burning appliances		X		Is the Sewage/Wastewater public?	X	
Plumbing		X		<b>SWIMMING POOLS/SPAS</b>		
Swimming pools/spas			X	Indoor pool		X
Food			X	Outdoor pool		X
				Spa		X
				Pool larger than 2000 square feet		X

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED "NO" BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. 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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SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
Approved source, construction & operation	X				Doors and locks permitted				X
Complies with chemical, bacT & rad standards				X	Textiles, hangings and mirrors proper				X
Chlorinator maintained & operating properly				X	Fire extinguisher type, inspected, location				X
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					Vertical openings protected				X
Operating satisfactorily				X	Doors, self closing & fire rated				X
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					Smoke detectors installed, good repair	X			
Walls, floors & ceilings in good repair		X			Fire alarm & sprinkler systems tested & approved				X
Proper housekeeping practices		X			Evacuation route and plan, installed, available	X			
Towels & bed linens clean		X			Stairs and ramps maintained, good repair				X
Mattresses & box springs clean	X				Means of egress, number, maintained				X
No evidence of rodents & insects		X			<b>SECTION F: SWIMMING POOLS/SPAS</b>				
Ice machines, scoops, liners, clean & protected				X	Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained				X	Boundary line, pool depth properly marked				X
Premises, plant growth controlled				X	Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved				X	Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination				X	Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize				X	Adequate ventilation				X
Proper hygienic practices				X	Electrical outlets, proper protection & distance				X
<b>SECTION D: LIFE SAFETY</b>					Records maintained & signs posted				X
Combustible/toxic items properly used and stored				X	<b>SECTION G: PLUMBING/MECHANICAL</b>				
Building maintained to assure safe conditions				X	Equipment adequate, good repair				X
CO detectors installed, good repair				X	Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair	X				Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair				X	T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair				X	Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair				X	Proper air gaps, no cross connections				X
<b>SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)</b>					<b>SECTION H: HEATING &amp; COOLING</b>				
Smoke detectors hardwired & maintained				X	Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained				X	Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained				X	Proper location of heating/cooling units				X
<b>SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)</b>					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances				X	Operation & condition adequate				X
					Proper safety valve, thermo control, elcd. switch				X

Received By: <i>Arthur Zion</i>	Date Inspected: Friday, October 25, 2019
Inspector: <i>Tracy Huber</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date:
	Telephone No.: (816) 881-1650
	EPHS No.: License Not On File



34900 E Old US 40 Hwy, Grain Valley, MO 64029

Fax: (816) 881-1650

### Lodging Establishment Inspection Report

Owner Name	Establishment	Person In Charge	Address	City/Zip Code
Welcome Inn (lodging)	Welcome Inn (lodging)		3300 Jefferson	Blue Springs 64015
SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS			
	<p>On 10-25-19 A complaint was email on Room 232 that the room smell awful and live roaches, stain on the wall that look like blood, vent falling off the wall and ceiling and holes in the sheets.</p> <p>Contacted was made by phone with the customer. The room was inspected the vent in the bathroom did not work and it was come off the wall. The heating unit was come off the wall. the bed covers had holes. Noticed one roach on the wall. and stains on the ceiling.</p> <p>Customer were offer another room at the extended stay room was clean. Customer refused the room.</p> <p>Manager was told that the Room 232 needed to be spray by a pest control, and new bed cover and fix the vents and heating unit.</p>			

Received By: <i>Antwan Dixon</i>	Date Inspected: <b>Fridav, October 25, 2019</b>
Inspector: <i>Jacqy Hudson</i>	Follow-up: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Follow-up Date:
	Telephone No.: (816) 840-7371
	EPHS No.: License Not On File





34900 E Old US 40 Hwy, Grain Valley, MO 64029  
 Fax: (816) 881-1650

**Lodging Establishment Inspection Report**

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b>	<b>Licensing Year</b> 2019-2020	<b>Approved</b> No
<b>Address</b> 3300 Jefferson		<b>E-Mail</b> tony@welcomeinnextendedstay.com	<b>City Code</b> Blue Springs	<b>County</b> Jackson County
<b>City/Zip Code</b> Blue Springs 64015		<b>Phone</b> 816-622-8171	<b>Fax</b>	<b>Establishment No.</b> 1860
<b>Purpose</b> Lodging Establishment Complaint	<b>Establishment Type</b> Lodging	<b>This Inspection Is a(n)</b> Complaint	<b>No. of Stories</b> 3	<b>No. of Rooms</b>
<b>Inspection Number</b> 2019-06180		<b>Case Number</b> 2019-003193	<b>Agency</b> Jackson County	

PLEASE CHECK YES OR NO TO EACH ITEM.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?			X	Is the water supply public?	X	
DO THE FOLLOWING LOCAL ORDINANCES APPLY?		X		Water sample taken		X
Fire safety		X		<b>SEWAGE/WASTEWATER</b>		
Electrical wiring		X		Is the Sewage/Wastewater private?		X
Fuel burning appliances		X		Is the Sewage/Wastewater public?	X	
Plumbing		X		<b>SWIMMING POOLS/SPAS</b>		
Swimming pools/spas			X	Indoor pool		X
Food			X	Outdoor pool		X
				Spa		X
				Pool larger than 2000 square feet		X

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Complies with chemical, bacT & rad standards			X		Textiles, hangings and mirrors proper				X
Chlorinator maintained & operating properly			X		Fire extinguisher type, inspected, location				X
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					Vertical openings protected				X
Operating satisfactorily				X	Doors, self closing & fire rated				X
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					Smoke detectors installed, good repair	X			
Walls, floors & ceilings in good repair		X			Fire alarm & sprinkler systems tested & approved				X
Proper housekeeping practices		X			Evacuation route and plan, installed, available	X			
Towels & bed linens clean		X			Stairs and ramps maintained, good repair				X
Mattresses & box springs clean	X				Means of egress, number, maintained				X
No evidence of rodents & insects		X			<b>SECTION F: SWIMMING POOLS/SPAS</b>				
Ice machines, scoops, liners, clean & protected			X		Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained			X		Boundary line, pool depth properly marked				X
Premises, plant growth controlled		X			Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved		X			Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination		X			Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize		X			Adequate ventilation				X
Proper hygienic practices		X			Electrical outlets, proper protection & distance				X
<b>SECTION D: LIFE SAFETY</b>					Records maintained & signs posted				X
Combustible/toxic items properly used and stored			X		<b>SECTION G: PLUMBING/MECHANICAL</b>				
Building maintained to assure safe conditions			X		Equipment adequate, good repair				X
CO detectors installed, good repair			X		Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair	X				Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair		X			T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair		X			Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair		X			Proper air gaps, no cross connections				X
<b>SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)</b>					<b>SECTION H: HEATING &amp; COOLING</b>				
Smoke detectors hardwired & maintained			X		Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained			X		Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained			X		Proper location of heating/cooling units				X
<b>SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)</b>					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances			X		Operation & condition adequate				X
					Proper safety valve, thermo control, elect. switch				X

<b>Received By:</b> <i>Anthony Hirsch</i>	<b>Date Inspected:</b> Friday, October 25, 2019
<b>Inspector:</b> <i>Tracy Anderson</i>	<b>Follow-up:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Follow-up Date:</b> Monday, November 11, 2019
	<b>Telephone No.:</b> (816) 881-7334
	<b>EPHS No.:</b> License Not On File



Lodging Establishment Inspection Report

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b>	<b>Address</b> 3300 Jefferson	<b>City/Zip Code</b> Blue Springs 64015
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SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
	<p>On 11-4-19 Room 232 was re-inspected and the room was spray by Terminix on 11-1-19 no recommendation or activity was listed by the employee. Jackson County Health noticed live roach activity and dead roaches. Room 232 can not be rent out until the next Inspection by Jackson County Health on 11-11-19</p> <p>On 10-25-19 A complaint was email on Room 232 that the room smell awful and live roaches, stain on the wall that look like blood, vent falling off the wall and ceiling and holes in the sheets. Contacted was made by phone with the customer. The room was inspected the vent in the bathroom did not work and it was come off the wall. The heating unit was come off the wall. the bed covers had holes. Noticed one roach on the wall. and stains on the ceiling.</p> <p>Customer were offer another room at the extended stay room was clean. Customer refused the room.</p> <p>Manager was told that the Room 232 needed to be spray by a pest control, and new bed cover and fix the vents and heating unit.</p>

<b>Received By:</b> <i>Anthony Hickson</i>	<b>Date Inspected:</b> Friday, October 25, 2019
<b>Inspector:</b> <i>Jerry Hudson</i>	<b>Follow-up:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Follow-up Date:</b> Monday, November 11, 2019
	<b>Telephone No.:</b> <b>EPHS No.:</b>



34900 E Old US 40 Hwy, Grain Valley, MO 64029  
 Fax: (816) 881-1650

**Lodging Establishment Inspection Report**

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b> Ken Logan		<b>Licensing Year</b> 2019-2020		<b>Approved</b> Yes
<b>Address</b> 3300 Jefferson		<b>E-Mail</b> tony@welcomeinnextendedstay.com		<b>City Code</b> Blue Springs	<b>County</b> 632,232,228	
<b>City/Zip Code</b> Blue Springs 64015		<b>Phone</b> 816-622-8171		<b>Fax</b>	<b>Establishment No.</b> 1860	
<b>Purpose</b> Lodging Establishment Complaint	<b>Establishment Type</b> Lodging	<b>This Inspection Is a(n)</b> Complaint	<b>No. of Stories</b> 3	<b>No. of Rooms</b>	<b>Rooms Inspected</b> 632,232,228,436,524	
<b>Inspection Number</b> 2019-06176		<b>Case Number</b> 2019-003301		<b>Agency</b> Jackson County		

PLEASE CHECK YES OR NO TO EACH ITEM.		YES	NO	WATER SUPPLY	YES	NO
Was this lodging facility built after October 31, 2005?			X	Is the water supply private?		X
If built after October 31, 2005, does it have certification to national standards or an occupancy permit?			X	Is the water supply public?	X	
<b>DO THE FOLLOWING LOCAL ORDINANCES APPLY?</b>				Water sample taken		X
<b>Fire safety</b>		X		<b>SEWAGE/WASTEWATER</b>		
Electrical wiring		X		Is the Sewage/Wastewater private?		
Fuel burning appliances		X		Is the Sewage/Wastewater public?		
Plumbing		X		<b>SWIMMING POOLS/SPAS</b>		
Swimming pools/spas			X	Indoor pool		
Food		X		Outdoor pool		
				Spa		
				Pool larger than 2000 square feet		

BASED ON AN INSPECTION THIS DAY, THE ITEMS MARKED "NO" BELOW IDENTIFY NONCOMPLIANCE IN OPERATIONS OR FACILITIES WHICH MUST BE CORRECTED BY THE NEXT ROUTINE INSPECTION, OR SUCH SHORTER PERIOD OF TIME AS MAY BE SPECIFIED IN WRITING BY THE REGULATORY AUTHORITY. 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)

YES = IN COMPLIANCE      NO = NOT IN COMPLIANCE, EXPLAIN ON ADDITIONAL PAGE(S)      NB = NOT OBSERVED      NA = NOT APPLICABLE

SECTION A: WATER SUPPLY	YES	NO	NB	NA	SECTION E: FIRE SAFETY (All Establishments cont.)	YES	NO	NB	NA
Approved source, construction & operation		X			Doors and locks permitted				X
Complies with chemical, bacT & rad standards		X			Textiles, hangings and mirrors proper				X
Chlorinator maintained & operating properly		X			Fire extinguisher type, inspected, location				X
<b>SECTION B: SEWAGE &amp; WASTEWATER</b>					Vertical openings protected				X
Operating satisfactorily		X			Doors, self closing & fire rated				X
<b>SECTION C: SANITATION/HOUSEKEEPING</b>					Smoke detectors installed, good repair				X
Walls, floors & ceilings in good repair	X				Fire alarm & sprinkler systems tested & approved				X
Proper housekeeping practices		X			Evacuation route and plan, installed, available				X
Towels & bed linens clean		X			Stairs and ramps maintained, good repair				X
Mattresses & box springs clean		X			Means of egress, number, maintained				X
No evidence of rodents & insects	X				<b>SECTION F: SWIMMING POOLS/SPAS</b>				
Ice machines, scoops, liners, clean & protected			X		Fence, gate adequate, proper closure mechanism				X
Garbage & refuse properly maintained			X		Boundary line, pool depth properly marked				X
Premises, plant growth controlled	X				Lifesaving equipment adequate, good repair				X
Food sources, sound condition, approved				X	Pool clarity, pH, disinfectant, temp maintained				X
Food protected from contamination				X	Steps, ladders, deck installed, good repair				X
Proper facilities to wash, rinse and sanitize				X	Adequate ventilation				X
Proper hygienic practices				X	Electrical outlets, proper protection & distance				X
<b>SECTION D: LIFE SAFETY</b>					Records maintained & signs posted				X
Combustible/toxic items properly used and stored			X		<b>SECTION G: PLUMBING/MECHANICAL</b>				
Building maintained to assure safe conditions			X		Equipment adequate, good repair				X
CO detectors installed, good repair			X		Ventilation adequate, plumbing, restrooms				X
GFCI and proper wiring installed, good repair			X		Boilers/pressure vessels MDPS certified				X
Exit signs installed, good repair			X		T&P relief valves adequate, good repair				X
Emergency lighting installed, good repair			X		Relief valve discharge pipes installed, adequate				X
Electric panel protected, labeled, good repair			X		Proper air gaps, no cross connections				X
<b>SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)</b>					<b>SECTION H: HEATING &amp; COOLING</b>				
Smoke detectors hardwired & maintained				X	Unvented fuel-burn appliance/space heater approved				X
Fire alarm system installed & maintained				X	Fire resistant room or sprinkler head/detector				X
Sprinkler system installed & maintained				X	Proper location of heating/cooling units				X
<b>SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)</b>					Ventilation of appliances & utility rooms				X
Complies with local building codes, fire codes & ordinances				X	Operation & condition adequate				X
					Proper safety valve, thermo control, elect. switch				X

<b>Received By:</b> <i>Arvin H. [Signature]</i>	<b>Date Inspected:</b> Monday, November 04, 2019
	<b>Follow-up:</b> <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>Inspector:</b> <i>Jerry Hudson</i>	<b>Follow-up Date:</b> Wednesday, December 04, 2019
	<b>Telephone No.:</b> [Redacted]
	<b>EPHS No.:</b> [Redacted]



JACKSON COUNTY ENVIRONMENTAL HEALTH DIVISION

34900 E Old US 40 Hwy, Grain Valley, MO 64029

Fax: (816) 881-1650

Lodging Establishment Inspection Report

<b>Owner Name</b> Welcome Inn (lodging)	<b>Establishment</b> Welcome Inn (lodging)	<b>Person In Charge</b> Ken Logan	<b>Address</b> 3300 Jefferson	<b>City/Zip Code</b> Blue Springs 64015
<b>SECTION REFERENCE</b>	<b>OBSERVATIONS AND ADDITIONAL COMMENTS</b>			
	<p>Complaint was made on roach activity and dirty mattress on 11-4-19 in room. Inspection was made on room 228 and other rooms at Welcome Inn. Noticed roach activity in 436,524, 632, 232, and 228 also noticed dead roaches. All three rooms will be closed until re-inspected by the Jackson County Environment Health. Terminix spray on 11-1-19 around 11:30am. The employee from terminix stated in his invoice that he did not see any activity in room 228 and 232 and he did not have any recommendation.</p> <p>Owner Ken of Welcome Inn stated that he will bring down two employees that will talk with the resident that have live there for over a months and about the roach activity that they see inside there rooms. Over 70% of the resident at Welcome Inn live there over a month.</p> <p>Next field visit will be in Dec 4, 2019 on roach activity.</p>			

Received By: <i>ARVETA H. [Signature]</i>	Date Inspected:	Monday, November 04, 2019
	Follow-up:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspector: <i>Jessie Hudson</i>	Follow-up Date:	Wednesday, December 04, 2019
	Telephone No.:	EPHS No.:
	(816) 881-7224	License Not On File