

| Owner Name Welcome Inn (lodging) | Establishment Welcome Inn (lodging) | Person Ir | Charg | e | | | Licensing Year | 1 | | Approved No | | | |
|---|--|---------------------|---|------------|------------|---|--|--|------------|----------------|-------|-------------|--|
| | Welcome Inn (lodging) | | | | | | Control of the Contro | | | | _ | _ | |
| Address | | E-Mail | | CONTRACTOR | | | | City Code County | | | | | |
| 3300 Jefferson | | welcomei | nnmgr@ | gmail.co | m | | Blue Springs | Jackson Count Establishment | | | | | |
| City/Zip Code Phone Blue Springs 64015 816-622-8171 | | 1474 | | | | Fax | 1860 | INO. | | | | | |
| Blue Springs 64015 | Establishment Type | | _ | c a/n) | INO | of Stories | No. of Rooms | Rooms Inspec | poeted | | | | |
| Purpose Lodging Establishment Compl | | This Insp | | a of m | 100. | | No. of Rooms | 233 | LCM. | | | | |
| Inspection Number | 2018-05766 | | Complaint 3 Case Number 2018-003415 | | Agency | Jackson Count | | | | | | | |
| PLEASE CHECK YES OR NO TO E | | Oaseman | IIDEL | Vee | NUMBER OF | WATER SUPPLY | TAXABLE PARTIES AND | Substitution County | | 75-17 | YES | NO | |
| | | BIACH PLANTS | | YES | NO | | STORY STATES IN SECTION | | | | 123 | | |
| Was this lodging facility built after O | | | 110 | +- | X | Is the water supply private? | | | _ | -+ | х | Х | |
| | it have certification to national standards of | r an occupancy perm | H? | L. | X | Is the water supply public? | | | | \rightarrow | | × | |
| DO THE FOLLOWING LOCAL ORD | JINANCES APPLY? | 1,000,000 | | Τv | T | Water sample taken | WITH A SHIP IN THE SHOP | I de la grada de l | all site | 1500 | NEN A | | |
| Fire safety | | | | X | + | SEWAGEWASTEWATER Is the Sewage/Wastewater; | nti-ata? | AT VIEW TO SERVICE | TVI A | - | - | × | |
| Electrical wiring | | | | X | +- | | | | | - | Х | ŀ | |
| Fuel burning appliances | | | | + | - | Is the Sewage/Wastewater p | poblicir | | CONTRACTOR | | C4.35 | att or till | |
| Plumbing | | | | X | \ <u>,</u> | SWIMMING POOLS/SPAS | | EL MANAGEMENT STATE | | | - | x | |
| Swimming pools/spas | | | | + | X | Indoor pool | | | | \rightarrow | _ | - | |
| Food | | | | - | X | Outdoor pool | | | | - | _ | X | |
| | | | | | | Spa Pool larger than 2000 square | | | | - | | X | |
| | | QUEST WITHIN | TEN DA | YS AFTI | ER REC | | RS MAY REQUEST A HEARIN (RSMO 315.005-065, 19 CS NB = NOT OBSERVED | | | | TOR | IPON | |
| SECTION A: WATER SUPPLY | Territoria de la composición dela composición de la composición de la composición de la composición de la composición dela composición de la composición de la composición dela composición dela composición de la composición de la composición dela composición de la composición dela composición dela composición dela composición dela composición dela composición dela compos | The Wallet | ES N | O NB | NA | SECTION E: FIRE SAFETY | Y (All Establishments cont.) | | YES | NO | NB | NA | |
| Approved source, construction & ope | eration | T | | T | T x | Doors and locks permitted | | | T | | | х | |
| Complies with chemical, bacT & rad | | | \dashv | +- | X | Textiles, hangings and mirro | ors proper | | | | | х | |
| Chlorinator maintained & operating p | | | \neg | - | X | Fire extinguisher type, Inspe | | | † | | | х | |
| SECTION B: SEWAGE & WASTEW | | STANIES NO. | 10.000 | 0.0 | Silinvio | Vertical openings protected | | | 1 | | | X | |
| Operating satisfactorily | | T | T | 7 | Ιx | Doors, self closing & fire rate | ed | | t | | | x | |
| SECTION C: SANITATION/HOUSE | KEEPING | 1 - 3 1 2 3 1 | VII. SUIT | Press. | 9.43 | Smoke detectors installed, g | | | | | | х | |
| Walls, floors & ceilings in good repair | | | | T | X | Fire alarm & sprinkler system | | | 1 | | | x | |
| Proper housekeeping practices | | | \neg | _ | x | Evacuation route and plan, in | installed, available | | | | | x | |
| Towels & bed linens clean | | | | | х | Stairs and ramps maintained | d, good repair | | | | | х | |
| Mattresses & box springs clean | | | | | х | Means of egress, number, m | naintained | | | | | х | |
| No evidence of rodents & insects | | | × | 1 | | SECTION F: SWIMMING P | OOLS/SPAS | and the second | C-OH | | West | MIZ. | |
| Ice machines, scoops, liners, clean & | protected | | | | х | Fence, gate adequate, prope | er dosure mechanism | | | | | х | |
| Garbage & refuse properly maintaine | ed | | | | х | Boundary line, pool depth pr | roperly marked | | | | | х | |
| Premises, plant growth controlled | | | | | х | Lifesaving equipment adequ | ale, good repair | | | | | х | |
| Food sources, sound condition, appro | oved | | | | х | Pool clarity, pH, disinfectant, | , temp maintained | | | | | х | |
| Food protected from contamination | | | | | х | Steps, ladders, deck installe | d, good repair | | | | | х | |
| Proper facilities to wash, rinse and sa | ınitize | | | | х | Adequate ventilation | | | | | | х | |
| Proper hygienic practices | | | | | х | Electrical outlets, proper prol | tection & distance | | | | | Х | |
| SECTION D: LIFE SAFETY | | 1-1-1 | | View | BUS | Records maintained & signs | posted | | | | | х | |
| Combustible/toxic items properly use | d and stored | | | | х | SECTION G; PLUMBINGIM | MECHANICAL | | 800 | ag. | | Y | |
| Building maintained to assure safe co | onditions | | | | х | Equipment adequate, good r | repair | | | | | х | |
| CO detectors installed, good repair | | | | 3 | х | Ventilation adequate, plumbi | ing, restrooms | | | | | х | |
| GFCI and proper wiring Installed, goo | d repair | | | | х | Boilers/pressure vessels MD | OPS certified | | | | | х | |
| Exit signs installed, good repair | | | | | х | T&P relief valves adequate, | good repair | | | | | X | |
| Emergency lighting installed, good rep | pair | | | | х | Relief valve discharge pipes | installed, adequate | | | | | х | |
| Electric panel protected, labeled, good | d repair | | | | х | Proper air gaps, no cross cor | nnections | | | | | х | |
| SECTION E: FIRE SAFETY (NEW E | STABLISHMENTS ONLY) | | | Red S | | SECTION H: HEATING & C | COOLING | | 452 | 1,20 | | AT T | |
| Smoke detectors hardwired & maintai | | | | _ | х | Unvented fuel-burn appliance | se/space heater approved | | - | | | Х | |
| Fire alarm system Installed & maintair | ned | | 4_ | _ | х | Fire resistant room or sprinkl | der head/delector | | - | | | Х | |
| Sprinkler system installed & maintains | ed | | | | х | Proper location of heating/co | ooling units | | _ | | | Х | |
| SECTION E: FIRE SAFETY (ALL ES | TABLISHMENTS) | * 35 | | , | | Ventilation of appliances & u | | | - | | | Х | |
| Complies with local building codes, fin | e codes & ordinances | | | | х | Operation & condition adequ | ıate | | 1 - | | | Х | |

| | Proper salety valve, diefino control, elect switch | |
|--------------|--|------------------------------|
| Received By: | Date Inspected: | |
| | | Wednesday, December 12, 2018 |
| | Follow-up: | Yes X No |
| Inspector: | Follow-up Date: | Tuesday, December 18, 2018 |
| Drag Hudur | Telephone No.: | EPHS No.: |
| Teams Midage | /01E\010 7001 | License Not On File |
| | | |



34900 E Old US 40 Hwy, Grai. Fax: (816) 881-1650

| Owner Name | Establishment | Person in Charge | Address | City/Zip Code |
|-----------------------|---|---|---|--------------------|
| Welcome Inn (lodging) | Welcome Inn (lodging) | | 3300 Jefferson | Blue Springs 64015 |
| SECTION REFERENCE | OBSERVASTIONS AND AD | DITIONAL COMMENTS | STEEL STEEL STEEL | - L 2016 |
| | Jackson Country Environ Upon the inspection live i CORRECTIVE ACTION i The following requiremen 1. Have a professional p 2. Provide a copy of the have. | mental Health Division. roaches were observed in the walls, windo FOR PEST ACTIVITY Its must be met to correct. est control company perform an inspection invoice for the inspector at time of re-inspect and clean and sanitize the surface. | ield visit was on 12/12/18 and a investigation was ow seal, ceiling. Management close the room dow n/treatment of the facilities for insect. ection, along with any recommendations or sanit | wn. |

| Received By: | Date Inspected: | |
|-----------------|-----------------|------------------------------|
| | | Wednesday, December 12, 2018 |
| | Follow-up: | Yes X No |
| Inspector: // / | Follow-up Date: | Tuesday, December 18, 2018 |
| Tracy Hadren | Telephone No.: | EPHS No.: |
| Tenar Undan | 1/04E\040 7004 | License Not On Eile |

PAGE: 2 of 2



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

| Establishment | Person In Charge | Address | City/Zip Code | | | | | | |
|---|---|--|---|--|--|--|--|--|--|
| Welcome Inn (lodging) | | 3300 Jefferson | Blue Springs 64015 | | | | | | |
| OBSERVASTIONS AND ADDITIONAL COMMENTS | | | | | | | | | |
| lot of roaches in their room and the bathroom shower had a ho Maintenace man was going to walls and floor. And ALLPEST CORRECTIVE ACTION FOR F. The following requirements mu 1. Have a professional pest cc 2. Provide a copy of the invoic have. 3. Remove all rodent dropping | If that no one came by to spray. Upon inspection the where the called stated that roaches come of come by at 4:30pm on 10-5-18 to spary and call was going to spary the room on Tues. Reinspective and the company of the company perform an inspection/treatment are for the inspector at time of re-inspection, alongs and clean and sanitize the surface. | there was a large number of dear at of. Jik the shower occupants were go ction will be done on 10-17-18. of the facilities for rodents. | d roaches and some live roaches. Also bing remove thier items. away from the | | | | | | |
| | | | | | | | | | |
| | Welcome Inn (lodging) OBSERVASTIONS AND ADDITION On 10-5-18 a complaint was more in their room and the bathroom shower had a home in the bathroom shower had a professional pest of the invoice in the bathroom in | Welcome Inn (lodging) OBSERVASTIONS AND ADDITIONAL COMMENTS On 10-5-18 a complaint was made on roaches in room 611. Arrival and made lot of roaches in their room and that no one came by to spray. Upon inspection the bathroom shower had a hole where the called stated that roaches come of Maintenace man was going to come by at 4:30pm on 10-5-18 to spary and call walls and floor. And ALLPEST was going to spary the room on Tues. Reinspection CORRECTIVE ACTION FOR PEST ACTIVITY The following requirements must be met to correct 6-501.111: 1. Have a professional pest control company perform an inspection/treatment 2. Provide a copy of the invoice for the inspector at time of re-inspection, alon | Welcome Inn (lodging) OBSERVASTIONS AND ADDITIONAL COMMENTS On 10-5-18 a complaint was made on roaches in room 611. Arrival and made contacted with manager and the olot of roaches in their room and that no one came by to spray. Upon inspection there was a large number of dear the bathroom shower had a hole where the called stated that roaches come out of. Maintenace man was going to come by at 4:30pm on 10-5-18 to spary and caulk the shower occupants were go walls and floor. And ALLPEST was going to spary the room on Tues. Reinspection will be done on 10-17-18. CORRECTIVE ACTION FOR PEST ACTIVITY The following requirements must be met to correct 6-501.111: 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 sa have. 3. Remove all rodent droppings and clean and sanitize the surface. | | | | | | |

| Received By: Kich Brewer | Date Inspected: | Friday, October 05, 2018 |
|--------------------------|-----------------|-----------------------------|
| 1 1/2 4 2 | Follow-up: | X Yes No |
| Inspector. // / | Follow-up Date: | Wednesday, October 10, 2018 |
| Drawy Huden | Telephone No.: | EPHS No.: |
| Tracy Hudson | (816)810-7221 | License Not On File |



| tat-l Inn (ladaina) | Establishment | Person In (| 2harge | | | | Licensing Year | | | Approved | | |
|--|--|----------------------|------------------|---------------------------------------|------------------|--|--|--|---------------|----------|---------------------------------------|---|
| Welcome Inn (lodging) | Welcome Inn (lodging) | | | | | | 2019-2020 | | No | | | _ |
| Address | | E-Mail | | | | | Clty Code | County | | | | |
| 3300 Jefferson | | tony@welco | meinne | extended | dstay c | com | Blue Springs | | | | | _ |
| City/Zip Code | | Phone | 71 | | | Establishr | | | t No. | | | |
| Blue Springs 64015 Purpose | T= | | | No | of Stories | No of Rooms Rooms Inspected | | | - | _ | | |
| _odging Establishment Compla | | Complaint | | | 3 | No. or Rooms | No. of Rooms Rooms Inspected 232 | | E-MA | | | |
| nspection Number | 2019-06180 | | | | | 9-003193 | Agency | Jackson Coun | tv | | | |
| PLEASE CHECK YES OR NO TO E | As - Commence and the second | SALE EVENEZA | A. (UCT) | YES | NO. | | TIME TO SELECT THE PARTY OF THE | III IIVIO SI III II | J EE | 1 | YES | |
| Vas this lodging facility built after Oc | | | | 145 | X | Is the water supply private? | | | | - | 140 | T |
| | I have certification to national standards or | an occupancy permit? | | | X | Is the water supply public? | | | | - | х | t |
| OO THE FOLLOWING LOCAL ORDI | | arras Istania | 1000 | | X | Water sample taken | | | | _ | <u> </u> | + |
| ire safety | | | | X | T | SEWAGEWASTEWATER | | We have by notice | 118 | 1/1% | | |
| lectrical wiring | | | | X | ł – | Is the Sewage/Wastewater priva | le? | | | | | T |
| uel burning appliances | | | | X | 1 | Is the Sewage/Wastewater publi | | | _ | - | х | + |
| lumbing | | | | X | 1 | SWIMMING POOLS/SPAS | MARKE ALIGHS | D.S. F. CHUSLIN II | S.L.Y | 1310 | 1000 | 1 |
| wimming pools/spas | | | | <u> </u> | × | Indoor pool | | | | | | Т |
| ood | | | | _ | X | Outdoor pool | | | | - | | + |
| | | | | | | Spa | | | | | - | 十 |
| | | | | | | Pool larger than 2000 square fee | | | | - | | t |
| BASED ON AN INSPECTI | ON THIS DAY, THE ITEMS MARK | ED "NO" BELOW! | DENTIF | Y NON | COME | | | IST BE CORRECTED BY | THE N | EXT. B | OLITIN | _ |
| | - 1 /2 / / I / I / I / I / I / I / I / I / | YOUR LODGING | LICEN: EN DAY | SE AND S AFTE | R REG | PROSECUTION, OWNERS IN CEIPT OF THIS NOTICE. (R | MAY REQUEST A HEARIN | IG BEFORE THE DEPAR | RTMENT | DIRE | | |
| | HILL ALL MAN AND AND AND AND AND AND AND AND AND A | | - | | | 11 | | 00.000 | | | | |
| ECTION A: WATER SUPPLY | | YE | 7 | NB | NA | SECTION E: FIRE SAFETY (AI | Establishments cont.) | | YES | NO | NB | _ |
| pproved source, construction & oper | | X | - | - | - | Doors and locks permitted | - % | | - | | Х | + |
| omplies with chemical, bacT & rad s | | | _ | X | _ | Textiles, hangings and mirrors pr | | | - | _ | X | + |
| hlorinator maintained & operating pr | | | | X | | Fire extinguisher type, inspected | , location | | + | _ | Х | ╀ |
| ECTION B: SEWAGE & WASTEWA | TER | | ALC: N | _ | MILL | Vertical openings protected | | | - | | X | ╀ |
| perating satisfactorily | | | | X | | Doors, self closing & fire rated | | | - | | X | ╀ |
| ECTION C: SANITATION/HOUSEK | ERPING | | No. | | _ | Smoke detectors installed, good | | | X | | +- | ╀ |
| /alls, floors & ceilings in good repair | | | X | - | _ | Fire alarm & sprinkler systems te | | | - | - | X | ╀ |
| roper housekeeping practices | | | X | - | | Evacuation route and plan, instal | | | X | _ | + | ╀ |
| owels & bed linens clean | | | X | + | - | Stairs and ramps maintained, go | | | - | | X | ╀ |
| attresses & box springs clean | | X | + | - | _ | Means of egress, number, mainta | | N. 75 (P. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10 | | | X | _ |
| o evidence of rodents & Insects | | | X | <u> </u> | | SECTION F: SWIMMING POOL | S/SPAS | | | | | _ |
| e machines, scoops, liners, clean & p | protected | | | | | | | | $\overline{}$ | | | ╄ |
| | | | +- | X | | Fence, gate adequate, proper do | | | | | X | ┸ |
| arbage & refuse properly maintained | | | | х | | Boundary line, pool depth proper | ly marked | | | | Х | |
| arbage & refuse properly maintained remises, plant growth controlled | | | | x | | Boundary line, pool depth proper Lifesaving equipment adequate, | ly marked good repair | | | | X | F |
| arbage & refuse properly maintained remises, plant growth controlled good sources, sound condition, approx | | | | X X | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem | ly marked good repair p maintained | | | | X X | F |
| arbage & refuse properly maintained remises, plant growth controlled good sources, sound condition, approv good protected from contamination | ved | | | x x x | | Boundary line, pool depth proper Lifesaving equlpment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go | ly marked good repair p maintained | | | | X X X | = |
| arbage & refuse properly maintained remises, plant growth controlled pood sources, sound condition, approx pood protected from contamination roper facilities to wash, rinse and sam | ved | | | X X X X | | Boundary line, pool depth proper Lifesaving equlpment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation | ly marked good repair p maintained od repair | | | | X X X X | |
| arbage & refuse properly maintained remises, plant growth controlled pood sources, sound condition, approx pood protected from contamination roper facilities to wash, rinse and san roper hygienic practices | ved | | | x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protection | ly marked good repair p maintained od repair | | | | X X X X | |
| arbage & refuse properly maintained remises, plant growth controlled pod sources, sound condition, approx pod protected from contamination oper facilities to wash, rinse and san oper hygienic practices action D: LIFE SAFETY | ved | | | x x x x x | , and the second | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protectic Records maintained & signs post | ly marked good repair p maintained od repair on & distance | | | | X X X X | |
| arbage & refuse properly maintained remises, plant growth controlled pod sources, sound condition, approx pod protected from contamination roper facilities to wash, rinse and san roper hygienic practices ECTION D: LIFE SAFETY combustible/toxic items properly used | ved Vitize and stored | | | x x x x x x x x x | , and the second | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protectic Records maintained & signs post SECTION G: PLUMBING/MECH | ly marked good repair p maintained od repair on & distance ed ANIGAL | | | | X X X X X | |
| arbage & refuse properly maintained remises, plant growth controlled pod sources, sound condition, approx pod protected from contamination roper facilities to wash, rinse and san roper hygienic practices ECTION D: LIFE SARETY combustible/toxic items properly used uilding maintained to assure safe con | ved Vitize and stored | | | x x x x x x x x x x x x x x x x x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protectic Records maintained & signs post SECTION G: PLUMBING/MECH Equipment adequate, good repair | ly marked good repair p maintained od repair on & distance ed ANICAL | | | | x x x x x x x x x x | |
| arbage & refuse properly maintained remises, plant growth controlled pod sources, sound condition, approx pod protected from contamination roper facilities to wash, rinse and san roper hygienic practices aCTION D: LIFE SAFETY combustible/texic items properly used allding maintained to assure safe con D detectors installed, good repair | ved litize and stored | | | x x x x x x x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protectic Records maintained & signs post SECTION G: PLUMBING/MECH Equipment adequate, good repair Ventilation adequate, plumbing, re- | ly marked good repair p maintained od repair on & distance ed ANICAL r estrooms | | | | x x x x x x x x x x | |
| arbage & refuse properly maintained remises, plant growth controlled ood sources, sound condition, approx ood protected from contamination opper facilities to wash, rinse and san opper hygienic practices action D: LIFE SAFETY ombustible foxic items properly used aliding maintained to assure safe con D detectors installed, good repair FCI and proper wiring installed, good | ved litize and stored | x | | x x x x x x x x x x x x x x x x x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protectic Records maintained & signs post SECTION G: PLUMBING/MECH- Equipment adequate, good repair Ventilation adequate, plumbing, re | ly marked good repair p maintained od repair on & distance ed (ANIGAL restrooms | | | | x x x x x x x x x x x x x x x x x x x | |
| arbage & refuse properly maintained emises, plant growth controlled cond sources, sound condition, approximate proper facilities to wash, rinse and san oper hygienic practices COTION D: LIFE SAFETY combustible exist & Emiser properly used cilding maintained to assure safe conditions of the conditio | ved litize and stored additions | x | | x x x x x x x x x x x x x x x x x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protectic Records maintained & signs post SECTION G: PLUMBING/MECH Equipment adequate, good repair Ventilation adequate, plumbing, r Boilers/pressure vessels MDPS of T&P relief valves adequate, good | ly marked good repair p maintained od repair on & distance ed ANIGAL restrooms ertified | 7 - 0 - 1 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 | | | x x x x x x x x x x x x x x x x x x x | |
| arbage & refuse properly maintained emises, plant growth controlled old sources, sound condition, approval of protected from contamination oper facilities to wash, rinse and same oper hygienic practices ECTION D: LIFE SAFETY ombustible/toxic items properly used illding maintained to assure safe con to detectors installed, good repair items of the proper wiring installed, good it signs installed, good repair regency lighting installed, good repair | ved itize and stored iditions | X | | x x x x x x x x x x x x x x x x x x x | Ware | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protection Records maintained & signs post SECTION G: PLUMBING/MECH Equipment adequate, good repair Ventilation adequate, plumbing, r Boilers/pressure vessels MDPS of Relief valve discharge pipes insta | ly marked good repair p maintained ood repair on & distance ed ANICAL r estrooms entified repair | | | | x x x x x x x x x x x x x x x x x x x | |
| arbage & refuse properly maintained emises, plant growth controlled cod sources, sound condition, approved protected from contamination oper facilities to wash, rinse and sampler hygienic practices action D: LIFE SAFETY embustible/toxic items properly used cilding maintained to assure safe con D detectors installed, good repair color and proper wring installed, good it signs installed, good repair ergency lighting installed, good repair ergency lighting installed, good repair circle panel protected, tabeled, good repair | ved and stored additions I repair air | X | | x x x x x x x x x x x x x x x x x x x | Willes | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protection Records maintained & signs post SECTION G: PLUMBING/MECHEquipment adequate, good repair Ventilation adequate, plumbing, rapid propersource vessels MDPS of T&P relief valves adequate, good Relief valve discharge pipes instal Proper air gaps, no cross connections. | ly marked good repair p maintained ood repair on & distance ed ANIGAL restrooms eartified repair | | | | x x x x x x x x x x x x x x x x x x x | |
| arbage & refuse properly maintained emises, plant growth controlled cod sources, sound condition, approved protected from contamination oper facilities to wash, rinse and samper hygienic practices RCTION D: LIFE SAFETY Initiating maintained to assure safe con ordetectors installed, good repair color of the proper wiring installed, good is signs installed, good repair nergency lighting installed, good repair nergency lighting installed, good repair color of the proper wiring installed, good repair nergency lighting installed nergency lighting installed nergency l | and stored additions I repair repair TABLISHMENTS ONLY) | x | | x x x x x x x x x x x x x x x x x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protection Records maintained & signs post SECTION G: PLUMBING/MECHEquipment adequate, good repair Ventilation adequate, plumbing, Repressure vessels MDPS of T&P relief valves adequate, good Relief valve discharge pipes install Proper air gaps, no cross connect SECTION H: HEATING & COOL | ly marked good repair p maintained ood repair oon & distance ed ANICAL r estrooms entified repair | | | | x x x x x x x x x x x x x x x x x x x | |
| arbage & refuse properly maintained emises, plant growth controlled sood sources, sound condition, approvided from contamination oper facilities to wash, rinse and samper hygienic practices ROTION D: LIFE SAFETY Combustible faxic items properly used silding maintained to assure safe control detectors installed, good repair for an approvement of the proper wiring installed, good repair facilities installed, good repair for an approvement of the proper wiring installed, good repair for an approvement of the proper wiring installed, good repair for an approvement of the proper wiring installed, good repair for an approvement of the proper wiring installed, good repair for an approvement of the proper wiring installed, good repair for panel protected, labeled, good repair for panel protected and panel prote | and stored ditions I repair air repair TABLISHMENTS ONLY) | x | | x x x x x x x x x x x x x x x x x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventilation Electrical outlets, proper protection Records maintained & signs post SECTION G: PLUMBING/MECK-Equipment adequate, good repair Ventilation adequate, plumbing, re Boilers/pressure vessels MDPS of T&P relief valves adequate, good Rellef valve discharge pipes instale Proper air gaps, no cross connect SECTION H: HEATING & COOL Unvented fuel-burn appkance/spe | ly marked good repair p maintained ood repair on & distance ed ANICAL restrooms sertified repair lilled, adequate tions JING noce healer approved | | | | x x x x x x x x x x x x x x x x x x x | |
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| arbage & refuse properly maintained remises, plant growth controlled cod sources, sound condition, approximate of protected from contamination oper facilities to wash, rinse and samper hygienic practices action D: LIFE SAFETY ombustible toxic items properly used rilding maintained to assure safe con D detectors installed, good repair fect and proper wiring installed, good repair installed, good repair nergency lighting installed, good repair extremely lighting installed, good repair extremely lighting installed, good repair extremely lighting installed, good repair nergency lighting installed, good repair extremely lighting installed and repair extremely lighting installed and repair extremely lighting installed & maintaine rinkler system installed & maintaine rinkler system installed & maintaine | and stored diffions I repair air repair TTABLISHMENTS ONLY) ed | X | | x x x x x x x x x x x x x x x x x x x | | Boundary line, pool depth proper Lifesaving equipment adequate, Pool clarity, pH, disinfectant, tem Steps, ladders, deck installed, go Adequate ventitation Electrical outlets, proper protection Records maintained & signs post SECTION G: PLUMBINGMECH Equipment adequate, good repair Ventilation adequate, plumbing, r Boilers/pressure vessels MDPS of T&P relief valves adequate, good Rellef valve discharge pipes insta Proper air gaps, no cross connect SECTION H: HEATING & COOL Unvented fuel-bum appliance/spa Fire resistant room or sprinkler he Proper location of heating/cooling | ly marked good repair p maintained ood repair on & distance ed ANICAL restrooms entified repair liled, adequate titions JING ooe healer approved ead/detector units | | | | x x x x x x x x x x x x x x x x x x x | |
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| Received By: | | Date Inspected: | |
|---------------|-----------------|-----------------|---------------------------|
| | ANTraw Huzbrion | | Friday, October 25, 2019 |
| | | Follow-up: | X Yes No |
| Inspector: | 7. 1/1 | Follow-up Date: | Monday, November 11, 2019 |
| | Tracy Huder | Telephone No.: | EPHS No.: |
| Tenno Underen | | /04C\040 7004 | License Met On Eile |
| | | | |



| wner Name | Establishment | Person in Charge | Address | City/Zip Code |
|-----------------------|--|---|---|---|
| Velcome Inn (lodging) | Welcome Inn (lodging) | | 3300 Jefferson | Blue Springs 64015 |
| SECTION REFERENCE | OBSERVASTIONS AND ADD | DITIONAL COMMENTS | | |
| Ta . | On 11-4-19 Room 232 wa Jackson County Health no 11-11-19 | is re-inspected and the room was spray officed live roach activity and dead roach | by Terminix on 11-1-19 no recommendation or a es. Room 232 can not be rent out until the next I | ctivity was listed by the employee. nspection by Jackson County Health o |
| | and ceiling and holes in th Contacted was made by p heating unit was come off Customer were offer anoth | ne sheets. Shone with the customer. The room was the wall, the bed covers had holes. Noti the room at the extended stay room was | meil awful and live roaches, stain on the wall that inspected the vent in the bathroom did not work ced one roach on the wall, and stains on the ceistean. Customer refused the room. | and it was come off the wall. The ling. |

| Received By: ANTHON Hickory | Date Inspected: | Friday, October 25, 2019 |
|-----------------------------|-----------------|---------------------------|
| 11 W 1 OG 1702 | Follow-up: | X Yes No |
| Inspector. | Follow-up Date: | Monday, November 11, 2019 |
| Dracy Huden | Telephone No.: | EPHS No.: |
| T-an Uniform | 704E104N 7004 | I icanac Not On Eila |



| Owner Name | Establishment | Person In C | harge | | | | Licensing Year | | Approved | | 1 | |
|--|--|------------------------|-----------------|----------------------------|----------|--|--|--|-----------|---------------|---------------------------------------|---------|
| Velcome Inn (lodging) | Welcome Inn (lodging) | Ken Logan | | | | | 2019-2020 | | Yes | 9 | | |
| Address | | E-Mail | | | | | City Code | County | | | | |
| 3300 Jefferson | | tony@welco | meinne | extended | dstay.co | om | Blue Springs | 632,232,228 | | | | |
| City/Zip Code | | Phone | Phone | | | | Fax | Establishment | No. | | | |
| Blue Springs 64015 | rings 64015 816-622-8171 | | | | 1860 | | | | | | | |
| Purpose | Establishment Type | This inspec | tion Is | a(n) | No. | of Stories | No. of Rooms | Rooms Inspec | nspected | | | |
| odging Establishment Compla | nint Lodging | Complaint | Complaint | | 3 | | 632,232,228,43 | 6,524 | | | | |
| nspection Number | 2019-06176 | Case Numb | Case Number 201 | | | 9-003301 | Agency Jackson County | | | | | |
| LEASE CHECK YES OR NO TO EA | ACH ITEM. | | | YES | NO | WATER SUPPLY | | | | | YES | - 1 |
| as this lodging facility built after Oct | tober 31, 2005? | | | | X | Is the water supply private? | | | | T | | T |
| built after October 31, 2005, does it | have certification to national standards or | r an occupancy permit? | | | Х | Is the water supply public? | | | | T | х | Ť |
| O THE FOLLOWING LOCAL ORDI | NANCES APPLY? | THE CONTRACT | | | 50 | Water sample taken | | | | | | T |
| ire safely | | | | X | Т | SEWAGEWASTEWATER | | | uitt | | 30,71 | di |
| lectrical wiring | | | | х | 1 | Is the Sewage/Waslewater pr | rivale? | | | | | Τ |
| uel burning appliances | | | | X | | Is the Sewage/Wastewater po | | | | | Х | ╀ |
| lumbing | | | | X | _ | SWIMMING POOLS/SPAS | | The state of the s | | 100 | 7127 | |
| wimming pools/spas | | | - | <u> </u> | x | Indoor pool | | | | | | Т |
| | | | _ | х | l ^ | · | | | | \dashv | _ | t |
| ood | - V | | - | | 1 | Ouldoor pool Spa | | | | \rightarrow | | + |
| × 8. | | | | | | Pool larger than 2000 square | a facility | | | - | | + |
| | ON THIS DAY, THE ITEMS MARK | | | | | | | HOT OF A CONTESTS BY | T1 117 A1 | - I | OL ITIM | <u></u> |
| PECIFIED IN THIS NOTICE N YES = IN CO | | | N DAY | SAFTE | RREC | CEIPT OF THIS NOTICE. | S MAY REQUEST A HEARI (RSMO 315.005-065, 18 CS NB = NOT OBSERVED | | | 79 | CTOR | UF |
| ECTION A: WATER SUPPLY | | YES | NO | NB | NA | SECTION E: FIRE SAFETY | (All Establishments cont.) | | YES | NO | NB | Ñ |
| proved source, construction & open | ation | | Τx | T | | Doors and locks permitted | | | T | | X | Т |
| b. a a. a | | (4) | 1 | | | | | | 1 | - | - | t |
| molies with chemical, bacT & rad si | tandards | | X | 1 | | Textiles hangings and mirror | s proper | | | | I X | 10 |
| | | | X | | | Textiles, hangings and mirror | | | - | | X | + |
| hlorinator maintained & operating pro | operly | | X | | | Fire extinguisher type, inspec | | | | | х | + |
| hiorinator maintained & operating pro | operly | | Х | | | Fire extinguisher type, inspectively openings protected | ded, location | | | | X | + |
| hlorinator maintained & operaling pro ECTION B: SEWAGE & WASTEWA perating satisfactority | operly ITER | | - | | | Fire extinguisher type, inspect Vertical openings protected Doors, self closing & fire rates | ted, location | | | | X X | |
| hiorinator maintained & operaling pro ECTION B: SEWAGE & WASTEWA peraling satisfactorily ECTION C: SANITATION/HOUSEK | operly ITER | | Х | | | Fire extinguisher type, inspective tical openings protected Doors, self closing & fire rates Smoke detectors installed, go | ted, location d pod repair | | | | X X X | |
| hlorinator maintained & operaling pro ECTION B: SEWAGE & WASTEWA peraling satisfactorily ECTION C: SANITATION/HOUSEK falls, floors & ceilings in good repair | operly ITER | X | X | | | Fire extinguisher type, inspect Vertical openings protected Doors, self closing & fire rater Smoke detectors installed, go Fire alarm & sprinkler system | ted, location d pod repair s tested & approved | | | | X X X X | |
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| omplies with chemical, bacT & rad si hiorinator maintained & operating procedure in the procedure of the pro | operly TER EEPING | | X X X | X | | Fire extinguisher type, inspect Vertical openings protected Doors, self closing & fire rater Smoke detectors installed, go Fire alarm & sprinkler system Evacuation route and plan, in Stairs and ramps maintained, Means of egress, number, ms SECTION F: SYMIMMING PCF Fence, gate adequate, proper | d ood repair s tested & approved estalled, available , good repair aintained OOLS/SPAS r dosure mechanism | | | | x x x x x x | |
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| Received By: Date Inspected: Monday, November Monday, Monday, November Monday, | |
|---|-------------|
| | er 04, 2019 |
| Follow-up: X Yes | No |
| Inspector: // / Follow-up Date: Wednesday, December | эг 04, 2019 |
| Telephone No.: EPHS No.: | |
| /04E\040 7004 License Not On Ell | 2 |



| Owner Name | | | Address | City/Zip Code | | | | |
|-----------------------|--|--|--|--|--|--|--|--|
| Welcome Inn (lodging) | | | 3300 Jefferson | Blue Springs 64015 | | | | |
| SECTION REFERENCE | NCE OBSERVASTIONS AND ADDITIONAL COMMENTS | | | | | | | |
| | Noticed roach activity in 43 Environment Health. Term room 228 and 232 and he Owner Ken of Welcome In the roach activity that they | 36,524, 632, 232, and 228 also noticed d hink spray on 11-1-19 around 11:30am. d did not have any recommendation. In stated that he will bring down two emp | 9 in room. Inspection was made on room 228 ead roaches. All three rooms will be closed un The employee from terminix stated in his invoid loyees that will talk with the resident that have the resident at Welcome Inn live there over a mo | til re-inspected by the Jackson Count ce that he did not see any activity in live there for over a months and abou | | | | |

| Received By: | ANTO THEORY | Date Inspected: Monday, November 04, 2019 | | | | | | |
|--------------|--------------|--|----|--|--|--|--|--|
| | | Follow-up: X Yes No | ٦ | | | | | |
| Inspector: | 1.1 | Follow-up Date: Wednesday, December 04, 2019 | | | | | | |
| | Dracy Hudsen | Telephone No.: EPHS No.: | ٦ | | | | | |
| | | LOGENSON 7004 Linean Not On Ella | I) | | | | | |



JACKSON COUNTY ENVIRONMENTAL HEALTH DIVISION 34900 E Old US 40 Hw Frain Valley, MO 64029 Fax: (816) 881-1650

| PAGE: | 1 of 2 |
|-------|--------|
| | |

| Owner Name | Establishment | Person in Charge | € | | | Licensing Year | | Approved | |
|---|--|-------------------------|-----|------------------------------|-----------------------------------|----------------|--------------------------|---------------|------|
| Welcome Inn (lodging) | Welcome Inn (lodging) | Ralph | | | | 2019-2020 | No | No | |
| Address | | E-Mail | | | | City Code | County | | |
| 3300 Jefferson | | Ralph@welcomeinnext | | | .com | Blue Springs | Jackson | | |
| City/Zip Code Phone | | | | | | Fax | Establishment N | lo. | |
| Blue Springs 64015 816-622-8171 | | | | | | | 1860 | | |
| Purpose | Establishment Type | This Inspection Is a(n) | | No. | of Stories | No. of Rooms | Rooms Inspecte | ed | |
| Lodging Establishment Compla | int Lodging | Complaint | | | 3 | | 330 | | |
| Inspection Number | 2019-03276 | Case Number | | 2019 | 9-001809 | Agency | Jackson County Environme | | alth |
| PLEASE CHECK YES OR NO TO EA | СН ГТЕМ | AND PROPERTY. | YES | NO | WATER SUPPLY | | | YES | N |
| Was this lodging facility built after October 31, 2005? | | | х | Is the water supply private? | | | | T > | |
| If built after October 31, 2005, does it | have certification to national standards o | r an occupancy permit? | | | is the water supply public? | | | х | 1 |
| DO THE FOLLOWING LOCAL ORDIN | VANCES APPLY? | | | | Water sample taken | | | | > |
| Fire safety | | | х | | SEWAGEWASTEWATER | | | | |
| Electrical wiring | | | х | | Is the Sewage/Wastewater private? | | | | 7 |
| Fuel burning appliances | | | х | | Is the Sewage/Wastewater public? | | | X | |
| Plumbing | | | х | | SWIMMING POOLS/SPAS | | | | |
| Swimming pools/spas | | | х | | Indoor pool | | | | 7 |
| Food | | х | | Ouldoor pool | | | | \rightarrow | |
| | | | | | Spa | | | | > |
| | | | | | Pool larger than 2000 squ | are feel | | | 1 |

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, EX | PLAIN | ON A | DDITIO | FIONAL PAGES(S) NB = NOT OBSERVED NA = NOT APPLIAC | | | | 3 |
|---|----------------------------|----------|------|--------|--|--------|------|-------|---|
| SECTION A: WATER SUPPLY | YËS | NO | NB | NA | SECTION E: FIRE SAFETY (All Establishments cont.) | YES | NO | NB | 7 |
| Approved source, construction & operation | | | х | | Doors and locks permitted | | | х | I |
| Complies with chemical, bacT & rad standards | | | Х | | Textiles, hangings and mirrors proper | | | х | Ī |
| Chlorinator maintained & operating properly | | | х | | Fire extinguisher type, inspected, location | | | х | Ī |
| SECTION B; SEWAGE & WASTEWATER | | | 2.50 | Hrs. | Vertical openings protected | | | х | T |
| Operating satisfactorily | | | х | | Doors, self closing & fire rated | | | х | T |
| SECTION C: SANITATION/HOUSEKEEPING | | | 7.45 | JU. | Smoke detectors installed, good repair | | | х | T |
| Walls, floors & ceilings in good repair | | | Х | | Fire alarm & sprinkler systems tested & approved | | | х | T |
| Proper housekeeping practices | | | х | | Evacuation route and plan, installed, available | | | х | T |
| Towels & bed linens clean | | | х | | Stairs and ramps maintained, good repair | | | х | T |
| Mattresses & box springs clean | | | х | | Means of egress, number, maintained | | | х | Ť |
| No evidence of rodents & insects | | х | | | SECTION F: SWIMMING POOLS/SPAS | | | 1,030 | ì |
| Ice machines, scoops, liners, clean & protected | | | х | | Fence, gate adequate, proper closure mechanism | | | х | T |
| Garbage & refuse properly maintained | | | х | | Boundary line, pool depth properly marked | | | х | Ť |
| Premises, plant growth controlled | | | х | | Lifesaving equipment adequate, good repair | | | х | Ť |
| Food sources, sound condition, approved | | | х | | Pool clarity, pH, disinfectant, temp maintained | | | х | Ť |
| Food protected from contamination | | | х | | Steps, ladders, deck installed, good repair | | | х | t |
| Proper facilities to wash, rinse and sanitize | | | х | | Adequate ventilation | | | х | t |
| Proper hygienic practices | | | х | | Electrical outlets, proper protection & distance | | | х | t |
| SECTION D:: LIFE SAFETY | LIN MATERIAL MATERIAL | 16/40 | | Drai | Records maintained & signs posted | | | х | Ť |
| Combustible/toxic items properly used and stored | | | х | | SECTION G: PLUMBING/MECHANICAL | TANKS. | 9144 | 11.57 | î |
| Building maintained to assure safe conditions | | | х | | Equipment adequate, good repair | | | × | Τ |
| CO detectors Installed, good repair | | | х | | Ventilation adequate, plumbing, restrooms | | | × | t |
| GFCI and proper wiring installed, good repair | | | х | | Boilers/pressure vessels MDPS certified | | | х | t |
| Exit signs Installed, good repair | | | х | | T&P relief valves adequate, good repair | | | х | t |
| Emergency lighting installed, good repair | | | х | | Relief valve discharge pipes installed, adequate | | | × | t |
| Electric panel protected, labeled, good repair | | | х | | Proper air gaps, no cross connections | | | х | t |
| SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS OF | NLY) | 217R | XO. | 115 | SECTION H: HEATING & COOLING | | | | |
| Smoke detectors hardwired & maintained | | | х | | Unvented fuel-burn appliance/space heater approved | T | | х | Ī |
| Fire alarm system installed & maintained | | - | х | | Fire resistant room or sprinkler head/detector | | | х | t |
| Sprinkler system installed & maintained | | | Х | | Proper location of heating/cooling units | | | х | t |
| SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS) | | District | DV. | 1/18 | Ventilation of appliances & utility rooms | | | х | t |
| Complies with local building codes, fire codes & ordinances | | | х | | Operation & condition adequate | | | х | t |
| | | | | _ | Proper safety valve, thermo control, elect-switch | _ | | × | t |

| Received By: | Date Inspected: | | | | |
|--------------|-----------------|-------------------|-----|--------------|--|
| | - | Mor | | | |
| Ralph | Follow-up: | Х | Yes | No | |
| Inspector: | Follow-up Date: | Wednesday, July (| | July 03, 201 | |



Owner Name

JACKSON COUNTY ENVIRONMENTAL HEALTH DIVISION

34900 E Old US 40 Hwy, C In Valley, MO 64029

Fax: (816) 881-1650

Lodging Establishment Inspection Report Establishment Person In Charge Address City/Zip Code

3300 Jefferson Blue Springs 64015 Welcome Inn (lodging) Welcome Inn (lodging) Ralph SECTION REFERENCE **OBSERVASTIONS AND ADDITIONAL COMMENTS** 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 slaying 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.

PAGE:

2 of 2

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.

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 confrol technician to eliminate harborage conditions.

| Received By: | Date Inspected: Monday, June 24, 201 |
|--------------|---|
| Ralph | Follow-up: X Yes No |
| Inspector: | Follow-up Date: Wednesday, July 03, 201 |



JACKSON COUNTT ENVIKONWENTAL REALTR DIVISION

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

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| * | | |
|--------------|--|---|
| C1 | Room 124 1. Hole in the ceiling. 2. Crack in the bathtub | |
| | All of the above corrected on 6/26/19. | |
| | Room 124- Ceiling in the bathroom dirty | |
| C2 | 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. | |
| | | 3 |
| C2 | Room 437- Filters in the air conditioning unit dirty. Filters cleaned on 6/26/19. | μ Ξ |
| | Room 437- Outlet in the bathroom not working properly | |
| C1 | Outlet repaired on 6/26/19 | |
| | Room 632- Filters in the air conditioning dirty | |
| C2 | 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 | P. |
| | Room 620 Noticed a live roach in the back of the mini fridge. | - |
| C5 | Have a professional pest control company perform an inspection/treatment of the faciliti Provide a copy of the invoice for the inspector at time of re-inspection, along with any re have. Remove all rodent droppings and clean and sanitize the surface. | es for rodents. commendations or sanitation observations that the tech may |
| C1 | Room 119 had dead bugs on the window ledge and behind the refrigerator. | (4) |
| | | Date Inspected: |
| Received By: | X | Wednesday June 26, 2019 |

| Received By: | Date Inspected: | | | | | | | |
|--------------------------|------------------------------|--------------|--|--|--|--|--|--|
| | Wednesday, June 26 | | | | | | | |
| Ralph Pugsley | Follow-up: X Yes | No | | | | | | |
| · 1 | Follow-up Date: Wednesday, J | uly 03, 2019 | | | | | | |
| Inspector: Stay Swalling | Telephone No.: EPHS No.: | | | | | | | |
| Claus Condition d | /OMENDE DEST | :ii | | | | | | |



JACKSON COON LE ENVIKONMENTAL HEALTH DIVISION

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

Lodging Establishment Inspection Report

| Owner Name | Establishment | Person in Charge | <u>e</u> | | | Licensing Year | | Approved | | |
|---|---|-------------------------|---|------|-----------------------------------|----------------|------------------|----------|--------|----|
| Welcome Inn (lodging) | Welcome Inn (lodging) | Quentin Kearney | Quentin Kearney | | | | | No | | |
| Address | | E-Mail | | | | City Code | County | | | |
| 3300 Jefferson | | Ralph@welcomei | Ralph@welcomeinnextend | | | Blue Springs | Jackson County | | | |
| ity/Zip Code Phone | | | | | | Fax | Establishment N | ٥. | | - |
| Blue Springs 64015 816-622-8171 | | | | | | | 1860 | | | |
| Purpose | Establishment Type | This Inspection I | s a(n) | No. | of Stories | No. of Rooms | Rooms Inspected | d | | |
| Lodging Establishment Inspe | ction Lodging | Initial | Initial | | 3 | | 112,512,625,524, | 125,228 | | |
| Inspection Number | 2019-04309 | Case Number | | 201 | 9-002372 | Agency | Jackson County | | | |
| PLEASE CHECK YES OR NO TO | EACH (TEM. | | YES | NO | WATER SUPPLY | | | Y | ES | NO |
| Was this lodging facility built after (| October 31, 2005? | | | Х | is the water supply private? | | | | | Х |
| If built after October 31, 2005, does | s it have certification to national standards o | or an occupancy permit? | | | Is the water supply public? | | | | х | 7 |
| DO THE FOLLOWING LOCAL OR | DINANCES APPLY? | | 15/11/2 | TX. | Waler sample taken | | | | | Х |
| Fire safety | | | Х | | SEWAGEWASTEWATER | | | | 1 | |
| Electrical wiring | | | Х | | Is the Sewage/Wastewater private? | | | | \Box | Х |
| Fuel burning appliances | | | х | | Is the Sewage/Wastewater public? | | | | x | |
| Plumbing | | | Х | | SWIMMING POOLS/SPAS | | | | | 16 |
| Swimming pools/spas | | | | х | Indoor pool | | | | | Х |
| Food | | | | х | Ouldoor pool | | | | | х |
| | | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1277 | Spa | | | | | х |
| | | | | | Pool larger than 2000 squ | uare feel | | | | х |

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 6 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)

| SECTION A: WATER SUPPLY | YES | NO | NB | NA | SECTION E: FIRE SAFETY (All Establishments cont.) | YES | NO | NB | N |
|---|-----------------|-------------|--------|------|--|-----|----|-----|----|
| Approved source, construction & operation | Х | | | | Doors and looks permitted | Х | | | |
| Complies with chemical, bacT & rad standards | | Х | | | Textiles, hangings and mirrors proper | Х | | | |
| Chlorinator maintained & operating properly | | Х | | | Fire extinguisher type, inspected, location | Х | | | |
| SECTION B: SEWAGE & WASTEWATER | | | in the | 200 | Vertical openings protected | х | | | |
| Operating satisfactorily | X | | | | Doors, self closing & fire rated | Х | | | |
| SECTION C: SANITATION/HOUSEKEEPING | | 75 | | N.W. | Smoke detectors installed, good repair | | Х | | |
| Walls, floors & ceilings in good repair | X | | | | Fire alarm & sprinkler systems tested & approved | Х | | | |
| Proper housekeeping practices | | х | | | Evacuation route and plan, Installed, available | | | | |
| Towels & bed linens clean | X | | | | Stairs and ramps maintained, good repair | Х | | | |
| Mattresses & box springs clean | X | | | | Means of egress, number, maintained | Х | | | |
| No evidence of rodents & insects | | х | | | SECTION F: SWMMING POOLS/SPAS | | | OVE | 12 |
| Ice machines, scoops, liners, clean & protected | Х | | | | Fence, gate adequate, proper closure mechanism | | | | х |
| Garbage & refuse properly maintained | × | | | | Boundary line, pool depth properly marked | | | | х |
| Premises, plant growth controlled | X | | | | Lifesaving equipment adequate, good repair | | | | Х |
| Food sources, sound condition, approved | | | | х | Pool clarity, pH, disinfectant, temp maintained | | | | х |
| Food protected from contamination | | | | х | Steps, ladders, deck installed, good repair | | | | Х |
| Proper facilities to wash, rinse and sanitize | х | | | | Adequate ventilation | Х | | | |
| Proper hygienic practices | х | | | | Electrical outlets, proper protection & distance | Х | | | |
| SECTION D: LIFE SAFETY | | 515 | 2 Q., | | Records maintained & signs posted | Х | | | |
| Combustible/toxic items properly used and stored | х | | | | SECTION G: PLUMBING/MECHANICAL | | | 45 | |
| Building maintained to assure safe conditions | х | | | | Equipment adequate, good repair | Х | | | |
| CO detectors installed, good repair | х | | | | Ventilation adequate, plumbing, restrooms | Х | | | |
| GFCI and proper wiring installed, good repair | х | Ε. | | | Boilers/pressure vessels MDPS certified | Х | | | |
| Exit signs installed, good repair | х | | | | T&P relief valves adequate, good repair | Х | | | |
| Emergency lighting installed, good repair | х | | | | Relief valve discharge pipes installed, adequate | х | | | |
| Electric panel protected, labeled, good repair | x | | | | Proper air gaps, no cross connections | Х | | | |
| SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY) | gweyn i en sy'r | 19 5 | Pis i | 100 | SECTION H: HEATING & COOLING | | | | 10 |
| Smoke detectors hardwired & maintained | х | | | | Unvented fuel-burn appliance/space heater approved | Х | | | |
| Fire alarm system installed & maintained | х | | | | Fire resistant room or sprinkler head/detector | | | | |
| Sprinkler system installed & maintained | х | | | | Proper location of heating/cooling units | Х | | | |
| SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS) | | 1115 | | | Ventilation of appliances & utility rooms | х | | | |
| Complies with local building codes, fire codes & ordinances | х | | | | Operation & condition adequate | х | | | |
| | | | | | Proper safety valve, thermo control, elect. switch | х | | | |

| | ., | Proper safety valve, thermo c | ontrol, elect. switch | | х | | - 1 | _ |
|---------------|---------------|-------------------------------|-----------------------|--------|--------|---------|----------------------------------|------|
| Received By: | Fran Mel 1141 | T T | Date Inspected: | Tuosdo | . Son | ombo | nber 03, 20 No nber 06, 20 | 2044 |
| (sures state) | | Follow-up: | 1 | Yes | Lembe | | | |
| Inspector: | 1 // / | | Follow-up Date: | Friday | /, Sep | lembe | r 06, 2 | 2019 |
| | Dracy Huden | | Telephone No.: | EPHS 1 | | Se Eile | U | |



| 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 | OBSERVASTIONS AND ADD | ITIONAL COMMENTS | | |
| C2 | Room 112. Refrigerator n | eeds clean. | | у |
| C2 | Room 512 1.Dead flies in the window 2. Air conditioner filters ha | | | |
| E7 | Room 512 Smoke detectors not work | ing. | | |
| C5 | Room 512 Noticed live roaches. | 7 | | |
| C2 | Room 625 1. T.V. stand needs clean 2. Refrigerator needs clea | | , | 8 |
| E7 | Room 625 1. Smoke detectors not we | orking. | | |
| C5 | Room 625 Noticed live roaches. | | | |
| C5 | Room 524 Noticed live roaches in the | refrigerator and bathroom | | |
| C1 | Room 125 Vanity light fixture broke | | | 9 |
| C1 | Room 228 Counterlop on the desk is | damages. | | |

| Received By: | Date Inspected: | | Ī | | | | |
|--|-----------------|--|------|--|--|--|--|
| CANCEL WHILL | | Tuesday, September 03, | 2019 | | | | |
| The state of the s | Follow-up: | X Yes N | Vo. | | | | |
| Inspector: // / | Follow-up Date: | Friday, September 06, | 2019 | | | | |
| Tracy Hidee | Telephone No.: | EPHS No.: | | | | | |
| | (240)040 7004 | A Comment of the Comm | - 1 | | | | |



| Owner Name | Establishment | Person In C | _ | | | | Licensing Year | | | roved | |
|---|--|---|-------------|------------------|--------|----------------------------------|--|--|-----------------|-------------------------------|-------|
| Welcome Inn (lodging) | Welcome Inn (lodging) | Quentin Kea | mey | | | | | | Yes | | _ |
| Address | | E-Mail | | | | | City Code | County | | | |
| 300 Jefferson | | Ralph@weld | omeinr | nextende | edstay | com | Blue Springs | Jackson | NI- | | |
| City/Zip Code | | Phone | | | | | Fax | Establishment | NO. | | |
| llue Springs 64015 | Terror or | 816-622-817 | | | 1 | | | 1860 | | | _ |
| Purpose | Establishment Type | This Inspec | tion is | a(n) | No. | of Stories | No. of Rooms | Rooms Inspect | eu | | |
| odging Establishment Complai | | Complaint | | _ | | 200004 | | 426 | | | |
| spection Number | 2019-05512 | Case Numb | er | - | - 100 | 9-003001 | Agency | | 7 V 30 17 7 | No. | |
| LEASE CHECK YES OR NO TO EA | THE RESERVE OF THE PARTY OF THE | THE PERSON NAMED IN | ASSES | YES | NO | WATER GUPPLY | | | 201/2 | YES | _ |
| las this lodging facility built after Octo | | | | | × | Is the water supply private? | | | | _ | 1, |
| | have certification to national standards or | an occupancy permit? | | | X | Is the water supply public? | | | | X | + |
| O THE FOLLOWING LOCAL ORDIN | IANCES APPLY? | | CA THUS | | 100 | Water sample taken | | | SECTION S. | | 1 |
| ire safety | | | | Х | | SEWAGE/WASTEWATER | | THE RULE OF THE STREET | (liva | AND RES | NO. |
| lectrical wiring | | | | Х | _ | Is the Sewage/Wastewater p | | | | _ | 1, |
| uel burning appliances | | | | × | _ | Is the Sewage/Wastewater p | ublic? | | | X | |
| lumbing | | | | × | _ | BWIMMING POOLB/SPAS | | | Toy be | The same | STON |
| wimming pools/spas | | | | × | _ | Indoor pool | | | | _ | 1 |
| ood | | | | Х | L | Ouldoor pool | | | | | > |
| | | | | | | Spa | | | | | 1, |
| | ON THIS DAY, THE ITEMS MARK | | | | | Pool larger than 2000 square | | | ere in commence | La Print De La Carte de Carte | \ \ |
| INSPECTION, OR SUCH SI PECIFIED IN THIS NOTICE M YES = IN COI | | YOUR LODGING | N DAY | SE AND S AFTE | R REC | ROSECUTION, OWNER | RITY FAILURE TO COMPLY W S MAY REQUEST A HEARING I (RSMO 315 005-065, 19 CSR 2) NB = NOT OBSERVED | BEFORE THE DEPART | MENT | DIRECTOR | UPC |
| | | ACCOUNT OF THE | | | F000 | | | | - | | |
| ECTION A: WATER SUPPLY | Nine | YES | NO | NB | NA . | SECTION E: FIRE SAFETY | (All Establishments cont.) | | YES | K CM | - |
| oproved source, construction & opera | | × | + | +- | | Doors and locks permitted | | | \vdash | X | - |
| omplies with chemical, bacT & rad st | | × | +- | - | - | Textiles, hangings and mirror | | | \vdash | × | - |
| nlorinator maintained & operating pro | | l × | A SOCIAL DE | APRIL ST | | Fire extinguisher type, inspec | med, location | | \vdash | - x | - |
| SCTION B: SEWAGE & WASTEWA | TER | | 1 | | | Vertical openings protected | | | | -+- | + |
| perating satisfactorily | Annual Control of Bandario Vises | 1 × | | _ | | Doors, self closing & fire rate | | | \vdash | × | - |
| ECTION C: BANITATION/HOUSEKE | REFING | O TIE AGE | 100 | | 11511 | Smoke detectors installed, go | | | \vdash | × | _ |
| alls, floors & ceilings in good repair | | X | - | - | _ | Fire alarm & sprinkler system | | | - | X | + |
| roper housekeeping practices | | × | ₩ | \vdash | | Evacuation route and plan, in | | | \vdash | × | |
| wels & bed linens clean | | X | - | - | | Stairs and ramps maintained | | | \vdash | X | - |
| attresses & box springs clean | | X | - | | - | Means of egress, number, m | Property of the Control of the Contr | | 20740.5 | 1^ | DUSCE |
| o evidence of rodents & insects | | | × | - | - | SECTION F: SWIMMING PO | | | /Layatta | X | |
| e machines, scoops, liners, clean & p | notected | | \vdash | X | _ | Fence, gate adequate, prope | | | \vdash | × | |
| arbage & refuse properly maintained | | | +- | X | - | Boundary line, pool depth pro | | | \vdash | - î | |
| remises, plant growth controlled | | | +- | + - | _ | Lifesaving equipment adequa | | | \vdash | × | - |
| ood sources, sound condition, approv | 'ea | | ₩ | X | _ | Pool clarity, pH, disinfectant, | | | \vdash | × | _ |
| ood protected from contamination | | | - | X | | Steps, ladders, deck installed | i, good repair | | \vdash | × | |
| oper facilities to wash, rinse and sani | nize | | - | X | _ | Adequate ventilation | - die Budistans | | \vdash | × | _ |
| oper hygienic practices | | T III | COLUM | × | SHEE | Electrical outlets, proper prote | | | \vdash | × | + |
| ECTION D: LIFE SAFETY | And the Assessment of the Control of the | Under Every | 1 | onenger, | No. | Records maintained & signs | | S - 0 - 0 V - 10 V | | ^ | |
| ombustible/toxic items properly used | | | - | X | _ | SECTION G: PLUMBING/M | | | 7/0424 | - V | 1 |
| niding maintained to assure safe con- | ditions | | - | X | | Equipment adequate, good n | | | - | × | _ |
| detectors installed, good repair | | | - | X | | Ventilation adequate, plumbin | | | \vdash | X | - |
| CI and proper wiring installed, good | repair | | - | Х | _ | Boilers/pressure vessels MDI | | | \vdash | X | _ |
| it signs Installed, good repair | | | _ | Х | | T&P relief valves adequate, g | | | \vdash | X | - |
| nergency lighting installed, good repa | | | ├ | X | _ | Relief valve discharge pipes i | | | \vdash | X | _ |
| ctric panel protected, labeled, good i | | | | Х | | Proper air gaps, no cross con | | | ***** | × | |
| CTION E: FIRE SAFETY (NEW EST | TABLISHMENTS ONLY) | 10 to | ALC: | 133.4 | Men. | SECTION H: HEATING & CO | | The State of | | | 2160 |
| oke detectors hardwired & maintaine | ed | | _ | Х | _ | Unvented fuel-burn appliance | | | \vdash | × | |
| alarm system installed & maintaine | | | | Х | | Fire resistant room or sprinkle | | | \vdash | × | - |
| rinkler system installed & maintained | | | | Х | | Proper location of healing/co | | | \vdash | × | |
| CTION E: FIRE SAFETY (ALL EST/ | | a production of the | 500 | (831) | 17(4) | Ventilation of appliances & ut | | | \vdash | × | |
| mplies with local building codes, fire | codes & ordinances | | 1 | X | | Operation & condition adequa | | | \vdash | X | - |
| | | | | | | Proper safety valve, thermo o | ontrol, elect. switch | | | X | |
| eceived By: | at Central | | | | | | Date Inspected: | ~ | nday: 0 | | |
| and | - 11 Mrs | | | | | | F-11- | | | ctober 15 | |
| | 177 | | | _ | | | Follow-up: | | Yes | | No |
| spector: | 10-11 | | | | | | Follow-up Date: | Mor | iday, C | ctober 21 | 1, 20 |
| | - 6 | | | | | | Telephone No.: | EPHS | | | |



| ner Name | Establishment | Person In Charge | Address | City/Zip Code | | | | | | | |
|----------------------|---|--|----------------|--------------------|--|--|--|--|--|--|--|
| elcome Inn (lodging) | Welcome Inn (lodging) | Quentin Kearney | 3300 Jefferson | Blue Springs 64015 | | | | | | | |
| SECTION REFERENCE | OBSERVASTIONS AND ADD | MITIONAL COMMENTS | | | | | | | | | |
| | Room 426: | | | | | | | | | | |
| | An inspection was conducted for a complaint received. | | | | | | | | | | |
| | The complaint stated on 10/12/2019, the tenant observed roaches falling from the ceiling and walls and bedbugs on the beds. | | | | | | | | | | |
| | During inspection, roaches were observed on the walls, ceilings, floors, and in the refrigerator. No bedbugs were found. | | | | | | | | | | |
| | A re-inspection will be conducted on Monday, 10/21/2019 to check that the violation has been corrected. | | | | | | | | | | |
| | CORRECTIVE ACTION FOR PEST CONTROL | | | | | | | | | | |
| | | trol service must be utilized in the noted raided to the inspector upon re-inspection. | room (426). | | | | | | | | |

| Received By: | Date Inspected: | Т | | | | | | |
|---------------|--|-----|--|--|--|--|--|--|
| Mules Mully | Tuesday, October 15, | | | | | | | |
| | Follow-up: X Yes No | | | | | | | |
| Inspector: | Follow-up Date: Monday, October 21, 20 |)19 | | | | | | |
| Darah Cantull | Telephone No.: EPHS No.: | | | | | | | |
| | 1010 740 2402 | - 1 | | | | | | |



| Owner Name | Establishment | Person In Cha | rge | | | Licensing Year | | App | roved | |
|--|--|--|-------------------------|-----------------|--|---|---|-----------|--------------------|--------------|
| Welcome Inn (lodging) | Welcome Inn (lodging) | | | | | 2019-2020 | | No | | |
| Address | | E-Mail | | | | City Code | County | | | |
| 3300 Jefferson | | tony@welcome | einnextend | ledstay. | com | Blue Springs | Jackson County | | | |
| City/Zip Code | | Phone | | | | Fax | Establishment | No. | | |
| Blue Springs 64015 | | 816-622-8171 | | | | | 1860 | | | |
| Purpose | Establishment Type | This Inspection | n is a(n) | No | . of Stories | No. of Rooms | Rooms Inspect | ed | | |
| Lodging Establishment Complaint | Lodging | Complaint | | | 3 | | 232 | | | |
| Inspection Number | 2019-05928 | Case Number | | 20 | 19-003193 | Agency | Jackson County | | - | |
| PLEASE CHECK YES OR NO TO EACH I | TEM. | and the state of t | YE | s NO | WATER SUPPLY | | | | Y | ES I |
| Was this lodging facility built after October | 31, 2005? | Maria Maria Carana | T | х | Is the water supply private? | | | | | T |
| f built after October 31, 2005, does it have | certification to national standards or | an occupancy permit? | | X | Is the water supply public? | ă e e e e e e e e e e e e e e e e e e e | | | 7 | x |
| OO THE FOLLOWING LOCAL ORDINANG | CES APPLY? | and the state of the | 2/ 2/4 | 2014 | Water sample taken | | | | | |
| Fire safety | | III NO VILLENDO III | X | | SEWAGEWASTEWATER | PLANE TO SERVE TO | OF BUILDING TO SERVE | | 20:00 | ph/Sp |
| Electrical wiring | | | × | 1 | Is the Sewage/Waslewater pri | ivate? | | | | Т |
| | | | X | + | Is the Sewage/Wastewater pu | | | | | x |
| lumbing | | | X | +- | SWIMMING POOLS/SPAS | Actual Wildelian Line | 动理学新生态等 现象较 | 3/3/3 | NASA A | 10×000 |
| | | | ^ | × | Indoor pool | With the state of | Making Secretary Transfer | AL RICKY | 1 | The second |
| | | | _ | - | 4 | | | | - | |
| ood | after October 31, 2005, does it have certification to national standards or an occupance in Following Local Ordinances apply? If ety call wiring comming appliances appliances are supplied to the standards of the standards are supplied to the standards are supplied to the standards and the standards are supplied to the supplied to the standards are supplied to the supplied to t | | | Х | Outdoor pool | | | | | _ |
| 14 25 | | - | | | Spa | | | | | - |
| | | TERROLA CONTRACTOR CONTRACTOR | NATIONAL PROPERTY AND A | Con orthograp | Pool larger than 2000 square | | | | | |
| PECIFIED IN THIS NOTICE MAY | RESULT IN REVOCATION OF FILING A WRITTEN RE | YOUR LODGING LIC QUEST WITHIN TEN | DAYS AF | ND/OR FER RE | PROSECUTION OWNERS CEIPT OF THIS NOTICE | S MAY REQUEST A HEARIN | G BEFORE THE DEPART | MENT | DIRECTO | OR UP |
| COTION AT IMPATED CURRING | | VEC | NO NE | B NA | SECTION E: FIRE SAFETY | (61) Establishments coal \ | 1 8 N S TU S S TU S S | YES | NO 1 | NB I |
| | | YES | NO NE | 3 INA | | (All Establishments Cont.) | | 113 | - | X |
| | | Х | | - | Doors and locks permitted | | | \vdash | | _ |
| | | | X | - 0 | Textiles, hangings and mirrors | | | | | × |
| hlorinator maintained & operating properl | THE RESERVE OF THE PARTY OF THE | | X | | Fire extinguisher type, inspect | ted, location_ | | | | Х |
| ECTION B: SEWAGE & WASTEWATER | | | | CV (U) | Vertical openings protected | | | | | X |
| perating satisfactorily | | | X | | Doors, self closing & fire rated | 1 | | \square | | х |
| ECTION C: SANITATION/HOUSEKEEPI | NG . | | | | Smoke detectors installed, go | od repair | | X | - | _ |
| /alls, floors & ceilings in good repair | | | х | | Fire alarm & sprinkler systems | s tested & approved | | | | Х |
| roper housekeeping practices | | | х | | Evacuation route and plan, ins | stalled, available | | Х | | |
| owels & bed linens clean | | | х | | Stairs and ramps maintained, | good repair | | | | х |
| attresses & box springs clean | | х | | I | Means of egress, number, ma | sintained | | | | х |
| o evidence of rodents & insects | | | х | | SECTION F: SWIMMING PO | OLS/SPAS | 经规则有是不必要。 | 100 | SPORT | golf. |
| e machines, scoops, liners, clean & prote | eted | | × | 1 | Fence, gate adequate, proper | dosure mechanism | | | | х |
| arbage & refuse properly maintained | | | Х | 1 | Boundary line, pool depth pro | perly marked | | | | х |
| remises, plant growth controlled | | | × | | Lifesaving equipment adequal | te, good repair | | | | х |
| ood sources, sound condition, approved | | | × | 1 | Pool clarity, pH, disinfectant, t | | | | | x |
| ood protected from contamination | | | × | _ | Steps, ladders, deck installed, | | | | | x |
| roper facilities to wash, rinse and sanitize | | | X | + | Adequate ventilation | | | | | x |
| oper hygienic practices | | + | X | + | Electrical outlets, proper prote | udion & didance | | \vdash | | х |
| THE RESERVE THE PROPERTY OF THE PARTY OF THE | | STATE OF THE PARTY | real dos | AND MICH. | Records maintained & signs p | | | \vdash | | X |
| ECTION D: LIFE SAFETY | | Wilding Street | T v | 1000000 | SECTION G: PLUMBING/ME | CONTRACTOR OF THE PARTY OF | 100000000000000000000000000000000000000 | USE LIV | 2000 | 200 |
| ombustible/toxic items properly used and | | $\longrightarrow \longmapsto$ | X | + | | | And Spice Stones | | A PER AND A SECOND | VΤ |
| uilding maintained to assure safe condition | 15 | | X | + | Equipment adequate, good re | | | | | X |
| O detectors installed, good repair | | | X | + | Ventilation adequate, plumbin | | | - | | X |
| FCI and proper wiring installed, good repa | r . | X | | +- | Boilers/pressure vessels MDP | | | \vdash | | × |
| oft signs installed, good repair | | | × | _ | T&P relief valves adequate, go | | | \vdash | | × |
| nergency lighting installed, good repair | 6 | | х | | Relief valve discharge pipes in | nstalled, adequate | | | - | X |
| ectric panel protected, labeled, good repa | | | х | | Proper air gaps, no cross con | nections | | | | х |
| CTION E: FIRE SAFETY (NEW ESTAB | ISHMENTS ONLY) | | | 33.77 | SECTION H: HEATING & CO | DOLING | | | | 11,075 |
| noke detectors hardwired & maintained | | | х | | Unvented fuel-burn appliance/ | space heater approved | | \sqcup | | x |
| e alarm system installed & maintained | | | х | | Fire resistant room or sprinkle | r head/detector | | | | х |
| rinkler system installed & maintained | | | х | | Proper location of heating/coo | ling units | | | | х |
| CTION E: FIRE SAFETY (ALL ESTABLE | SHMENTS) | | | Mare | Ventilation of appliances & util | lity rooms | | | | х |
| ALIANE INCOME II (MELESIABLI | s & ordinances | | х | | Operation & condition adequate | te | | | | Х |
| The second section is a second second section in the second section is a second section in the second section is a second section in the second section in the second section is a section in the second section in the second section is a section section in the section in the section is a section section in the section in the section is a section section in the section in the section is a section section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section i | | | | | Proper safety valve, thermo co | ontrol, elect. switch | | | | х |
| The second section is a second second section in the second section is a second section in the second section is a second section in the second section in the second section is a section in the second section in the second section is a section section in the section in the section is a section section in the section in the section is a section section in the section in the section is a section section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section in the section in the section is a section in the section i | | | | | .N | | | | | |
| omplies with local building codes, fire code | <i>a</i> · | | | | | Date Inspected: | | | | |
| mplies with local building codes, fire code | Zhion | | | | | Date Inspected: | Fr | iday, C | october: | 25, 20 |
| mplies with local building codes, fire code | Zhon | | | | | Date Inspected: | 1 1 | iday, C | ctober | 25, 20 No |
| implies with local building codes, fire code | Zhon | | 9) | | | | | | ctober | 1 |





| Owner Name | Establishment | Person in Charge | Address | City/Zip Code |
|-----------------------|--|--|---|---|
| Welcome Inn (lodging) | me Inn (lodging) Welcome Inn (lodging) | | 3300 Jefferson | Blue Springs 64015 |
| SECTION REFERENCE | OBSERVASTIONS AND ADD | ITIONAL COMMENTS | | |
| | and ceiling and holes in the Contacted was made by pheating unit was come off Customer were offer another. | e sheets. thone with the customer. The room was in the wall, the bed covers had holes. Notice her room at the extended stay room was cl | ell awful and live roaches, stain on the wall the spected the vent in the bathroom did not work done roach on the wall. and stains on the ceiean. Customer refused the room. ontrol, and new bed cover and fix the vents a | c and it was come off the wall. The ling. |

| Received By: 7 A / O. | Date Inspected: |
|-----------------------|-----------------------------------|
| Author Zhon | Friday, October 25, 2019 |
| | Follow-up: X Yes No |
| Inspector: | Follow-up Date: |
| Tracy Huden | Telephone No.: EPHS No.: |
| | /04E/040 7004 Lingson Not On File |

JACKSON COUNTERNATION WILLIAM DEALTH DIVISION

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

Lodging Establishment Inspection Report

| Owner Name | Establishment | Person in Charge | | | | Licensing Year | | Approved | | |
|---|--|----------------------|--------------------|----------|---------------------------|----------------|-----------------------|------------|------|----|
| Welcome Inn (lodging) | Welcome Inn (lodging) | | | | | 2019-2020 | | No | | |
| Address | | E-Mail | | | | City Code | County | | | |
| 3300 Jefferson | | tony@welcomeinne | extended | istay.co | om | Blue Springs | Jackson County | | | |
| City/Zip Code | | Phone | | | | Eax | Establishment N | O . | | |
| Blue Springs 64015 | | 816-622-8171 | | | | | 1860 | | | |
| Purpose | Establishment Type | This Inspection Is | a(n) | No. | of Stories | No. of Rooms | Rooms Inspecte | d | | |
| Lodging Establishment Complaint | Lodging | Complaint | | 3 | | 232 | | | | |
| Inspection Number | 2019-06180 | Case Number | Case Number 2019-0 | | 9-003193 | Agency | Jackson County | | | |
| PLEASE CHECK YES OR NO TO EACH | ITEM. | | YES | NO | WATER SUPPLY | | | Y | ES | NO |
| Was this lodging facility built after October | r 31, 2005? | | | х | is the water supply priva | te? | | | | Х |
| If built after October 31, 2005, does it have | e certification to national standards or | an occupancy permit? | | х | Is the water supply publi | c? | | | Х | |
| DO THE FOLLOWING LOCAL ORDINAN | ICES APPLY? | | | Х | Water sample taken | | | | | Х |
| Fire safety | | | х | | SEWAGE/WASTEWATE | R | | | | Х |
| Electrical wiring | 20 | | Х | | Is the Sewage/Wastewar | ter private? | | | | Х |
| Fuel burning appliances | | | Х | | Is the Sewage/Wastewa | ter public? | | | × | |
| Plumbing | | | Х | | SWIMMING POOLS/SP. | AS | Resident Property St. | | NI P | Х |
| Swimming pools/spas | | | | х | Indoor pool | | | * . | | Х |
| Food | | | | Х | Outdoor pool | | | | | Х |
| | U | | | | Spa | | | | | Х |
| | | | | | Pool larger than 2000 sq | uare feet | | | | Х |
| | | | | | | | | | | _ |

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, EX | PLAIN | ON A | DDITIO | ONAL PAGES(S) NB = NOT OBSERVED NA = NOT AP | PLIACEL | .E | | |
|---|-------------------|-------|------|--------|--|---------|-----|----|---|
| SECTION A: WATER SUPPLY | YES | NO | NB | NA | SECTION E: FIRE SAFETY (All Establishments cont.) | YES | NO | NB | 1 |
| Approved source, construction & operation | Х | | | | Doors and locks permitted | | | Х | |
| Complies with chemical, bacT & rad standards | | | Х | | Textiles, hangings and mirrors proper | | | Х | |
| Chlorinator maintained & operating properly | | | Х | | Fire extinguisher type, inspected, location | | | Х | |
| SECTION B: SEWAGE & WASTEWATER | | | | | Vertical openings protected | | | Х | |
| Operating satisfactorily | | | Х | | Doors, self closing & fire rated | | | Х | |
| SECTION C: SANITATION/HOUSEKEEPING | | = 1 | | | Smoke detectors installed, good repair | Х | | | |
| Walls, floors & ceilings in good repair | | Х | | | Fire alarm & sprinkler systems tested & approved | | | Х | |
| oroper housekeeping practices | | Х | | | Evacuation route and plan, installed, available | Х | | | Γ |
| Towels & bed linens clean | | Х | | | Stairs and ramps maintained, good repair | | | Х | L |
| Mattresses & box springs clean | Х | | | | Means of egress, number, maintained | | | Х | Г |
| No evidence of rodents & insects | | Х | | | SECTION F: SWIMMING POOLS/SPAS | | LU1 | | |
| ce machines, scoops, liners, clean & protected | | | Х | | Fence, gate adequate, proper closure mechanism | | | Х | |
| Garbage & refuse properly maintained | | | Х | | Boundary line, pool depth properly marked | | | Х | |
| Premises, plant growth controlled | F 1 | | Х | | Lifesaving equipment adequate, good repair | | | Х | L |
| ood sources, sound condition, approved | | | Х | | Pool clarity, pH, disinfectant, temp maintained | | | х | Г |
| Food protected from contamination | | | Х | | Steps, ladders, deck installed, good repair | | | Х | Γ |
| Proper facilities to wash, rinse and sanitize | | | х | | Adequate ventilation | | | х | Г |
| Proper hygienic practices | | | Х | | Electrical outlets, proper protection & distance | | | Х | |
| ECTION D: LIFE SAFETY | | Ш | | | Records maintained & signs posted | | | Х | L |
| Combustible/toxic items properly used and stored | | | х | | SECTION G: PLUMBING/MECHANICAL | W | M. | | Ī |
| Building maintained to assure safe conditions | | | х | | Equipment adequate, good repair | | | Х | |
| O detectors installed, good repair | | | Х | | Ventilation adequate, plumbing, restrooms | | | Х | L |
| GFCI and proper wiring installed, good repair | X | | | | Boilers/pressure vessels MDPS certified | | | х | |
| Exit signs installed, good repair | | | Х | | T&P relief valves adequate, good repair | | | Х | L |
| mergency lighting installed, good repair | | | Х | | Relief valve discharge pipes installed, adequate | | | Х | L |
| electric panel protected, labeled, good repair | | | Х | | Proper air gaps, no cross connections | | | Х | |
| ECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY) | | | | | SECTION H: HEATING & COOLING | | | | |
| moke detectors hardwired & maintained | | | Х | | Unvented fuel-burn appliance/space heater approved | | | Х | |
| ire alarm system installed & maintained | | | Х | | Fire resistant room or sprinkler head/detector | | | Х | |
| prinkler system installed & maintained | | | Х | | Proper location of heating/cooling units | | | Х | |
| SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS) | | | | | Ventilation of appliances & utility rooms | | | Х | Γ |
| complies with local building codes, fire codes & ordinances | | | Х | | Operation & condition adequate | | | Х | Γ |
| | | | | | Proper safety valve, thermo control, elect, switch | 1 | | X | 1 |

| Received By: | Mart 10111 | Date Inspected: | | | | | | | |
|--------------|---|------------------------|-----------|-----------|---------|---------|--|--|--|
| | HITTON HARDEDOS | Friday, October 25, 20 | | | | | | | |
| | N. M. MICHAEL P. C. | Follow-up: | Х | Yes | | No | | | |
| Inspector: | 1 | Follow-up Date: | Mond | lay, Nov | ember 1 | 1, 2019 | | | |
| | Dracy Huden | Telephone No.: | EPHS No.: | | | | | | |
| T | | 10461040 7004 | Licon | ac blat C | م = ام | | | | |

JACKSON COON IT ENVIRONMENTAL HEALTH DIVISION



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

| Owner Name | Establishment | Person in Charge | Address | City/Zip Code |
|-----------------------|---|---|---|---|
| Velcome Inn (lodging) | Welcome Inn (lodging) | | 3300 Jefferson | Blue Springs 64015 |
| SECTION REFERENCE | OBSERVASTIONS AND ADI | DITIONAL COMMENTS | | |
| | Jackson County Health n 11-11-19 On 10-25-19 A complaint and ceiling and holes in the Contacted was made by heating unit was come off Customer were offer another | oticed live roach activity and dead roached was email on Room 232 that the room so the sheets. The room was the wall, the bed covers had holes. Notice the room at the extended stay room was | by Terminix on 11-1-19 no recommendation or a s. Room 232 can not be rent out until the next I mell awful and live roaches, stain on the wall the inspected the vent in the bathroom did not worked one roach on the wall, and stains on the cei clean. Customer refused the room. It control, and new bed cover and fix the vents a | nspection by Jackson County Health on the like blood, vent falling off the wall and it was come off the wall. The ling. |

| Received By: | Date Inspected: |
|---------------|---|
| TITION HARDON | Friday, October 25, 2019 |
| | Follow-up: X Yes No |
| Inspector: | Follow-up Date: Monday, November 11, 2019 |
| Tracy Hudren | Telephone No.: EPHS No.: |
| Teams Unidana | 104ENO40 7004 |

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Х

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Electric panel protected, labeled, good repair

Smoke detectors hardwired & maintained

Fire alarm system installed & maintained

Sprinkler system installed & maintained

SECTION E: FIRE SAFETY (NEW ESTABLISHMENTS ONLY)

SECTION E: FIRE SAFETY (ALL ESTABLISHMENTS)

Complies with local building codes, fire codes & ordinances

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

| Owner Name Welcome Inn (lodging) | Establishment Welcome Inn (lodging) | Person In Charge Ken Logan | | | | | Licensing Year 2019-2020 | | Approved Yes | | | | |
|--|--|-----------------------------|---------|---------------|--------------|---|--|---------------------------------------|-----------------|-----|---------------|------|--|
| Address | | E-Mail | | | | | City Code | County | | • | | | |
| 3300 Jefferson tony@welcomeinnext | | tendec | istay.c | om | Blue Springs | 632,232,228 | | | | | | | |
| City/Zip Code | | Phone | | | | | Fax | Establishment | No. | | | | |
| Blue Springs 64015 | | 816-622-817 | | | | | | 1860 | | | | | |
| Purpose | Establishment Type | This inspection is a(n) No. | | | No. | of Stories | No. of Rooms Rooms Inspected | | | | | | |
| Lodging Establishment Con | nplaint Lodging | Complaint 3 632,232,228 | | | | 632,232,228,43 | 32,228,436,524 | | | | | | |
| Inspection Number | 2019-06176 | Case Numbe | | | 2019 | 9-003301 | Agency | Jackson County | | | | | |
| PLEASE CHECK YES OR NO TO | O EACH ITEM. | S British W | 333 | YES | NO | WATER SUPPLY | The same of the sa | S S S S World | | Y | ES | NO | |
| Was this lodging facility built after | r Oclober 31, 2005? | | | | Х | Is the water supply private? | | | | | | х | |
| If built after October 31, 2005, do | es it have certification to national standards o | r an occupancy permit? | | | х | Is the water supply public? | | | | | х | | |
| DO THE FOLLOWING LOCAL O | RDINANCES APPLY? | West of the print | JUL | UZIE | 10 | Water sample taken | | | | | | Х | |
| Fire safety | | | | х | | SEWAGE/WASTEWATER | | | | 1 | u | Ū, | |
| Electrical wiring | | | | Х | | Is the Sewage/Wastewater p | private? | | | | | х | |
| Fuel burning appliances | | | | х | | Is the Sewage/Wastewater p | public? | | | | х | | |
| Plumbing | | | \neg | х | I | SWIMMING POOLS/SPAS | THE EXPLOSION | Salar Salar | 2415 | | 484 | | |
| Swimming pools/spas | | | | | х | Indoor pool | | | | | | Х | |
| Food | | | | Х | | Ouldoor pool | | | | | | Х | |
| | | | | | | Spa | | | | | | Х | |
| | 5 | | | | | Pool larger than 2000 square | e feet | 1 | | | | х | |
| YES = IN | COMPLIANCE NO = NOT I | N COMPLIANCE, EX | PLAIN | ON A | DDITIO NA | DNAL PAGES(S) | NB = NOT OBSERVED (All Establishments cont.) | NA = NOT APPL | - | | NB | NA | |
| Approved source, construction & | operation | 1 | х | $\overline{}$ | Г | Doors and locks permitted | | | | | х | | |
| Complies with chemical, bacT & r | ad standards | | х | | | Textiles, hangings and mirro | ors proper | | | | х | | |
| Chlorinator maintained & operation | ng properly | | х | | | Fire extinguisher type, inspe | cted, location | | | | Х | | |
| SECTION B: SEWAGE & WAST | EWATER | | Д. | | | Vertical openings protected | | | | | х | | |
| Operating satisfactorily | | | Х | | | Doors, self closing & fire rate | ed | | | | Х | | |
| SECTION C: SANITATION/HOU | SEKEEPING | | | | | Smoke detectors installed, g | good repair | | | | Х | | |
| Walls, floors & ceilings in good re | pair | X | | | | Fire alarm & sprinkler system | ns lested & approved | | | | х | | |
| Proper housekeeping practices | | | Х | | | Evacuation route and plan, in | nstalled, available | | | | Х | | |
| Towels & bed linens clean | | | Х | | | Stairs and ramps maintained | d, good repair | | | | х | | |
| Mattresses & box springs clean | | | Х | | | Means of egress, number, m | naintained | | | | Х | | |
| No evidence of rodents & insects | | X | | | | SECTION F: SWIMMING P | OOLS/SPAS | | a Side | 133 | dig |) ik | |
| ce machines, scoops, liners, clea | n & protected | | | Х | | Fence, gate adequate, prope | er dosure mechanism | | | | | Х | |
| Garbage & refuse properly mainta | ained | | | Х | | Boundary line, pool depth pr | operly marked | | | | | Х | |
| Premises, plant growth controlled | | X | | | | Lifesaving equipment adequ | ate, good repair | | | | _ | Х | |
| ood sources, sound condition, a | pproved | | | | Х | Pool clarity, pH, disinfectant, | , temp maintained | | | | | Х | |
| ood protected from contamination | nn | | | | Х | Steps, ladders, deck installe | d, good repair | | | | | Х | |
| Proper facilities to wash, rinse an | ··· | | | Х | | Adequate ventilation | | | | | _ | Х | |
| Proper hygienic practices | | | _ | | | The state of a citizate a second second | | | | | | Х | |
| -toper nygienic practices | | | | Х | | Electrical outlets, proper pro- | tection & distance | | | | $\overline{}$ | | |
| | | | 3 500 | X | | Records maintained & signs | | | | | | Х | |
| SECTION D: LIFE SAFETY Combustible/loxic items properly | d sanitize | | 3 500 | X | | | posted | | | | 1 | X | |
| SECTION D: LIFE SAFETY | d sanitize used and stored | | 3 000 | | | Records maintained & signs | posted IECHANICAL | | | | х | × | |
| SECTION D: LIFE SAFETY Combustible/Loxic items properly | d sanitize used and stored e conditions | 8.459.68.78 | 3 638 | х | | Records maintained & signs SECTION G: PLUMBING/M | posted IECHANICAL repair | | | - | х | X | |
| SECTION D: LIFE SAFETY CombustibleAcxic items properly of Building maintained to assure safe | d sanitize used and stored conditions | | 3 538 | x | | Records maintained & signs SECTION G: PLUMBING/M Equipment adequate, good r | posted IECHANICAL repair ing, restrooms | | | | x x | X | |
| SECTION D: LIFE SAFETY Combustible/Loxic items properly if Building maintained to assure safe CO detectors installed, good repa | d sanitize used and stored conditions | | 3 500 | X X | | Records maintained & signs SECTION G: PLUMBINGAM Equipment adequate, good of Ventilation adequate, plumbi | posted IECHANICAL repair ing, restrooms DPS certified | , , , , , , , , , , , , , , , , , , , | | | х | X | |

| | Proper safety valve, then | mo control, elect, switch | | | Х | |
|-----------------|---------------------------|---------------------------|----------|----------|---------|--------|
| Received By: | | Date Inspected: | Monda | v. Novem | nher 04 | 2019 |
| | | Follow-up: | 1975 | res | 73 | No |
| Inspector: // / | | Follow-up Date: | Wednesda | v. Decem | ber 04 | , 2019 |
| Dracy Hidur | | Telephone No.: | EPHS N | No.: | Eila | |
| | | | | | | |

Х

Х

Proper air gaps, no cross connections

SECTION H: HEATING & COOLING

Proper location of heating/cooling units

Ventilation of appliances & utility rooms Operation & condition adequate

Unvented fuel-burn appliance/space heater approved

Fire resistant room or sprinkler head/detector

| * * Loughi | g Establishinent ins | spection Report | | | |
|-----------------------|---|--|--|--|---|
| Owner Name | Establishment | Person in Charge | | Address | City/Zip Code |
| Welcome Inn (lodging) | e Inn (lodging) Welcome Inn (lodging) Ken Logan 3300 Jefferson | | 3300 Jefferson | Blue Springs 64015 | |
| SECTION REFERENCE | OBSERVASTIONS AND ADDITI | IONAL COMMENTS | | | |
| | Noticed roach activity in 436 Environment Health. Termin room 228 and 232 and he di Owner Ken of Welcome Inn | ix spray on 11-1-19 around 11:30and not have any recommendation. stated that he will bring down two ere inside there rooms. Over 70% of | d dead roaches. All throm. The employee from nployees that will talk | ree rooms will be closed un terminix stated in his invoice with the resident that have | ntil re-inspected by the Jackson County ice that he did not see any activity in |

| Received By: | Date Inspected: | Date Inspected: Monday, November 04, 2019 | | | | | | | |
|-----------------|-----------------|--|--|--|--|--|--|--|--|
| | Follow-up: | X Yes No | | | | | | | |
| Inspector: // / | Follow-up Date: | Wednesday, December 04, 2019 | | | | | | | |
| Tracy Hudre | Telephone No.: | EPHS No.: | | | | | | | |
| 90.30 | (046)040 7004 | License Net On File | | | | | | | |