



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
-----------------------------	----------------------

Establishment Name <i>Keeds Cabins</i>		Name <input type="checkbox"/> Owner <input type="checkbox"/> General Manager	
Physical Address <i>9300 Hwy 119</i>		City <i>Salem</i>	Zip <i>65560</i>
Mailing Address <i>same as above</i>		City	Zip
County <i>065</i>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <i>513-548-2222</i>	No. of Stories <i>1</i>
		No. of Rooms <i>18</i>	Is the current lodging license displayed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

Rooms Inspected: <i>Cabins 1, 3, 4, 5, 6, 9, 13, 16, 18</i>	Water Supply <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input type="checkbox"/> No	Wastewater <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
Swimming Pools/Spas (check all that apply) Indoor pool <input type="checkbox"/> Outdoor pool <input checked="" type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

Please check if the following local ordinances apply	New Lodging Establishments <input checked="" type="checkbox"/> N/A
<input type="checkbox"/> Fire Safety <input type="checkbox"/> Electrical Wiring	Smoke detectors hardwired <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Plumbing	Fire alarm system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Swimming Pools/Spas	Sprinkler system installed <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<input type="checkbox"/> Fuel Burning Appliances	Swimming Pool Certified <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
	Building Certified to National Standards or Occupancy Permit <input type="checkbox"/> Yes <input type="checkbox"/> No
	Historical Building <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Based on an inspection this day, the items marked "Out" below identify noncompliance in operations or facilities which must be corrected prior to issuance or renewal of your lodging license. Failure to comply with any time limits for corrections specified in this notice may result in revocation of your lodging license and/or prosecution. Owners may request a hearing before the Department Director upon filing a written request within ten days after receipt of this notice. (RSMo 315.005-065, 19 CSR 20-3.050)

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
Section A & B: Water Supply & Wastewater	In	Out	NO	N/A
1. Approved source, construction and operation				
2. Complies with water quality standards				
3. Chlorinator maintained and operated properly				
4. Wastewater operation and maintenance				
Section C: Sanitation/Housekeeping	In	Out	NO	N/A
1. Walls, floors and ceilings in good repair				
2. Housekeeping practices and furnishings				
3. Towels and bed linens clean				
4. Mattresses and box springs clean				
5. Pest control procedures				
6. Ice machines, scoops, liners clean & protected				
7. Garbage storage and disposal				
8. Premises maintained, plant growth controlled				
Food Inspection conducted according to 19CSR20-1.025	In	Out	NO	N/A
9. Food, equipment and single service/use				
10. Food protected from contamination				
11. Facilities to wash, rinse and sanitize				
12. Handwashing facilities/hygienic practices				
Section D: Life Safety	In	Out	NO	N/A
1. Combustible/toxic items usage and storage				
2. Building maintained to assure safe conditions				
3. CO detectors hardwired, installed, good repair				
4. GFCI, outlets & switches installed, good repair				
5. Exit signs installed, good repair				
6. Emergency lighting installed, good repair				
7. Electric panel protected, labeled, good repair				
Required Annual Third Party Inspections	In	Out	NO	N/A
1. Fire Alarm System				
2. Sprinkler System				
3. Local Fire and Building Codes/Ordinances				
4. Current Boiler/Pressure Vessels MDPS Certification				
5. Backflow Device(s) Test				
6. Liquid Propane Leak Test				
Section E: Fire Safety	In	Out	NO	N/A
1. Textiles, hangings and mirrors				
2. Fire extinguisher type, inspected, and location				
3. Vertical openings fire-rated, self-closing				
4. Doors, self-closing and fire-rated				
5. Smoke detectors hardwired, installed, good repair				
6. Evacuation route and plan, installed, available				
7. Stairs and ramps, maintained, storage				
8. Means of egress, number, maintained				
9. Handrails and balconies maintained and appropriate				
Section F: Swimming Pools/Spas	In	Out	NO	N/A
1. Fence, gate adequate, proper closure mechanism				
2. Boundary line, pool depth properly marked				
3. Deck is clean and in good repair				
4. Lifesaving equipment adequate, good repair				
5. Pool clarity, pH, disinfectant, & temp. maintained				
6. Steps, ladders, and handrails installed, good repair				
7. Adequate ventilation				
8. Electrical outlets, proper protection & distance				
9. Records maintained and signs posted				
10. First aid kit available				
11. Lighting adequate and in good repair				
Section G: Plumbing/Mechanical	In	Out	NO	N/A
1. Equipment adequate, good repair				
2. Ventilation adequate, plumbing, restrooms				
3. T & P relief valves adequate, good repair				
4. Relief valve discharge pipes installed, adequate				
5. Backflow, air gaps, no cross connections				
Section H: Heating & Cooling	In	Out	NO	N/A
1. Unvented fuel-burning appliance/space heater				
2. Fire resistant room or sprinkler head				
3. Location of heating/cooling units				
4. Ventilation of appliances and utility rooms				
5. Operation and condition adequate				

INSPECTED BY (PRINT NAME and SIGN) <i>Roma Jones Roma Jones</i>	EPHS NUMBER <i>1168</i>	AGENCY <i>Dent County</i>	TELEPHONE <i>573-729-3106</i>
LICENSING YEAR 20 <i>25</i> / 20 <i>26</i>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <i>4-23-2025</i>	FOLLOW UP DATE <i>May 30, 2025</i>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <i>Troy Bemis Troy Bemis Owner</i>	PAGE 1 OF <i>4</i>		



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
 BUREAU OF ENVIRONMENTAL HEALTH SERVICES
LODGING ESTABLISHMENT INSPECTION REPORT (COMMENTS PAGE)

ESTABLISHMENT NAME <u>Reeds Cabins</u>	PHYSICAL ADDRESS <u>9300 Hwy 119</u>	CITY <u>Salem</u>
---	---	----------------------

SECTION REFERENCE	OBSERVATIONS AND ADDITIONAL COMMENTS
-------------------	--------------------------------------

<u>E2, D7, C5, H1</u> <u>3A40BC</u>	<u>Cabin 1 - Obs: wrong size fire extinguisher, should be a 5# 2A-10BC. Circuit box needs labeled for cover of electric circuit panel has a gap that needs covered.</u>
	<u>Water heater room behind Cabin 1: no cover on outlet, mouse droppings and debris observed, daylight showing around door and unit behind hot water heater light can be seen.</u>
	<u>Small heater behind in space behind water heater are prohibited.</u>
<u>E2,</u>	<u>Cabin 3 - Obs: wrong size fire extinguisher.</u>
<u>C5, E2, D4, C1</u> <u>D2, C2, D7</u>	<u>Cabin 4 - Obs: daylight under and around door, wrong size fire extinguisher. GFCI at kitchen <input checked="" type="checkbox"/> tripped but wouldn't reset. mouse droppings in drawers of dresser, bugs (dead) bathroom floor shower and main room, moldy substance <input checked="" type="checkbox"/> under kitchen sink, drawer slides to oven has mouse dropping, and on left side of oven. gas line opening in wall needs sealed, open ground both receptacles by PTAC unit.</u>
	<u>Cabin 5 - Obs: PTAC unit is dirty, light around door, wrong size fire extinguisher, some debris in microwave, debris in oven drawer, mouse droppings on left side of oven. round back chair wobbly, TTP discharge pipe needs to be rated for 210°. This one is not, open around unit receptacles by PTAC, make sure electrical box is labeled properly.</u>

INSPECTED BY <u>Tonia Jones</u>	DATE <u>4-25-2025</u>
RECEIVED BY <u>My Benin</u>	DATE <u>4-28-2025</u>



Establishment Name Keebs Cabins	Physical Address 4300 Hwy 119	City Salem
------------------------------------	----------------------------------	---------------

Section Reference	Observations, comments, and corrective measures
E2, D4, C5	Cabin 6 - Ops: wrong sized fire extinguisher, open ground GFCI not tripping at kitchen sink, dead bugs on floor and under kitchen sink, daylight around door liveant on lamp shade + spider hanging over the bed on right side of the door.
D4, C1, C5	Cabin 9 - Ops: open ground on GFCI outlet to the left of the kitchen sink, mold like substance on back wall under kitchen sink and dead bug under sink. AC ducts full of debris. Broken floor in front room area, need emergency lights and exit signs at both doors, work size fire extinguisher, no smoke detectors in bedrooms, debris in dresser drawers back bedroom, circuit box needs relabeled and there are exposed wires in closet with circuit panels and hot water heater, discharge pipe needs to be rated for 210°
D7, G4, D5	Kitchen sink and dead bug under sink. AC ducts full of debris. Broken floor in front room area, need emergency lights and exit signs at both doors, work size fire extinguisher, no smoke detectors in bedrooms, debris in dresser drawers back bedroom, circuit box needs relabeled and there are exposed wires in closet with circuit panels and hot water heater, discharge pipe needs to be rated for 210°
D2, E5, D4	Cabin 13 - Ops: lamp with no light bulb, no smoke detector in bedroom open grounds of receptacles in bedroom on brown walls, kitchen receptacles open grounds at kitchen sink and bathroom, wrong size fire extinguisher.
C5, C1, D4	Cabin 10 - Ops: dead bug on floor and pillow, debris in broiler of stove, GFCI receptacles at sink open ground, mouse droppings behind stove, no GFCI receptacle in bathroom, electrical box needs updated, wrong size fire extinguisher, light around door, open ground on receptacle next to PTAC
C5, E5, D4	Cabin 18 - Ops: wrong size fire extinguisher, inside of oven with debris and mouse droppings, dead bug in sink, no smoke detector in bedroom, electrical panel needs updated, mouse droppings in bathroom cabinet, door on bathroom cabinet broken, open space around pipes to hot water heater, pipe on hot water heater not rated for 210°, pipe on hot water heater goes into the floor, circuit breaker box for hot water heater loose, need emergency lights and exit signs since cabin has 2 doors, need GFCI outlet on front of cabin. Need hand rails.

INSPECTED BY Diana Jones	RECEIVED BY [Signature]	DATE 4-28-25
-----------------------------	----------------------------	-----------------



