



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

FOR CENTRAL OFFICE USE ONLY	ESTABLISHMENT NUMBER
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Establishment Name <b>Montauk ONP LLC</b>		Name <input type="checkbox"/> Owner <input checked="" type="checkbox"/> General Manager <b>Nicole Jones</b>	
Physical Address <b>420 CR 6670</b>		City <b>Salem</b>	Zip <b>65560</b>
Mailing Address <b>same as above</b>		City	Zip
County <b>065</b>	This inspection is a(n) <input type="checkbox"/> Initial <input checked="" type="checkbox"/> Annual <input type="checkbox"/> Follow-up	Telephone <b>573-248-2434</b>	No. of Stories <b>2</b> No. of Rooms <b>40</b> Is the current lodging license displayed? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A- new

<b>Rooms Inspected:</b> <b>Rooms 5, 8, 18, 17, Cabins 29, 28, 25, 14, 13, 19.</b>	<b>Water Supply</b> <input type="checkbox"/> Private <input type="checkbox"/> Public Water sample taken <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<b>Wastewater</b> <input type="checkbox"/> Private <input type="checkbox"/> Public Regulated by: <input type="checkbox"/> DHSS <input type="checkbox"/> DNR
<b>Swimming Pools/Spas (check all that apply)</b> Indoor pool <input type="checkbox"/> Outdoor pool <input type="checkbox"/> Spa <input type="checkbox"/> Pool larger than 2000 square feet <input type="checkbox"/>		

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

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

	In=In Compliance	Out=Not In Compliance, explain on additional page(s)	NO=Not Observed	N/A=Not Applicable
<b>Section A &amp; B: Water Supply &amp; Wastewater</b>	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				
<b>Section C: Sanitation/Housekeeping</b>				
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				
<b>Food Inspection conducted according to 19CSR20-1.025</b>				
9. Food, equipment and single service/use				
10. Food protected from contamination				
11. Facilities to wash, rinse and sanitize				
12. Handwashing facilities/hygienic practices				
<b>Section D: Life Safety</b>				
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				
<b>Required Annual Third Party Inspections</b>				
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				
<b>Section E: Fire Safety</b>				
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				
<b>Section F: Swimming Pools/Spas</b>				
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				
<b>Section G: Plumbing/Mechanical</b>				
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				
<b>Section H: Heating &amp; Cooling</b>				
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) <b>Roma Jones, Roma Jones; Radeson Mts</b>	EPHS NUMBER <b>1168</b>	AGENCY <b>Dent Co. Health Center</b>	TELEPHONE <b>573-729-3106</b>
LICENSING YEAR 20 <b>26</b> / 20 <b>27</b>	APPROVED <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	DATE INSPECTED <b>05/12/2026</b>	FOLLOW UP DATE <b>June 30, 2026</b>
RECEIVED BY (PRINT NAME AND TITLE and SIGN) <b>Nicole News Jones</b>			PAGE 1 OF <b>3</b>



Establishment Name	Physical Address	City
Montauk ONR LLC	420 CR 16670	Salerni
Section Reference	Observations, comments, and corrective measures	
E5, C5, H5 C4	Room 5 - No smoke alarm, screen door not tight fitting, PTAC filter dirty, fresh stains on mattress (bed by bathroom)	
C5	Room B - screen door has patch that is need of repair	
G2	Storage room closest to check in has a gas powered air pump and gas in storageroom.	
D7	Laundry room - missing some labeling and numbers on the fuse box.	
H5, C2	Room 18 - cold air return vent dirty, sm. refrigerator has rust debris <sup>under</sup> both beds have dust and food particles and spiderwebs. Dust ruffle is dirty, screen door has gaps around it, inside large dresser drawers are dirty. bug parts on blanket of bed.	
C5, C2,	Room 17 - gap around screen door, debris on blankets, dirty PTAC filters, torn bed sheet,	
D2	Between 16 and 17 rooms, trim pulled away from building.	
C2, <del>H5</del> , C5 E2	Cabin 29 - Murphy bed with debris, <del>small gap around back door</del> , small gap around back door, cold air return vent dirty, hair on blanket, fire extinguisher with a date of 2024 - not updated	
C1, H5 D7 C2, E9	Cabin 28 - cold air return dirty, debris in doorway, trim on kitchen counter broken, breaker 9+11 is labeled for a hot tub that doesn't exist - need to relabel or remove, stains on mattress and hair on mattress pad - hair, Murphy bed has debris, loose hand rail across from back door.	
D3, D4, D2 H5	Cabin 25 - No smoke or CO2 detector, outside GFCI outlet doesn't work, Murphy bed stained & dirty, debris in silverware drawer, microwave dirty, cold air return dirty, GFCI bathroom outlet not working.	
G1B, C2	Cabin 14 - mold under bathroom sink with rotting vanity floor, hair sheet on bed, hole in window glass behind bed across from door.	

INSPECTED BY <i>Adma Jones</i>	RECEIVED BY <i>[Signature]</i>	DATE 5-12-2026
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