DFS-3 (Rev. 1-91) CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH				
HOTEL - MOTEL IN	NSPECTION FORM			
010 570	Regular Follow-up Complaint Survey			
	Other			
Hotel-Motel Name & Address: Florence \nn 8049 Drea	Arrival: Departure:			
Owner and/or Operator Name & Address: 533 Hospitally Group	Number of Rooms: 115			
NOTE: (*) indicat	tes critical item.			
WATER & ICE SUPPLY	GEN. SANITATION, CONSTRUCTION & STORAGE			
 *1. 6() Water & ice from approved source, approved treatment, adequate supply 2. 4() Ice properly dispensed from approved equipment or individually packaged, equipment clean, good repair 3. 4() Ice containers in rooms; adequate, clean, good repair SEWAGE & SOLID WASTE DISPOSAL *4. 6() Approved sewage disposal systemsatisfactory operationapproved plumbing-no cross connections *5. 6() Refuse disposed in approved manner 6. 4() Outside trash storage areas properly constructeddumpsters, bulk containers, covered, clean, good repair 7. 2() Guest room waste receptacles approved construction-adequate, clean, good repair GUEST ROOM FACILITIES & ACCESSORIES 8. 4() Guest room toilet facilities-adequate, clean, good repair 9. 2() Floors, walls, ceilings, clean, good repair 10. 2() Adequate towels, washcloths, soap, toilet tissue, drinking glassesprovided and properly stored 11. 4() Beds, bedding material, clean, adequate, good repair 12. 4() Mattress pads or covers provided 13. 2() Drapes, furniture, carpet, shades, curtainsclean, good repair 14. 2() Adequate lighting and ventilation provided in rooms, hallways, stairways, etc. 15. 2() Light fixtures, shadesclean good repair 	 16. 2(*) Interior and exterior of structure good repair 17. 2(*) Lobby, hallways, public restrooms, etc., clean-good repair 18. 2(*) Furniture clean, good repair 19. 4(*) Adequate storage area for clean and soiled linen; cleaning supplies, etc. *20. 6(*) Rodents/insects under control *21. 6(*) Pesticides/toxic materials properly stored, used, handled, protected and labeled. SAFETY 22. 4(*) Exit doors open outward; exit routes properly identifiedfire extinguishers provided 23. 4(*) Electrical distribution system/other wiring properly maintained *24. 6(*) Safety and fire hazards eliminated 25. 4(*) Safety locks provided on all doors leading to bedrooms MISCELLANEOUS 26. 4(*) Dishes in efficiency cabins/rooms properly cleaned, stored, sanitized 27. 2(*) Employees conform to good hygienic practices 			
Remarks:				
See attached letter dated April 7, 2015, for violation details				
Itams marked are considered to be in violation of VDC 210 011 to 210 001	Aho Casto Hotol Codo and an aid and a side of the codo and a side of			
Items marked are considered to be in violation of KRS 219.011 to 219.081 and the State Hotel Code and must be corrected: () by next routine inspection or within days. Failure to correct violations as listed will result in further action as provided by the Hotel Code and KRS 219.991(1). An opportunity for an appeal from any notice or inspection findings will be provided if you file a written request for a hearing with the department within the period of time specified by the applicable regulation.				
Received by: A - 14 - 15	Health Authority			
Kentu	□ Local □ State			





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April 7, 2015

Florence Inn, S& J Hospitality Group LLC Attn: Sridhar Kadaba 8049 Dream Street Florence, KY 41042

Re: Inspection Results from April 2, 2015

Dear Mr. Kadaba,

The Northern Kentucky Health Department is greatly concerned about the recent inspection conducted on April 2 at the Florence Inn, located at 8049 Dream Street. This inspection was conducted in conjunction with representatives from the Florence Fire Department and Florence Public Services.

The Northern Kentucky Health Department observed 20 conditions contrary to Kentucky's Hotel Code (902 KAR 7:010), 14 of which are deemed as critical violations. The following conditions were observed, with asterisks indicating critical violations. The violation number corresponds with Kentucky's Hotel Inspection Form.

Violation	Observation				
*5	Large amount of trash and debris around dumpster area and several buildings.				
9	Ceiling and walls water stained throughout facility. Active leaks observed during inspection. Drywall and spackle moist to the touch due to water leaks.				
16	Roofs in disrepair in all buildings - canvas and plastic tarps used as repair material. Asphalt and concrete sidewalks in disrepair around buildings and parking lots. Exterior wood portions (trim) of buildings in disrepair – observed outer holes and openings.				
*20	Crawl space access panels removed or in disrepair. Rodent droppings observed in unoccupied rooms. Bed bugs observed in room 205.				
23	Extension cords observed through door openings, and used as part of the wiring system.				
*24	Pool fence in disrepair - metal wire and bands used to support fencing. Pool cover not properly secured, large gaps observed. Exposed wiring throughout unoccupied rooms.				
	Floors uneven and in disrepair throughout facility - sagging, and unable to support weight. Drywall missing in unoccupied spaces - ceilings and insulation collapsing. Debris and other material stored in unoccupied rooms. Rooms, occupied and unoccupied, observed without smoke detectors. Windows broken to multiple rooms.				
	Mold observed on walls, ceilings, and behind wallpaper throughout facility. Water heater not properly installed (Bldg 300) – fire department required immediate action.				

A timetable must be submitted to the Northern Kentucky Health Department by April 20, 2015 detailing your plan of action to make all necessary repairs, with the goal to have all violations corrected by May 25, 2015.

All repairs must comply and be approved by the appropriate regulatory agency. Please work directly with Florence Fire Department and Public Services as appropriate.

Failure to correct these violations will result in the Northern Kentucky Health Department taking action against your facility that will result in the suspension or revocation of your permit to operate.

Please call me directly with any questions or concerns. Your cooperation is greatly appreciated.

Sincerely,

Rob Caudill, RS

CABINET FOR HEALTH SERVICES DEPARTMENT FOR PUBLIC HEALTH

HOTEL - MOTEL INSPECTION FORM							
County: Scar P	San. Code: <u>91183</u>		Regular Follow-up Complaint Survey				
Permit No:	Date: 5-26-	- 14		Other			
Hotel-Motel Name & Address: Owner and/or Operator Name & Address:	Follow-up: Yes	□ No		TIME Arrival: Departure: mber of Rooms:			
NOTE: (*) indicates critical item.							
*1. 6() Water & ice from approved sour treatment, adequate supply 2. 4() Ice properly dispensed from approved equipment or individually packate clean, good repair 3. 4() Ice containers in rooms; adequate repair SEWAGE & SOLID WASTE DISPO *4. 6() Approved sewage disposal systete operationapproved plumbing-connections *5. 6() Refuse disposed in approved material	oroved aged, equipment te, clean, good OSAL smsatisfactory no cross anner perly ontainers, pproved ood repair sook sook clean, ood repair pap, toilet tissue, properly stored dequate, good des, curtainsclean,	16. 2(×) 17. 2() 18. 2() 19. 4() *20. 6() *21. 6()	Interior and exterior Lobby, hallways, purgood repair Furniture clean, good Adequate storage a linen; cleaning sup Rodents/insects und Pesticides/toxic marked, handled, protection SAFET Exit doors open out properly identified provided Electrical distribution properly maintaine Safety and fire haza Safety locks provided bedrooms	area for clean and soiled plies, etc. der control terials properly stored, ected and labeled. Y ward; exit routesfire extinguishers on system/other wiring derds eliminated ed on all doors leading to NEOUS cabins/rooms properly nitized			
rooms, hallways, stairways, etc. 15. 2() Light fixtures, shadesclean goo	•	RATING:	200				
Items marked are considered to be in violation of KRS	219.011 to 219.081 and the	1, 701C	ode and must be correcte	ed: () by next routine inspec-			
days. Failure to correct violat opportunity for an appeal from any notice or inspectic within the period of time specified by the applicable refree Received by:	tions as listed will result in fu on findings will be provided i	rther action a if you file a w py:	s provided by the Hotel (Code and KRS 219.991(1). An ing with the department			

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June 1, 2015

Florence Inn, S& J Hospitality Group LLC Attn: Sridhar Kadaba 8049 Dream Street Florence, KY 41042

Re: Follow-up Inspection Results from May 26, 2015

Dear Mr. Kadaba,

The Northern Kentucky Health Department, in conjunction with a representative from the Florence Fire Department, conducted a follow-up inspection on May 26, 2015 of the Florence Inn, located at 8049 Dream Street in Florence. This follow-up inspection was based upon our findings of a regular inspection, conducted on April 2, 2015, that resulted in 20 observed violations contrary to Kentucky's Hotel Code (902 KAR 7:010), 14 of which were deemed as critical violations.

During the follow-up inspection, The Northern Kentucky Health Department observed 12 violations previously debited during the April 2, 2015 inspection that have not been corrected, 7 of which are deemed as critical violations. The following conditions were observed, with asterisks indicating critical violations. The violation number corresponds with Kentucky's Hotel Inspection Form.

Violation	Observation			
	Ceiling and walls water stained throughout facility.			
9	Drywall and spackle moist to the touch due to water leaks.			
16	Roofs in disrepair in all buildings - plastic tarps used as repair material.			
	Asphalt and concrete sidewalks in disrepair around buildings and parking lots.			
	Exterior wood portions (trim) of buildings in disrepair – observed outer holes and openings.			
	Pool not covered - state pool engineer concluded extensive repairs needed for reopening.			
	Exposed wiring throughout unoccupied rooms.			
*24	Floors uneven and in disrepair throughout facility - sagging, and unable to support weight.			
	Drywall missing in unoccupied spaces - ceilings and insulation collapsing.			
	Debris and other material stored in unoccupied rooms.			
	Mold observed on walls, ceilings, and behind wallpaper throughout facility			
	Water heater not properly installed (Bldg 300) - temporary fix currently in-place.			

The following details the violations from the April 2, 2015 inspection that have been addressed and corrected:

Violation	Observation			
*5	Large amount of trash and debris around dumpster area and several buildings.			
*20	Crawl space access panels removed or in disrepair. Rodent droppings observed in unoccupied rooms.			
	Bed bugs observed in room 205.			
23	Extension cords observed through door openings, and used as part of wiring system.			
*24	Pool fence in disrepair – metal wire and bands used to support fencing. Rooms, occupied and unoccupied, observed without smoke detectors. Windows broken to multiple rooms.			

As stated in the April 2, 2015 inspection and corresponding letter, all critical and non-critical violations were to be corrected by May 25, 2015. Additionally, all repairs must comply and be approved by the appropriate regulatory agency. Currently, the Florence Fire Department has you under notice for several violations, including not having all buildings evaluated by a structural engineer.

Based upon inspection results, the Northern Kentucky Health Department has issued you an *Enforcement Notice*, dated June 1, 2015, with the *Intent to Suspend* the facility's operating permit. The operating permit shall be suspended 10 days from the date of receipt of the notice unless a written request for a conference, pursuant to 902 KAR 1:400, is filed with this office. The enclosed form may be used to request the conference.

Please call me directly with any questions or concerns. Your cooperation is greatly appreciated.

Sincerely,

Rob Caudill, RS