NOTIFICATION OF DEFICIENCIES AND REQUEST FOR CORRECTIVE ACTION

Enforcement 641 15.6(135I)

Facility Name: Hampton Inn IC
Date of Inspection: 12/15/23
Inspector: Rob Thul

The following is a list of the deficiencies that were identified in the inspection report that need a Corrective Action Plan. Please respond within **____ days** of receipt of this notice to the identified deficiencies by completing the Corrective Action Plan section(s) below with an explanation of how the deficiencies will be corrected and the timeframe. If a deficiency cannot be completed before you respond, you must set a fixed time for correction. Failure to respond within the required timeframe may result with enforcement action against your facility pursuant to Iowa Code 135I and 641 IAC 15.6.

Deficiency 17: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Mechanical Room #7 Vacuum breaker back-flow preventer not provided on faucet in the pump room.

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 18: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Mechanical Room #13 Taylor test kit comparader chamber is darkened and unable to read correctly.

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 19: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Mechanical Room #14 ORP reading is unable to be accessed on the pump room controller box.

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 20: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Mechanical Room #15 The continuous disinfection equipment in the pump room is not functioning properly. No water is in the chlorinator chamber.

Corrective Action Plan: (this section to be completed by the facility to indicate how the deficiencies will be corrected)

Deficiency 21: (Cite 641 IAC Chapter 15 violation and manner in which the facility failed to comply)

Bathhouse #5 No soap provided at the shower in the swimming pool facility.

Corrective Action Plan: (Cite this section to be completed by the facility to indicate how the deficiencies will be corrected)