

State of Maine Health Inspection Record of Complaint

INTAKE

Complaint #	Date of Intake	Time of Intake	Intake Person	Paper Form
2154	03/01/2016	09:00 AM	REBECCA WALSH	<input type="checkbox"/>

ESTABLISHMENT/BODY ARTIST CITED

Establishment/Body Artist Name	Est. ID#	Lic. Exp. Date	Telephone	Lic. Type
LA QUINTA INN & SUITES	999	2/28/2017	207-871-0611	MUN - EATING AND LODGING
Street Address	City	ZipCode	Owner Name	
340 PARK AVE	PORTLAND	04102-2734	LQ MANAGEMENT LLC	

COMPLAINT DESCRIPTION

Complaint types:		Date of occurrence: 11/30-15-1/15/16		Time of occurrence: NA	
Foodborne Illness	<input type="checkbox"/>	Smoking	<input type="checkbox"/>	Ants	<input type="checkbox"/>
Hygienic Practices	<input type="checkbox"/>	Septic	<input type="checkbox"/>	Bats	<input type="checkbox"/>
Sanitation Practices	<input checked="" type="checkbox"/>	Tattoo	<input type="checkbox"/>	Bedbugs	<input checked="" type="checkbox"/>
Physical Facilities	<input checked="" type="checkbox"/>	Body Piercing	<input type="checkbox"/>	Cockroaches	<input type="checkbox"/>
Food injury/safety	<input type="checkbox"/>	Electrology	<input type="checkbox"/>	Mice	<input type="checkbox"/>
Waterborne illness	<input type="checkbox"/>	Micropigmentation	<input type="checkbox"/>	Rats	<input type="checkbox"/>
Unlicensed	<input type="checkbox"/>	Other	<input type="checkbox"/>	<i>If Other checked, see notes under Description below:</i>	

Description: Complainant stated: 1) 1/5-8/16 Rm#315 bitten by bedbugs; 2) 1/9-11/16 Rm#323 bad mattress; 3) 1/12-13/16 Rm#224 bitten by bedbugs; 4) 1/14-15/16 Rm#303 bedbug feces, stained, dirty mattress pad with hair on it; 5) from 11/30/15-1/15/16 stayed in Rms #216, 203, 224, 219, 221, 217, 315, 323 & 303. C

COMPLAINT INVESTIGATION

Investigated	Investigated by	Inspection Done	Date of Last Inspection
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	TOM WILLIAMS	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	01/01/2016

COMPLAINT FINDINGS

Foodborne Illness	<input type="checkbox"/> O <input type="checkbox"/> N	Smoking	<input type="checkbox"/> O <input type="checkbox"/> N	Ants	<input type="checkbox"/> O <input type="checkbox"/> N	Dogs	<input type="checkbox"/> O <input type="checkbox"/> N
Hygienic Practices	<input type="checkbox"/> O <input type="checkbox"/> N	Septic	<input type="checkbox"/> O <input type="checkbox"/> N	Bats	<input type="checkbox"/> O <input type="checkbox"/> N	Cats	<input type="checkbox"/> O <input type="checkbox"/> N
Sanitation Practices	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	Tattoo	<input type="checkbox"/> O <input type="checkbox"/> N	Bedbugs	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	Flies	<input type="checkbox"/> O <input type="checkbox"/> N
Physical Facilities	<input type="checkbox"/> O <input checked="" type="checkbox"/> N	Body Piercing	<input type="checkbox"/> O <input type="checkbox"/> N	Cockroaches	<input type="checkbox"/> O <input type="checkbox"/> N		
Food injury/safety	<input type="checkbox"/> O <input type="checkbox"/> N	Electrology	<input type="checkbox"/> O <input type="checkbox"/> N	Mice	<input type="checkbox"/> O <input type="checkbox"/> N	O=Observed	
Waterborne illness	<input type="checkbox"/> O <input type="checkbox"/> N	Micropigmentation	<input type="checkbox"/> O <input type="checkbox"/> N	Rats	<input type="checkbox"/> O <input type="checkbox"/> N	N=Not Observed	
Unlicensed	<input type="checkbox"/> O <input type="checkbox"/> N	Other	<input type="checkbox"/> O <input type="checkbox"/> N	<i>If Other checked, see Comments below:</i>			

INSPECTOR COMMENTS

1) Rm#315 no evidence of bed bugs. Checked dresser drawer and found what appears to be coffee grinds from coffee maker directly above drawer. 2) Rm# 323 Mattress not soiled or torn. 3) Rm#224 no evidence of bed bugs, mattress pads not stained. 4) Rm#303 no evidence of bed bugs or dirty linen. 5) No odors/mattresses may be uncomfortable. 6) This was the complainants food and was separated.

Corrective Actions

Wash matteress pads more frequently and check for hair more closely.

REFERRALS

Referred to:	Date	Referred to:	Date	Referred to:	Date
<input type="checkbox"/> Attorney General's Office		<input type="checkbox"/> Fire Marshal		<input type="checkbox"/> Department of Education	
<input type="checkbox"/> Department of Agriculture		<input type="checkbox"/> Liquor Licensing		<input type="checkbox"/> Inland Fisheries & Wildlife	
<input type="checkbox"/> Subsurface Wastewater Program		<input type="checkbox"/> State Police		<input type="checkbox"/> Tobacco Enforcement	
<input type="checkbox"/> Drinking Water Program		<input type="checkbox"/> Disease Control		<input type="checkbox"/> Board of Pesticide Control	
<input type="checkbox"/> Marine Resources		<input type="checkbox"/> Municipality CEO/LPI		<input type="checkbox"/> Other	

Person in Charge (Signature)	Date: 3/1/2016
	Follow-up: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Health Inspector (Signature)	Follow-up Date:

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Complaint # 2154

Complaint Description Continued...

Changed rooms frequently due to urine smell, mold odor, marijuana odor, dirty/stained mattress pads with long black hair, dirty/urine stained orange cloth chairs & substandard mattresses; 6) hotel guests were allowed to keep their personal food in the hotel's freezer/refrigerator.

Person in Charge (Signature)



Date: 3/1/2016

Health Inspector (Signature)



Follow-up: Yes No
Follow-up Date: