

# Inspection of Residential Care Facilities

**Establishment Name:** ST MARKS MANOR

**Location Address:** 3735 HERITAGE MEADOWS LN

**City:** APEX **State:** North Carolina **Zip:** 27539

**County:** 92 Wake

**Licensee:** ST. MARKS MANOR, INC

**Telephone:** (919) 363-5311

**Wastewater System:**

**Establishment ID:** 4092430306

**Date:** 10/13/2025 **Status Code:** A

**Time In:** 10:45 AM **Time Out:** 11:30 AM

**Inspection**  **Re-Inspection**

**Number of Residents:** 9

**Water Supply:**

**Municipal / Community**  **Onsite**

**Classification:**  **Approved (40 or less demerits, and no 6-demerit item violated)**  **Disapproved (More than 40 demerits or 6-demerit item violated)**

PHYSICAL FACILITIES: (.1607 & .1608)			
1.	Floors and carpets kept clean	2	0
	Floors and carpets in good repair	1	0
2.	Walls, ceilings, and attachments clean	2	0
	Walls, ceilings, and attachments in good repair	1	0
LIGHTING AND VENTILATION: (.1609)			
3.	Illumination of required spaces	2	0
4.	Ventilation equipment clean and in good repair	2	0
TOILET: HANDWASHING: AND BATHING FACILITIES: (.1610)			
5.	Facilities provided	5	0
6.	Facilities clean and in good repair	4	0
7.	Hand sink design	4	0
8.	Handwashing facilities properly equipped	4	0
WATER SUPPLY: (.1611)			
9.	Approved water supply (6-demerit item)	6	0
10.	No cross-connections	5	0
11.	Water availability, pressure, at required ranges	4	0
LIQUID WASTES: (.1613)			
12.	Approved sewage disposal (6-demerit item)	6	0
SOLID WASTES: (.1614)			
13.	Approved waste storage	2	0
14.	Containers covered, clean, and good repair	2	0
15.	Waste removal frequency	2	0
PEST CONTROL AND OUTDOOR PREMISES: (.1615)			
16.	Pest presence	3	0
17.	Prevention of harborage conditions; premises clean	2	0
18.	Outdoor furniture and playgrounds in good repair	2	0
CHEMICAL AND MEDICATION STORAGE: (.1616)			
19.	Storage and Use	4	0

BEDS: LINEN: LAUNDRY: FURNITURE: (.1617)			
20.	Furnishings clean	2	0
21.	Furnishings in good repair	2	0
22.	Bed linens provided and in good repair	4	0
23.	Bed linens clean; cleaning frequency	4	0
24.	Clean linen storage	3	0
25.	Laundry area and equipment kept clean and in good repair	3	0
FOOD SERVICE UTENSILS AND EQUIPMENT: (.1618)			
26.	Utensils/equipment (except holding equipment) in good repair	3	0
27.	Utensils and equipment clean	4	0
28.	Equipment non-food contact sides clean	2	0
29.	Utensil and equipment storage	2	0
30.	Ware washing provisions	5	0
31.	Food storage areas clean	3	0
FOOD: (.1619)			
32.	Foods safe and approved sources	5	0
FOOD PROTECTION: (.1620)			
33.	Food time and temperature control	5	0
34.	Live pet prohibitions	3	0
35.	Food holding equipment provided and in good repair	5	0
36.	Temperature indicating device provided and accurate	2	0
37.	Food storage	4	0
EMPLOYEES: (.1621)			
38.	Handwashing method	4	0
39.	Handwashing frequency	4	0
40.	Proper use of restriction, exclusion, and reporting	5	0
41.	Vomitus and diarrheal clean up supplies; written plan available	2	0

**Total Demerits:** 0



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**



## Comment Addendum to Inspection Report

**Establishment Name:** ST MARKS MANOR

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**Date:** 10/13/2025 **Time In:** 10:45 AM **Time Out:** 11:30 AM

Signatures	
First	Last

**Person In Charge (Print & Sign):** Herbert

Reid

