

Food Establishment Inspection Report

Score: 99

Establishment Name: PEAK REHAB HOSPITAL

Establishment ID: 4092019611

Location Address: 1401 ZENO RD

City: APEX State: North Carolina

Zip: 27502 County: 92 Wake

Permittee: WAKE COUNTY REHABILITATION HOSPITAL, LLC

Telephone:

☒ Inspection ☐ Re-Inspection ☐ Educational Visit

Wastewater System:

☒ Municipal/Community ☐ On-Site System

Water Supply:

☒ Municipal/Community ☐ On-Site Supply

Date: 07/29/2026

Status Code: A

Time In: 10:00 AM

Time Out: 12:00 PM

Category#: IV

FDA Establishment Type: Nursing Home

No. of Risk Factor/Intervention Violations: 1

No. of Repeat Risk Factor/Intervention Violations: 0

Foodborne Illness Risk Factors and Public Health Interventions

Risk factors: Contributing factors that increase the chance of developing foodborne illness.

Public Health Interventions: Control measures to prevent foodborne illness or injury

Compliance Status		OUT	CDI	R	VR
Supervision .2652					
1	☒ OUT/N/A	PIC Present, demonstrates knowledge, & performs duties	1	0	
2	☒ OUT/N/A	Certified Food Protection Manager	1	0	
Employee Health .2652					
3	☒ OUT	Management, food & conditional employee; knowledge, responsibilities & reporting	2	1	0
4	☒ OUT	Proper use of reporting, restriction & exclusion	3	1.5	0
5	☒ OUT	Procedures for responding to vomiting & diarrheal events	1	0.5	0
Good Hygienic Practices .2652, .2653					
6	☒ OUT	Proper eating, tasting, drinking or tobacco use	1	0.5	0
7	☒ OUT	No discharge from eyes, nose, and mouth	1	0.5	0
Preventing Contamination by Hands .2652, .2653, .2655, .2656					
8	☒ OUT	Hands clean & properly washed	4	2	0
9	☒ OUT/N/A/N/O	No bare hand contact with RTE foods or pre-approved alternate procedure properly followed	4	2	0
10	☒ OUT/N/A	Handwashing sinks supplied & accessible	2	1	0
Approved Source .2653, .2655					
11	☒ OUT	Food obtained from approved source	2	1	0
12	☒ IN OUT	Food received at proper temperature	2	1	0
13	☒ OUT	Food in good condition, safe & unadulterated	2	1	0
14	☒ IN OUT	Required records available: shellstock tags, parasite destruction	2	1	0
Protection from Contamination .2653, .2654					
15	☒ OUT/N/A/N/O	Food separated & protected	3	1.5	0
16	☒ OUT	Food-contact surfaces: cleaned & sanitized	3	1.5	0
17	☒ OUT	Proper disposition of returned, previously served, reconditioned & unsafe food	2	1	0
Potentially Hazardous Food Time/Temperature .2653					
18	☒ IN OUT/N/A/N/O	Proper cooking time & temperatures	3	1.5	0
19	☒ IN OUT/N/A/N/O	Proper reheating procedures for hot holding	3	1.5	0
20	☒ IN OUT/N/A/N/O	Proper cooling time & temperatures	3	1.5	0
21	☒ OUT/N/A/N/O	Proper hot holding temperatures	3	1.5	0
22	☒ OUT/N/A/N/O	Proper cold holding temperatures	3	1.5	0
23	☒ OUT/N/A/N/O	Proper date marking & disposition	3	1.5	0
24	☒ IN OUT	Time as a Public Health Control; procedures & records	3	1.5	0
Consumer Advisory .2653					
25	☒ IN OUT	Consumer advisory provided for raw/undercooked foods	1	0.5	0
Highly Susceptible Populations .2653					
26	☒ IN OUT	Pasteurized foods used; prohibited foods not offered	3	1.5	0
Chemical .2653, .2657					
27	☒ IN OUT	Food additives: approved & properly used	1	0.5	0
28	☒ IN OUT/N/A	Toxic substances properly identified stored & used	2	X	X
Conformance with Approved Procedures .2653, .2654, .2658					
29	☒ IN OUT	Compliance with variance, specialized process, reduced oxygen packaging criteria or HACCP plan	2	1	0

Good Retail Practices

Good Retail Practices: Preventative measures to control the addition of pathogens, chemicals, and physical objects into foods.

Compliance Status		OUT	CDI	R	VR
Safe Food and Water .2653, .2655, .2658					
30	☒ IN OUT	Pasteurized eggs used where required	1	0.5	0
31	☒ OUT	Water and ice from approved source	2	1	0
32	☒ IN OUT	Variance obtained for specialized processing methods	2	1	0
Food Temperature Control .2653, .2654					
33	☒ OUT	Proper cooling methods used; adequate equipment for temperature control	1	0.5	0
34	☒ OUT N/A N/O	Plant food properly cooked for hot holding	1	0.5	0
35	☒ OUT N/A N/O	Approved thawing methods used	1	0.5	0
36	☒ OUT	Thermometers provided & accurate	1	0.5	0
Food Identification .2653					
37	☒ OUT	Food properly labeled: original container	2	1	0
Prevention of Food Contamination .2652, .2653, .2654, .2656, .2657					
38	☒ OUT	Insects & rodents not present; no unauthorized animals	2	1	0
39	☒ OUT	Contamination prevented during food preparation, storage & display	2	1	0
40	☒ OUT	Personal cleanliness	1	0.5	0
41	☒ OUT	Wiping cloths: properly used & stored	1	0.5	0
42	☒ OUT N/A	Washing fruits & vegetables	1	0.5	0
Proper Use of Utensils .2653, .2654					
43	☒ OUT	In-use utensils: properly stored	1	0.5	0
44	☒ OUT	Utensils, equipment & linens: properly stored, dried & handled	1	0.5	0
45	☒ OUT	Single-use & single-service articles: properly stored & used	1	0.5	0
46	☒ OUT	Gloves used properly	1	0.5	0
Utensils and Equipment .2653, .2654, .2663					
47	☒ OUT	Equipment, food & non-food contact surfaces approved, cleanable, properly designed, constructed & used	1	0.5	0
48	☒ OUT	Warewashing facilities: installed, maintained & used; test strips	1	0.5	0
49	☒ OUT	Non-food contact surfaces clean	1	0.5	0
Physical Facilities .2654, .2655, .2656					
50	☒ OUT N/A	Hot & cold water available; adequate pressure	1	0.5	0
51	☒ OUT	Plumbing installed; proper backflow devices	2	1	0
52	☒ OUT	Sewage & wastewater properly disposed	2	1	0
53	☒ OUT N/A	Toilet facilities: properly constructed, supplied & cleaned	1	0.5	0
54	☒ OUT	Garbage & refuse properly disposed; facilities maintained	1	0.5	0
55	☒ OUT	Physical facilities installed, maintained & clean	1	0.5	0
56	☒ OUT	Meets ventilation & lighting requirements; designated areas used	1	0.5	0
TOTAL DEDUCTIONS: 1					



Comment Addendum to Food Establishment Inspection Report

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 City: APEX State: NC
 County: 92 Wake Zip: 27502
 Wastewater System: ☒ Municipal/Community ☐ On-Site System
 Water Supply: ☒ Municipal/Community ☐ On-Site System
 Permittee: WAKE COUNTY REHABILITATION HOSPITAL, LLC
 Telephone: _____

Establishment ID: 4092019611
☒ Inspection ☐ Re-Inspection Date: 07/29/2026
☐ Educational Visit Status Code: A
 Comment Addendum Attached? ☒ Category #: IV
 Email 1: madison.norville@peakrehabhospital.com
 Email 2: _____
 Email 3: rob.warfuel@peakrehabhospital.com

Temperature Observations

Item/Location	Temp	Item/Location	Temp	Item/Location	Temp
cheese burger/hot cabinet	154				
mixed vegetables/hot cabinet	148				
commercially cooked pot roast/hot cabinet	159				
ambient air/RIC	36				
deli ham/RIC	38				
turkey breast/RIC	39				
cheese/RIC	39				
chicken salad/RIC	40				
ambient air/WIC	36				
mashed potatoes/WIC	40				
cucumber salad/WIC	39				
pork chop/WIC	38				

Person in Charge (Print & Sign): *First* Tony/Madison *Last* Sharpe/Norville
 Regulatory Authority (Print & Sign): *First* Carla *Last* Pressley

REHS ID: 2800 - Pressley, Carla Verification Dates: Priority:
 REHS Contact Phone Number: (984) 239-0850

Tony/Madison
Carla G. Pressley
 Priority Foundation: _____ Core: _____
 Authorize final report to be received via Email: *[Signature]*



North Carolina Department of Health & Human Services

● Division of Public Health ● Environmental Health Section
 DHHS is an equal opportunity employer.
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● Food Protection Program



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Date: 07/29/2026 **Time In:** 10:00 AM **Time Out:** 12:00 PM

Observations and Corrective Actions

Violations cited in this report must be corrected within the time frames below, or as stated in sections 8-405.11 of the food code.

28 7-204.11 Sanitizers, Criteria - Chemicals (P)

The chemical sanitizer in the sanitizing basin of the three compartment sink measured above the required tolerance level. Chemical SANITIZERS and other chemical antimicrobials applied to FOOD-CONTACT SURFACES shall not exceed tolerance levels. The PIC diluted the chemical sanitizing solution to the required tolerance level. ***CORRECTED DURING INSPECTION (CDI)***