# Waiver for Neighborhood Kitchen(s) in a Licensed Nursing Home

Under-Counter dishwasher

Enter Date

Enter Facility Administrator Name

Enter Facility Name

Enter Facility Address

Enter City, State, Zip

**HFID #**Enter HFID Number

This document is a waiver to allow the installation and use of a commercial grade, under-counter dishwasher in a neighbor kitchen. The location(s) of the neighborhood kitchen(s) is identified in the neighborhood kitchen (separate) waiver.

This proposed under-counter dishwasher requires three waivers as follows:

1. For MN. Rule 4658.4310, regarding the requirement that the dishwashing area be separated from the food preparation area.
2. For MN. Rule 4658.4310, subp. A, regarding the requirement that soiled dishes arrive at the soiled dish counter without passing through the food preparation area.
3. For MN. Rule 4658.4310, subp. B, regarding the requirement that facilities with more than 30 beds provide a commercial hood-type or conveyor dishwasher. The rule further requires that the area containing the dishwasher and the soiled dish spray rinse be separated from the food preparation area and the clean dish storage area by wall protection.

The facility is proposing to install a Enter Name and Model Number commercial NSFI grade, under-counter dishwasher. This dishwasher must conform to the requirements of National Sanitation Foundation International (NSFI) Standard 3.

The following conditions apply to these waivers:

1. The facility must submit product literature that indicates that the dishwasher is National Sanitation Foundation International (NSFI) listed.
2. The facility must submit product literature that indicates that the dishwasher is commercial grade.
3. The drain for commercial dishwashing machines must be an indirect waste connection to a trapped floor drain, or it must be a trapped connection to a branch with a floor drain without a backwater valve in the horizontal branch (4658.4500, Subp. 5).
4. The facility must use commercial grade dishwashing soap in the dishwasher.
5. Only eating utensils (spoons, knives, and forks), dishes, and glassware may be washed in the under-counter dishwasher. All pots and pans must be washed, rinsed, and sanitized in accordance with MN. Rules, Chapter 4658, either in the two-compartment sink or in the scullery sink in the main dietary kitchen.
6. All eating utensils, dishes, and glassware must be scrapped prior to placement on the trays.
7. Dishwashing activities are not permitted within the kitchen while food preparation, serving, and consumption are taking place.
8. Following dishwashing activities, all areas and surfaces used for dishwashing activities must be cleaned and sanitized in accordance with MN. Rules, Chapter 4626 (The Food Code). The cleaning and sanitizing requirements of MN. Rules, Chapter 4626 (The Food Code) can be found in 4626.0020, subp. 75, 4626.0270, subp. B, and 4626.0805 to 4626.0905. These rules can be accessed at the [Minnesota State Legislator (www.leg.state.mn.us)](http://www.leg.state.mn.us/) website.
9. Ventilation in the kitchen must comply with MN. Rule 4658.4515 for food preparation and dishwashing areas. Refer to MN. Rule 4658.4520.

The signature of the facility’s administrator on this document constitutes acceptance of all conditions and limitations associated with this waiver. This waiver, when approved by the Engineering Services Section, will remain in effect indefinitely; however, all waivers are subject to review as deemed necessary by the Department. Please remember that all alternative measures or conditions attached to a variance or waiver shall have the force and effect of the licensure rule(s) and shall be subject to the issuance of correction orders and penalty assessments in accordance with the provisions of Minnesota Statute 144A.10. The period of time for correction and the amount of fines specified for the particular rule for which the variance or waiver was requested, shall apply.

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Signature of Facility Administrator

Enter Facility Administrator Name

Enter Facility Name

**For MDH Use Only:**

This waiver is approved, approved with conditions or denied as indicated below:

Recommendation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_ □ Approval □ Approval w/conditions □ Denial

Final Action: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ on \_\_\_/\_\_\_/\_\_\_\_\_ □Approved □ Approved w/conditions □ Denied
 Manager, Engineering Services

Reasons for denial or conditions of approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Note: Please be aware that this waiver is subject to review as deemed necessary by MDH to prevent adverse effects on the health and safety of residents and personnel in the facility.