# Waiver for a Drinking Fountain in a Licensed Nursing Home

Enter Date

Enter Facility Administrator Name

Enter Facility Name

Enter Facility Address

Enter City, State, Zip

**HFID #**Enter HFID Number

This waiver is applicable to the MN. Rule 4658.4160, regarding the requirement that refrigerated drinking fountain(s) be provided in resident areas, recreational areas, and in or near dining areas. This request is for the Enter wing/location.

This waiver includes the following conditions and limitations:

1. A Enter make/model ice/water dispenser will be installed to facilitate hydration for the nursing home residents in the above area(s).
2. The facility must provide assistance to those nursing home residents who cannot grasp or hold a cup steady.
3. Routine cleaning of ice dispensers is required in accordance with manufacturer’s instructions.

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.