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

LIMITED FOOD PREPARATION/COOKING

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 for MN. Rule 4658.4305, subp. 1, regarding the requirement that food service equipment be National Sanitation Foundation International (NSFI) listed. This waiver permits the installation and use of residential type food service equipment (refrigerator, range, range hood, microwave, coffee maker, and toaster) in a neighborhood kitchen serving 30 or less residents for the preparation of the breakfast meal. The food warming or limited cooking does not produce grease-laden vapors. (If dishes, glassware, flatware, or pots and pans are going to be washed, rinsed, and sanitized in the neighborhood kitchen, the dishwasher must be commercial grade, NSFI listed. Installation and use of a commercial grade, under-counter dishwasher requires a separate waiver.) The kitchen cabinets may be residential type cabinets. The following must be provided in a neighborhood kitchen:

1. Provide a NSFI listed laminate for all counter tops.
2. All interior surfaces of the cabinets must be lined with a durable laminate.
3. A two-compartment sink with spray nozzle must be installed in the kitchen.
4. A garbage disposer must be installed in the two-compartment sink.
5. 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).

This waiver permits the preparation of breakfast meals in this kitchen with the following conditions:

1. The neighborhood and neighborhood kitchen serve 30 or less residents.
2. Since the neighborhood kitchen is limited to the preparation of the breakfast meal, the noon and evening meals will be prepared in the main dietary kitchen.Cold food serving tables and steam tables must be commercial grade NFSI listed equipment.
3. The breakfast meal is prepared for only those residents and staff in the neighborhood served by that kitchen.
4. The breakfast meals are prepared in a sequential manner. In other words, the breakfast meal is prepared and served as residents wake up and come to the kitchen. It is not acceptable to gather the residents to the kitchen and dining area and then begin meal preparation for many residents simultaneously.
5. Meats that produce grease as they are cooked, such as bacon and sausage, are prepared in the main dietary kitchen and are transported and served in the neighborhood kitchen.
6. Only a limited amount of perishable food is stored in the residential type refrigerator. A majority of the food to be used in the following morning’s breakfast will remain in a commercial grade, NSFI listed refrigerator until the evening before it will be used in the breakfast meal.
7. The range must be an electric range. A key-operated disconnect switch, with indicator light, must be provided for that range. The disconnect switch and indicator light must be readily accessible for staff.
8. Limited amounts of non-perishable foods may be stored in the neighborhood kitchen. Non-perishable food must be limited to those food products needed for breakfast meals and a few between-meal snacks.

The neighborhood kitchen may be used to prepare an individual snack. For example, a resident may request a bowl of soup or a sandwich between meals, in the evening before bed, or in the middle of the night.

The neighborhood kitchen may be used for cooking activities that are part of the facility’s activity program. For example, a batch of cookies, pan of bars, or a cake may be prepared in this kitchen.

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

In the space provided below list the location of each kitchen (i.e. floor, wing, unit, etc.) and the total number of residents that will be served in each kitchen.

| **Kitchen Location** | **Number of Residents Served** |
| --- | --- |
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In addition to the completed waiver form also submit a floor plan (paper size not to exceed 11x17) clearly identifying the locations indicated on the table above.

**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.