

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

RANGE HOOD WITH EXTINGUISHING SYSTEM

ENTER DATE:

ENTER FACILITY ADMINISTRATOR NAME:

ENTER FACILITY NAME:

ENTER FACILITY ADDRESS:

ENTER CITY, STATE AND ZIP CODE:

HFID:

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 or commercial type food service equipment (refrigerator, range, microwave, coffee maker, and toaster) in a neighborhood kitchen serving 30 or less residents in a neighborhood. (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 meals in this kitchen with the following conditions:

1. The neighborhood and neighborhood kitchen serve 30 or less residents.
2. The meals are prepared for only those residents and staff in the neighborhood served by that kitchen.
3. 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 day's meals will remain in a commercial grade, NSFI listed refrigerator until the evening before it will be used in the next day's meals.
4. If the range is 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.
5. 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 neighborhood meals and between-meal snacks.
6. Cold food serving tables and steam tables must be commercial grade NFSI listed equipment.

RANGE HOOD WITH EXHAUSTING SYSTEM

The cooktop/range hood must comply with the following:

1. This hood must include a fire suppression system that complies with UL 300 or UL 300A.
2. FOR PURPOSES OF INSTALLATION OF THIS TYPE OF HOOD IN A CERTIFIED HEALTH CARE FACILITY, THE EXHAUST DUCT FROM THE HOOD must comply with requirements applicable to a Type I commercial hood as defined in National Fire Protection Association Standard 96 (NFPA 96), Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition. This includes (but is not limited to) a metal duct adequately sized for 500 CFM, inspection and cleaning openings in accordance with NFPA 96, 7.3 & 7.4; welded joints in accordance with NFPA 96, 7.5.2.1; and a rated fire enclosure through the roof in accordance with NFPA 96, 7.7.1. Dampers are not permitted in range exhaust ducts – heat and smoke must continue exhausting to the outside.
3. The hood must be exhausted directly to the outside in accordance with MN Table 4658.4520 and NFPA 96. Recirculation of range exhaust is not acceptable.
4. Provide a minimum of 500 CFM exhaust. A variable speed exhaust fan cannot provide less than 500 CFM at its lowest setting.
5. The exhaust fan must be easily accessible for cleaning, repair and replacement. A power roof ventilator (PRV) is recommended for this installation to provide the required 500 CFM while allowing convenient access.
6. Only 1 neighborhood kitchen is allowed to be open to the corridor in any smoke compartment.
7. Provide a manual release of the range hood extinguishment system.
8. A switch must be installed to deactivate the cooktop when the kitchen is not under staff supervision and a timer that automatically deactivates the cooktop after 120 minutes.
9. Provide an interlock that turns off all sources of fuel and electrical power when 1) the fire suppression system is activated, or 2) when the cook top automatically shuts off.

Please be aware that a federal waiver to allow the neighborhood kitchen may be required in addition to this state waiver.

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.

Signature of Facility Administrator

ENTER FACILITY ADMINISTRATOR NAME:
ENTER FACILITY NAME:

RANGE HOOD WITH EXHAUSTING SYSTEM

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

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.

OFFICE 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 Denial
 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.