# Waiver of Toilet Location to Provide Staff Assistance 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 document is a waiver to allow a toilet to be installed more than 18 inches from the sidewall in a resident toilet room.

The proposed design of these toilet rooms requires waivers as follows:

1. For MN. Rule 4658.4145, subp. B and 4658.4150, subp. C, regarding the requirement that the center of the toilet be located 18 inches from the sidewall.
2. For MN. Rule 4658.4145, subp. E and 4658.4150, subp. F, regarding the requirement that the toilet paper holder be securely anchored on the sidewall near the toilet, six inches above the seat, and six to 12 inches in front of the seat, with both dimensions measured to the center of the holder.
3. For MN. Rule 4658.4150, subp. G, regarding the requirement for an L-shaped grab bar on the side wall adjacent to the toilet.
4. For MN. Rule 4658.4150, subp. H, regarding the requirement for a grab bar at the back of the toilet.

The following conditions apply to these waivers:

1. For toilets that are installed 18” from the side wall, a vertical grab bar 18” long must be installed where possible 12” in front of the toilet in accordance with 4658.4145, Subp. F.
2. The swing down grab bars shall be mounted 10 inches above the toilet seat to the top of the grab bar.
3. Portable toilet paper holders shall be provided at all toilets where the wall mounted toilet paper holder cannot be mounted in accordance with 4658.4145, Subp. E.
4. The clear distance between the swing down grab bars must fall within 24 inches to 30 inches apart.

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.