



Protecting, Maintaining and Improving the Health of All Minnesotans

Electronically delivered

December 31, 2025

Administrator  
CURA OF WILLMAR  
1801 WILLMAR AVENUE SOUTHWEST  
WILLMAR, MN 56201

RE: CCN: 245410

Cycle Start Date: August 07, 2025

Dear Administrator:

On September 25, 2025, we notified you a remedy was imposed. On November 21, 2025, the Minnesota Departments of Health completed a revisit to verify that your facility had achieved and maintained compliance. We have determined that your facility has achieved substantial compliance as of November 05, 2025.

As authorized by CMS the remedy of:

- Mandatory denial of payment for new Medicare and Medicaid admissions effective November 7, 2025, did not go into effect. (42 CFR 488.417 (b))

In our letter of September 25, 2025, in accordance with Federal law, as specified in the Act at § 1819(f)(2)(B)(iii)(I)(b) and § 1919(f)(2)(B)(iii)(I)(b), we notified you that your facility was prohibited from conducting a Nursing Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 7, 2025, due to denial of payment for new admissions. Since your facility attained substantial compliance on November 05, 2025, the original triggering remedy, denial of payment for new admissions, did not go into effect. Therefore, the NATCEP prohibition is rescinded.

However, this does not apply to or affect any previously imposed NATCEP loss.

The CMS Location may notify you of their determination regarding any imposed remedies.

Feel free to contact me if you have questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst

Federal Enforcement | Health Regulation Division

Minnesota Department of Health

P.O. Box 64900

Saint Paul, MN 55164-0900

Telephone: 651-201-4308 Fax: 651-215-9697

Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)



Protecting, Maintaining and Improving the Health of All Minnesotans

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September 25, 2025

Administrator  
CURA OF WILLMAR  
1801 WILLMAR AVENUE SOUTHWEST  
WILLMAR, MN 56201

RE: CCN: 245410

Cycle Start Date: 08/07/2025

Dear Administrator:

On 08/27/2025, we informed you that we may impose enforcement remedies.

On 09/10/2025, the Minnesota Department of Health completed a survey, and it has been determined that your facility is not in substantial compliance.

The most serious deficiencies in your facility were found to be isolated deficiencies that constitute no actual harm with potential for more than minimal harm that is not immediate jeopardy (Level D), as evidenced by the electronically attached CMS-2567, whereby corrections are required.

#### REMEDIES

As a result of the survey findings and in accordance with survey and certification memo 16-31-NH, this Department recommended the enforcement remedy(ies) listed below to the CMS location for imposition. The CMS location concurs and is imposing the following remedy and has authorized this Department to notify you of the imposition:

- Mandatory Denial of Payment for new Medicare and/or Medicaid Admissions, Federal regulations at 42 CFR § 488.417(a), effective 11/07/2025.

The CMS location will notify your Medicare Administrative Contractor (MAC) that the denial of payment for new admissions is effective 11/07/2025. They will also notify the State Medicaid Agency that they must also deny payment for new Medicaid admissions effective 11/07/2025.

You should notify all Medicare/Medicaid residents admitted on, or after, this date of the restriction. The remedy must remain in effect until your facility has been determined to be in substantial compliance or your provider agreement is terminated. Please note that the denial of payment for new admissions includes Medicare/Medicaid beneficiaries enrolled in managed care plans. It is your obligation to inform managed care plans contracting with your facility of this denial of payment for new admissions.

The CMS location may determine to impose other remedies such as a Civil Money Penalty.

#### NURSE AIDE TRAINING PROHIBITION

Please note that Federal law, as specified in the Act at §§ 1819(f)(2)(B) and 1919(f)(2)(B), prohibits approval of nurse aide training and competency evaluation programs and nurse aide competency evaluation programs offered by, or in, a facility which, within the previous two years, has operated under a § 1819(b)(4)(C)(ii)(II) or § 1919(b)(4)(C)(ii) waiver (i.e., waiver of full-time registered professional nurse); has been subject to an extended or partial extended survey as a result of a finding of substandard quality of care; has been assessed a total civil money penalty of not less than \$13,343, has been subject to a denial of payment, the appointment of a temporary manager or termination; or, in the case of an emergency, has been closed and/or had its residents transferred to other facilities.

If you have not achieved substantial compliance by November 7, 2025, the remedy of denial of payment for new admissions will go into effect and this provision will apply to your facility. Therefore, CURA OF WILLMAR will be prohibited from offering or conducting a Nurse Aide Training and/or Competency Evaluation Program (NATCEP) for two years from November 7, 2025. You will receive further information regarding this from the State agency. This prohibition is not subject to appeal. Further, this prohibition may be rescinded at a later date if your facility achieves substantial compliance prior to the effective date of denial of payment for new admissions. However, under Public Law 105-15, you may contact the State agency and request a waiver of this prohibition if certain criteria are met.

#### ELECTRONIC PLAN OF CORRECTION (ePOC)

Within ten (10) calendar days after your receipt of this notice, you must submit an acceptable ePOC for the deficiencies cited. An acceptable ePOC will serve as your allegation of compliance. Upon receipt of an acceptable ePOC, we will authorize a revisit to your facility to determine if substantial compliance has been achieved. The failure to submit an acceptable ePOC can lead to termination of your Medicare and Medicaid participation (42 CFR 488.456(b)).

To be acceptable, a provider's ePOC must include the following:

- How corrective action will be accomplished for those residents found to have been affected by the deficient practice.
- How the facility will identify other residents having the potential to be affected by the same deficient practice.
- What measures will be put into place, or systemic changes made, to ensure that the deficient practice will not recur.
- How the facility will monitor its corrective actions to ensure that the deficient practice is being corrected and will not recur.
- The date that each deficiency will be corrected.
- An electronic acknowledgement signature and date by an official facility representative.

#### DEPARTMENT CONTACT

Questions regarding this letter and all documents submitted as a response to the resident care deficiencies (those preceded by a "F" and/or an "E"tag), i.e., the plan of correction should be directed to:

**Susie Haben, Regional Operations Supervisor RR**  
**Health Regulation Division**  
**Minnesota Department of Health**  
**4140 Thielman Lane**  
**Saint Cloud, Minnesota 56301-4557**  
**Email: [susie.haben@state.mn.us](mailto:susie.haben@state.mn.us)**

**Office: (320) 223-7356 Mobile: (651) 230-2334**

#### PRESUMPTION OF COMPLIANCE - CREDIBLE ALLEGATION OF COMPLIANCE

The facility's ePoC will serve as your allegation of compliance upon the Department's acceptance. In order for your allegation of compliance to be acceptable to the Department, the ePoC must meet the criteria listed in the plan of correction section above. You will be notified by the Minnesota Department of Health - Health Regulation Division staff and/or the Department of Public Safety, State Fire Marshal Division staff, if your ePoC for their respective deficiencies (if any) is acceptable.

#### VERIFICATION OF SUBSTANTIAL COMPLIANCE

Upon receipt of an acceptable ePoC, a Post Certification Revisit (PCR), of your facility will be conducted to validate that substantial compliance with the regulations has been attained in accordance with your verification.

If substantial compliance has been achieved, certification of your facility in the Medicare and/or Medicaid program(s) will be continued and remedies will not be imposed. Compliance is certified as of the latest correction date on the approved ePoC, unless it is determined that either correction actually occurred between the latest correction date on the ePoC and the date of the first revisit, or correction occurred sooner than the latest correction date on the ePoC.

#### FAILURE TO ACHIEVE SUBSTANTIAL COMPLIANCE BY THE SIXTH MONTH AFTER THE LAST DAY OF THE SURVEY

We will also recommend to the CMS Region V Office and/or the Minnesota Department of Human Services that your provider agreement be terminated by February 7, 2026 if your facility does not achieve substantial compliance. This action is mandated by the Social Security Act at § 1819(h)(2)(C) and 1919(h)(3)(D) and Federal regulations at 42 CFR § 488.412 and § 488.456.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

#### APPEAL RIGHTS

If you disagree with this action imposed on your facility, you or your legal representative may request a hearing before an administrative law judge of the Department of Health and Human Services, Departmental Appeals Board (DAB). Procedures governing this process are set out in 42 C.F.R. 498.40, et seq. You must file your hearing request electronically by using the Departmental Appeals Board's Electronic Filing System (DAB E-File) at <https://dab.efile.hhs.gov> no later than sixty (60) days after receiving this letter. Specific instructions on how to file electronically are attached to this notice. A copy of the hearing request shall be submitted electronically to:

tamika.brown@cms.hhs.gov

Requests for a hearing submitted by U.S. mail or commercial carrier are no longer accepted as of October 1, 2014, unless you do not have access to a computer or internet service. In those circumstances you may call the Civil Remedies Division to request a waiver from e-filing and provide an explanation as to why you cannot file electronically or you may mail a written request

for a waiver along with your written request for a hearing. A written request for a hearing must be filed no later than sixty (60) days after receiving this letter, by mailing to the following address:

Department of Health & Human Services  
Departmental Appeals Board, MS 6132  
Director, Civil Remedies Division  
330 Independence Avenue, S.W.  
Cohen Building – Room G-644  
Washington, D.C. 20201  
202-795-7490

A request for a hearing should identify the specific issues, findings of fact and conclusions of law with which you disagree. It should also specify the basis for contending that the findings and conclusions are incorrect. At an appeal hearing, you may be represented by counsel at your own expense. If you have any questions regarding this matter, please contact Steven Delich, Program Representative at (312) 886-5216. Information may also be emailed to [tamika.brown@cms.hhs.gov](mailto:tamika.brown@cms.hhs.gov).

#### INFORMAL DISPUTE RESOLUTION (IDR)

In accordance with 42 CFR 488.331 and Minnesota Statute 144A.10 subd 15, you have one opportunity to question cited deficiencies through an informal dispute resolution process. You are required to send your written request, along with the specific deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to: <https://forms.web.health.state.mn.us/form/NHDisputeResolution>

This request must be sent within the same ten calendar days you have for submitting an ePoC for the cited deficiencies. Please note that the failure to complete the informal dispute resolution process will not delay the dates specified for compliance or the imposition of remedies.

A copy of the Department's informal dispute resolution policies is posted on the MDH Information Bulletin website at: [https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04\\_8.html](https://www.health.state.mn.us/facilities/regulation/infobulletins/ib04_8.html)

#### INDEPENDENT INFORMAL DISPUTE RESOLUTION (INDEPENDENT IDR)

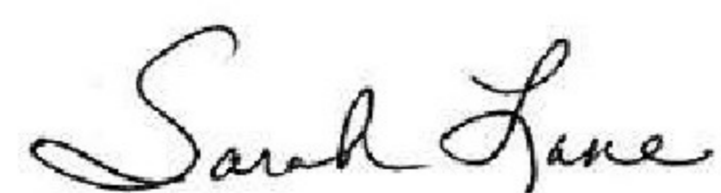
In accordance with 42 CFR § 488.431 and Minnesota Statute 144A.10 subd 16, when a CMP subject to being collected and placed in an escrow account is imposed, you have one opportunity to question cited deficiencies through an Independent IDR process. You may also contest scope and severity assessments for deficiencies which resulted in a finding of SQC or immediate jeopardy. You are required to send your written request, along with the specific

deficiencies being disputed, and an explanation of why you are disputing those deficiencies, to:  
<https://forms.web.health.state.mn.us/form/NHDisputeResolution>

A facility may not use both IDR and independent IDR for the same deficiency citation(s) arising from the same survey unless the IDR process was completed prior to the imposition of the CMP. This request must be sent within ten calendar days of receipt of this offer. An incomplete Independent IDR process will not delay the effective date of any enforcement action.

Feel free to contact me if you have questions.

Sincerely,



Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900  
Telephone: 651-201-4308 Fax: 651-215-9697  
Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)



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September 25, 2025

Administrator  
CURA OF WILLMAR  
1801 WILLMAR AVENUE SOUTHWEST  
WILLMAR, MN 56201

Re: Event ID: 1D5E52-H1

Dear Administrator:

The above facility survey was completed on 09/10/2025 for the purpose of assessing compliance with Minnesota Department of Health Nursing Home Rules. At the time of the survey, the survey team from the Minnesota Department of Health - Health Regulation Division noted no violations of these rules promulgated under Minnesota Stat. section 144.653 and/or Minnesota Stat. Section 144A.10.

Electronically posted is the Minnesota Department of Health order form stating that no violations were noted at the time of this survey. The Minnesota Department of Health is documenting the State Licensing Correction Orders using federal software. Please disregard the heading of the fourth column which states, "Provider's Plan of Correction." This applies to Federal deficiencies only. There is no requirement to submit a Plan of Correction.

Please feel free to call me with any questions.

Sincerely,

A handwritten signature in cursive script that reads 'Sarah Lane'.

Sarah Lane, Compliance Analyst  
Federal Enforcement | Health Regulation Division  
Minnesota Department of Health  
P.O. Box 64900  
Saint Paul, MN 55164-0900

Telephone: 651-201-4308 Fax: 651-215-9697

Email: [sarah.lane@state.mn.us](mailto:sarah.lane@state.mn.us)

Minnesota State Department of Health

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>09/10/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>CURA OF WILLMAR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 WILLMAR AVENUE SOUTHWEST , WILLMAR, Minnesota, 56201</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
20000	<p>Initial Comments</p> <p>*****ATTENTION*****</p> <p>NH LICENSING CORRECTION ORDER</p> <p>In accordance with Minnesota Statute, section 144A.10, this correction order has been issued pursuant to a survey. If, upon reinspection, it is found that the deficiency or deficiencies cited herein are not corrected, a fine for each violation not corrected shall be assessed in accordance with a schedule of fines promulgated by rule of the Minnesota Department of Health.</p> <p>Determination of whether a violation has been corrected requires compliance with all requirements of the rule provided at the tag number and MN Rule number indicated below. When a rule contains several items, failure to comply with any of the items will be considered lack of compliance. Lack of compliance upon re-inspection with any item of multi-part rule will result in the assessment of a fine even if the item that was violated during the initial inspection was corrected.</p> <p>You may request a hearing on any assessments that may result from non-compliance with these orders provided that a written request is made to the Department within 15 days of receipt of a notice of assessment for non-compliance.</p> <p>INITIAL COMMENTS:</p> <p>On 9/4/25 through 9/5/25 and 9/9/25 through 9/10/25, a complaint survey was conducted at your facility by surveyors from the Minnesota Department of Health (MDH). Your facility was found in compliance with the MN State Licensure.</p> <p>The following complaint was reviewed: H54103521C (2605926).</p>	20000		11/05/2025

Office of Primary Care and Health Systems Management

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Minnesota State Department of Health

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20000	Continued from page 1  Minnesota Department of Health is documenting the State Licensing Correction Orders using Federal Software. The facility is enrolled in ePOC and therefore a signature is not required at the bottom of the first page of state form. Although no plan of correction is required, it is required that the facility acknowledge receipt of the electronic documents.	20000		

<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245410</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>09/10/2025</b>
NAME OF PROVIDER OR SUPPLIER <b>CURA OF WILLMAR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 WILLMAR AVENUE SOUTHWEST , WILLMAR, Minnesota, 56201</b>	
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F0000	<p>INITIAL COMMENTS</p> <p>On 9/4/25 through 9/5/25 and 9/9/25 through 9/10/25, a standard abbreviated survey was conducted at your facility. Your facility was NOT in compliance with the requirements of 42 CFR 483, Subpart B, Requirements for Long Term Care Facilities.</p> <p>The following complaint was reviewed H54103521C (2605926), with an incidental finding cited at F908.</p> <p>The facility's plan of correction (POC) will serve as your allegation of compliance upon the Departments acceptance. Because you are enrolled in ePOC, your signature is not required at the bottom of the first page of the CMS-2567 form. Your electronic submission of the POC will be used as verification of compliance.</p> <p>Upon receipt of an acceptable electronic POC, an onsite revisit of your facility may be conducted to validate that substantial compliance with the regulations has been attained.</p>	F0000		11/05/2025
F0908 SS = D	<p>Essential Equipment, Safe Operating Condition</p> <p>CFR(s): 483.90(d)(2)</p> <p>§483.90(d)(2) Maintain all mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is NOT MET as evidenced by:</p> <p>Based on observation, interview and document review the facility failed to develop and implement a process to ensure the wander alert system was in working order. This had the potential to affect 2 of 2 residents (R1, R2) who utilized a wander alert device.</p> <p>Findings include:</p> <p>R1's Admission Record indicated he admitted to the facility 2/23/24. Diagnosis included vascular dementia, Alzheimer's disease and bilateral below the knee amputations.</p>	F0908	<p>All residents with wander alert devices were checked to verify they were in working order. A certified vendor was brought on site to inspect and service the door locking mechanisms, ensuring they alarm and lock according to manufacturer specifications.</p> <p>To prevent recurrence, the facility established a weekly documented testing protocol using the DoorGUARDIAN manufacturer's recommended procedures, including the Patient Escort and Anti-tailgate tests. The Maintenance Director or designee will conduct and log these weekly tests, with immediate escalation of any malfunction to the Administrator and vendor. Staff have been re-educated to immediately report any known or suspected concerns with the wander alert system.</p> <p>The Administrator or designee will be ensuring compliance, The Administrator will audit test logs twice a week for 4 weeks then weekly until the next</p>	11/05/2025

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See reverse for further instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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<b>STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS</b>		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: <b>245410</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING	(X3) DATE SURVEY COMPLETED <b>09/10/2025</b>
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F0908 SS = D	<p>Continued from page 1</p> <p>R1's quarterly Minimum Data Set (MDS) dated 6/11/25, identified a memory problem and delusions. The MDS indicated R1 did not wander during the assessment period and wore a wander alert device daily.</p> <p>R1's care plan dated 9/3/25, identified a high risk for elopement and directed staff to provided one to one supervision while awake and 15-minute checks while in bed. The care plan indicated R1 had wander device bracelets placed on his left wrist and on the back of his wheelchair.</p> <p>Facility incident report dated 8/24/25, indicated R1 was able to exit the facility via the front entrance doors, "wander guard did not work." Nursing students observed R1 exiting the building and assisted him back inside and alerted staff. The report indicated the door had recently been open and had not locked which allowed R1 to exit the facility.</p> <p>Facility incident report dated 9/1/25, indicated Staff noted the wander guard alarm for R1's unit was sounding. Staff found R1 in the water in the tall grass in a culvert on the west side of the building with his wheelchair on top of him. The report indicated R1 was able to push and hold the exit door long enough for the emergency release to activate, allowing the door to open.</p> <p>During interview on 9/5/25 at 7:30 a.m., the administrator stated the facility did not currently have a maintenance director and had not for only about two weeks. The administrator said they had the maintenance staff from another facility come and look at the doors to ensure everything was working properly. She said everything was reported to be working fine.</p> <p>During interview on 9/5/25 at 7:52 a.m., the regional director of operations (RDO) stated the wander alert system was checked every Monday. The RDO stated there were two options for checking the doors, a testing device, handheld remote or using a FOB (transmitter). The RDO said the doors were checked using a handheld remote.</p> <p>During observation on 9/5/25 at 9:36 a.m., the RDO used the handheld remote to check the facility doors that had a wander alert system. The doors alarmed and locked when tested.</p> <p>During interview on 9/5/25 at 9:03 p.m., nursing assistant (NA)-A stated the doors alarmed when R1 was near but did not physically lock and said it had</p>	F0908	<p>Continued from page 1</p> <p>Quality Assurance and Performance Improvement (QAPI) committee meeting at which time audit results will be reviewed for appropriateness/frequency of ongoing audits.</p>	

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F0908 SS = D	<p>Continued from page 2 happened 4-5 times.</p> <p>During interview on 9/9/25 at 12:15 p.m., licensed practical nurse (LPN)-A stated she was working when R1 was found outside the facility. LPN-A said she felt the issue was the door had not been locking and said it had been reported to management.</p> <p>During interview on 9/9/25 at 12:39 p.m., NA-A stated it was "pretty common knowledge" the door had not been locking and said the issue had been going on for about 3-4 weeks. NA-A said it had been reported.</p> <p>During interview on 9/9/25 at 1:15 p.m., the administrator said the maintenance director from another facility had done an inspection of the doors to ensure they were working after R1 had eloped from the facility.</p> <p>During interview on 9/5/25 at 2:00 p.m., the maintenance director whom the administrator had been referring to, stated he had tested the doors at the facility on 8/26/25, but had not been out since. He said at that time the doors were functioning properly.</p> <p>During interview on 9/10/25, at 8:16 a.m., the former maintenance director said he did not think the doors would unlock if a wander alert device was near and said he never tested for that. The former maintenance director said the used a bracelet (transmitter) and checked the doors on Mondays to make sure they locked. He said the device checker never worked on the doors. The former maintenance director said he did not know who would be called if there were any technical issues with the wander alert system.</p> <p>During interview on 9/10/25 at 10:34 a.m., the RDO stated as far as he knew, the doors should not be able to unlock when pushed and held if the person was wearing a wander alert bracelet. The RDO said he had reached out to a third party who was going to send a technician to look at the system.</p> <p>DoorGUARDIAN Installation Manual dated 12/6/2023, indicated the following recommended weekly testing:</p> <p>Patient Escort Feature Test- Enter the monitoring zone with a transmitter on your ankle. The red light will turn on and the door will quietly lock. Enter the primary reset code and the light will turn green, and the door will unlock.</p> <p>Anti-tailgate Feature Test- With the door locked, apply pressure on the opening hardware of the door. The exit</p>	F0908		

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NAME OF PROVIDER OR SUPPLIER <b>CURA OF WILLMAR</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1801 WILLMAR AVENUE SOUTHWEST , WILLMAR, Minnesota, 56201</b>	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F0908 SS = D	<p>Continued from page 3 panel will begin to alarm, and the red light will remain on. The light will remain red and the audible alarm will sound. After 15 seconds the audible alarm will become a continuous tone and the door will release. Open the door and the audible alarm will change to a seagull sound. Close the door and enter the resent code. The panel will stop alarming, and the door will re-lock.</p> <p>Remote Keypad test- repeat the steps above.</p> <p>Push Button Test- Pass through the door from the exit panel side using the reset code. Close the door. Depress the push button. No alarm condition will be activated.</p> <p>Advanced Security Mode Test- Bring a transmitter into the monitoring zone. The green light will turn red; the yellow light will blink. Now enter the reset code. The red light will flash green momentarily indicating a valid code was entered while a monitored resident was nearby. Next, try to gain access via the indoor/outdoor push button if one is installed. With a transmitter in range, the door will remain locked, and an audible alarm will sound. Only by entering the secondary reset code will access be granted in this situation.</p>	F0908		