

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTIONS		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED 02/04/2026	
NAME OF PROVIDER OR SUPPLIER AUBURN SENIOR LIVING, LLC		STREET ADDRESS, CITY, STATE, ZIP CODE 1675 W SEVENTH STREET, AUBURN, , 46706					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES...	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION...			(X5) COMPLETION DATE	
R 0000	INITIAL COMMENTS This visit was for the Investigation of Intakes 467483 & 467473. Intake 467483 - No deficiencies related to the allegations are cited. Intake 467473 - No deficiencies related to the allegations are cited. Survey date: February 4, 2026 Facility number: 014775 Residential Census: 79 Auburn Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Intakes 467483 & 467473. Quality review completed February 5, 2026	R 0000					
Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See							

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instructions.)		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE