STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	014775	A. BUILDING: _____ B. WING _____	C 05/27/2025

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AUBURN SENIOR LIVING, LLC	1675 W SEVENTH STREET AUBURN, IN 46706

(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) COMPLETE DATE
R 000	INITIAL COMMENTS This visit was for the Investigation of Complaints IN00458116 and IN00459829. Complaint IN00458116 - No deficiencies related to the allegations are cited. Complaint IN00459829 - No deficiencies related to the allegations are cited. Survey date: May 27, 2025 Facility number: 014775 Residential Census: 73 Auburn Senior Living was found to be in compliance with 410 IAC 16.2-5 in regard to the Investigation of Complaints IN00458116 and IN00459829. Quality reivew completed May 27, 2025	R 000		