STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155666	A. Building B. Wing	05/26/2026

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
Auburn Village	1751 Wesley Road Auburn, IN 46706

For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (Each deficiency must be preceded by full regulatory or LSC identifying information)
F 0580 Level of Harm - Minimal harm or potential for actual harm Residents Affected - Few	Immediately tell the resident, the resident's doctor, and a family member of situations (injury/decline/room, etc.) that affect the resident. **NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY** Based on interview and record review, the facility failed to ensure timely family notification of a resident's death for 1 of 3 residents reviewed (Resident C). Findings include:On [DATE] at 12:13 P.M., Resident C's record was reviewed. Diagnoses included cancer and diseased arteries. The resident admitted to the facility with hospice services due to expected decline and had orders to not resuscitate if found without a pulse or respirations. Resident C's face sheet had a Power of Attorney (POA) listed as the 1st contact for notifications of changes in condition and a family member as his 2nd contact for notifications of changes in condition. A nurse note, dated [DATE] at 3:40 a.m., indicated the resident was observed lying in bed without a pulse or respirations. A second nurse verified he was deceased and the hospice nurse contacted. The note indicated Resident C's POA was aware of the resident's death. An on-call Nurse Practitioner (NP) note, dated [DATE] at 4:10 a.m., indicated facility staff reported Resident C had passed away and hospice notified but were not given an order to release the body to the funeral home. The NP replied with an order to release the body when hospice and family were ready. On [DATE] at 12:35 P.M., Resident C's family member was interviewed. The family member indicated family were not notified of the resident's death until 2 days after he died. The residents POA had been hospitalized and hadn't had their phone. The resident's record listed a 2nd emergency contact name and number, but the 2nd emergency contact was not notified of the death. On [DATE], the POA's voicemail on their phone was played, and family heard the message indicating the resident had passed away, was sent to the funeral home, and cremated. The family member indicated neither she, nor the rest of the family were given the opportunity to say goodbye to the resident which was very upsetting. She indicated staff must have known to call the 2nd contact because when the resident fell on [DATE], the POA was not notified but the 2nd contact was. On [DATE] at 1:01 P.M., the Director of Nursing was interviewed. She indicated staff had tried to contact the POA 3 times before notifying the funeral home but had not tried to contact the 2nd family member listed. Staff should have called all the listed contact numbers and spoken with someone prior to releasing Resident C's body to the funeral home. On [DATE] at 3:20 P.M., a current facility policy, titled Change in a Resident's Condition or Status was provided by the Administrator. The policy indicated the facility would promptly notify the resident, attending physician and representative of changes in the resident's condition and/or status. This Citation refers to Intake 3016183. 410 IAC (Indiana Administrative Code) 16.2-3.1-5(a)(2)

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 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