



ASC Utilization Report
State Form 49933 (R3/6-05)
Indiana State Department of Health
Acute Care

Status: Finalized

I. Center Identification

Organization Name: CLI SURGERY CENTER KOKOMO
Street Address: 1601 W. Lincoln Road
City: Kokomo
County: Howard
Administrator Name: Beth Doucette
Administrator Email: bdoucette@cataractandlaserinstitute.net
ASC Web Address:
Fiscal Year: 2016

Accredited: Yes No

Name of Accrediting Body: AAAHC

Deemed Status: Yes No

Corporate Tax Status: For Profit Non Profit

II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	2979	1628
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	1464	
66821	1008	
66982	225	
65855	111	
66761	37	
0191T	46	
15823	34	

67840	9
67010	5
65426	4

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	3
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