



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

Status: Finalized

I. Center Identification

Organization Name: CHESTERTON SURGERY CENTER, LLC

Street Address: 3111 VILLAGE POINT

City: CHESTERTON

County: PORTER

Administrator Name: JOSIE MCLAUGHLIN

Administrator Email: J.MCLAUGHLIN@NWHEALTHIN.COM

ASC Web Address: WWW.LAKESHORESURGICARE

Fiscal Year: 2019

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	3
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3484	8701
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
C1713	737	
64415	523	
64483	448	
62323	410	
26145	284	
29848	280	
64636	258	

29881	233
29826	197
64450	187

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	4
--	---