

Status: Finalized

## I. Center Identification

(	Organization Name:	RIVER	RIDGE	SURGICA	AL SU	ITES,	LLC
	Name:						

Street Address: 2031 Jeffersonville Commons Dr

City: Jeffersonville

County: IN

Administrator Name: Chaundra Coons

Administrator Email: ccoons@riverridgess.com ASC Web Address: https://riverridgess.com/

Fiscal Year: 2021

Accredited: • Yes O No

Name of Accrediting Body: The Joint Commission

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	1655	4299				
B. Ten Most Frequent Surgical Procedures Performed						
CPT Code		Total Procedures				
27130		162				
64721		150				
27447		154				
63047		62				
64718		57				
29881		49				
26055		43				
25447		38				
29880		32				
27446		32				

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	7
a surgical encounter.	