



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 FORT WAYNE

Street Address: 7747 W. Jefferson Blvd

City: Fort Wayne

County: Allen

Administrator Name: Suesie Lepper

Administrator Email: slepper@cataractandlaserinstitute.net

ASC Web Address:

Fiscal Year: 2016

Accredited:  Yes  No

Name of Accrediting Body:

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	3599	6126
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2905	
66821	1714	
66982	315	
66761	158	
66711	153	
67210	133	
0191T	130	

67031	120
67840	45
67145	38

#### IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	0
--------------------------------------------------------------------------------------------------------	---