



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: Ft. Wayne

County: Allen

Administrator Name: Heather DeLon

Administrator Email: hdelon@clisx.com

ASC Web Address:

Fiscal Year: 2019

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	4202	7331
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2975	
66821	2113	
67210	352	
66982	341	
67031	277	
65855	161	
67228	150	

66711	146
0191T	145
0376T	128

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	2
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