



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. Suite B

City: Fort Wayne

County: Allen

Administrator Name: Tricia Hasty

Administrator Email: thasty@clisx.com

ASC Web Address:

Fiscal Year: 2022

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	4870	6622
<b>B. Ten Most Frequent Surgical Procedures Performed</b>		
<b>CPT Code</b>	<b>Total Procedures</b>	
66984	3291	
66821	2229	
66982	238	
67031	226	
65855	192	
66761	141	
65820	139	
65756	35	
66991	30	
66987	16	

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	1
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