



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

Status: Finalized

I. Center Identification

Organization Name: SOUTH BEND SPECIALTY SURGERY CENTER

Street Address: 335 Florence Ave Suite 1B

City: Granger, IN 46530

County: IN

Administrator Name: Frances Rodesa Van Vynckt

Administrator Email: rvanvynckt@southbendspecialty.com

ASC Web Address: www.southbendspecialty.com

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	2520	5291
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
64493	538	
30140	483	
69436	470	
62323	384	
64494	322	
64483	254	
64635	223	

30520	180
64636	157
64490	120

IV. Outcomes from Surgical Procedures

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