

Status: Finalized

I. Center Identification

Organization Name: SAINT CHARLES SURGICAL PAVILION

Street Address: 1900 Saint Charles Street

City: Jasper

County: IN

Administrator Name: Dana Balbach, RN

Administrator Email: dbalbach@norrisblessinger.com ASC Web Address: 1900 Saint Charles Street

Fiscal Year: 2023

Accredited: OYes ONo

Name of Accrediting Body: American Association for Accreditation of Ambulato

Deemed Status: • Yes O No

Corporate Tax Status: OFor Profit ONon Profit

II. Identification of Surgical Resources

Number of operating rooms	1	
Number of procedure rooms	0	

III. Utilization Statistics

A. Total Patients and Procedures				
Time Period	Number of Patients	Number of Procedures		
Persons Served in twelve-month period	1211	1518		
B. Ten Most Frequent Surgical Procedures Perfo	ormed			
CPT Code		Total Procedures		
62323		275		
64721		111		
27093		104		
G0260/27096		98		
64483		65		
63030		35		
26055		35		
29828		32		
62321		32		
29881		31		

IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	5
a surgical encounter.	