



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: St. Joseph

Administrator Name: Frances Rodesa Van Vynckt

Administrator Email: rvanvynckt@southbendspecialty.com

ASC Web Address: www.southbendspecialty.com

Fiscal Year: 2024

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	3180	6244

B. Ten Most Frequent Surgical Procedures Performed

CPT Code	Total Procedures
62323	686
64493	613
30140	522
69436	456
64635	331
64494	251
64483	245

62321	239
64490	192
64636	180

IV. Outcomes from Surgical Procedures

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