

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

Status: Finalized

| I. Center Identification     |                           |
|------------------------------|---------------------------|
| Organization<br>Name: CBC LL | C                         |
| Street Address:              | 5355 Commerce Blvd        |
| City:                        | Crown Point               |
| County:                      | Lake                      |
| Administrator Name:          | Amy Sinder                |
| Administrator Email:         | info@cbcsurgery.com       |
| ASC Web Address:             | www.cbcsurgery.com        |
| Fiscal Year:                 | 2013                      |
| Accredited:                  | ●Yes ○No                  |
| Name of Accrediting Body:    | The Joint Commission      |
| 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 | 0 |

## **III.** Utilization Statistics

| 619                 |
|---------------------|
|                     |
|                     |
| Total<br>Procedures |
| 9                   |

| 30520 | 72 |
|-------|----|
| 58558 | 71 |
| 57410 | 67 |
| 20552 | 55 |
| 27096 | 51 |
| 31267 | 35 |
| 31255 | 33 |
| 69436 | 31 |
| 43239 | 28 |

IV. Outcomes from Surgical Procedures

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

Comments

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