



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.

City: Fort Wayne

County: Allen

Administrator Name: Suesie Lepper

Administrator Email: slepper@cataractandlaserinstitute.net

ASC Web Address:

Fiscal Year: 2015

Accredited:  Yes  No

Name of Accrediting Body:

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	3052	5423
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2808	
66821	1573	
66982	356	
65855	160	

66711	99
66761	98
67210	96
67228	69
67036	24
67840	24

#### IV. Outcomes from Surgical Procedures

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