



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

Status: Finalized

I. Center Identification

Organization Name: LAKESIDE SURGERY CENTER, LLC

Street Address: 810 West Chicago Avenue

City: East Chicago

County: Lake

Administrator Name: Janice A Hunley

Administrator Email: jhunley.lsc@gmail.com

ASC Web Address:

Fiscal Year: 2015

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	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	0	0
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	

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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