

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: 2016 Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: OYes 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**

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

## IV. Outcomes from Surgical Procedures

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