

Status: Finalized

## I. Center Identification

Organization Name: BEACON SPECIALTY SURGERY CENTER

Street Address: 100 Navarre Place, Suite 4405

City: South Bend

County: St. Joesph

Administrator Name: Cheri Sarasin

Administrator Email: csarasin@beaconhealthsystem.org

ASC Web Address:

Fiscal Year: 2017

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 | 2 |  |

## III. Utilization Statistics

| A. Total Patients and Procedures               |                    |                      |  |  |
|--|--------------------|----------------------|--|--|
| Time Period                                    | Number of Patients | Number of Procedures |  |  |
| Persons Served in twelve-month period          | 763                | 2664                 |  |  |
| B. Ten Most Frequent Surgical Procedures Perfe | ormed              |                      |  |  |
| CPT Code                                       |                    | Total Procedures     |  |  |
| 62323  |                    | 483                  |  |  |
| 64483  |                    | 354                  |  |  |
| 64493  |                    | 205                  |  |  |
| 64494  |                    | 170                  |  |  |
| 27096  |                    | 134                  |  |  |
| 62321  |                    | 103                  |  |  |
| 64495  |                    | 84                   |  |  |

| 64484 | 53 |
|-------|----|
| 64721 | 45 |
| 20610 | 24 |

## IV. Outcomes from Surgical Procedures

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