



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 RN
Administrator Email: slepper@cataractandlaserinstitute.net
ASC Web Address:
Fiscal Year: 2017

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	4376	6665
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2760	
66821	2004	
66982	385	
65855	273	
66761	164	
66711	160	
67210	154	

0191T	152
67031	177
67042	76

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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