

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

Status: Finalized

## I. Center Identification

Organization Name: Street Address: 1601 W. Lincoln Rd. City: Kokomo County: Kosciusko Administrator Name: Sheri Adams Administrator Email: sadams@clisx.com ASC Web Address: Fiscal Year: 2019 Accredited: ●Yes ○No

Name of Accrediting Body: AAAHC

Deemed Status: OYes ONo

Corporate Tax Status: O For Profit O Non Profit

## II. Identification of Surgical Resources

Number of operating rooms	2
Number of procedure rooms	1

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period 2015		3953	
B. Ten Most Frequent Surgical Procedures Perfe	ormed		
CPT Code		Total Procedures	
66984		1801	
66982		234	
66821		1459	
65855		155	
0191T		113	
15823		42	
66761		48	

67924	9
65426	5
67010	3

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following	2
a surgical encounter.	