

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: 1900 Chester Blvd. City: Richmond County: Wayne Administrator Name: Sarah Jefferis Administrator Email: sjefferis@wweyecenters.com ASC Web Address: whitewatereyecenters.com Fiscal Year: 2020

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	2

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period 5052		5832	
B. Ten Most Frequent Surgical Procedures Perfo	ormed		
CPT Code		Total Procedures	
66984		2509	
66821		850	
67228		427	
66982		352	
67210		246	
65855		192	
66761		93	

67311	84
67145	75
14060	67

IV. Outcomes from Surgical Procedures

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