

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: 3212 Hickory St, Suite A City: Mishawaka County: St Joseph Administrator Name: Susan Riddle Administrator Email: smriddle.msc@gmail.com ASC Web Address: Fiscal Year: 2020 Accredited: Yes ONo

Name of Accrediting Body: Joint Commission

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	0

III. Utilization Statistics

Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	1372	1372
B. Ten Most Frequent Surgical Procedures Perf CPT Code	ormed	Total Procedures
64483		261
64493		173
64490		101
63685		47
64635		45
26010		43
63650		37

G0260	35
27096	34
64633	17

IV. Outcomes from Surgical Procedures

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