

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

Status: Finalized

## I. Center Identification

Organization Name: WHITEV	VATER SURGERY CENTER
Street Address:	1900 Chester Blvd
City:	Richmond
County:	Wayne
Administrator Name:	Amanda Taylor
Administrator Email:	adtaylor@wweyecenters.com
ASC Web Address:	whitewatereyecenters.com
Fiscal Year:	2020

Accredited: OYes ONo

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	2

## **III.** Utilization Statistics

Time Period	Number of Patients	Number of Procedures	
Persons Served in twelve-month period	4032	4445	
B. Ten Most Frequent Surgical Procedures Perfo	ormed		
CPT Code		Total Procedures	
66984		1826	
66821		701	
7728		408	
66982		395	
67210		184	
65855		104	
67145		98	

67311	65
14060	62
0192T	57

## IV. Outcomes from Surgical Procedures

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