



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

Administrator Email: slepper@cataractandlaserinstitute.net

ASC Web Address:

Fiscal Year: 2014

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	3192	4951
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
66984	2376	

66821	1430
66982	279
65855	138
67210	118
67042	92
66711	83
66761	81
NCLRI	47
67108	38

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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