



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

Status: Finalized

I. Center Identification

Organization Name: CHESTERTON SURGERY CENTER, LLC

Street Address: 3111 VILLAGE POINT

City: CHESTERTON

County: PORTER

Administrator Name: JOSIE MCLAUGHLIN

Administrator Email: J.MCLAUGHLIN@LPH.ORG

ASC Web Address: WWW.LAKESHORESURGICARE.COM

Fiscal Year: 2018

Accredited:  Yes  No

Name of Accrediting Body: AAAHC

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	3
Number of procedure rooms	0

III. Utilization Statistics

A. Total Patients and Procedures		
Time Period	Number of Patients	Number of Procedures
Persons Served in twelve-month period	3325	8266
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
C1713	655	
64415	524	
64483	461	

62323	459
64636	331
26145	267
29848	255
29881	254
29826	201
77002	194

## IV. Outcomes from Surgical Procedures

Number of patients with a Post-Surgical wound infection within 30 days following a surgical encounter.	6
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