

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: 11460 Broadway City: Crown Point County: Lake Administrator Name: Deborah Goodman Administrator Email: dgoodman@apacgroupe.com ASC Web Address: Fiscal Year: 2018

Accredited: • Yes • No

Name of Accrediting Body: Joint Commission

Deemed Status: Ves No

Corporate Tax Status: • For Profit • 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	2143	2143
B. Ten Most Frequent Surgical Procedures Perfo	ormed	
CPT Code		Total Procedures
64636		741
64483		578
64493		555
64494		536
64495		505
64635		356
64484		340

G0260	170
64634	165
64490	159

IV. Outcomes from Surgical Procedures

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