

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: 1601 W. Lincoln Rd. City: Kokomo County: Howard Administrator Name: Sheri Adams Administrator Email: sadams@clisx.com ASC Web Address: Fiscal Year: 2021

Accredited: • Yes O No Name of Accrediting Body: AAAHC Deemed Status: O Yes • No

Corporate Tax Status:  $\bigcirc$  For Profit  $\bigcirc$  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	4041	4431
B. Ten Most Frequent Surgical Procedures Perfor	rmed	
CPT Code		Total Procedures
66984		1990
66821		1563
66982		261
65855		154
66761		64
15823		52
67924		9
66825		2
65426		4
67840		1

## IV. Outcomes from Surgical Procedures

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