



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

Status: Finalized

### I. Center Identification

Organization Name: SOUTH BEND SPECIALTY SURGERY CENTER

Street Address: 335 Florence Ave Suite 1B

City: Granger, IN 46530

County: St. Joseph

Administrator Name: Frances Rodesa Van Vynckt

Administrator Email: rvanvynckt@southbendspecialty.com

ASC Web Address: www.southbendspecialty.com

Fiscal Year: 2023

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	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	2858	5728
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	
30140	562	
69436	486	
62323	423	
64493	422	
64635	246	
42820	217	
64494	215	

64493	204
30520	200
64490	178

#### 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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