



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

Status: Finalized

I. Center Identification

Organization COMMUNITY HEALTH NETWORK REHABILITATION HOSPITAL -  
Name: GREENWOOD

Street Address: 607 Greenwood Springs Dr

City: Greenwood

County: IN

Administrator Name:

Administrator Email: michelle.russell@chrehabsouth.com

ASC Web Address:

Fiscal Year: 2023

Accredited:  Yes  No

Name of Accrediting Body: JCAHO

Deemed Status:  Yes  No

Corporate Tax Status:  For Profit  Non Profit

II. Identification of Surgical Resources

Number of operating rooms	0
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	0	0
B. Ten Most Frequent Surgical Procedures Performed		
CPT Code	Total Procedures	


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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