HOSP915 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP915

1. Identifcication

Facility Name:

St. Mary's Sacred Heart Hospital

County:

Franklin

Street Address:

367 Clear Creek Parkway

City:

Lavonia

Zip:

30553

Mailing Address:

367 Clear Creek Parkway

Mailing City:

Lavonia

Mailing Zip:

30553

Medicaid Provider Number:

000000437A

Medicare Provider Number:

11-0027

3. Report Period

Report Data for the full twelve month period, January 1, 2025 - December 31, 2025 (365 days). Do not use a different report period

Check the box to the right if your facility was not operational for the entire year ☐

If your facility was not operational for the entire year, provide the dates the facility was operational

Part B: Survey Contact Information

Person authorized to respond to inquiries about the responses to this survey

Contact Name:

Alan Kattelmann

Contact Title:

Director Financial Operations

Phone:

770-789-8593

Fax:

706-389-2610

Email:

Alan.Kattelmann@stmarysathens.org

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)

ST. MARY'S SACRED HEART HOSPITAL

Organization Type

Not For Profit

Effective Date

06/01/2015

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

St. Mary's Health Care System, Inc

Organization Type

Not For Profit

Effective Date

06/01/2015

C. Facility Operator

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Trinity Health Inc

Organization Type

Not For Profit

Effective Date

01/01/2012

E. Management Contractor

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the report period ☐

If you checked the box for yes, please explain in the box below and include effective dates

3.

Check the box to the right if your facility is part of a health care system ☑

Name

St. Mary's Health System

City

Athens

State

Georgia

4.

Check the box to the right if your hospital is a division or subsidiary of a holding company ☐

Name

City

State

5.

Check the box to the right if the hospital itself operates subsidiary corporations ☐

Name

City

State

6.

Check the box to the right if your hospital is a member of an alliance ☐

Name

City

State

7.

Check the box to the right if your hospital is a participant in a health care network ☐

Name

City

State

8. Peer Review Process Related to Medical Errors

Check the box to the right if the hospital has a policy or policies and a peer review process related to medical errors ☑

9. Primary Care Physician Group Practice

Check the box to the right if the hospital owns or operates a primary care physician group practice ☐

10a. Managed Care Information: Formal Written Contract

Does the hospital have a formal written contract that specifies the obligations of each party with each of the following? (check the appropriate boxes)

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☐

10b. Manage Care Information: Insurance Products

Check the appropriate boxes to indicate if any of the following insurance products have been developed by the hospital, health care system, network, or as a joint venture with an insurer

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	☐	☐	☐	☐
Preferred Provider Organization	☐	☐	☐	☐
Indemnity Fee-for-Service Plan	☐	☐	☐	☐
Another Insurance Product Not Listed Above	☐	☐	☐	☐

11. Owner or Owner Parent Based in Another State

If the owner or owner parent at Part C, Question 1(A&B) is an entity based in another state please report the location in which the entity is based. (City and State)

Part D: Inpatient Services

1. Utilization of Beds as Set Up and Staffed(SUS)

Please indicate the following information. Do not include newborn and neonatal services. Do not include long-term care units, such as Skilled Nursing Facility beds if not licensed as hospital beds. If your facility is approved for LTCH beds report them below.

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	277	685	277	685
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	13	13	13	13
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	0	1,625	6,479	1,625	6,479
Intensive Care	0	275	898	275	898
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
na	0	0	0	0	0
na	0	0	0	0	0
na	0	0	0	0	0
Total	0	2,190	8,075	2,190	8,075

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	0	275	898	275	898
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	6	13
Asian	12	25
Black/African American	326	1,336
Hispanic/Latino	15	52
Pacific Islander/Hawaiian	2	13
White	1,777	6,487
Multi-Racial	52	149
Total	2,190	8,075

3. Gender

Please report admissions and inpatient days by gender. Exclude newborn and neonatal

Gender	Admissions	Inpatient Days
Male	904	3,502
Female	1,286	4,573
Total	2,190	8,075

4. Payment Source

Please report admissions and inpatient days by primary payment source. Exclude newborn and neonatal

Primary Payment Source	Admissions	Inpatient Days
Medicare	1,134	4,562
Medicaid	301	880
Peachare	0	0
Third-Party	616	2,163
Self-Pay	139	470
Other	0	0
Total	2,190	8,075

5. Discharges to Death

Please report the total number of inpatient admissions discharges during the reporting period due to death

23

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

Service	Charge
Private Room Rate	985
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	15,704
Average Total Charge for an Inpatient Day	4,829

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

24,006

2. Inpatient Admissions from ER

Please report inpatient admssions to the Hospital from the ER for emergency cases ONLY

2,292

3. Beds Available

Please report the number of beds available in ER as of the last day of the report period

14

4. Utilization by Specific type of ER bed or room for the report period

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	14	24,006
	0	0
	0	0
	0	0
	0	0

5. Transfers

Please provide the number of Transfers to another institution from the Emergency Department

722

6. Non-Emergency Visits

Please provide the number of Outpatient/Clinic/All Other Non-Emergency visits to the hospital

22,280

7. Observation Visits/Cases

Please provide the total number of Observation visits/cases for the entire report period

258

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

59

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted

157

Part F: Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes
1 = In-House - Provided by the Hospital
2 = Contract - Provided by a contractor but onsite
3 = Not Applicable

Service Status Codes
1 = On-Going
2 = Newly Initiated
3 = Discontinued
4 = Not Applicable

Services/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	3	4
ESWL	2	3
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	3	4
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	0	0

	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines

Category	Total
Number of Podiatric Patients	0
Number of Dialysis Treatments	157
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	14,228
Number of CTS Units (machines)	1
Number of CTS Procedures	11,046
Number of Diagnostic Radioisotope Procedures	1,905
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	1
Number of Number of MRI Procedures	1,889
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	11,697
Number of Occupational Therapy Treatments	7,122
Number of Physical Therapy Treatments	27,203
Number of Speech Pathology Patients	1,645
Number of Gamma Ray Knife Procedures	0

Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	2
Number of Ultrasound/Medical Sonography Procedures	1,901
Number of Treatments, Procedures, or Patients (Other 1)	0
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available for immediate use as of the last day of the report period (12/31)

3

3. Robotic Surgery System

Units

0

Procedures

0

Type of Unit(s)

0

Part G: Facility Workforce Informaton

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	73.5	4.5	38
Licensed Practical Nurses (LPNs)	11.5	0	36
Pharmacists	4.5	0	34
Other Health Services Professionals*	8.5	1	450
Administration and Support	26.1	2	233
All Other Hospital Personnel (not included in above)	131.23	4.9	68

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	30 Days or Less
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	8
Black/African American	15
Hispanic/Latino	4
Pacific Islander/Hawaiian	0
White	57
Multi-Racial	4
Total	88

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan)

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	7	☑	7	7
General Internal Medicine	12	☑	12	12
Pediatricians	1	☐	1	1
Other Medical Specialties	25	☐	25	25

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	3	☐	3	3
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	3	☐	3	3
Ophthalmology Surgery	2	☐	2	2
Orthopedic Surgery	8	☐	8	8
Plastic Surgery	1	☐	1	1
General Surgery	10	☐	10	10
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	0	☐	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	6	☑	6	6
Dermatology	0	☐	0	0
Emergency Medicine	13	☑	13	13
Nuclear Medicine	0	☐	0	0
Pathology	2	☑	2	2
Psychiatry	1	☐	1	1
Radiology	31	☑	31	31
	0	☐	0	0
	0	☐	0	0
	0	☐	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	0
Podiatrists	2
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	40

5b. Name of Other Professions

Please provide the names of professions classified as "Other Staff Affiliates with Clinical Privileges" above.

CRNA, Nurse Practitioner, Physician assistants

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain two columns, with the full name and the left and the license number on the right. If you include column headings, they must match those provided in our template

Full Name	License Number
Don Abernethy, MD	39989
Azubueze Adogu, MD, PhD	39272
Oluwole Akintayo, MD	87576
Patrick Aldred, MD	82274
William Ashford, MD	82658
Erick Avelar, MD	70853
Edem Avoke, MD	76410
Mariama Barry, MD	90430
Arunkumar Baskara, MD	101154
James Bauerband, MD	32692
Wesley Blackwood, MD	62657
Jessica Blanding Hooper, MD	103526
John Blankenship, MD	49529
Steven Bramlet, MD	49789
John Bundrick, MD	80497
Michael Busch, MD	80219
Brian Cardis, MD	51629
Jorge Chancay Rodriguez, MD	90245
Kuang Chang, MD	82466
Clay Chappell, MD	59693
Patrick Cherry, MD	55189
Jeremy Chou, MD	64012
Ross Christopher, MD	90701
Ryan Corley, MD	66585
Richard Davis, MD	23725

Jon De Witte, MD	54182
Pranav Desai, MD	67412
Julian Dial, MD	98829
Andrew Dodgen, MD	82666
John Dorris, MD	40899
James Dowling, DO	72986
Roop Dutta, MD	103446
James Elder, MD	96441
Mohammad Elsayed, MD	99354
Robert Ermentrout, MD	74032
Joseph Gaines, MD	28550
Nicholas Gallagher, MD	83141
Jameson Gilstrap, MD	104431
Daniel Gordon, MD	74827
Andrew Greenshields, MD	57982
Ramana Guduru, MD	79580
Rachel Hamil, MD	47441
Brandon Harden, MD	63459
Nicholas Harris, MD	88532
David Hatmaker, MD	26300
Paul Hogg, MD	79737
Christopher Hosfeld, MD	41836
Allison Hudson, DO	102619
Andrew Ke, MD	80926
Khurram Khan, MD	67490
Shane Kudela, MD	40712

Steve Leung, MD	104856
Andrew Lin, DO	86823
Clifford Lindsey, MD	59459
Lyn Lowman, MD	37856
Ormonde Mahoney, MD	30825
Jenson Mathew, MD	91384
Daniel Measel, MD	44279
Sergio Mejias, MD	40737
Graham Mercier, MD	96717
Jared Mills, MD	67510
Stephen Morgan, MD	75066
Steven Muscoreil, MD	97199
Kalvin Nathaniel, DO	72290
Charles Neckman, MD	24471
George Newman, MD	78114
Frederick Nichols, DO	96018
Petros Nikolinakos, MD	63106
Taylor Oakley, MD	97244
Adeniyi Obalanlege, MD	61628
Vivian Okirie, MD	89721
Shaun O'Rear, MD	27233
Harvey Ouzts, MD	14976
Jack Paschal, MD	58808
Harshang Patel, MD	88767
Hiren Patel, MD	86105
Jaideep Patel, MD	51708

Veronica Patterson, MD	43107
Lisa Perez, MD	48698
Everett Perry, MD	56872
Robert Price, MD	59002
Joseph Rawlings, MD	65607
Srilakshmi Rebala, MD	51081
Anthony Rekito, MD	88811
Jessica Reynolds, MD	85849
Richard Rosebrock, MD	72446
Rotimi Samuel, MD	44082
Gordon Schoenfeld, MD	58775
Chintan Shah, DO	110210
Manish Shah, MD	69708
Amit Shah, MD	57839
Daku Siewe, MD	82868
Corydon Siffring, MD	90122
Aaron Smith, MD	84187
Clifford Smith, MD	38613
Jerry Smith, MD	17885
Ashwin Thatti, MD	93549
Jeffrey Thomas, MD	40262
Amanda Thomason, DO	102703
Christopher Tomingas, MD	80081
Benjamin Toole, MD	63744
Jason Touchton, MD	70785
Gary Trewick, MD	73411

James Tuckfield, DO	100426
William Turton, MD	33729
Mark Twedt, MD	77132
Zane Wade, MD	52236
Janet Wall, MD	62173
Ronald Walpert, MD	49257
Richard White, MD	35788
David Wicker, MD	64095
Jeffrey Williams, MD	48837
Patrick Willis, MD	58835
Clayton Wing, MD	103683
Morgan Wood, MD	32681
Katherine Yancey, MD	100422
Everett Young, MD	99894
Karen Zheng, MD	79845

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

- Inpat=Inpatient Services
- Surg=Outpatient Surgical
- OB=Obstetric
- P18+=Acute psychiatric adult 18 and over
- P13-17=Acute psychiatric adolescent 13-17
- P0-12=Acute psychiatric children 12 and under
- S18+=Substance abuse adult 18 and over
- S13-17=Substance abuse adolescent 13-17
- E18+=Extended care adult 18 and over
- E13-17=Extended care adolescent 13-17
- E0-12=Extended care children 0-12
- LTCH=Long Term Care Hospital
- Rehab=Inpatient Physical Rehabilitation

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template.The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH
Alab	26	3	1	0	0	0	0	0	0	0	0	0
Bank	74	4	1	0	0	0	0	0	0	0	0	0
Barrc	6	0	0	0	0	0	0	0	0	0	0	0
Bartc	1	1	0	0	0	0	0	0	0	0	0	0
Butts	3	0	0	0	0	0	0	0	0	0	0	0
Carrc	2	0	0	0	0	0	0	0	0	0	0	0
Chat	1	0	0	0	0	0	0	0	0	0	0	0
Cher	1	0	0	0	0	0	0	0	0	0	0	0
Clark	28	2	0	0	0	0	0	0	0	0	0	0
Clayt	1	0	0	0	0	0	0	0	0	0	0	0
DeKa	6	1	1	0	0	0	0	0	0	0	0	0
Elber	107	38	27	0	0	0	0	0	0	0	0	0
Floyc	3	0	0	0	0	0	0	0	0	0	0	0
Franl	825	223	89	0	0	0	0	0	0	0	0	0
Fultc	2	0	0	0	0	0	0	0	0	0	0	0
Habe	10	9	4	0	0	0	0	0	0	0	0	0
Hall	8	1	1	0	0	0	0	0	0	0	0	0
Hart	730	225	87	0	0	0	0	0	0	0	0	0
Jacks	25	4	2	0	0	0	0	0	0	0	0	0
Lowr	5	0	0	0	0	0	0	0	0	0	0	0
Mad	38	8	2	0	0	0	0	0	0	0	0	0
Morg	1	1	0	0	0	0	0	0	0	0	0	0
New	2	0	0	0	0	0	0	0	0	0	0	0

Ocor	22	5	0	0	0	0	0	0	0	0	0	0
Ogle	5	2	2	0	0	0	0	0	0	0	0	0
Paulc	0	0	0	0	0	0	0	0	0	0	0	0
Pike	0	0	0	0	0	0	0	0	0	0	0	0
Putn	5	2	0	0	0	0	0	0	0	0	0	0
Rabu	8	5	1	0	0	0	0	0	0	0	0	0
Stepl	216	73	59	0	0	0	0	0	0	0	0	0
Taliat	5	0	0	0	0	0	0	0	0	0	0	0
Walt	8	0	0	0	0	0	0	0	0	0	0	0
Warr	0	2	0	0	0	0	0	0	0	0	0	0
Wilk	7	0	0	0	0	0	0	0	0	0	0	0
Gree	4	0	0	0	0	0	0	0	0	0	0	0
Gwin	5	4	0	0	0	0	0	0	0	0	0	0
Totals	**2,190**	**613**	**277**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Surgical Services Addendum

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms	Total
General Operating	0	0	3	3
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	1	1
	0	0	0	0
Total	0	0	4	4

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	0	613	613
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	0	613	613

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	0	613	613
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	0	613	613

Part B: Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	1
Asian	7
Black/African American	73
Hispanic/Latino	3
Pacific Islander/Hawaiian	5
White	513
Multi-Racial	11
Total	613

2. Age Grouping

Please report the total number of ambulatory patients by age grouping.

Age of Patient	Number of Ambulatory Patients
Ages 0-14	1
Ages 15-64	303
Ages 65-74	170
Ages 75-85	120
Ages 85 and Up	19
Total	613

3. Gender

Please report the total number of ambulatory patients by age gender.

Gender	Number of Ambulatory Patients
Male	229
Female	384
Total	613

4. Payment Source

Please report the total number of ambulatory patients by payment source. Report Peachcare for Kids as Third-Party.

Primary Payment Source	Number of Ambulatory Patients
Medicare	331
Medicaid	34
Third-Party	222
Self-Pay	26
Total	613

Perinatal Services Addendum

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

Number of Delivery Rooms:

3

Number of Birthing Rooms:

0

Number of LDR Rooms:

0

Number of LDRP Rooms:

0

Number of Cesarean Sections:

73

Total Live Births:

268

Total Live Births (Live and Late Fetal Deaths):

270

Total Deliveries (Births + Early Fetal Deaths and Induced Terminations):

270

Part B: Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	0	277	685	0
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	0	277	685	0

Part C: Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	1	3
Asian	4	13
Black/African American	62	150
Hispanic/Latino	10	61
Pacific Islander/Hawaiian	4	4
White	181	448
Multi-Racial	15	6
Total	277	685

2. Age Grouping

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	0	0
Ages 15-44	264	658
Ages 45 and Up	13	27
Total	277	685

3. Average Charge for an Uncomplicated Delivery

Please report the average hospital charge for an uncomplicated delivery(CPT 59400)

2,485

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

7,524

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

Do you have paid medical interpreters on staff? (Check the box, if yes) ☐

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual hospital staff member ☑

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☐

Telephone interpreter service ☑

Other ☑

Please describe

Remote Video Interpreter Services

Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.):

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	2	0	1	1
Vietnamese	0	0	0	0
Korean	0	0	0	0

What training have you provided to your staff to assure cultural competency and the provision of Culturally and Linguistically Appropriate Services (CLAS) to your patients?

General orientation and annual education module

What is the most urgent tool or resource you need in order to increase your ability to provide Culturally and Linguistically Appropriate Services (CLAS) to your patients?

On site, in person interpreter services

In what languages are the signs written that direct patients within your facility?

Language One:

English

Language Two:

Braille

Language Three:

N/A

Language Four:

N/A

If an unisured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (Check the box, if yes)

If you checked yes, what is the name and location of that health care center or clinic?

Medlink - Hartwell, GA Medlink - Bowman, GA Medlink - Royston, GA

Nurse Employment Addendum

Did your facility employ one or more nurses holding a multistate license pursuant to O.C.G.A. § 43-26-60 et seq. for 30 days or more in 2025 (January 1, 2025 through December 31, 2025)? (Check the box, if yes.)

1.

If yes please list each nurse below: To add a row press the button. To delete a row press the minus button at the end of the row. (You may enter the data on the web form or upload the data to the web form using the .csv file. The csv file upload is recommended, especially if you have a large number of records to add to the form.)

Full Name	Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Angie Adan	163 Glencres	0	GA	No	5/1/2023
Christi Akin	49 Unawatti	0	GA	No	1/9/2017
Kylie Albea	3076 Gumlo	0	GA	No	9/28/2020
Emerald Ba	24 Churchill	0	GA	No	8/11/2025
Shelby Belo	120 Twin Bra	0	GA	No	7/28/2025
Emily Berto	103 Partridg	0	SC	No	12/11/2023
Eva Grace B	857 Rue Fleu	0	GA	No	3/17/2025
Emiley Brya	810 Hollywo	0	GA	No	7/22/2019
Maria Bryar	1504 Double	0	SC	No	4/24/2023
Jacqueline I	123 Gamewe	0	SC	No	6/9/2025
Madison Ca	1623 Brown	0	GA	No	4/14/2025
Erica Chanc	409 Lucky Jo	0	GA	No	6/16/2025
Millicent Ch	411 Shirley R	0	GA	No	10/7/2024
Jodi Davis	111 Poplar S	0	SC	No	7/31/2023
Madison Du	140 Adams R	0	GA	No	11/23/2025
Hannah Go	1113 Bay Dri	0	SC	No	9/15/2025
Cassie Gow	613 Deerfiel	0	GA	No	5/23/2016
Christina Ha	1184 Walters	0	GA	No	8/16/2023
Alex Higgin	1012 Beaver	0	GA	No	2/12/2024
Destiny Hill	930 Fairview	0	GA	No	5/15/2023
Madison Ki	139 Sycamor	0	GA	No	6/16/2025
Cherie Kirkl	449 suttles r	0	GA	No	8/25/2025
Heather Kn	1773 Wildca	0	GA	No	4/27/2020
Elena Korol	2246 Bowers	0	GA	No	7/15/2024

Zachary Kos	1299 Athens	0	GA	No	1/8/2024
Krissi Little	2709 Mt Oliv	0	GA	No	6/1/2015
Emily Mont	170 Azaela D	0	GA	No	11/17/2025
Matt Mudg	520 north Av	0	CO	No	4/14/2025
Christopher	304 AVALON	0	GA	No	11/17/2025
Matthew Pl	486 Silver Cr	0	SC	No	8/7/2023
Mark Price	254 Stone Pc	0	GA	No	6/1/2015
Kelly Roger	121 Gober D	0	GA	No	10/26/2020
Denise Saxo	3812 Eagle C	0	GA	No	6/1/2015
Adam Shick	511 Winterg	0	SC	No	2/20/2017
Ashley Smit	1104 N. Hick	0	GA	No	6/1/2015
Taylor Smith	499 N Curral	0	GA	No	12/1/2024
Rebecca Th	1737 Lavonia	0	FL	No	7/31/2023
Mary Thom	599 Meadow	0	GA	No	10/24/2023
Tammy Wal	277 River Ric	0	GA	No	4/7/2025
Breane Crite	1 Leverette D	0	FL	No	7/15/2024
Atom Yang	377 Orchard	0	GA	No	6/25/2018

Only use commas to separate values

Example Entry: Dean Venture, 1234 Street Name Atlanta GA 30033, 1 year 3 months 12 days, GA, Yes, January 2025 - Present

Note: This is an example and there is no unit requirement for Duration

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete. I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or incaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could through the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

These fields will become unlocked after all other fields have been correctly filled out

Authorized Signature

Stonish Pierce

Date

03/06/2026

Title

Chief Executive Officer

Comments

Response Errors

TAB	QUESTION	ERROR
Surgical	Please report the number of procedures by type of room.	