HOSP622 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP622

1. Identifcication

Facility Name:

St Mary's Hospital

County:

Clarke

Street Address:

1230 Baxter Street

City:

Athens

Zip:

30606

Mailing Address:

1230 Baxter Street

Mailing City:

Athens

Mailing Zip:

30606-3791

Medicaid Provider Number:

000001823A

Medicare Provider Number:

11-0006

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 Finance

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 HEALTH CARE SYSTEM, INC

Organization Type

Not For Profit

Effective Date

01/01/1999

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

TRINITY HEALTH

Organization Type

Not For Profit

Effective Date

05/13/2013

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)

Not Applicable)

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

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

Trinity Health

City

Livonia

State

Michigan

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	1,441	3,612	1,441	3,612
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	0	5,679	32,415	5,679	32,415
Intensive Care	0	2,523	12,426	2,523	12,426
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
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	0	9,643	48,453	9,643	48,453

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	0	2,523	12,426	2,523	12,426
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	9	165
Asian	66	255
Black/African American	2,189	12,374
Hispanic/Latino	33	282
Pacific Islander/Hawaiian	11	174
White	7,017	34,931
Multi-Racial	318	272
Total	9,643	48,453

3. Gender

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

Gender	Admissions	Inpatient Days
Male	3,976	22,664
Female	5,667	25,789
Total	9,643	48,453

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	5,069	29,732
Medicaid	954	3,881
Peachare	0	0
Third-Party	3,032	12,478
Self-Pay	588	2,362
Other	0	0
Total	9,643	48,453

5. Discharges to Death

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

265

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	2,246
Semi-Private Room Rate	2,125
Operating Room: Average Charge for the First Hour	18,847
Average Total Charge for an Inpatient Day	9,853

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

42,539

2. Inpatient Admissions from ER

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

7,037

3. Beds Available

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

20

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	20	42,539
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

268

6. Non-Emergency Visits

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

126,993

7. Observation Visits/Cases

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

1,140

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

0

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

245

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	2	1
ESWL	1	1
Billiary Lithotropter	1	1
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	1	1
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	1	1
Ambulance Services	2	1
Hospice	1	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	1	1

	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	1,155
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	28,146
Number of CTS Units (machines)	3
Number of CTS Procedures	19,588
Number of Diagnostic Radioisotope Procedures	3,793
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	0
Number of Number of MRI Procedures	2
Number of Chemotherapy Treatments	4,367
Number of Respiratory Therapy Treatments	31,477
Number of Occupational Therapy Treatments	14,846
Number of Physical Therapy Treatments	24,095
Number of Speech Pathology Patients	6,050
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	3
Number of Ultrasound/Medical Sonography Procedures	7,011
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)

22

3. Robotic Surgery System

 # Units

4

 # Procedures

322

Type of Unit(s)

Spine (1), Davinci (2), Mako (1)

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*)	373.5	61	88
Licensed Practical Nurses (LPNs)	10.2	0	24
Pharmacists	20.5	2	94
Other Health Services Professionals*	77.18	4	135
Administration and Support	17.5	0.9	117
All Other Hospital Personnel (not included in above)	582.78	45.8	78

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)	61-90 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	34
Black/African American	22
Hispanic/Latino	9
Pacific Islander/Hawaiian	1
White	158
Multi-Racial	8
Total	232

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	1	☐	1	1
General Internal Medicine	30	☑	30	30
Pediatricians	0	☑	0	0
Other Medical Specialties	78	☐	65	78

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	18	☑	18	18
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	18	☑	18	18
Ophthalmology Surgery	10	☐	0	10
Orthopedic Surgery	18	☐	2	18
Plastic Surgery	10	☐	2	10
General Surgery	12	☐	12	12
Thoracic Surgery	1	☐	1	1
Other Surgical Specialties	30	☐	30	30

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	15	☑	15	15
Dermatology	0	☐	0	0
Emergency Medicine	19	☑	19	19
Nuclear Medicine	0	☐	0	0
Pathology	3	☑	3	3
Psychiatry	0	☐	0	0
Radiology	32	☑	32	32
	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	3
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	187

5b. Name of Other Professions

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

Certified Registered Nurse Anesthetist, Nurse Practitioner and Physician Assistant

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
Azubueze Adogu, MD, PhD	39272
Feroze Afzal, MD	74623
Emad Ahmed, MD	45157
Patrick Aldred, MD	82274
Melissa Anderson, MD	49786
Jeremy Anthony, MD	67529
James Ashford, MD	79696
William Ashford, MD	82658
Clinton Ashford, MD	71659
Erick Avelar, MD	70853
Samantha Avoke, MD	83416
Sarah Bailey, MD	74804
Matthew Baker, MD	103193
Christian Barnes, MD	83821
Bryan Barnes, MD	46038
Muhammad Bashir, MD	70340
Abid Bashir, MD	50865
Rudra Beharrysingh, MD	82925
Samuel Belknap, MD	79820
Ranjana Bhargava, MD	68482
Nehal Bhatt, MD	61042
Wesley Blackwood, MD	62657
John Blankenship, MD	49529
Charles Bodine, MD	88983
Peter Bodunrin, MD	105622

Marta Bognar, MD	40320
Meredith Bolton, MD	75955
Daniel Boudreaux, MD	58150
Travis Boyd, MD	103434
Steven Bramlet, MD	49789
Yolin Bueno, MD	76312
May Luz Bullecer, MD	50947
John Bundrick, MD	80497
Bradford Burgess, DO	65223
Michael Busch, MD	80219
Benjamin Butler, MD	92980
Robert Byrne, MD	51443
Lamar Callaway, MD	91149
Ackeime Campbell, MD	99164
Brian Cardis, MD	51629
Alan Carnes, MD	82345
Aaron Carr, MD	62665
William Carroll, MD	91276
William Chafin, MD	67542
Jorge Chancay Rodriguez, MD	90245
Dwayne Chance, MD	74808
Kuang Chang, MD	82466
Clay Chappell, MD	59693
Patrick Cherry, MD	55189
Andrea Christian-Parks, MD	57789
Ross Christopher, MD	90701

Ruth Cline, MD	36570
Jakemia Coleman, MD	68714
Meghan Cook, MD	39076
Victor Copeland, MD	73361
Ryan Corley, MD	66585
Lucia Cotten, MD	96839
McKay Crowley, MD	70615
Jon De Witte, MD	54182
Salome Defore, MD	88578
Meredith Delp, DO	70083
Anthony DeMarco, MD	41774
Andrew Dodgen, MD	82666
Kereisha Donegal, MD	102225
Jing Dong, MD	45447
John Dorris, MD	40899
James Dowling, DO	72986
Roop Dutta, MD	103446
Patrick Eagleson, MD	65102
Lewis Earnest, MD	62684
Leia Edenfield, MD	97074
Sharif Elkabbani, MD	59912
Mark Ellis, MD	36525
Stephen Elmore, MD	80538
Mohammad Elsayed, MD	99354
Cristina Elstad, MD	80441
Christian Ericson, MD	97733

Robert Ermentrout, MD	74032
Christopher Etchells, MD	87339
Centrael Evans, MD	76821
Amaka Ezimora, MD	68405
Peter Fedyshin, MD	96436
Logan Fields, MD	71733
Rebecca Fletcher, MD	68956
Brent Flickinger, MD	59065
Mason Florence, MD	69809
Frederick Flynt, MD	59408
Nicholas Fox, MD	83056
Brian Freeman, MD	79847
Kassandra Gadlin, MD	73896
Harold Gage, MD	88722
Joseph Gaines, MD	28550
Nicholas Gallagher, MD	83141
Silas Gbenle, MD	52866
Jameson Gilstrap, MD	104431
Narayana Gowda, MD	80465
Andrew Greenshields, MD	57982
James Griffin, MD	86225
Earle Gunn, MD	26538
Melissa Halbach, MD	49573
Robert Ham, MD	33098
Rachel Hamil, MD	47441
Brandon Harden, MD	63459

Nicholas Harris, MD	88532
Amanda Hathaway, MD	93739
Ned Hembree, MD	71971
Andrew Herrin, MD	45239
Brandon Hicks, MD	46683
Addie Hill, MD	89891
Christopher Hosfeld, MD	41836
Jian Hu, MD	60273
Tzu-chuan Huang, MD	66853
John Hurteau, MD	17206
Jose Ibarra Lopez, MD	97386
Mohan Iyer, MD	59245
Ummar Jamal, DO	104941
Kathleen Jeffery, MD	45508
Francis Jenkins, MD	25988
Vinod Jeyaretnam, DO	103627
William Johnson, MD	79340
Troy Johnson, MD	45256
Stephen Johnson, DO	59800
Joseph Johnson, MD	44247
Padmanaidu Karnam, MD	75171
Elizabeth Katz, MD	69336
Ryan Katz, MD	62729
David Katz, MD	64047
Andrew Ke, MD	80926
Blake Kimbrell, MD	75683

Afoma King, MD	85110
Prabhakorn Kitbhoka, MD	96918
Joshua Knott, MD	71129
Shane Kudela, MD	40712
Sudha Lagudu, MD	95598
Randy Lavender, MD	93479
William Lawrence, MD	69888
John Layher, MD	46692
Mitchel Leavitt, MD	76160
Robert Leffert, MD	51156
Steve Leung, MD	104856
Clifford Lindsey, MD	59459
George Lingenfelser, MD	23381
Stephen Lober, MD	33386
Catherine Lockhart, DO	82560
Jason Lowe, DO	65841
Lyn Lowman, MD	37856
Liana Lugo, MD	76474
Rene Mackay, MD	51680
Tejaswini Maganti, MD	96997
Ormonde Mahoney, MD	30825
Chris Malone, MD	38295
John Manfredi, MD	58899
Thomas Martin, MD	69849
Eduardo Martinez, MD	78129
Van McCorkle, MD	40734

Benjamin McCurdy, MD	58906
Andrew McKown, MD	80425
Taylor McLendon, MD	85944
Lance Mcleroy, MD	105058
Camille McPherson, MD	59003
Angela McSwain, MD	58367
Daniel Measel, MD	44279
Minesh Mehta, MD	82979
Sergio Mejias, MD	40737
Raul Mendiola, MD	62258
Graham Mercier, MD	96717
Robert Meyer, MD	60008
Jeffrey Mikell, MD	57728
Lina Millan, MD	69898
Jared Mills, MD	67510
Charles Mixson, MD	52997
Stephen Morgan, MD	75066
Alan Morgan, MD	70157
John Morsek, MD	61130
Alexander Murphey, MD	92203
Rachel Murthy, MD	55163
Omar Mushfiq, MD	57399
Charles Neckman, MD	24471
George Newman, MD	78114
Ingrid Newman, MD	41915

Duc Nguyen, MD	95822
Petros Nikolinakos, MD	63106
James Nix, MD	90706
Byron Norris, MD	67264
Ogochukwu Nwanne, MD	88452
Taylor Oakley, MD	97244
Matthew Olliff, MD	95513
Shaun O'Rear, MD	27233
Eniola Otuseso, MD	55269
Harvey Ouzts, MD	14976
John Papadopoulos, MD	85702
Dhrashti Parikh, MD	105624
James Parker, MD	45573
James Parramore, MD	46898
Jack Paschal, MD	58808
Pujan Patel, MD	86053
Harshang Patel, MD	88767
Hiren Patel, MD	86105
Jaideep Patel, MD	51708
Priyanka Pathak, MD	96110
Jeffrey Pearce, MD	60963
Julio Pena Polanco, MD	75119
Lisa Perez, MD	48698
Everett Perry, MD	56872
Tenzing Phanthok, MD	81013
Jacline Phillips, MD	100833
Clyde Pittman, MD	35502

Clyde Pittman, MD	55562
Susan Podolsky, MD	72621
Charles Potter, MD	90099
Robert Price, MD	59002
Julian Price, MD	65785
Asif Qadri, MD	60492
Joseph Rawlings, MD	65607
Laura Ray, MD	82910
Srilakshmi Rebala, MD	51081
Edward Reece, DO	82778
Bradley Register, MD	62158
Sarah Rohrig, MD	105170
Richard Rosebrock, MD	72446
Kyle Royalty, MD	100303
Priya Rudolph, MD, PhD	68852
Sudeep Ruparelia, MD	88195
David Ryan, MD	67760
David Sailors, MD	45946
Vikas Sangwan, MD	96331
Ali Sayed, MD	80173
Scarlett Schneider, MD	76464
Gordon Schoenfeld, MD	58775
Cristina Schreckinger Rodas, MD	90645
Catherine Schwender, MD	59189
Joshua Sepesi, MD	51738
Tirth Shah, MD	96206
Manish Shah, MD	69708

Manish Shah, MD	69708
Amit Shah, MD	57839
Mohammed Sharif, MD	90054
Cynthia Shepherd, MD	65889
Amir Shirazi, MD	85717
Thomas Sholes, MD	73492
Michael Shuler, MD	53723
Daku Siewe, MD	82868
Anju Sinha, MD	55300
Michael Skelton, MD	82786
Jerry Smith, MD	17885
Clifford Smith, MD	38613
Gregory Smith, MD	47532
Huma Sohail, MD	73398
Alfred Solomon, MD	90360
James Splichal, MD	57021
David Sprayberry, MD	55028
Brett Stanger, MD	68955
Robert Steadham, MD	66082
Cole Steber, MD	91411
Matthew Steele, MD	73267
James Sullivan, MD	103595
Jonathan Swanson, MD	80409
Paul Syribeys, MD	53185
William Tally, MD	59776
Brandon Taylor, MD	79795
Ashwin Thatti, MD	93540

Ashwin Thatti, MD	93549
Jeffrey Thomas, MD	40262
Cullen Timmons, MD	81158
Christopher Tomingas, MD	80081
Shraddha Tongia, MD	56374
Benjamin Toole, MD	63744
Robert Townsend, MD	96818
Milos Tucakovic, MD	59221
James Tuckfield, DO	100426
Mark Twedt, MD	77132
Gustavo Vargas, MD	109439
Viren Vasudeva, MD	81240
Chelsea Venditto, MD	85228
Mark Visitacion, MD	65514
Dat Vu, MD	92868
Leslie Waddell, MD	102457
Zane Wade, MD	52236
Janet Wall, MD	62173
Harold Waller, MD	100590
Ronald Walpert, MD	49257
Gary Walton, MD	36630
Thomas Ward, MD	98923
Lela Anne Ward, MD	71583
Adam White, MD	72166
David Wicker, MD	64095
Michael Wilczek, DO	93626
Patrick Willis, MD	59035

Patrick Willis, MD	58835
Benjamin Wilson, MD	92070
Clayton Wing, MD	103683
Michael Woodall, MD	77815
Jonathan Woody, MD	56509
Katherine Yancey, MD	100422
Jack Yancey, MD	91974
Fia Yi, MD	63982
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	LTC
Alab	12	21	0	0	0	0	0	0	0	0	0	0
Baco	0	1	0	0	0	0	0	0	0	0	0	0
Baldv	46	47	7	0	0	0	0	0	0	0	0	0
Bank	159	156	23	0	0	0	0	0	0	0	0	0
Barrc	525	510	125	0	0	0	0	0	0	0	0	0
Bibb	10	10	0	0	0	0	0	0	0	0	0	0
Bleck	0	1	0	0	0	0	0	0	0	0	0	0
Butts	1	2	0	0	0	0	0	0	0	0	0	0
Carrc	4	1	0	0	0	0	0	0	0	0	0	0
Cato	1	2	0	0	0	0	0	0	0	0	0	0
Chat	3	2	0	0	0	0	0	0	0	0	0	0
Chat	0	1	0	0	0	0	0	0	0	0	0	0
Cher	7	6	0	0	0	0	0	0	0	0	0	0
Clark	2,262	1,623	292	0	0	0	0	0	0	0	0	0
Clay	0	2	0	0	0	0	0	0	0	0	0	0
Clayt	5	2	0	0	0	0	0	0	0	0	0	0
Cobl	12	5	2	0	0	0	0	0	0	0	0	0
Coffe	1	1	0	0	0	0	0	0	0	0	0	0
Colu	4	2	0	0	0	0	0	0	0	0	0	0
Cook	0	2	0	0	0	0	0	0	0	0	0	0
Cowe	19	4	0	0	0	0	0	0	0	0	0	0
Daws	2	2	0	0	0	0	0	0	0	0	0	0
DeKa	16	10	0	0	0	0	0	0	0	0	0	0

Doug	1	2	0	0	0	0	0	0	0	0	0	0
Doug	6	4	0	0	0	0	0	0	0	0	0	0
Elber	414	326	68	0	0	0	0	0	0	0	0	0
Fann	0	1	0	0	0	0	0	0	0	0	0	0
Fayet	5	3	1	0	0	0	0	0	0	0	0	0
Floyc	1	1	0	0	0	0	0	0	0	0	0	0
Forsy	6	4	0	0	0	0	0	0	0	0	0	0
Franl	530	398	59	0	0	0	0	0	0	0	0	0
Fultc	17	15	0	0	0	0	0	0	0	0	0	0
Gilm	8	9	0	0	0	0	0	0	0	0	0	0
Glyn	0	2	0	0	0	0	0	0	0	0	0	0
Gree	705	464	49	0	0	0	0	0	0	0	0	0
Gwin	75	93	13	0	0	0	0	0	0	0	0	0
Habe	30	40	8	0	0	0	0	0	0	0	0	0
Hall	30	21	7	0	0	0	0	0	0	0	0	0
Hanc	67	49	1	0	0	0	0	0	0	0	0	0
Harri	0	1	0	0	0	0	0	0	0	0	0	0
Hart	470	454	67	0	0	0	0	0	0	0	0	0
Henr	15	11	3	0	0	0	0	0	0	0	0	0
Jacks	662	532	112	0	0	0	0	0	0	0	0	0
Jaspe	66	51	9	0	0	0	0	0	0	0	0	0
Jeffe	0	1	0	0	0	0	0	0	0	0	0	0
Jone	4	6	0	0	0	0	0	0	0	0	0	0
Laure	6	6	2	0	0	0	0	0	0	0	0	0

Lee	5	1	1	0	0	0	0	0	0	0	0	0
Lincc	15	9	2	0	0	0	0	0	0	0	0	0
Lumı	2	7	1	0	0	0	0	0	0	0	0	0
Macc	7	13	0	0	0	0	0	0	0	0	0	0
Mad	804	561	143	0	0	0	0	0	0	0	0	0
Mari	3	1	0	0	0	0	0	0	0	0	0	0
McD	11	5	0	0	0	0	0	0	0	0	0	0
Mitcl	2	1	0	0	0	0	0	0	0	0	0	0
Mon	0	1	0	0	0	0	0	0	0	0	0	0
Morg	350	299	65	0	0	0	0	0	0	0	0	0
Musc	4	3	0	0	0	0	0	0	0	0	0	0
New	106	147	20	0	0	0	0	0	0	0	0	0
Ocor	528	614	91	0	0	0	0	0	0	0	0	0
Ogle	346	306	55	0	0	0	0	0	0	0	0	0
Paulc	2	2	2	0	0	0	0	0	0	0	0	0
Peac	3	1	0	0	0	0	0	0	0	0	0	0
Pierc	0	3	0	0	0	0	0	0	0	0	0	0
Putn	368	286	31	0	0	0	0	0	0	0	0	0
Rabu	15	28	1	0	0	0	0	0	0	0	0	0
Rock	28	44	3	0	0	0	0	0	0	0	0	0
Scre	5	1	0	0	0	0	0	0	0	0	0	0
Semi	0	1	0	0	0	0	0	0	0	0	0	0
Spalc	5	1	1	0	0	0	0	0	0	0	0	0
Stepl	140	113	15	0	0	0	0	0	0	0	0	0

Sumt	5	4	0	0	0	0	0	0	0	0	0	0
Taliat	20	18	4	0	0	0	0	0	0	0	0	0
Tattn	2	2	0	0	0	0	0	0	0	0	0	0
Taylc	0	1	0	0	0	0	0	0	0	0	0	0
Telfa	0	2	0	0	0	0	0	0	0	0	0	0
Thon	4	1	0	0	0	0	0	0	0	0	0	0
Toon	0	1	0	0	0	0	0	0	0	0	0	0
Towr	7	4	5	0	0	0	0	0	0	0	0	0
Turn	0	1	0	0	0	0	0	0	0	0	0	0
Unio	3	3	0	0	0	0	0	0	0	0	0	0
Upsc	0	3	0	0	0	0	0	0	0	0	0	0
Walt	545	583	133	0	0	0	0	0	0	0	0	0
Ware	2	4	0	0	0	0	0	0	0	0	0	0
Wash	5	4	0	0	0	0	0	0	0	0	0	0
Wayr	6	3	0	0	0	0	0	0	0	0	0	0
Whit	5	15	4	0	0	0	0	0	0	0	0	0
Whit	0	2	0	0	0	0	0	0	0	0	0	0
Wilk	83	72	16	0	0	0	0	0	0	0	0	0
Wilki	0	6	0	0	0	0	0	0	0	0	0	0
Totals	**9,643**	**8,084**	**1,441**	**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	14	14
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	2	2
	0	0	0	0
Total	0	0	16	16

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	8,084	8,084
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	4,609	4,609
	0	0	0	0	0
Total	0	0	0	12,693	12,693

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	8,084	8,084
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	4,609	4,609
	0	0	0	0	0
Total	0	0	0	12,693	12,693

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	11
Asian	40
Black/African American	1,276
Hispanic/Latino	57
Pacific Islander/Hawaiian	33
White	6,439
Multi-Racial	228
Total	8,084

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	77
Ages 15-64	4,156
Ages 65-74	2,080
Ages 75-85	1,514
Ages 85 and Up	257
Total	8,084

3. Gender

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

Gender	Number of Ambulatory Patients
Male	3,602
Female	4,482
Total	8,084

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	4,153
Medicaid	324
Third-Party	3,337
Self-Pay	270
Total	8,084

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:

0

Number of Birthing Rooms:

0

Number of LDR Rooms:

0

Number of LDRP Rooms:

19

Number of Cesarean Sections:

523

Total Live Births:

1,382

Total Live Births (Live and Late Fetal Deaths):

1,393

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

1,393

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)	22	960	1,724	0
Specialty Care (Intermediate Neonatal Care)	13	154	2,132	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	35	1,114	3,856	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	5	0
Asian	5	23
Black/African American	284	943
Hispanic/Latino	4	23
Pacific Islander/Hawaiian	5	3
White	1,047	2,611
Multi-Racial	91	9
Total	1,441	3,612

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	1,437	3,606
Ages 45 and Up	4	6
Total	1,441	3,612

3. Average Charge for an Uncomplicated Delivery

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

3,876

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

31,930

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)

0.6

What languages do they most often interpret?

Spainish

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 Interpretation

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	3	4	13	6
Vietnamese	0	0	0	0
Sign Language	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:

Spanish

Language Three:

Braille

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?

Athens Neighborhood Health Center, Mercy Health Center, Community Internal Medicare of Athens, Athens Wellness Cli

Comprehensive Inpatient Physical Rehabilitation Addendum

1. Admissions and Days of Care by Race

Please provide the number of admissions and inpatient days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	1
Asian	5	23
Black/African American	71	789
Hispanic/Latino	1	9
Pacific Islander/Hawaiian	6	26
White	426	4,636
Multi-Racial	0	54
Total	509	5,538

2. Admissions and Days of Care by Gender

Please provide the number of admissions and inpatient days by gender

Gender of Patient	Number of Admissions	Inpatient Days
Male	243	2,679
Female	266	2,859
Total	509	5,538

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort

Age Cohort	Number of Admissions	Inpatient Days
0-17	0	0
18-64	94	997
65-84	305	3,346
85 Up	110	1,195
Total	509	5,538

Part B: Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	505
Long Term Care Hospital	3
Skilled Nursing Facility	1
Traumatic Brain Injury Facility	0
	0
Total	509

Part C: Payers

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	404
Third-Party/Commercial	96
Self-Pay	9
Other	0
Total	509

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

5

Part D: Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1 Stroke	132
2 Brain Injury	42
3 Amputation	10
4 Spinal Cord	20
5 Fracture of the femur	66
6 Neurological disorders	47
7 Multiple Trauma	57
8 Congenital deformity	0
9 Burns	0
10 Osteoarthritis	0
11 Rheumatoid arthritis	0
12 Systemic vasculidities	0
13 Joint replacement	12
All Other	123
Total	509

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
Adams Hale	1405 Plantat	0	GA	No	9/11/2023
Anderson J	127 Blueberr	0	SC	No	9/11/2023
Appleby Ca	250 Sussex D	0	GA	No	11/16/2020
Armstrong	1546 Miller V	0	GA	No	9/29/2025
Arnold Ieish	4524 Carriag	0	GA	No	3/28/2025
Ashmeade A	978 Yancey C	0	GA	No	7/21/2025
Azeltine Joc	129 Hight Dr	0	GA	No	9/18/2023
Bagley Min	67 River Stat	0	GA	No	9/23/2024
Bailey Britta	828 Eastmor	0	GA	No	9/10/2018
Baker Kellie	2445 Camp M	0	GA	No	12/8/2024
Bass Joh An	2325 Corinth	0	GA	No	9/22/2025
Bassett Rob	104 Barringt	0	GA	No	2/17/2025
Batson Ama	1021 Church	0	GA	No	8/4/2025
Beaumont A	700 PRESTOI	0	GA	No	2/5/2024
Bell Michell	1340 Boulde	0	GA	No	3/9/2015
Belluomini	3607 Oaklan	0	GA	No	9/5/2025
Bennett Hay	265 Blair Rd	0	GA	No	5/21/2018
Bergeron Er	12 Burning T	0	GA	No	1/15/2024
Bhoke Rispe	395 Searchlig	0	GA	No	1/8/2024
Biashvili Mi	157 Talley Cr	0	GA	No	7/15/2024
Bird Matthe	1501 Maddo	0	GA	No	7/19/2021
Birdsall Alis	235 Oakbend	0	GA	No	1/12/2024
Birdsall Lisa	333 Old Pitta	0	GA	No	1/6/2025
Birge Cayla	210 Grand O	0	GA	No	3/17/2025

Blane Arwe	272 Riverclif	0	GA	No	11/7/2022
Boongaling	140 Hart Ave	0	GA	No	9/11/2023
Boonstra-Pa	2934 Spratlir	0	GA	No	10/4/2021
Bouyea Cor	2087 paces v	0	GA	No	3/17/2025
Boyd Donn	1060 Titus La	0	GA	No	4/24/2023
Braswell Ma	261 Jester Co	0	GA	No	3/24/2025
Brooks Cha	88 Birchmore	0	GA	No	10/4/2024
Brooks Step	1191 Willow	0	GA	No	6/6/2016
Brown Mich	240 Buckingl	0	GA	No	8/23/2024
Bruno Mich	1950 Stonew	0	GA	No	6/23/2025
Burrell Loph	709 Sara Me	0	GA	No	10/13/2025
Cabrera Roa	140 Kingstor	0	GA	No	5/18/2020
Cadavid Cri	1318 Mannir	0	GA	No	2/3/2020
Caldwell He	395 Huff Lak	0	GA	No	1/12/1998
Campbell S	239 Marie Ct	0	GA	No	6/3/2024
Carmean H	113 N Gilme	0	GA	No	6/2/2025
Cartey Cars	2661 Monro	0	GA	No	7/15/2024
Casco Roge	209 Queens	0	GA	No	11/14/2025
Cash Joely	234 Nolana I	0	GA	No	7/28/2025
Castorino G	1220 Shephe	0	GA	No	5/31/2022
Chacko Ash	117 Brittany	0	GA	No	11/27/2023
Chadwick-B	2072 Pulliam	0	GA	No	11/15/2021
Childs Anna	735 Jones W	0	GA	No	1/9/2017
Chilton Am	4210 Eagle R	0	GA	No	6/1/2020
Christie Sha	60 Crabapple	0	GA	No	11/17/2025
Clark Samal	1676 Elberto	0	GA	No	7/7/2023

Cole Kelly	225 Jennings	0	GA	No	7/28/2025
Collier Rash	1010 Thornw	0	GA	No	10/21/2024
Collins Mar	55 Thrasher	0	GA	No	1/10/2022
Cook Jessic	541 Palimino	0	GA	No	9/8/2023
Cooper Che	4512 Treadst	0	GA	No	3/24/2025
Corbett Kai	2518 Tannery	0	GA	No	10/31/2022
Crawford Sa	888 horizon	0	GA	No	6/12/2023
Crowe Kaitl	5702 Highwa	0	GA	No	5/11/2020
Culver Sabr	43 Farm Lane	0	GA	No	2/2/2024
David Rode	1061 Ridgefi	0	GA	No	5/24/2021
Davis Peni	413 wisteria	0	GA	No	1/9/2023
Davis Taylor	3002 Paul M	0	GA	No	9/10/2018
Deforest Ju	338 Bear Cre	0	GA	No	5/6/2013
Denard Emi	308 Spring S	0	GA	No	1/13/2025
Denis-Thon	1301 NW 89	0	FL	No	8/18/2025
Dickson Jer	210 Whiteha	0	GA	No	4/7/2025
Dotson Ang	220 Bowie Fa	0	SC	No	5/19/2023
Duarte Ashl	244 Sidney L	0	GA	No	2/12/2024
Dubreus Ph	1386 BRAML	0	GA	No	12/9/2024
Duncan Edi	376 Kay Driv	0	GA	No	10/20/2025
Dyer Robin	351 Timberic	0	GA	No	8/19/2019
Edmonds V	118 Stafford	0	GA	No	1/20/2025
Eisler Stella	1738 Roy Wo	0	GA	No	8/19/2019
Ekstrom Ka	129 Herman	0	GA	No	3/3/2025
Ellema Nich	915 Tigers W	0	GA	No	11/3/2025
Faust Karyn	160 Tilson Rd	0	GA	No	6/13/2022

Favara Joy	2971 Jack Gl	0	GA	No	2/17/2025
Filaski McK	350 Kay Dr V	0	GA	No	1/13/2025
Fitzpatrick M	315 Turner R	0	GA	No	8/18/2025
Fouche Bria	551 Molly Dr	0	GA	No	6/21/2021
Franco Jose	120 Dooly D	0	GA	No	4/3/2023
Fuller Levay	2233 corkscr	0	GA	No	7/11/2025
Galusha An	2175 Maris V	0	GA	No	8/28/2023
Garrett Cha	3900 Bear Cr	0	GA	No	4/29/2024
Gay Sarah	585 White Ci	0	GA	No	7/1/2024
Gibbs Sarah	240 History T	0	GA	No	6/3/2024
Gilham Jata	230 Hargrov	0	GA	No	7/28/2025
Godfrey Lea	119 Hargrov	0	GA	No	1/9/2023
Goff Lauren	141 Bella Dr	0	GA	No	9/8/2025
Gonzalez Ri	3894 S Barne	0	GA	No	7/28/2025
Goodroe Le	525 Spratlin	0	GA	No	6/10/2024
Gourley Da	410 Vista Wa	0	GA	No	7/21/2025
Green Jorda	1171 Twin O	0	GA	No	5/20/2019
Greene Sam	4415 Locklin	0	GA	No	9/14/2015
Griffin Jessi	318 Chandle	0	GA	No	5/13/2024
Griggs Ema	6634 Nowhe	0	GA	No	12/22/2025
Grizzle Mor	3803 Salem I	0	GA	No	5/16/2022
Groover Jor	6444 Blue He	0	GA	No	10/13/2025
Groves Mea	2749 Whitne	0	GA	No	6/12/2023
Grubb Mary	1035 Barnett	0	GA	No	7/14/2025
Guajardo G	125 CEDAR F	0	GA	No	4/14/2025
Hamilton V	303 Sandy Rl	0	GA	No	9/16/2024

Hamilton J	696 North A	0	GA	No	3/3/2025
Hampton C	PO Box 7324	0	GA	No	7/24/2018
Hardesty Ju	1019 Sanfor	0	GA	No	8/8/2016
Harper-Bap	862 Jackson	0	GA	No	5/30/2025
Hayes Chuc	527 Lacebar	0	GA	No	9/12/2022
Heaton Kali	1874 Rock S	0	GA	No	5/1/2023
Heaton Rick	1874 Rock S	0	GA	No	7/10/2023
Helton Lilli	225 Jennings	0	GA	No	6/2/2025
Hill Caroline	1021 Simont	0	GA	No	2/5/2024
Hilton Lara	460 oaktree	0	GA	No	3/11/2024
Hinneh- Gu	4369 Mantov	0	GA	No	10/4/2021
Hitt Thoma	366 East Cre	0	GA	No	2/27/2023
Hobbs Han	250 Morning	0	GA	No	3/25/2024
Hodge Sabi	724 Richmor	0	GA	No	8/26/2024
Hogan Sulli	373 April Ct	0	GA	No	2/3/2020
Holder Ashl	358 Sharon F	0	GA	No	10/13/2025
Holland Wa	P O Box 339	0	GA	No	12/9/2024
Hoover Ray	245 Ponder	0	GA	No	12/18/2006
Hortman An	674 Clarke T	0	GA	No	7/19/1993
Howard Ch	427 Branch D	0	GA	No	8/5/2019
Ihemadu He	1465 Willow	0	GA	No	12/12/2025
Jackson Bro	1340 Harrisb	0	GA	No	7/15/2024
Jackson Sha	132 Berlin C	0	GA	No	8/5/2024
Jean Romy	1317 Calgary	0	GA	No	7/28/2025
Jolla Taylor	15 E Chalme	0	LA	No	4/14/2023
Jones Karer	3294 Bridge	0	GA	No	8/4/2025

Jones Karel	529 Bridge	0	GA	No	6/4/2025
Jorgensen I	232 Epps Bri	0	GA	No	8/7/2023
Joseph Tiji	3025 kerala	0	GA	No	10/4/2021
Kepler Sylve	400 Snapfing	0	GA	No	5/20/2024
Kierulf Sam	236 East Ber	0	GA	No	9/24/2012
Kim Joseph	1776 Leon El	0	GA	No	2/5/2024
King Julie	742 Shumard	0	GA	No	1/8/2018
Kitchens Ab	161 bridgew	0	GA	No	6/2/2025
Krish Brett	1105 Cold Tr	0	GA	No	7/14/2025
Lanser Gran	190 Georgia	0	GA	No	8/11/2025
Lawson Ses	1300 Martins	0	GA	No	3/17/2025
Lee Sarah	1061 Soperto	0	GA	No	7/24/2023
Lillard Leslie	620 Rivermo	0	GA	No	5/24/2021
Luczak Joan	1520 Colham	0	GA	No	7/21/2025
Luna Antho	316 Meadow	0	GA	No	2/12/2024
Martinez La	130 Burgund	0	GA	No	7/8/2024
Mase Olivia	419 Southern	0	GA	No	5/23/2022
Mathay Ma	250 Little St.	0	GA	No	8/12/2024
Matheson M	66 Yellow Jac	0	NC	No	10/14/2024
Maxwell Ca	1035 Barnett	0	GA	No	6/17/2024
May Kathar	1228 Foster	0	GA	No	5/16/2022
McDaniel M	2014 Kirklan	0	GA	No	4/12/2021
Mcduffie Ja	P.O Box 765	0	GA	No	4/7/2025
Mcfarlane M	250 Applewo	0	GA	No	11/10/2025
McTeer Coc	830 Robbie L	0	GA	No	5/12/2025
Medley Chr	3546 garden	0	GA	No	5/13/2024
Melton Sam	237 Frederic	0	GA	No	5/18/2020

Mercadel N	1632 Brook I	0	GA	No	6/10/2024
Messina Jar	575 Whitehe	0	GA	No	7/13/2020
Metzger Ma	124 Stillmea	0	GA	No	6/9/2025
Middlebroo	175 Tanner E	0	GA	No	2/3/2025
Milford Mir	2350 CE No	0	GA	No	3/11/2024
Mills Haley	1258 Cottag	0	GA	No	9/15/2023
Mize Jonath	1617 Burnt C	0	GA	No	9/27/2021
Mohr Carol	297 Lacewoo	0	GA	No	10/6/2025
Molleur Kel	250 Concord	0	GA	No	11/5/2018
Montero Eli	2035 Timoth	0	GA	No	5/13/2024
Moon Cody	183 Lake Poi	0	GA	No	1/29/2024
Moore Rebe	246 Stonecre	0	GA	No	7/31/2023
Morgan An	321 Trembly	0	GA	No	3/28/2025
Mosley Zac	329 Wildwoo	0	GA	No	7/21/2025
Mullis Sava	994 Smallwo	0	GA	No	5/20/2024
Nave Rebec	195 Cypress	0	GA	No	9/22/2025
Neal Sean	1617 Burnt C	0	GA	No	2/3/2025
Nowell Luca	946 Parkview	0	GA	No	10/7/2024
Opara Onul	4305 paxton	0	GA	No	8/18/2023
Parada Darl	1065 Storey	0	GA	No	4/6/2015
Patel Ankita	2022 Cantrel	0	GA	No	6/3/2024
Peets Kimis	603 Greenlee	0	GA	No	5/1/2023
Pettaway M	2450 Ames S	0	GA	No	12/5/2025
Pinke Winte	1458 Queeni	0	GA	No	6/2/2025
Plachinski S	525 Prince A	0	GA	No	7/14/2025

Pompee Jo	93 Mabry Pl	0	GA	No	7/4/2025
Poole Kyle	32 Armstron	0	GA	No	4/21/2025
Presnell Bay	723 Bridge C	0	GA	No	8/18/2025
Puthenpura	123 Pheasan	0	GA	No	9/15/2025
Rakestraw D	297 Sawdust	0	GA	No	5/20/2024
Reyes Emily	2505 W Broa	0	GA	No	1/27/2025
Roberts Bria	1090 Calls Cr	0	GA	No	5/20/2024
Rockwell M	37 River Wal	0	GA	No	9/8/2025
Rodier Mag	335 Pettit La	0	GA	No	6/27/2022
Roggemann	717 Della Sla	0	GA	No	4/25/2022
Romano Isa	1401 Towne	0	GA	No	5/19/2025
Ruark Elizab	1251 Woodla	0	GA	No	2/17/2025
Sartain Jane	4939 Daniels	0	GA	No	6/3/2019
Savage Ralu	1657 White C	0	GA	No	2/19/2024
Seabolt Jess	1043 Hwy 32	0	GA	No	6/24/2019
Seagraves J	2783 Rogers	0	GA	No	9/28/2020
Sena Erika	2555 South M	0	GA	No	1/29/2024
Sena Maci	900 Kenyan C	0	GA	No	2/28/2022
Shaffer Reb	225 Jennings	0	GA	No	11/3/2025
Shelnutt Be	1170 Canyon	0	GA	No	7/7/2025
Smith Tyler	91 Market St	0	GA	No	6/19/2023
Smith Bry	615 Meadow	0	GA	No	1/8/2024
Solomon Ro	970 Jones Ch	0	GA	No	11/20/2023
Stevenson C	910 Deerfield	0	GA	No	2/2/2024
Strickland J	2629 Brockto	0	GA	No	5/13/2024
Strickland S	219 Shady O	0	GA	No	5/7/2018
Strong Jayl	4 Eastview C	0	GA	No	1/6/2025

Strong Jayla	4 Eastview C	0	GA	No	1/6/2023
Sungbeh N	1959 Pearson	0	GA	No	10/27/2025
Swancey Ar	724 Kings Ct	0	GA	No	6/9/2025
Tarkenton M	3010 Salem I	0	GA	No	1/7/2013
Tenai Mesh	3377 Watson	0	GA	No	10/9/2023
Tereskiewic	191 Fairfield	0	GA	No	5/21/2018
Thaxton Au	159 Thaxton	0	GA	No	6/2/2025
Thomas Cha	404 Meadow	0	GA	No	8/18/2025
Thompson	609 River Ro	0	GA	No	7/26/2021
Tilley Jeann	370 River Po	0	GA	No	11/27/2023
Todd Madis	6774 Bowma	0	GA	No	6/13/2022
Townley Eliz	2384 Almar I	0	GA	No	3/2/2020
Trussell Chr	110 Pinyon P	0	GA	No	7/21/2025
Turner Clan	2100 Valley S	0	GA	No	5/19/2025
Veillard Jen	823 Myles Ci	0	GA	No	4/26/2024
Vulcano Ca	1270 Latham	0	GA	No	8/26/2024
Waddy Abb	1535 New H	0	GA	No	7/7/2025
Wallace Jair	964 Mauldin	0	GA	No	1/30/2023
Wallace Rex	964 Mauldin	0	GA	No	1/16/2023
Walling Kar	415 Logmon	0	GA	No	2/15/1993
Walters Car	354 Scarlett	0	GA	No	9/23/2024
Warren Mo	245 Melvin P	0	GA	No	7/28/2025
Washingtor	130 Gumstar	0	GA	No	12/10/2018
Weeks Broc	150 arthur ci	0	GA	No	4/8/2024
Wheeler Ol	1018 Ruddy	0	GA	No	6/3/2024
Williams Ma	2597 Highwa	0	GA	No	8/12/2024
Williams Da	270 New Str	0	GA	No	4/28/2025

Williams De	270 New Str	0	GA	No	4/28/2025
Williams Sk	4366 Favore	0	GA	No	12/8/2025
Wilson Amy	146 Brando	0	GA	No	5/6/2024
Wilson Tara	86 Eagle Vie	0	GA	No	1/18/2022
Winters Ha	355 Jennings	0	GA	No	5/6/2024
Wright Dav	1116 Beaver	0	GA	No	5/15/2023
Wynn Acev	200 River Gr	0	GA	No	7/12/2024
Alvear Gom	112 Acadia D	0	GA	No	6/10/2024
Bagwell Nik	1120 Elder R	0	GA	No	2/1/2023
Carballo Ka	888 Horizon	0	GA	No	5/13/2024
Goodwin Je	755 Remingt	0	GA	No	12/1/2025
Richardson	330 Winterb	0	GA	No	11/10/2025
Rico Devon	108 Antler C	0	SC	No	9/14/2020
Smith Juleig	91 Market St	0	GA	No	12/1/2025
Lord (Hunt)	55 Kayton Ct	0	GA	No	3/21/2025
Russell Nich	3229 Oak Ri	0	GA	No	9/8/2025

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.	