GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

# Part A: General Information

**UID: HOSP902**

## 1. Identifcication

Facility Name:

Emory Hillandale Hospital

County:

DeKalb

Street Address:

2801 DeKalb Medical Parkway

City:

Lithonia

Zip:

30058

Mailing Address:

2801 DeKalb Medical Parkway

Mailing City:

Lithonia

Mailing Zip:

30058

Medicaid Provider Number:

00000536

Medicare Provider Number:

110266

## 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:

Patty Pharo

Contact Title:

Senior Financial Accounting Analyst

Phone:

404-544-9702

Fax:

404-727-2606

Email:

patty.pharo@emoryhealthcare.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)

DeKalb County Hospital Authority

Organization Type

Not For Profit

Effective Date

08/09/1991

## B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

## C. Facility Operator

Full Legal Name (Or Not Applicable)

DeKalb Medical Center, Inc.

Organization Type

Not For Profit

**Effective Date**

03/23/1992

## D. Operator's Parent Organization

**Full Legal Name (Or Not Applicable)**

Emory Healthcare, Inc.

**Organization Type**

Not For Profit

**Effective Date**

09/01/2018

## 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

Emory Healthcare

City

Atlanta

State

GA

## 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

Vizient

City

Irving

State

TX

## 7.

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

Name

Emory Healthcare

City

Atlanta

State

GA

## 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 | 0 | 0 | 0 | 0 |
| 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 | 87 | 5,608 | 25,999 | 5,980 | 27,126 |
| Intensive Care | 15 | 656 | 3,063 | 281 | 1,393 |
| 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 | 102 | 6,264 | 29,062 | 6,261 | 28,519 |

| Category | SUS Beds | Admissions | Inpatient Days | Discharges | Discharge Days |
|---|---|---|---|---|---|
| **Intensive Care Totals** | 15 | 656 | 3,063 | 281 | 1,393 |
| **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 | 4 | 11 |
| Asian | 34 | 147 |
| Black/African American | 5,546 | 25,641 |
| Hispanic/Latino | 159 | 646 |
| Pacific Islander/Hawaiian | 0 | 0 |
| White | 386 | 2,025 |
| Multi-Racial | 135 | 592 |
| Total | 6,264 | 29,062 |

## 3. Gender

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

| Gender | Admissions | Inpatient Days |
|---|---|---|
| Male | 2,918 | 13,784 |
| Female | 3,346 | 15,278 |
| Total | 6,264 | 29,062 |

## 4. Payment Source

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

| Primary Payment Source | Admissions | Inpatient Days |
|---|---|---|
| Medicare | 2,982 | 16,037 |
| Medicaid | 705 | 3,281 |
| Peachare | 0 | 0 |
| Third-Party | 1,674 | 6,708 |
| Self-Pay | 743 | 2,397 |
| Other | 160 | 639 |
| Total | 6,264 | 29,062 |

## 5. Discharges to Death

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

89

## 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 | 2,111 |
| Semi-Private Room Rate | 0 |
| Operating Room: Average Charge for the First Hour | 10,220 |
| Average Total Charge for an Inpatient Day | 9,540 |

# Part E: Emergency Department and Outpatient Services

## 1. Emergency Visits

Please report the number of emergency visits only

69,073

## 2. Inpatient Admissions from ER

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

6,242

## 3. Beds Available

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

32

## 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 | 3 | 1,514 |
| General Beds | 29 | 67,559 |
| | 0 | 0 |
| | 0 | 0 |
| | 0 | 0 |
| | 0 | 0 |

## 5. Transfers

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

2,558

## 6. Non-Emergency Visits

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

35,667

## 7. Observation Visits/Cases

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

2,271

## 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**

273

## 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**

2,918

# 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 | 1 | 1 |
| ESWL | 3 | 4 |
| Billiary Lithotropter | 2 | 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 | 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 | 3 | 4 |
| Respite Care Services | 3 | 4 |
| 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 | 531 |
| Number of Dialysis Treatments | 1,498 |
| Number of ESWL Patients | 0 |
| Number of ESWL Procedures | 0 |
| Number of ESWL Units | 0 |
| Number of Biliary Lithotripter Procedures | 9 |
| Number of Biliary Lithotripter Units | 1 |
| Number of Kidney Transplants | 0 |
| Number of Heart Transplants | 0 |
| Number of Other-Organ/Tissues Treatments | 0 |
| Number of Diagnostic X-Ray Procedures | 44,590 |
| Number of CTS Units (machines) | 3 |
| Number of CTS Procedures | 33,974 |
| Number of Diagnostic Radioisotope Procedures | 735 |
| Number of PET Units (machines) | 0 |
| Number of PET Procedures | 0 |
| Number of Therapeautic Radioisotope Procedures | 0 |
| Number of Number of MRI Units | 2 |
| Number of Number of MRI Procedures | 5,965 |
| Number of Chemotherapy Treatments | 0 |
| Number of Respiratory Therapy Treatments | 63,171 |
| Number of Occupational Therapy Treatments | 17,001 |
| Number of Physical Therapy Treatments | 35,202 |
| Number of Speech Pathology Patients | 1,029 |
| 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 | 651 |
| Number of HIV/AIDS Patients | 408 |
| Number of Ambulance Trips | 0 |
| Number of Hospice Patients | 0 |
| Number of Respite care Patients | 0 |
| Number of Ultrasound/Medical Sonography Units | 8 |

| | |
|---|---|
| Number of Ultrasound/Medical Sonography Units | |
| Number of Ultrasound/Medical Sonography Procedures | 10,602 |
| 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)

19

## 3. Robotic Surgery System

# Units

1

# Procedures

311

Type of Unit(s)

DaVinci Dual Console Xi (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*) | 243 | 20 | 13 |
| Licensed Practical Nurses (LPNs) | 7 | 0 | 0 |
| Pharmacists | 13 | 0 | 0 |
| Other Health Services Professionals* | 237 | 18 | 2 |
| Administration and Support | 19 | 0 | 0 |
| All Other Hospital Personnel (not included in above) | 164 | 6 | 2 |

## 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) | 31-60 Days |
| Licensed Practical Nurses (LPNs) | Not Applicable |
| Pharmacists | More than 90 Days |
| 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 | 7 |
| Asian | 319 |
| Black/African American | 168 |
| Hispanic/Latino | 65 |
| Pacific Islander/Hawaiian | 0 |
| White | 477 |
| Multi-Racial | 25 |
| Total | 1,061 |

## 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 | ☐ | 0 | 0 |
| General Internal Medicine | 4 | ☐ | 0 | 0 |
| Pediatricians | 0 | ☐ | 0 | 0 |
| Other Medical Specialties | 240 | ☑ | 0 | 0 |

| 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 | 16 | ☐ | 0 | 0 |
| Non-OB Physicians Providing OB Services | 0 | ☐ | 0 | 0 |
| Gynecology | 0 | ☐ | 0 | 0 |
| Ophthalmology Surgery | 1 | ☐ | 0 | 0 |
| Orthopedic Surgery | 2 | ☐ | 0 | 0 |
| Plastic Surgery | 0 | ☐ | 0 | 0 |
| General Surgery | 35 | ☐ | 0 | 0 |
| Thoracic Surgery | 0 | ☐ | 0 | 0 |
| Other Surgical Specialties | 25 | ☑ | 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 | 139 | ☑ | 0 | 0 |
| Dermatology | 0 | ☐ | 0 | 0 |
| Emergency Medicine | 60 | ☑ | 0 | 0 |
| Nuclear Medicine | 14 | ☐ | 0 | 0 |
| Pathology | 9 | ☑ | 0 | 0 |
| Psychiatry | 35 | ☐ | 0 | 0 |
| Radiology | 266 | ☑ | 0 | 0 |
| Hospitalists | 116 | ☑ | 0 | 0 |
| Radiation Oncology | 42 | ☑ | 0 | 0 |
| Cardioivascular Disease | 56 | ☐ | 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 | 2 |
| Podiatrists | 12 |
| Certified Nurse Midwives with Clinical Privileges in the Hospital | 0 |
| All Other Staff Affiliates with Clinical Privileges in the Hospital | 520 |

## 5b. Name of Other Professions

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

Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetist

**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 |
|---|---|
| Jan Cecelia Kennedy | 31046 |
| Jun Ma | 80485 |
| A. Ebrahim Haroon | 59733 |
| Aakash Ramesh Amin | 58725 |
| Aaron Martrice Anderson | 64323 |
| Aaron Michael Alford | 56397 |
| Aarti Sekhar | 66064 |
| Abdul-Faisal Olatunde Akesode | 61548 |
| Abdulrahman Masrani | 94681 |
| Abdulwahab Mustafa Ahmed Ewaz | 76070 |
| Abeeku Ayize Ricks | 86189 |
| Abesh Niroula | 83351 |
| Abhay Trivedi | 58625 |
| Abhineet Uppal | 93637 |
| Abimbola Faloye | 69590 |
| Achraf Makki | 96990 |
| Adam Craig Gordon | 94593 |
| Adam Dean Port | POD001397 |
| Adam Ezra Goldman-Yassen | 85635 |
| Adam James Michalak | 98778 |
| Adam Shaver | 93959 |
| Adejimi O Adeniji | 55385 |
| Aderajew Amsalu Taddesse | 83410 |
| Adina Lynn Alazraki | 42988 |
| Adrianne JinLing Ross | POD001201 |
| Agni Chandora | 96989 |
| Ahmed Basim Al-Khafaji | 96445 |
| Aida D. Risman | 95601 |
| Aine Marie Kelly | 83236 |
| Aisha C Jennings | 82854 |

| Full Name | License Number |
|---|---|
| Ajay Reddy Kamireddi | 80029 |
| Akshay Sharad Bedmutha | 100734 |
| Alejandro Luis Feria | 103601 |
| Aleksander William Krazinski | 95969 |
| Alexander David Kosiak | 105522 |
| Alexander Diaz Bode | 99982 |
| Alexander  Papangelou | 74272 |
| Alexandra  Dretler | 83122 |
| Alexey  Babak | 102432 |
| Alexis  Boscak | 102072 |
| Alfreda  Miller-Coleman | 56143 |
| Alice M Chae | 103885 |
| Aline  Camargo | 93896 |
| Alisha Sara Kramer | 95558 |
| Aliya  Saeed | 72454 |
| Allan Ira Levey | 34885 |
| Allen Ashley Futral | 36530 |
| Allison J Hyatt | 92807 |
| Allyson Rae Herbst | 83309 |
| Alton B Farris | 62499 |
| Alyson  Goodwin | 68938 |
| Ama Serwah Amofah | 70657 |
| Amaka Eunice Ezimora | 68405 |
| Amanda Carroll Mihalik-Wenger | 99797 |
| Amanda Thuy-Diem Pham | 85841 |
| Amar Raju Patel | 92531 |
| Amir Hossein Davarpanahfakhr | 77358 |
| Amit Manohar Saindane | 60499 |
| Amit  Jethanandani | 99966 |
| Amit  Prabhakar | 78694 |
| Amit  Surapaneni | 85267 |
| Amol Madan Takalkar | 85681 |

| Full Name | License Number |
|---|---|
| Amy Lirong Yan | 100347 |
| Amy Robben Mehollin-Ray | 92201 |
| Amy Xuan Ho | 102910 |
| Amy  Garvey | 99643 |
| An Duy Do | 68998 |
| Anar Mukesh Desai | 96843 |
| Anastasia Miriam Thomas | POD001061 |
| Andre L Scott | 51545 |
| Andre Lavar Holder | 71809 |
| Andrea Leah Crowell | 68497 |
| Andrea Maria Corujo Rodriguez | 80564 |
| Andrea Renee Dillard | 70087 |
| Andres Anibal Rodriguez Ruiz | 72103 |
| Andres Wei-Chiao Su | 83546 |
| Andrew Chien Lin | 86823 |
| Andrew Jee Soo Kim | 78379 |
| Andrew John Simpson | 61859 |
| Andrew Thomas Boyd | 78602 |
| Andrew Ward Elson | 95675 |
| Aneese Fatemeh Chaudhry | 80892 |
| Angus Collin Howard | 30099 |
| Anika Nina Watson | 79732 |
| Anjan  Bhattacharyya | 87130 |
| Ankita  Satpute | 102498 |
| Anna Irene Holbrook | 65678 |
| Anna Valentinovna Trofimova | 87940 |
| Annie Agbor Arrey-Mensah | 105068 |
| Anson Kwame Wurapa | 50462 |
| Antasia  Giebler | 83676 |
| Anthony Conway Dorsey | 52709 |
| Anthony Michael Balistreri | 52424 |
| Anthony Neal Chatham | 85327 |

| Full Name | License Number |
|---|---|
| Anthony Andres Rodriguez DePalma | 87246 |
| Antwuan Allen | 77519 |
| Aparna Hemant Kesarwala | 82990 |
| Aparna Ramani Kakarala | 57672 |
| Apeksha G Reddy | POD305064 |
| Aravind Somasundaram | 99308 |
| Argun Dennis Can | 101579 |
| Ari Reichstein | 101489 |
| Aron Edward Siegelson | 99822 |
| Arthur Elton Stillman | 57023 |
| Arturo Gilberto Torres | 82632 |
| Arun Kumar | 56124 |
| Ashesh B Jani | 57754 |
| Ashish Bharat Patel | 84253 |
| Ashishkumar Kanaiyalal Parikh | 80264 |
| Ashley Hawk Aiken | 62459 |
| Ashley Rene Styczynski | 91002 |
| Ashley Kang | 97264 |
| Augustine H. Conduah | 60818 |
| Austin Claude DeBeaux | 88626 |
| Avanthika Thanushi Wynn | 79142 |
| Avantika Nathani | 105234 |
| Avery Howard Nathanson | 54815 |
| Aws Hamid | 87058 |
| Ayalivis De La Rosa | 103170 |
| Ayana Nicole Herbert | 55596 |
| Ayodeji Tokunbo George | 61778 |
| Ayushi Gupta | 80453 |
| Babar Fiza | 81542 |
| Bakhtiar Ali | 68877 |
| Bamidele Ayotunde Ajibola | 64745 |
| Barath Ram Badrinathan | 79387 |

| Full Name | License Number |
|---|---|
| Barry Joshua Levitt | 59820 |
| Bavana  Ketha | 96648 |
| Bela Desai Bhatia | 60722 |
| Benjamin Harris Adams | 99165 |
| Benjamin Paul Fiorillo | 98264 |
| Benjamin  Rutta | 105560 |
| Bert Tsi Chen | 57443 |
| Bethany Katherine Sederdahl | 105352 |
| Beza  Gebremedhine | 99178 |
| Bhagya  Sannananja | 86080 |
| Billynda Lucille McAdoo | 60544 |
| Binoy Praful Bhatt | 86539 |
| Binu James Kunjummen | 65135 |
| Biren Sanatkumar Joshi | 53562 |
| Bisola W Salisu | 104490 |
| Brad D Birenberg | 75935 |
| Bradley Sverre Rostad | 75661 |
| Brandi Lynn Wood | 84942 |
| Brandi Monique Jones | 96074 |
| Brandon Michael Kitay | 84853 |
| Brandon Vaughn DeLano Henry | 82806 |
| Brandon Ziyu Lei | 96315 |
| Bree Ruppert Eaton | 73767 |
| Brent Derek Weinberg | 75948 |
| Brent Thomas Layton | 91434 |
| Brenton L Black | 59126 |
| Brian Elliot Tark | 86999 |
| Brian Simba Simba | 88688 |
| Brian Thomas Cabaniss | 75965 |
| Bruce J Barron | 18438 |
| Bruce Warren Hershatter | 29465 |
| Bryan Keith Manson | 100720 |

| Full Name | License Number |
|---|---|
| Bryan Nicholas Swilley | 92499 |
| Bryson Reid Hauck | 92757 |
| Cameron Spencer Neilson | POD001515 |
| Candace Yvette Smith | 82603 |
| Candice  Darville | 80487 |
| Carlo Nicola De Cecco | 79192 |
| Carlos Jose Sanchez | 99465 |
| Carolyn Nicole Freeman | 63703 |
| Carrie C Bissell | 103017 |
| Carrie Nicole Hoff | 75640 |
| Casey Lee Hall | 66182 |
| Cassandra  Dean | 86223 |
| Catherine Jiehua Zhang | 104722 |
| Catherine SW Albin | 82575 |
| Celine Reynoso Soriano | 105540 |
| Chadwick McKinley Hales | 60739 |
| Chandni  Ravi | 91216 |
| Charles Austin Wheeler | 104776 |
| Charles Frederick Gillespie | 54717 |
| Charles Phillip Dejarnette | 24925 |
| Charlotte Frances Van Hale | 86419 |
| Chelsea Brooks Dennison | 95358 |
| Chelsea  Neesham | 102661 |
| Chenxi  Wu | (blank) |
| Chet Christopher Zalesky | 98231 |
| Chevonne Taja Parris-Skeete | 99381 |
| Chia-Lin  Winchester | 85988 |
| Chibuzor Nkiruka Nnaji | 68745 |
| Chidi Ikenna Amah | 97298 |
| Christabell C Ndibe | 86329 |
| Christen Amber Allred | 87971 |
| Christen Richail Canada | POD305008 |

| Full Name | License Number |
|---|---|
| Christian Allison Fauria-Robinson | 81883 |
| Christian Danielle Freeman | 105312 |
| Christiana  Agbonghae | 103186 |
| Christina Dithmer Noyes | 58542 |
| Christina Schmidt Sumner | 86447 |
| Christine  Callaway | 99952 |
| Christopher Drew Theroux | 95849 |
| Christopher James Krebs | 59263 |
| Christopher James Little | 95726 |
| Christopher Joseph Haraszti | 54433 |

*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 | Rehab |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Alabar | 15 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Applin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Atkins | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bacon | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Baker | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Baldwi | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Banks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Barrov | 2 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bartov | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ben Hi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Berrier | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bibb | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bleckle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brantle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Brooks | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bryan | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Bulloc | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Burke | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Butts | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Calhou | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Camde | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Candle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Carroll | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Catoos | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Charlte | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chatha | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chatta | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Chattc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cherol | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clarke | 4 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Clay | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clayto | 78 | 28 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Clinch | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cobb | 24 | 13 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Coffee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Colqui | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Colum | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cook | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Cowet | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Crawfc | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Crisp | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dade | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dawsc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Decatı | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| DeKalt | 5,175 | 667 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dodge | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dooly | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dougł | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dougl | 8 | 7 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Early | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Echols | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Effingł | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Elbert | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Emanı | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Evans | 4 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fannin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Fayett | 5 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Florida | 20 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Floyd | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Forsyt | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Frankli | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Fulton | 198 | 84 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gilmer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Glasco | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Glynn | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gordo | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Grady | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Green | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Gwinn | 90 | 97 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Haber | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hall | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hanco | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Harals | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Harris | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Hart | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Heard | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Henry | 88 | 57 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Houst | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Irwin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jackso | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jasper | 12 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jeff Da | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jeffers | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jenkin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Johnsc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Jones | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lamar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lanier | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Laurer | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lee | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Liberty | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lincol | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Long | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lownd | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Lumpk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Macor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Madis | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mario | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| McDut | 1 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| McInt | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Meriw | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Miller | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mitche | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Monrc | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Montg | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Morga | 1 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Murra | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Muscc | 2 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Newtc | 131 | 51 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| North | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ocone | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other | 52 | 4 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ogleth | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pauldi | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Peach | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Picken | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pierce | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pike | 0 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Polk | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pulask | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Putnar | 4 | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Quitm | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rabun | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Rando | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Richm | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Rockd | 251 | 88 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Schley | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Screve | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Semin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Spaldi | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South | 15 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stephe | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Stewar | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Sumte | 0 | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tennes | 5 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talbot | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Taliafe | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tattna | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Taylor | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Telfair | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Terrell | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Thoma | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tift | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Toomb | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Towns | 3 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Treutle | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Troup | 3 | 2 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Turner | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Twiggs | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Union | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Upson | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Walker | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Walton | 29 | 22 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Ware | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Warrer | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Washi | 1 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wayne | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Webst | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wheel | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| White | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Whitfi | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wilcox | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wilkes | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Wilkin | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Worth | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| **Totals** | **6,264** | **1,161** | **0** | **0** | **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 | 5 | 5 |
| Cystoscopy (OR Suite) | 0 | 0 | 1 | 1 |
| Endoscopy (OR Suite) | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 6 | 6 |

## 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 | 476 | 1,103 | 1,579 |
| Cystoscopy | 0 | 0 | 22 | 58 | 80 |
| Endoscopy | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 498 | 1,161 | 1,659 |

## 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 | 476 | 1,103 | 1,579 |
| Cystoscopy | 0 | 0 | 22 | 58 | 80 |
| Endoscopy | 0 | 0 | 0 | 0 | 0 |
| | 0 | 0 | 0 | 0 | 0 |
| Total | 0 | 0 | 498 | 1,161 | 1,659 |

# 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 | 19 |
| Black/African American | 942 |
| Hispanic/Latino | 38 |
| Pacific Islander/Hawaiian | 0 |
| White | 147 |
| Multi-Racial | 14 |
| Total | 1,161 |

## 2. Age Grouping

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

| Age of Patient | Number of Ambulatory Patients |
|---|---|
| Ages 0-14 | 2 |
| Ages 15-64 | 802 |
| Ages 65-74 | 218 |
| Ages 75-85 | 122 |
| Ages 85 and Up | 17 |
| Total | 1,161 |

## 3. Gender

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

| Gender | Number of Ambulatory Patients |
|---|---|
| Male | 544 |
| Female | 617 |
| Total | 1,161 |

## 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 | 412 |
| Medicaid | 90 |
| Third-Party | 639 |
| Self-Pay | 20 |
| Total | 1,161 |

## 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

Video Remote Interpretation agency (iPad); We provide an Agency Interpreter coordinated by us; Over the phone 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 | 0 | 0 | 0 | 0 |
| ASL | 0 | 0 | 0 | 0 |
| Dari | 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?**

Interpreter Staff Training - All interpreter staff are required to be qualified medical interpreters and must complete a minimum of 40 hours of medical interpreter training. Interpreters receive onboarding and ongoing professional development focused on medical terminology, ethics and standards of practice, patient confidentiality, and effective communication in clinical settings.

**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?**

As demand for language services continues to increase across our hospitals and clinics, additional interpreter staffing and expanded access to interpretation modalities are essential. This includes in-person interpreters as well as ensuring staff have access to the appropriate video and phone interpretation equipment.

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

**Language One:**

English

**Language Two:**

**Language Three:**

**Language Four:**

**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?**

Oakhurst Medical Center, 5582 Memorial Drive, Stone Mountain, GA 30083;  Recovery Consultants of Atlanta, 4229 Snapfinger Woods Drive, Decatur, GA 30(

## 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 | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Adams,Courtney Al | 2801 DeKalb Medica | 3 months | Georgia | No | 10/12/2025 |
| Adun,Irene Emwing | 2801 DeKalb Medica | 8 months | Georgia | No | 5/19/2025 |
| Alfinda,Jocelyn Salli | 2801 DeKalb Medica | 42 months | Georgia | No | 7/24/2022 |
| Alkatim,Alla Mohan | 2801 DeKalb Medica | 5 months | Georgia | No | 8/3/2025 |
| Anzalah,Godfrey Ga | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Armand,Nyla Jacqu | 2801 DeKalb Medica | 5 months | Georgia | No | 8/17/2025 |
| Bah,Aicha | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Banks,Samantha La | 2801 DeKalb Medica | 32 months | Georgia | No | 5/15/2023 |
| Beckford,Crystal | 2801 DeKalb Medica | 14 months | Georgia | No | 10/27/2024 |
| Bhatt,Payal | 2801 DeKalb Medica | 14 months | Georgia | No | 10/27/2024 |
| Boakye,Nana Yaw | 2801 DeKalb Medica | 6 months | Georgia | No | 6/30/2025 |
| Boothe,Julen R | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Bougouneau,Tara S | 2801 DeKalb Medica | 48 months | Georgia | No | 1/9/2022 |
| Bridges,Dominique | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Briggs,Sherrel Diam | 2801 DeKalb Medica | 3 months | Georgia | No | 10/13/2025 |
| Broughton,Valarie T | 2801 DeKalb Medica | 2 months | Georgia | No | 10/26/2025 |
| Burnette,Ronacia Ki | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Calhoun,Rhonda Re | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Campbell,Jasmine S | 2801 DeKalb Medica | 2 months | Georgia | No | 11/10/2025 |
| Cargill,Tracey-Ann A | 2801 DeKalb Medica | 9 months | Georgia | No | 3/25/2025 |
| Casabuena,Sogie G | 2801 DeKalb Medica | 6 months | Georgia | No | 7/6/2025 |
| Charles,Tamara Lau | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Churchill,Jessica Ste | 2801 DeKalb Medica | 13 months | Georgia | No | 12/2/2024 |
| Clark Williams,Asia | 2801 DeKalb Medica | 8 months | Georgia | No | 5/11/2025 |
| Clark,Sharronda Re | 2801 DeKalb Medica | 3 months | Georgia | No | 9/29/2025 |
| Clarke,Shanice Den | 2801 DeKalb Medica | 1 month | Georgia | No | 11/23/2025 |
| Cox,Elethia | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Curtis,Ayesha R | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Diallo,Mariama | 2801 DeKalb Medica | 31 months | Georgia | No | 6/25/2023 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Diaz,Lee Noel Perez | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Doctor,Melissa P | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Douglas,Keawna Ni | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Downey,Judy Marir | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Drakeford,Natasha | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Drakeford,Tayia Las | 2801 DeKalb Medica | 9 months | Georgia | No | 4/7/2025 |
| Ekhorutomwen,Ivie | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Ellison,Tyauna Latri | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Enyinnah,Olachi An | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Eshiet,Glory A | 2801 DeKalb Medica | 9 months | Georgia | No | 4/13/2025 |
| Eskridge,Channel C | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Etienne-Klass,Danie | 2801 DeKalb Medica | 16 months | Georgia | No | 8/26/2024 |
| Evans,Angela Garde | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Excellent,Edney Gha | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Fendley,Sabrina Ma | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Ferede,Beza Wubes | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Fields,Athena Neola | 2801 DeKalb Medica | 18 months | Georgia | No | 7/7/2024 |
| Finley,Belinda Denis | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Fisher,Denise Annm | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Folsom Jr,Charles T | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Francis,Admarie An | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Francois,Emmanuel | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Frederic,Daphlyne | 2801 DeKalb Medica | 11 months | Georgia | No | 2/16/2025 |
| Gayle-Harrison,Ren | 2801 DeKalb Medica | 47 months | Georgia | No | 2/20/2022 |
| Gentles,Abigail Brit | 2801 DeKalb Medica | 21 months | Georgia | No | 3/31/2024 |
| Gibson,Joey Wayne | 2801 DeKalb Medica | 9 months | Georgia | No | 4/13/2025 |
| Gill,Dawne Sharese | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Goodwin,Sharae'm | 2801 DeKalb Medica | 32 months | Georgia | No | 5/28/2023 |
| Green,Kawana Keor | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Hamler,Zina Mushi | 2801 DeKalb Medica | 9 months | Georgia | No | 4/13/2025 |
| Hamuwele,Mutinta | 2801 DeKalb Medica | 8 months | Georgia | No | 5/11/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Harding Jr,Gilbert | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Harrison,Christina M | 2801 DeKalb Medica | 32 months | Georgia | No | 5/28/2023 |
| Henry,Felicia Alice | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Hines,Michael Kelly | 2801 DeKalb Medica | 19 months | Georgia | No | 6/9/2024 |
| Holbrook,Madison | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Holmes,Erica O'She | 2801 DeKalb Medica | 26 months | Georgia | No | 11/27/2023 |
| Jackson,Andreanna | 2801 DeKalb Medica | 10 months | Georgia | No | 3/17/2025 |
| Jackson,Cheryl Judi | 2801 DeKalb Medica | 42 months | Georgia | No | 7/10/2022 |
| Jackson,Nikki Shavo | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Jean,Wilene | 2801 DeKalb Medica | 5 months | Georgia | No | 7/21/2025 |
| John,Shayna Cheres | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Johnson,Denise Del | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Johnson,Pansy E | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Jones,Fantasia McK | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Jordan,Monique Ar | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Kent,Melaine C. | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Khasa,Gina Bakana | 2801 DeKalb Medica | 5 months | Georgia | No | 8/17/2025 |
| Kirkland Wanzer,Kia | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Kirlew,Abigail N | 2801 DeKalb Medica | 3 months | Georgia | No | 10/12/2025 |
| Knight,Adrienne Eli | 2801 DeKalb Medica | 24 months | Georgia | No | 1/8/2024 |
| Lamothe-Dixon,Tan | 2801 DeKalb Medica | 23 months | Georgia | No | 2/18/2024 |
| Lawrence-Ennis,Tan | 2801 DeKalb Medica | 6 months | Georgia | No | 7/14/2025 |
| Laws,Shantell Anto | 2801 DeKalb Medica | 12 months | Georgia | No | 1/13/2025 |
| Lewis,Tiffany Christ | 2801 DeKalb Medica | 3 months | Georgia | No | 9/22/2025 |
| Little,Ariel Simone | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Long,Zakisha Jasmi | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Lopez,Tessa Loise | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Madjuine,Joseline M | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Manene,Eunice Awu | 2801 DeKalb Medica | 6 months | Georgia | No | 6/23/2025 |
| Mangwi,Adamu Em | 2801 DeKalb Medica | 4 months | Georgia | No | 9/2/2025 |
| Marie,Etta Lisa | 2801 DeKalb Medica | 29 months | Georgia | No | 8/20/2023 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Matthews,Lakeisha | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Mbah,Glory Amek | 2801 DeKalb Medica | 8 months | Georgia | No | 4/28/2025 |
| Mcfarlane,Tanisha | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| McIntosh,Tyler Rich | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| McLean,Aaron Way | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Metts,Diane | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Miller,Dacia Malika | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Mitchell,Neisha Sop | 2801 DeKalb Medica | 22 months | Georgia | No | 2/26/2024 |
| Mitchell,Serenity Di | 2801 DeKalb Medica | 5 months | Georgia | No | 7/21/2025 |
| Mitchell,Yazmeen I | 2801 DeKalb Medica | 5 months | Georgia | No | 8/11/2025 |
| Morgan,Patrice Nov | 2801 DeKalb Medica | 3 months | Georgia | No | 10/12/2025 |
| Morris Darby,Merlir | 2801 DeKalb Medica | 35 months | Georgia | No | 2/27/2023 |
| Morris,Maritza | 2801 DeKalb Medica | 5 months | Georgia | No | 8/3/2025 |
| Morrison,Shareese | 2801 DeKalb Medica | 5 months | Georgia | No | 8/18/2025 |
| Morrison,Sherika T. | 2801 DeKalb Medica | 15 months | Georgia | No | 10/13/2024 |
| Naranjo,Motayvea I | 2801 DeKalb Medica | 3 months | Georgia | No | 10/12/2025 |
| Nelson,Sherry-Ann | 2801 DeKalb Medica | 3 months | Georgia | No | 10/13/2025 |
| Newman,Christine A | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Njuguna,Elizabeth | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Norton,Demario Ra | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Obikwere,Ijeoma H | 2801 DeKalb Medica | 10 months | Georgia | No | 3/2/2025 |
| Okoye,Emmanuel If | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Okumu,Joan Nanjal | 2801 DeKalb Medica | 42 months | Georgia | No | 7/24/2022 |
| Olisakwe,Jacinta Ob | 2801 DeKalb Medica | 5 months | Georgia | No | 8/11/2025 |
| Olowookere,Damilo | 2801 DeKalb Medica | 5 months | Georgia | No | 8/3/2025 |
| Onuoha,Mary Ogbu | 2801 DeKalb Medica | 25 months | Georgia | No | 12/20/2023 |
| Onwudegu,Ngozi If | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Parris,Kwame Adesi | 2801 DeKalb Medica | 25 months | Georgia | No | 12/24/2023 |
| Pierre,Marthe | 2801 DeKalb Medica | 16 months | Georgia | No | 8/26/2024 |
| Pollock,Deborah Jo | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Powell,Markiesha M | 2801 DeKalb Medica | 3 months | Georgia | No | 10/6/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Price,Tara Dianelle | 2801 DeKalb Medica | 17 months | Georgia | No | 8/12/2024 |
| Prince,Carolyn Patri | 2801 DeKalb Medica | 47 months | Georgia | No | 3/6/2022 |
| Ramos,Karla Miche | 2801 DeKalb Medica | 3 months | Georgia | No | 10/6/2025 |
| Randolph,Junita | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Rattanaxay,Austin T | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Reynolds,Rachel De | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Ricketts,Charline Ni | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Romulus,Enedine | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Sampson,Katrina M | 2801 DeKalb Medica | 33 months | Georgia | No | 4/10/2023 |
| Samuel,Cornetta Lo | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Samuels,Trinea Oliv | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Scales,LaShonda Fa | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Schmauzer,Michael | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Scroggins,Natally | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Sesay,Isatu | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Sherwood,Verna M | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Shilu,Haregwa Ayal | 2801 DeKalb Medica | 19 months | Georgia | No | 6/3/2024 |
| Short,Ashley Bell | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Simmons,Shaneka I | 2801 DeKalb Medica | 5 months | Georgia | No | 8/4/2025 |
| Small,Camille Elizab | 2801 DeKalb Medica | 21 months | Georgia | No | 4/22/2024 |
| Smith,Lisa Jane | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Smith,Nakeli Enid | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Smith,Stephen A | 2801 DeKalb Medica | 5 months | Georgia | No | 8/17/2025 |
| Smith-Creary,Veron | 2801 DeKalb Medica | 46 months | Georgia | No | 3/20/2022 |
| Southerland,Jocelyr | 2801 DeKalb Medica | 7 months | Georgia | No | 6/8/2025 |
| Spivery,Jessica Mar | 2801 DeKalb Medica | 19 months | Georgia | No | 6/3/2024 |
| Steele,Alicia Jameka | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Stephens,Chante Al | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Stinson,Heather Lak | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Stuart,Delia B | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Suarez Cadavid,Ma | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |

| Full Name | Work Address | Duration | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---|---|---|---|---|---|
| Taylor-Williams,Keiz | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Thenthaysong,Selin | 2801 DeKalb Medica | 5 months | Georgia | No | 8/3/2025 |
| Thomas,Sonya Mor | 2801 DeKalb Medica | 8 months | Georgia | No | 5/19/2025 |
| Thompson Walker,\ | 2801 DeKalb Medica | 21 months | Georgia | No | 4/14/2024 |
| Topey,Julian Samoy | 2801 DeKalb Medica | 14 months | Georgia | No | 11/4/2024 |
| Tor,Dekontee | 2801 DeKalb Medica | 15 months | Georgia | No | 9/23/2024 |
| Torchenaud,Marie A | 2801 DeKalb Medica | 9 months | Georgia | No | 3/31/2025 |
| Walker,Amena Kadi | 2801 DeKalb Medica | 24 months | Georgia | No | 1/8/2024 |
| Walters,Jeanea | 2801 DeKalb Medica | 8 months | Georgia | No | 5/11/2025 |
| Williams,Trena Den | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |
| Wilson,Shantelle Sh | 2801 DeKalb Medica | 2 months | Georgia | No | 11/9/2025 |
| Woods,Brittani Jake | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Worthy,Kelsey Jolar | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Wynn,Tameka Cher | 2801 DeKalb Medica | 9 months | Georgia | No | 3/30/2025 |
| Yussuf,Leyla Mohar | 2801 DeKalb Medica | 4 months | Georgia | No | 8/31/2025 |

*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.**

**Authorized Signature**

Jen Schuck, MBA, MSW

**Date**

04/16/2026

**Title**

Chief Executive Officer

**Comments**