GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP901

1. Identifcication

Facility Name:

Emory Johns Creek Hospital

County:

Fulton

Street Address:

6325 Hospital Parkway

City:

Johns Creek

Zip:

30097

Mailing Address:

6325 Hospital Parkway

Mailing City:

Johns Creek

Mailing Zip:

30097

Medicaid Provider Number:

344886600

Medicare Provider Number:

110230

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)

EHCA Johns Creek, LLC

Organization Type

Not For Profit

Effective Date

02/15/2005

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Emory/Saint Joseph's, Inc.

Organization Type

Not For Profit

Effective Date

01/01/2012

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)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

03/01/2011

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

03/01/2011

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

Via a membership interest purchase agreement, EHC/JOC Holdings, LLC, an affiliate of Emory Healthcare, Inc., acquired the 49% membership interest of SJHS/JO

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

Emory/Saint Joseph's, Inc.

City

Atlanta

State

GA

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)	13	1,565	4,285	1,662	4,377
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	134	7,988	37,454	8,654	40,230
Intensive Care	18	1,186	5,156	423	2,085
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	165	10,739	46,895	10,739	46,692

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	18	1,186	5,156	423	2,085
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	19	61
Asian	1,850	7,274
Black/African American	2,118	10,151
Hispanic/Latino	963	3,434
Pacific Islander/Hawaiian	14	51
White	5,424	24,633
Multi-Racial	351	1,291
Total	10,739	46,895

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,267	19,830
Female	6,472	27,065
Total	10,739	46,895

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	4,978	25,878
Medicaid	500	2,117
Peachare	0	0
Third-Party	4,656	16,433
Self-Pay	455	1,778
Other	150	689
Total	10,739	46,895

5. Discharges to Death

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

102

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	10,397
Average Total Charge for an Inpatient Day	11,499

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

42,273

2. Inpatient Admissions from ER

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

8,229

3. Beds Available

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

30

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	1	1,111
General Beds	29	41,162
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

894

6. Non-Emergency Visits

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

69,674

7. Observation Visits/Cases

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

5,497

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

83

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

792

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	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)	2	1
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	2	1
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
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	213
Number of Dialysis Treatments	1,481
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	160
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	48,511
Number of CTS Units (machines)	2
Number of CTS Procedures	30,190
Number of Diagnostic Radioisotope Procedures	1,235
Number of PET Units (machines)	1
Number of PET Procedures	1,503
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	3
Number of Number of MRI Procedures	10,682
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	69,782
Number of Occupational Therapy Treatments	28,683
Number of Physical Therapy Treatments	55,419
Number of Speech Pathology Patients	2,602
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	1,563
Number of HIV/AIDS Diagnostic Procedures	3,569
Number of HIV/AIDS Patients	159
Number of Ambulance Trips	0
Number of Hospice Patients	186
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	27
Number of Ultrasound/Medical Sonography Procedures	11,834

Number of Ultrasound/Medical Sonography Procedures	11,834
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)

16

3. Robotic Surgery System

Units

5

Procedures

1,275

Type of Unit(s)

Da Vinci Ion (1), DaVinci Dual Console Xi (2), da Vinci 5 (1), Mako System (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*)	503	54	11
Licensed Practical Nurses (LPNs)	2	0	0
Pharmacists	20	1	0
Other Health Services Professionals*	391	16	4
Administration and Support	41	0	0
All Other Hospital Personnel (not included in above)	253	6	6

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)	61-90 Days
Licensed Practical Nurses (LPNs)	Not Applicable
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	9
Asian	428
Black/African American	167
Hispanic/Latino	76
Pacific Islander/Hawaiian	1
White	634
Multi-Racial	36
Total	1,351

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	6	☐	0	0
Pediatricians	6	☐	0	0
Other Medical Specialties	418	☑	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	66	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	1	☐	0	0
Ophthalmology Surgery	8	☐	0	0
Orthopedic Surgery	36	☐	0	0
Plastic Surgery	7	☐	0	0
General Surgery	55	☐	0	0
Thoracic Surgery	3	☐	0	0
Other Surgical Specialties	66	☑	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	95	☑	0	0
Dermatology	1	☐	0	0
Emergency Medicine	128	☑	0	0
Nuclear Medicine	15	☑	0	0
Pathology	65	☑	0	0
Psychiatry	6	☐	0	0
Radiology	261	☑	0	0
Hospitalists	48	☑	0	0
Radiation Oncology	8	☑	0	0
Cardiovascular Disease	51	☐	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	7
Podiatrists	14
Certified Nurse Midwives with Clinical Privileges in the Hospital	33
All Other Staff Affiliates with Clinical Privileges in the Hospital	584

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
Aakash Ramesh Amin	58725
Aamir Pervez	105538
Aaron David Weiss	75706
Aaron Martrice Anderson	64323
Aarti Sekhar	66064
Aashni Patel	101179
Abdulrahman Masrani	94681
Abdulwahab Mustafa Ahmed Ewaz	76070
Abesh Niroula	83351
Abhineet Uppal	93637
Abid Fazal	96261
Abrar Tariq Chaudhry	74810
Achraf Makki	96990
Adam Brett Greenbaum	80063
Adam Craig Gordon	94593
Adam David Robertson Rowh	96713
Adam Ezra Goldman-Yassen	85635
Adam J Pettigrew	79985
Adam James Buntaine	80200
Adam James Michalak	98778
Adam Shaver	93959
Adebowale O Oguntola	97988
Adeboye Oluwaseyi Osunkoya	59301
Adejimi O Adeniji	55385
Adekemi Omosalewa Egunsola	98613
Aderajew Amsalu Taddesse	83410
Adesuwa Ighodaro Akhetuamhen	96797
Adina Lynn Alazraki	42988
Adviteeya Narasimhan Dixit	79833
Ae Seon Cha	66463

Full Name	License Number
Agni Chandora	96989
Agnieszka Gaertig	91762
Ahad Masroor Khan	55763
Ahmad Hameed Al-Hajj	55389
Ahmed Basim Al-Khafaji	96445
Aida D. Risman	95601
Aine Marie Kelly	83236
Aishat Folaranmi Mustapha	(blank)
Ajay Reddy Kamireddi	80029
Ajay Tadepalli	78917
Ajaz Latif Chaudhry	71187
Akshay Sharad Bedmutha	100734
Alan Aidan Farabaugh	33772
Alejandro Humberto Sardi-Freitez	76161
Alejandro Luis Feria	103601
Alejandro Chavarriaga	90031
Aleksander William Krazinski	95969
Alexander Abbas Vakili	100367
Alexander Diaz Bode	99982
Alexander Dongwook Park	43733
Alexander Paul Isakov	49236
Alexandra Marie Hart	77980
Alexey Babak	102432
Alexis Boscak	102072
Alfreda Miller-Coleman	56143
Ali John Zarrabi	76730
Ali Abouzia	109325
Ali Al-Zubaidi	74109
Alice M Chae	103885
Aline Camargo	93896
Alisa Cherisse Horsford	63242
Alisha Sara Kramer	95558
Alison Krause Zavodny	40443

Full Name	License Number
Alison Marie Dolce	100635
Allison J Hyatt	92807
Allyson Rae Herbst	83309
Alton B Farris	62499
Alyssa Krasinskas	70172
Aman K. Kakkar	56303
Amanda Carroll Mihalik-Wenger	99797
Amara Grace Decker	100470
Amara Zulfiqar Fazal	92626
Amier Ahmad	88150
Amir H Aryaie	75376
Amir Hossein Davarpanahfakhr	77358
Amish Dudeja	POD001452
Amit Manohar Saindane	60499
Amit Prabhakar	78694
Amit Surapaneni	85267
Amita Kulshreshtha	99027
Amol Madan Takalkar	85681
Amy Christine Coker	69785
Amy Diane Kuhmichel	DN013687
Amy Robben Mehollin-Ray	92201
Amy Xuan Ho	102910
Amy Garvey	99643
Anand B Joshi	84295
Anand D Shah	74096
Andaleeb Ali	81980
Andre Lavar Holder	71809
Andrea Morrison Dabney	66274
Andrea Raphiela Lowden	100587
Andrea Renee Dillard	70087
Andres Anibal Rodriguez Ruiz	72103
Andres Wei-Chiao Su	83546
Andrew D Rhim	104024

Full Name	License Number
Andrew David Warner	POD000781
Andrew Ward Elson	95675
Angampally Goverdhana Rajeev	57240
Anika Nina Watson	79732
Ankita Agarwal	86482
Ankita Satpute	102498
Anna Irene Holbrook	65678
Anna Katarzyna Patkowska	89718
Anna Kathryn Deal	80049
Anna Mariah Kirsch	80458
Anna Quay Yaffee	70797
Anna Valentinovna Trofimova	87940
Anna-Marieta Moise	75012
Anne Marie Lips	95774
Anne Marie Van Beuningen	88043
Annemarie Cardell	97699
Annie Agbor Arrey-Mensah	105068
Anthony Conway Dorsey	52709
Anthony Andres Rodriguez DePalma	87246
Antonio Terell Jackson	96738
Anudeep Reddy Neelam	103979
Anuj Dinesh Mahajan	75568
Anuj Kumar Dua	53856
Anusha Vallurupalli	96046
Anusha Vemuri	104837
Anwar Stephan Ferdinand	101347
Anwer Ali Shamsuddin Bhamani	55391
Aparna Ramani Kakarala	57672
Aravind Somasundaram	99308
Argun Dennis Can	101579
Ari Reichstein	101489
Armita Bahrami	85323
Arthur David Schiff	24083

Full Name	License Number
Arthur Elton Stillman	57023
Arturo Gilberto Torres	82632
Ashesh B Jani	57754
Ashima Lal	74223
Ashishkumar Kanaiyalal Parikh	80264
Ashley Elizabeth Mehl	96291
Ashley Hawk Aiken	62459
Ashley Michelle Rogers	82647
Ashley Kang	97264
Ashlyn Marie Alongi	99244
Aswathy Miriam Cheriyan	104870
Austin Claude DeBeaux	88626
Avanthika Thanushi Wynn	79142
Avantika Nathani	105234
Avery Howard Nathanson	54815
Aws Hamid	87058
Ayalivis De La Rosa	103170
Ayesha Afsar Faruqi	70379
Ayorinde Soipe	98199
Ayushi Gupta	80453
Azam Mohammed Siddiqui	109417
Azin Mashayekhi	104982
Babar Fiza	81542
Babatunde Taiwo Sobowale	76961
Bakhtiar Ali	68877
Bam Dev Paneru	(blank)
Bela Desai Bhatia	60722
Benjamin Andrew Bush	105507
Benjamin Harris Adams	99165
Benjamin Kwabena Quarshie	92686
Benjamin Paul Fiorillo	98264
Benjamin S Goins	89643
Benjamin Rutta	105560

Full Name	License Number
Beryl Manning-Geist	100719
Bethany Katherine Sederdahl	105352
Bethwel Raore	76431
Bette' Shante' Ford	86303
Betty Lue Anthony	45385
Bhagya Sannananja	86080
Bharat Govindbhai Surani	99302
Bharat Kondragunta Rao	94618
Bhargav S Marthambadi	83569
Bhaskar Rallapalli Reddy	55440
Bhavna Vashdev Paryani	92450
Binu James Kunjummen	65135
Bisola W Salisu	104490
Blossom Abrehet Zerabruck Tewelde	105356
Bonnie Virginia Baker	104412
Boris Nikolic	52473
Brad D Birenberg	75935
Bradley Sverre Rostad	75661
Braiden Laura Eilers	92546
Brandi Lynn Wood	84942
Brandon Scott Daniel Friedman	103788
Brandon Ziyu Lei	96315
Brannan Brooks Griffin	99615
Brenda Dee Friedman	54709
Brendan Michael Browne	83667
Brendon Anthon Curtis	79714
Brent Derek Weinberg	75948
Brian Edward Morgan	49924
Brian Elliot Tark	86999
Brian Scott Robinson	76450
Brian Thomas Cabaniss	75965
Brian Thomas Muffly	91716
Brooj Abro	91274

Full Name	License Number
Bruce J Barron	18438
Bryan Nicholas Swilley	92499
Bryanna Ashlee Carpenter	99158
Bryson Reid Hauck	92757

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	43	28	3	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	3	4	0	0	0	0	0	0	0	0	0	0	0
Banks	2	4	0	0	0	0	0	0	0	0	0	0	0
Barrov	92	79	28	0	0	0	0	0	0	0	0	0	0
Bartov	15	20	3	0	0	0	0	0	0	0	0	0	0
Ben Hi	1	1	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	6	10	1	0	0	0	0	0	0	0	0	0	0
Bleckle	0	1	0	0	0	0	0	0	0	0	0	0	0
Brantle	1	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	1	2	0	0	0	0	0	0	0	0	0	0	0
Bulloc	1	1	1	0	0	0	0	0	0	0	0	0	0
Burke	1	1	0	0	0	0	0	0	0	0	0	0	0
Butts	4	1	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	14	21	2	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	5	3	1	0	0	0	0	0	0	0	0	0	0
Chatta	0	1	0	0	0	0	0	0	0	0	0	0	0
Chattc	3	2	0	0	0	0	0	0	0	0	0	0	0
Cherol	134	126	23	0	0	0	0	0	0	0	0	0	0
Clarke	16	16	1	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	36	31	7	0	0	0	0	0	0	0	0	0	0
Clinch	1	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	186	208	61	0	0	0	0	0	0	0	0	0	0
Coffee	1	4	0	0	0	0	0	0	0	0	0	0	0
Colqui	3	2	0	0	0	0	0	0	0	0	0	0	0
Colum	5	6	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	13	11	3	0	0	0	0	0	0	0	0	0	0
Crawfc	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	3	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	61	25	8	0	0	0	0	0	0	0	0	0	0
Decatı	1	0	0	0	0	0	0	0	0	0	0	0	0
DeKalł	466	429	109	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	1	0	0	0	0	0	0	0	0	0	0	0
Dougł	1	0	0	0	0	0	0	0	0	0	0	0	0
Dougl	22	23	3	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	2	0	0	0	0	0	0	0	0	0	0	0
Elbert	3	0	0	0	0	0	0	0	0	0	0	0	0
Emanı	2	0	0	0	0	0	0	0	0	0	0	0	0
Evans	0	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	14	9	0	0	0	0	0	0	0	0	0	0	0
Fayett	11	18	1	0	0	0	0	0	0	0	0	0	0
Florida	40	25	1	0	0	0	0	0	0	0	0	0	0
Floyd	1	5	0	0	0	0	0	0	0	0	0	0	0
Forsyt	841	362	88	0	0	0	0	0	0	0	0	0	0
Frankli	10	7	0	0	0	0	0	0	0	0	0	0	0
Fulton	3,694	1,353	450	0	0	0	0	0	0	0	0	0	0
Gilmer	9	11	1	0	0	0	0	0	0	0	0	0	0

Glascc	0	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	0	0	0	0	0	0	0	0	0	0	0	0	0
Gordo	11	8	1	0	0	0	0	0	0	0	0	0	0
Grady	3	0	0	0	0	0	0	0	0	0	0	0	0
Green	0	4	0	0	0	0	0	0	0	0	0	0	0
Gwinn	4,103	1,800	688	0	0	0	0	0	0	0	0	0	0
Haber:	12	12	1	0	0	0	0	0	0	0	0	0	0
Hall	192	126	25	0	0	0	0	0	0	0	0	0	0
Hanco	1	1	0	0	0	0	0	0	0	0	0	0	0
Harals	1	4	0	0	0	0	0	0	0	0	0	0	0
Harris	2	2	0	0	0	0	0	0	0	0	0	0	0
Hart	10	4	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	38	44	4	0	0	0	0	0	0	0	0	0	0
Houst	15	16	3	0	0	0	0	0	0	0	0	0	0
Irwin	1	0	0	0	0	0	0	0	0	0	0	0	0
Jackso	89	94	18	0	0	0	0	0	0	0	0	0	0
Jasper	2	0	0	0	0	0	0	0	0	0	0	0	0
Jeff Da	1	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	2	0	0	0	0	0	0	0	0	0	0	0	0
Johnsc	1	0	0	0	0	0	0	0	0	0	0	0	0
Jones	0	2	0	0	0	0	0	0	0	0	0	0	0
Lamar	1	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Lee	2	2	0	0	0	0	0	0	0	0	0	0	0
Liberty	0	1	0	0	0	0	0	0	0	0	0	0	0
Lincoli	2	1	0	0	0	0	0	0	0	0	0	0	0
Long	0	2	0	0	0	0	0	0	0	0	0	0	0
Lownc	0	2	0	0	0	0	0	0	0	0	0	0	0
Lumpk	12	12	0	0	0	0	0	0	0	0	0	0	0

Macor	1	0	0	0	0	0	0	0	0	0	0	0	0
Madis	0	2	0	0	0	0	0	0	0	0	0	0	0
Mario	0	0	0	0	0	0	0	0	0	0	0	0	0
McDu	0	0	0	0	0	0	0	0	0	0	0	0	0
McInt	0	1	0	0	0	0	0	0	0	0	0	0	0
Meriw	1	1	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	2	1	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	3	4	0	0	0	0	0	0	0	0	0	0	0
Murra	4	0	0	0	0	0	0	0	0	0	0	0	0
Muscc	9	11	0	0	0	0	0	0	0	0	0	0	0
Newtc	16	19	5	0	0	0	0	0	0	0	0	0	0
North	24	12	0	0	0	0	0	0	0	0	0	0	0
Ocone	4	2	0	0	0	0	0	0	0	0	0	0	0
Other	114	29	2	0	0	0	0	0	0	0	0	0	0
Ogleth	0	1	0	0	0	0	0	0	0	0	0	0	0
Pauldi	13	16	2	0	0	0	0	0	0	0	0	0	0
Peach	4	2	0	0	0	0	0	0	0	0	0	0	0
Picken	24	9	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	2	0	0	0	0	0	0	0	0	0	0	0	0
Polk	4	2	0	0	0	0	0	0	0	0	0	0	0
Pulask	2	3	0	0	0	0	0	0	0	0	0	0	0
Putnar	2	6	0	0	0	0	0	0	0	0	0	0	0
Quitm	2	1	0	0	0	0	0	0	0	0	0	0	0
Rabun	9	0	0	0	0	0	0	0	0	0	0	0	0
Rando	5	0	0	0	0	0	0	0	0	0	0	0	0
Richm	0	2	1	0	0	0	0	0	0	0	0	0	0
Rockd	23	16	1	0	0	0	0	0	0	0	0	0	0
Schley	1	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	6	7	0	0	0	0	0	0	0	0	0	0	0
South	25	22	0	0	0	0	0	0	0	0	0	0	0
Stephe	7	5	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
Tenne	20	20	0	0	0	0	0	0	0	0	0	0	0
Talbot	2	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	1	1	0	0	0	0	0	0	0	0	0	0	0
Telfair	0	3	0	0	0	0	0	0	0	0	0	0	0
Terrell	0	0	0	0	0	0	0	0	0	0	0	0	0
Thoma	0	1	0	0	0	0	0	0	0	0	0	0	0
Tift	0	4	0	0	0	0	0	0	0	0	0	0	0
Toomb	0	1	0	0	0	0	0	0	0	0	0	0	0
Towns	21	4	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	13	2	4	0	0	0	0	0	0	0	0	0	0
Turner	1	2	0	0	0	0	0	0	0	0	0	0	0
Twigg	0	0	0	0	0	0	0	0	0	0	0	0	0
Union	7	6	0	0	0	0	0	0	0	0	0	0	0
Upson	2	3	0	0	0	0	0	0	0	0	0	0	0
Walker	1	2	0	0	0	0	0	0	0	0	0	0	0
Walton	73	85	13	0	0	0	0	0	0	0	0	0	0
Ware	0	0	0	0	0	0	0	0	0	0	0	0	0
Warren	0	0	0	0	0	0	0	0	0	0	0	0	0
Washi	0	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	12	6	1	0	0	0	0	0	0	0	0	0	0
Whitfi	5	1	1	0	0	0	0	0	0	0	0	0	0
Wilcox	5	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilkin	2	0	0	0	0	0	0	0	0	0	0	0	0
Worth	1	1	0	0	0	0	0	0	0	0	0	0	0
Totals	**10,739**	**5,313**	**1,565**	**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	10	10
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	10	10

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	1,780	5,313	7,093
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	1,780	5,313	7,093

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	1,780	5,313	7,093
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	1,780	5,313	7,093

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	739
Black/African American	1,100
Hispanic/Latino	532
Pacific Islander/Hawaiian	8
White	2,819
Multi-Racial	104
Total	5,313

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	9
Ages 15-64	3,547
Ages 65-74	1,140
Ages 75-85	554
Ages 85 and Up	63
Total	5,313

3. Gender

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

Gender	Number of Ambulatory Patients
Male	1,958
Female	3,355
Total	5,313

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	1,638
Medicaid	119
Third-Party	3,304
Self-Pay	252
Total	5,313

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:

2

Number of Birthing Rooms:

0

Number of LDR Rooms:

12

Number of LDRP Rooms:

0

Number of Cesarean Sections:

597

Total Live Births:

1,575

Total Live Births (Live and Late Fetal Deaths):

1,579

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

1,587

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)	13	1,420	2,926	25
Specialty Care (Intermediate Neonatal Care)	6	9	20	0
Subspecialty Care (Intensive Neonatal Care)	8	141	2,327	17
Total	27	1,570	5,273	42

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

1. Race/Ethnicity

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

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	1	10
Asian	577	1,656
Black/African American	302	885
Hispanic/Latino	289	731
Pacific Islander/Hawaiian	0	0
White	377	951
Multi-Racial	19	52
Total	1,565	4,285

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	1,555	4,249
Ages 45 and Up	10	36
Total	1,565	4,285

3. Average Charge for an Uncomplicated Delivery

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

15,912

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

30,631

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
Mandarin	0	0	0	0
Korean	0	0	0	0

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

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:

Some in Spanish

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?

CPACS Cosmo Health Center, 6185 Buford Highway, Building G, Norcross, GA 30071; Grady Primary Care, North Fulton Health Center, 7741 Roswell Road, Sandy

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
Aamir,Wishah	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Abay,Mulu Hadera	6325 Hospital Pkwy,	42 months	Georgia	No	7/25/2022
Abebe,Atitegeb Hizk	6325 Hospital Pkwy,	26 months	Georgia	No	10/29/2023
Adelman,Stefanie Jo	6325 Hospital Pkwy,	8 months	Georgia	No	5/5/2025
Akande,Olalekan Mc	6325 Hospital Pkwy,	2 months	Georgia	No	11/9/2025
Akanmu,Serifat Abic	6325 Hospital Pkwy,	17 months	Georgia	No	8/19/2024
Alexis,Kashy Gislaine	6325 Hospital Pkwy,	2 months	Georgia	No	10/20/2025
Alford,Rikita Lis	6325 Hospital Pkwy,	23 months	Georgia	No	2/19/2024
Allen,John David	6325 Hospital Pkwy,	20 months	Georgia	No	5/6/2024
Allen,Samellia Jean	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Allen,Trevon Bautista	6325 Hospital Pkwy,	15 months	Georgia	No	9/29/2024
Alvarado,Karen Jasm	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Amedi,Renass Najee	6325 Hospital Pkwy,	6 months	Georgia	No	7/7/2025
Anani,Brenda	6325 Hospital Pkwy,	47 months	Georgia	No	2/20/2022
Anderson,Kylie Nico	6325 Hospital Pkwy,	22 months	Georgia	No	3/3/2024
Anderson,Paula Mich	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Ang-Kuwamura,Step	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Aquino,Maria Irene	6325 Hospital Pkwy,	20 months	Georgia	No	4/28/2024
Baker,Madisen Elizab	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Banks,Chastidy Marc	6325 Hospital Pkwy,	1 month	Georgia	No	11/24/2025
Baptiste,Marie Lourc	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Barnes,Jaydan Micha	6325 Hospital Pkwy,	3 months	Georgia	No	9/28/2025
Barranco,Charity Nic	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Basto,Fiona	6325 Hospital Pkwy,	8 months	Georgia	No	4/27/2025
Beckford,Winsome V	6325 Hospital Pkwy,	2 months	Georgia	No	11/9/2025
Bell,Tajiyana Paige	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025
Bellamy,Kebia Nakia	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Bellegarde,Samuel	6325 Hospital Pkwy,	1 month	Georgia	No	11/23/2025
Bello,Waheed O.	6325 Hospital Pkwy,	1 month	Georgia	No	11/23/2025
Bermudez,Kaylee Ya	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Berrios,Brittany Bian	6325 Hospital Pkwy,	40 months	Georgia	No	9/19/2022
Billingsley,Brittany D	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Bishop,Maria Yasseli	6325 Hospital Pkwy,	34 months	Georgia	No	3/5/2023
Blair,Karen Margaret	6325 Hospital Pkwy,	15 months	Georgia	No	9/23/2024
Blue,Angela	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Branch,Makayla Jana	6325 Hospital Pkwy,	5 months	Georgia	No	7/21/2025
Bravo,Lorena Catalar	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Brenner,Kathy Elaine	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Brimmage,Kathryn L	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Brown,Gevari Denna	6325 Hospital Pkwy,	2 months	Georgia	No	11/9/2025
Bullock,Cheryl	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Caldwell,Justin Tyler	6325 Hospital Pkwy,	28 months	Georgia	No	9/17/2023
Campbell,Beonica Sh	6325 Hospital Pkwy,	2 months	Georgia	No	10/26/2025
Campbell-Taffe,Simo	6325 Hospital Pkwy,	7 months	Georgia	No	6/8/2025
Carnegie,Faith-Ann I	6325 Hospital Pkwy,	4 months	Georgia	No	8/31/2025
Carwise,Cedric Real	6325 Hospital Pkwy,	8 months	Georgia	No	5/11/2025
Catalano,Amanda M	6325 Hospital Pkwy,	9 months	Georgia	No	4/7/2025
Chadha,Aarti	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Chawala,Nidhi Karan	6325 Hospital Pkwy,	53 months	Georgia	No	8/22/2021
Cho,Hyun M	6325 Hospital Pkwy,	42 months	Georgia	No	7/24/2022
Christiano,Madelyn I	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Chu,Nikki Frances	6325 Hospital Pkwy,	34 months	Georgia	No	3/27/2023
Chuai,Jing	6325 Hospital Pkwy,	3 months	Georgia	No	9/28/2025
Concepcion,Lailanie	6325 Hospital Pkwy,	3 months	Georgia	No	10/12/2025
Cooks,Roneika	6325 Hospital Pkwy,	18 months	Georgia	No	7/21/2024
Crawford,Malayia La	6325 Hospital Pkwy,	8 months	Georgia	No	4/28/2025
Creech,Mackenzie K	6325 Hospital Pkwy,	5 months	Georgia	No	8/11/2025
Cromartie,James Ter	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Crumedy,Meoshi Yv	6325 Hospital Pkwy,	15 months	Georgia	No	10/21/2024
Cummings,JoAnne T	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Cunningham,Ayanna	6325 Hospital Pkwy,	20 months	Georgia	No	4/28/2024
Daraba,Haidie Liza	6325 Hospital Pkwy,	11 months	Georgia	No	2/3/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Davis,Savannah Crev	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Davis,Venecia Theres	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
De Souza,Matthew F	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Dees,Eliza Renee	6325 Hospital Pkwy,	6 months	Georgia	No	7/7/2025
Deese,Lauren Nicole	6325 Hospital Pkwy,	4 months	Georgia	No	8/31/2025
Delbeau-Charles,Bria	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Delibero,Brenda Mai	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Deng,Fan	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Destacamento,Melai	6325 Hospital Pkwy,	29 months	Georgia	No	7/31/2023
Dhakal,Prekchhya	6325 Hospital Pkwy,	40 months	Georgia	No	9/4/2022
Dickens,Genesis C	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Dodda,Darby Jean	6325 Hospital Pkwy,	16 months	Georgia	No	9/16/2024
Eapen,Silby B	6325 Hospital Pkwy,	20 months	Georgia	No	4/28/2024
Eglantin,Winifred	6325 Hospital Pkwy,	23 months	Georgia	No	2/18/2024
Ekwalla Moungang,F	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Empoliti,Sophia Grac	6325 Hospital Pkwy,	3 months	Georgia	No	10/12/2025
Feiler,Katherine	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Ferdy,Ferdy	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Fernandez,Alixa Nata	6325 Hospital Pkwy,	23 months	Georgia	No	2/4/2024
Flemming,Stephanie	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Fobi,Denora	6325 Hospital Pkwy,	55 months	Georgia	No	6/14/2021
Forbes,Erin Blair	6325 Hospital Pkwy,	13 months	Georgia	No	11/24/2024
Fordyce,Britni Hunte	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Fordyce,Jason	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Forier,Kathryn Franc	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Foster,Janna Kent	6325 Hospital Pkwy,	53 months	Georgia	No	9/5/2021
Fosu,Mabel Asare	6325 Hospital Pkwy,	16 months	Georgia	No	9/15/2024
Fruche,Leslie Obima	6325 Hospital Pkwy,	21 months	Georgia	No	3/31/2024
Gardner,Natalie Dor	6325 Hospital Pkwy,	2 months	Georgia	No	11/9/2025
Geer,Amanda Lynn	6325 Hospital Pkwy,	7 months	Georgia	No	6/8/2025
Germann,Heidi Marg	6325 Hospital Pkwy,	8 months	Georgia	No	4/27/2025
Ghimire Devkota,Ras	6325 Hospital Pkwy,	19 months	Georgia	No	5/28/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Gidley,Katharine Jay	6325 Hospital Pkwy,	10 months	Georgia	No	3/2/2025
Gilreath,Amanda Ch	6325 Hospital Pkwy,	12 months	Georgia	No	1/6/2025
Gilreath,Lauren Nico	6325 Hospital Pkwy,	2 months	Georgia	No	11/9/2025
Godfree,Estera Marc	6325 Hospital Pkwy,	4 months	Georgia	No	8/31/2025
Gonyea,Keith James	6325 Hospital Pkwy,	2 months	Georgia	No	10/26/2025
Gonzalez,Kim Dawsc	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Gorobets,Zhanna	6325 Hospital Pkwy,	2 months	Georgia	No	11/3/2025
Gray,Paige Kathryn	6325 Hospital Pkwy,	28 months	Georgia	No	9/3/2023
Gwak,Suin	6325 Hospital Pkwy,	31 months	Georgia	No	6/11/2023
Hadi,Chelsea	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025
Hampton,Lisa C	6325 Hospital Pkwy,	1 month	Georgia	No	11/24/2025
Hampton,Tiffany Mc	6325 Hospital Pkwy,	4 months	Georgia	No	8/31/2025
Han,Grace	6325 Hospital Pkwy,	8 months	Georgia	No	5/12/2025
Hanson,Heidi Leigh	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Harper,Mildred	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Harris,Ashlee Nicole	6325 Hospital Pkwy,	7 months	Georgia	No	6/16/2025
Haynes,Kimberly Mil	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Hays,Sydney Ashbro	6325 Hospital Pkwy,	5 months	Georgia	No	8/18/2025
Hazard,Noel Amber	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025
Hendricks,Asya Lena	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Hinson,Brenda	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Huayhua Moya,Mela	6325 Hospital Pkwy,	19 months	Georgia	No	6/9/2024
Huayhua,Sadie Sue	6325 Hospital Pkwy,	26 months	Georgia	No	11/12/2023
Huda,Shahnaz Merc	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Hudson,Holli Hendri	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Huisman,Allison Lyn	6325 Hospital Pkwy,	39 months	Georgia	No	10/30/2022
Hunt,Victoria N	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Hyman,Joy Marie	6325 Hospital Pkwy,	8 months	Georgia	No	5/19/2025
Im,Sunok	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Jean Gilles,Orldine	6325 Hospital Pkwy,	38 months	Georgia	No	11/13/2022
Jeon,Yunmi K	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Joachim,Lynda	6325 Hospital Pkwy,	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
Johns,Sybill Chioma	6325 Hospital Pkwy,	11 months	Georgia	No	1/27/2025
Johnson,Jessica Ann	6325 Hospital Pkwy,	14 months	Georgia	No	10/27/2024
Johnson,Krystle Ann	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Johnson,Lisa Moniqu	6325 Hospital Pkwy,	14 months	Georgia	No	11/10/2024
Joiner,Vernecia M	6325 Hospital Pkwy,	7 months	Georgia	No	6/2/2025
Jordan,Amber Lee	6325 Hospital Pkwy,	23 months	Georgia	No	2/5/2024
Jorkor,Patricia Lae	6325 Hospital Pkwy,	13 months	Georgia	No	11/24/2024
Kelley,Darci Marie	6325 Hospital Pkwy,	42 months	Georgia	No	7/24/2022
Kessler,Teresa Diane	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Khan,Sarah Imran	6325 Hospital Pkwy,	16 months	Georgia	No	9/1/2024
Khatri Bhandari,Sanj	6325 Hospital Pkwy,	15 months	Georgia	No	9/29/2024
Kim,Aaron Won	6325 Hospital Pkwy,	22 months	Georgia	No	3/11/2024
Kim,Elizabeth	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Kim,Eunjoo	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Kim,Gene	6325 Hospital Pkwy,	5 months	Georgia	No	8/4/2025
Kim,Hyundai	6325 Hospital Pkwy,	6 months	Georgia	No	7/14/2025
Kim,Tiffany	6325 Hospital Pkwy,	1 month	Georgia	No	11/23/2025
Kim,Wookyong	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025
King,Erin	6325 Hospital Pkwy,	36 months	Georgia	No	1/8/2023
Kokorovic,Sena	6325 Hospital Pkwy,	22 months	Georgia	No	3/3/2024
Kwon,Jessica Yunju	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
LaChapelle,Megan T	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Lafontant Julmis,Mo	6325 Hospital Pkwy,	7 months	Georgia	No	6/8/2025
Laurens,Erin Michell	6325 Hospital Pkwy,	3 months	Georgia	No	10/12/2025
Lawyer,Kristen Victo	6325 Hospital Pkwy,	29 months	Georgia	No	8/6/2023
Laymon,Britney Ashl	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Lee,Angela	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025
Lee,Gye Hyun	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Lee,JeeYei	6325 Hospital Pkwy,	26 months	Georgia	No	11/26/2023
Lee,Sarah Jai kyong	6325 Hospital Pkwy,	7 months	Georgia	No	6/8/2025
Lee,Sung Eun	6325 Hospital Pkwy,	42 months	Georgia	No	7/24/2022
Leone,Brendan Thor	6325 Hospital Pkwy,	5 months	Georgia	No	8/18/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Lomboy,Jervin Micha	6325 Hospital Pkwy,	9 months	Georgia	No	4/7/2025
Lopera,Alejandra	6325 Hospital Pkwy,	6 months	Georgia	No	6/22/2025
Lopez Haynes,Ana M	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Lovell Turner,Lynda I	6325 Hospital Pkwy,	19 months	Georgia	No	6/3/2024
Lush,Lauren Elizabet	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Macatuggal,Edselle I	6325 Hospital Pkwy,	6 months	Georgia	No	7/7/2025
Machado,Kimberly S	6325 Hospital Pkwy,	1 month	Georgia	No	11/23/2025
Maknojia,Salma Sha	6325 Hospital Pkwy,	9 months	Georgia	No	3/24/2025
Mallah,Edelynn Felic	6325 Hospital Pkwy,	6 months	Georgia	No	6/23/2025
Mathew,Chiji	6325 Hospital Pkwy,	4 months	Georgia	No	8/25/2025
Matthews,Miranda M	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Maturwe,Dorine Ker	6325 Hospital Pkwy,	6 months	Georgia	No	6/23/2025
Mayo Jr,Tyrone	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
McCallum,Jennifer A	6325 Hospital Pkwy,	23 months	Georgia	No	2/12/2024
McCarragher,Hie Shi	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
McClure,Rebecca Da	6325 Hospital Pkwy,	22 months	Georgia	No	3/17/2024
Meitin,Madelyn Nicc	6325 Hospital Pkwy,	28 months	Georgia	No	9/3/2023
Mensah,Dorcas Aba	6325 Hospital Pkwy,	6 months	Georgia	No	7/14/2025
Michaud,Jean Mary J	6325 Hospital Pkwy,	7 months	Georgia	No	6/9/2025
Midzi,Pamela Tariro	6325 Hospital Pkwy,	4 months	Georgia	No	8/31/2025
Millwee,John Robert	6325 Hospital Pkwy,	4 months	Georgia	No	9/15/2025
Mlano,Barashell Asa	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025
Mlano,Emmanuella A	6325 Hospital Pkwy,	19 months	Georgia	No	5/26/2024
Montgomery,Mauric	6325 Hospital Pkwy,	33 months	Georgia	No	4/24/2023
Moore,Crystal Renay	6325 Hospital Pkwy,	2 months	Georgia	No	11/9/2025
Moozhikuzhiyil Joy,J	6325 Hospital Pkwy,	15 months	Georgia	No	9/29/2024
Morfaw,Ida Akonker	6325 Hospital Pkwy,	16 months	Georgia	No	9/9/2024
Morgan,Elyse S.	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Murni,Murni	6325 Hospital Pkwy,	47 months	Georgia	No	3/7/2022
Murray,Arielle	6325 Hospital Pkwy,	3 months	Georgia	No	9/28/2025
Mutebi,Rose	6325 Hospital Pkwy,	23 months	Georgia	No	2/18/2024
Myrick,Ashley Danae	6325 Hospital Pkwy,	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
Naagbi,Love O	6325 Hospital Pkwy,	4 months	Georgia	No	8/31/2025
Nam,Seung Hee	6325 Hospital Pkwy,	3 months	Georgia	No	10/12/2025
Nayame,Gertrude	6325 Hospital Pkwy,	15 months	Georgia	No	9/29/2024
Necoara,Doinita	6325 Hospital Pkwy,	6 months	Georgia	No	7/6/2025
Nemes,Rares Stefan	6325 Hospital Pkwy,	3 months	Georgia	No	9/29/2025
Neupane,Prasamsha	6325 Hospital Pkwy,	8 months	Georgia	No	5/11/2025
Newton,Lindsay Vini	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Nguyen,Lieu P	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Nguyen,Lyndsey Cac	6325 Hospital Pkwy,	9 months	Georgia	No	3/30/2025
Njonda,Samantha	6325 Hospital Pkwy,	17 months	Georgia	No	8/18/2024

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

Heather Redrick, MHA, BSN

Date

04/15/2026

Title

Chief Operating Officer, Chief Nursing Officer, EJCH

Comments