GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP706

1. Identifcication

Facility Name:

Emory University Hospital

County:

DeKalb

Street Address:

1364 Clifton Road, NE

City:

Atlanta

Zip:

30322

Mailing Address:

1364 Clifton Road, NE

Mailing City:

Atlanta

Mailing Zip:

30322

Medicaid Provider Number:

0000712

Medicare Provider Number:

110010

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)

Emory University

Organization Type

Not For Profit

Effective Date

01/01/1922

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)

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

01/01/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

01/01/1922

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	468	18,158	128,383	24,163	191,485
Intensive Care	153	8,059	82,477	2,055	22,944
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	1	1	14	1	14
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	622	26,218	210,874	26,219	214,443

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	153	8,059	82,477	2,055	22,944
Rehab Totals	1	1	14	1	14

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	27	280
Asian	848	6,191
Black/African American	12,138	102,144
Hispanic/Latino	1,397	10,864
Pacific Islander/Hawaiian	32	268
White	10,815	82,536
Multi-Racial	961	8,591
Total	26,218	210,874

3. Gender

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

Gender	Admissions	Inpatient Days
Male	13,238	110,868
Female	12,980	100,006
Total	26,218	210,874

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	13,246	105,459
Medicaid	1,695	15,557
Peachare	0	0
Third-Party	9,324	74,528
Self-Pay	1,208	9,067
Other	745	6,263
Total	26,218	210,874

5. Discharges to Death

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

797

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	10,979
Average Total Charge for an Inpatient Day	17,997

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

50,422

2. Inpatient Admissions from ER

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

12,502

3. Beds Available

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

44

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	2	1,403
General Beds	42	49,019
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

1,101

6. Non-Emergency Visits

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

666,603

7. Observation Visits/Cases

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

6,785

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

3,691

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

1,901

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	1	1
Billiary Lithotropter	1	1
Kidney Transplants	1	1
Heart Transplants	1	1
Other-Organ/Tissues Transplants	1	1
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	1	1
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	430
Number of Dialysis Treatments	14,016
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	256
Number of Biliary Lithotripter Units	1
Number of Kidney Transplants	604
Number of Heart Transplants	74
Number of Other-Organ/Tissues Treatments	817
Number of Diagnostic X-Ray Procedures	163,911
Number of CTS Units (machines)	11
Number of CTS Procedures	83,844
Number of Diagnostic Radioisotope Procedures	2,679
Number of PET Units (machines)	3
Number of PET Procedures	3,056
Number of Therapeautic Radioisotope Procedures	135
Number of Number of MRI Units	13
Number of Number of MRI Procedures	37,039
Number of Chemotherapy Treatments	4,536
Number of Respiratory Therapy Treatments	410,337
Number of Occupational Therapy Treatments	44,619
Number of Physical Therapy Treatments	69,870
Number of Speech Pathology Patients	3,255
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	52,185
Number of HIV/AIDS Patients	1,452
Number of Ambulance Trips	0
Number of Hospice Patients	433
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	62

Number of Ultrasound/Medical Sonography Procedures	23,478
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)

104

3. Robotic Surgery System

Units

5

Procedures

1,507

Type of Unit(s)

DaVinci Dual Console Xi (4), Da Vinci Ion

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	11	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	1,920	263	30
Licensed Practical Nurses (LPNs)	32	1	0
Pharmacists	127	5	0
Other Health Services Professionals*	1,669	139	35
Administration and Support	151	3	0
All Other Hospital Personnel (not included in above)	874	53	68

2. Filling Vacancies

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

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	61-90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	31-60 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	6
Asian	636
Black/African American	229
Hispanic/Latino	145
Pacific Islander/Hawaiian	0
White	1,183
Multi-Racial	61
Total	2,260

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	33	☐	0	0
Pediatricians	2	☐	0	0
Other Medical Specialties	730	☑	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	61	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	4	☐	0	0
Ophthalmology Surgery	54	☐	0	0
Orthopedic Surgery	38	☐	0	0
Plastic Surgery	12	☐	0	0
General Surgery	85	☐	0	0
Thoracic Surgery	35	☐	0	0
Other Surgical Specialties	108	☑	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	271	☑	0	0
Dermatology	23	☐	0	0
Emergency Medicine	178	☑	0	0
Nuclear Medicine	16	☑	0	0
Pathology	80	☑	0	0
Psychiatry	58	☐	0	0
Radiology	253	☑	0	0
Hospitalists	108	☑	0	0
Radiation Oncology	40	☑	0	0
Cardiovascular Disease	70	☐	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	11
Podiatrists	0
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	1,303

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 G; #4 Emory University Hospital and Emory University Orthopaedics & Spine Hospital share the same medical roster

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
Aamir Pervez	105538
Aaron David Gluth	72553
Aaron David Weiss	75706
Aaron Martrice Anderson	64323
Aaron Trammell	74118
Aarti Sekhar	66064
Aashni Patel	101179
Abayomi Oyeniyi Oyenuga	104624
Abdelrahman Montaser Anter	103769
Abdulrahman Masrani	94681
Abdulwahab Mustafa Ahmed Ewaz	76070
Abesh Niroula	83351
Abhinav Goyal	59648
Abhineet Uppal	93637
Abid Fazal	96261
Abimbola Faloye	69590
Aboude Nowaylati	92452
Achraf Makki	96990
Adam Brett Greenbaum	80063
Adam Christopher Webb	59348
Adam Craig Gordon	94593
Adam David Robertson Rowh	96713
Adam Ezra Goldman-Yassen	85635
Adam Gregory de la Garza	81784
Adam Jackson Mitchell	71825
Adam James Michalak	98778
Adam Matthew Klein	56121

Full Name	License Number
Adam Whittier Bingaman	46738
Adam Shaver	93959
Adeboye Oluwaseyi Osunkoya	59301
Adekemi Ngozi Akano	103015
Adekemi Omosalewa Egunsola	98613
Aderajew Amsalu Taddesse	83410
Adesuwa Ighodaro Akhetuamhen	96797
Adina Lynn Alazraki	42988
Adiseshu V Gundlapalli	84117
Adriana Patricia Hermida	59074
Adrienne G. Van Curen	74792
Adviteeya Narasimhan Dixit	79833
Agena Renee Davenport-Nicholson	67408
Agni Chandora	96989
Ahmad Hameed Al-Hajj	55389
Ahmad Marwan Muneer Nassar	104596
Ahmed Basim Al-Khafaji	96445
Aida D. Risman	95601
Aine Marie Kelly	83236
Aishat Folaranmi Mustapha	(blank)
Ajay Kumar Nooka	63380
Ajay Reddy Kamireddi	80029
Ajay Premkumar	91707
Ajay Tadepalli	78917
Akanksha Mehta	70201
Akhila Mohan Rajaram	92375
Akshay Sharad Bedmutha	100734
Alaina Renate Steck	70437
Albert Losken	46160
Alejandro Humberto Sardi-Freitez	76161
Alejandro Luis Feria	103601
Alejandro Chavarriaga	90031

Full Name	License Number
Aleksander William Krazinski	95969
Alex Jon Sommerfeld	85095
Alexa Marie Robbins	99750
Alexander Abbas Vakili	100367
Alexander D. Truong	66094
Alexander David Kosiak	105522
Alexander Diaz Bode	99982
Alexander Paul Isakov	49236
Alexander S Prewitt	85847
Alexander Choi	100184
Alexander Papangelou	74272
Alexandra Kay Monroe	86030
Alexandra Maria Tiliakos	63141
Alexandra Marie Arges	85785
Alexandra Michalowski	103497
Alexandrea Hyunjee Kim	105074
Alexey Babak	102432
Alexis Boscak	102072
Alfreda Miller-Coleman	56143
Ali John Zarrabi	76730
Ali Abouzia	109325
Ali Aneizi	104386
Ali Kashkouli	59439
Alice M Chae	103885
Alicia Marie Bonanno	95422
Aline Camargo	93896
Alisa Cherisse Horsford	63242
Alisha Sara Kramer	95558
Alison Folger Ward	83452
Alison Kyung-Hwa Lee	105445
Alison Michelle Gizinski	77744
Aliza Machefsky	86229

Full Name	License Number
Allan Ira Levey	34885
Allen Dale Beck	33525
Allesyn Jamelle Young	93289
Allison J Hyatt	92807
Alton B Farris	62499
Alyson Goodwin	68938
Alyssa Krasinskas	70172
Amalia Alice Jonsson	88504
Amalia Anne Weir Aldredge	84276
Amanda Carroll Mihalik-Wenger	99797
Amanda Kaye Haan	85348
Amanda Lauren Dempsey	74265
Amara Grace Decker	100470
Amara Zulfiqar Fazal	92626
Amelia Ann Langston	44952
Amir Hossein Davarpanahfakhr	77358
Amisha Shirishkumar Mehta	76261
Amit Manohar Saindane	60499
Amit Bhakta	80902
Amit Jethanandani	99966
Amit Prabhakar	78694
Amit Surapaneni	85267
Amita Kulshreshtha	99027
Amol Madan Takalkar	85681
Amy Diane Kuhmichel	DN013687
Amy Josephine Zeidan	82796
Amy Kathleen Hutchinson	36185
Amy Lirong Yan	100347
Amy Xuan Ho	102910
Amy Garvey	99643
Ana Gabriela Antun	64766
Anand B Joshi	84295

Full Name	License Number
Anand D Shah	74096
Anand Sagar Jain	80740
Anant Mandawat	79840
Ananth Vadde	68959
Anastasios Peter Costarides	38716
Andre L Scott	51545
Andre Lavar Holder	71809
Andre Romell Matthews	61291
Andrea Leah Crowell	68497
Andrea Maria Corujo Rodriguez	80564
Andrea Morrison Dabney	66274
Andrea Renee Dillard	70087
Andres Anibal Rodriguez Ruiz	72103
Andres Mauricio Patino	80010
Andres Wei-Chiao Su	83546
Andres Chang	85560
Andrew Butler Scot Muir	52079
Andrew C Smith	103684
Andrew Carl Furman	36158
Andrew D Rhim	104024
Andrew Fredrick Fischer	91523
Andrew Hebb Miller	38873
Andrew Hill Milby	76442
Andrew Isaac Geller	67300
Andrew Jay Patterson	82076
Andrew Lee Smith	35765
Andrew McLeod Pendley	67585
Andrew Michael Hendrick	68026
Andrew Robert Murphy	102766
Andrew Ward Elson	95675
Andrew Lupo	95114
Andrew Yu	95567

Full Name	License Number
Anee Sophia Jackson	96960
Anees Quyyumi	50669
Aneesh Kautilya Mehta	60220
Angel Rodrigo Leon	30129
Angela Suzette Camfield	62104
Anika Backster	67893
Anita Beheruz Sethna	64268
Anita S Deshpande	93161
Anjan Bhattacharyya	87130
Anju Anna Oommen	66386
Ankit Ajay Bhargava	89804
Ankit D Patel	60960
Ankit Agrawal	80283
Ankita Agarwal	86482
Ankita Satpute	102498
Ankita Tirath	99639
Ann Catherine Schwartz	44350
Anna Austin Von	65623
Anna Irene Holbrook	65678
Anna Jade Hartzog	91732
Anna Kathryn Deal	80049
Anna Maria McCrate	80501
Anna Mariah Kirsch	80458
Anna Quay Yaffee	70797
Anna Rebecca Cruz	76807
Anna Valentinovna Trofimova	87940
Anna Woodbury	67188
Anne Elisa Cossu	92183
Anne Elizabeth Gill	73532
Anne L Piantadosi	83776
Anne Marie Lips	95774
Anne Marie McKenzie-Brown	31979

Full Name	License Number
Anne Marie Van Beuningen	88043
Annelys Roque Gardner	88672
Annemarie Cardell	97699
Annette Marie Esper	54776
Annie Massart	70486
Annie Yao	72593
Antasia Giebler	83676
Anthony Brian Law	86538
Anthony M Brausch	(blank)
Anthony Michael Hunter	85106

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
Alaban	519	75	0	0	0	0	0	0	0	0	0	0	0
Applin	14	3	0	0	0	0	0	0	0	0	0	0	0
Atkinsc	9	1	0	0	0	0	0	0	0	0	0	0	0
Bacon	2	0	0	0	0	0	0	0	0	0	0	0	0
Baker	13	0	0	0	0	0	0	0	0	0	0	0	0
Baldwi	87	11	0	0	0	0	0	0	0	0	0	0	0
Banks	23	7	0	0	0	0	0	0	0	0	0	0	0
Barrow	160	42	0	0	0	0	0	0	0	0	0	0	0
Bartow	180	25	0	0	0	0	0	0	0	0	0	0	0
Ben Hil	43	4	0	0	0	0	0	0	0	0	0	0	0
Berrien	36	2	0	0	0	0	0	0	0	0	0	0	0
Bibb	328	71	0	0	0	0	0	0	0	0	0	0	0
Bleckle	31	6	0	0	0	0	0	0	0	0	0	0	0
Brantle	4	1	0	0	0	0	0	0	0	0	0	0	0
Brooks	12	0	0	0	0	0	0	0	0	0	0	0	0
Bryan	10	2	0	0	0	0	0	0	0	0	0	0	0
Bulloch	27	1	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	104	31	0	0	0	0	0	0	0	0	0	0	0
Calhou	12	5	0	0	0	0	0	0	0	0	0	0	0
Camde	3	1	0	0	0	0	0	0	0	0	0	0	0
Candle	2	1	0	0	0	0	0	0	0	0	0	0	0
Carroll	384	82	0	0	0	0	0	0	0	0	0	0	0
Catoos	27	6	0	0	0	0	0	0	0	0	0	0	0
Charltc	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	97	19	0	0	0	0	0	0	0	0	0	0	0
Chattal	20	3	0	0	0	0	0	0	0	0	0	0	0
Chatto	19	2	0	0	0	0	0	0	0	0	0	0	0
Cherok	343	81	0	0	0	0	0	0	0	0	0	0	0
Clarke	101	23	0	0	0	0	0	0	0	0	0	0	0

Clay	2	0	0	0	0	0	0	0	0	0	0	0	0
Claytor	897	188	0	0	0	0	0	0	0	0	0	0	0
Clinch	15	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	969	325	0	0	0	0	0	0	0	0	0	0	0
Coffee	50	10	0	0	0	0	0	0	0	0	0	0	0
Colquit	43	9	0	0	0	0	0	0	0	0	0	0	0
Columl	45	14	0	0	0	0	0	0	0	0	0	0	0
Cook	37	3	0	0	0	0	0	0	0	0	0	0	0
Cowet	239	70	0	0	0	0	0	0	0	0	0	0	0
Crawfo	6	2	0	0	0	0	0	0	0	0	0	0	0
Crisp	32	12	0	0	0	0	0	0	0	0	0	0	0
Dade	3	0	0	0	0	0	0	0	0	0	0	0	0
Dawso	40	15	0	0	0	0	0	0	0	0	0	0	0
Decatu	21	3	0	0	0	0	0	0	0	0	0	0	0
DeKalb	7,530	1,619	0	0	0	0	0	0	0	0	0	0	0
Dodge	37	4	0	0	0	0	0	0	0	0	0	0	0
Dooly	38	4	0	0	0	0	0	0	0	0	0	0	0
Dough	167	38	0	0	0	0	0	0	0	0	0	0	0
Dougl	329	90	0	0	0	0	0	0	0	0	0	0	0
Early	10	1	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
Effingh	26	3	0	0	0	0	0	0	0	0	0	0	0
Elbert	32	5	0	0	0	0	0	0	0	0	0	0	0
Emanu	17	1	0	0	0	0	0	0	0	0	0	0	0
Evans	6	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	30	12	0	0	0	0	0	0	0	0	0	0	0
Fayette	209	82	0	0	0	0	0	0	0	0	0	0	0
Florida	172	28	0	0	0	0	0	0	0	0	0	0	0
Floyd	130	17	0	0	0	0	0	0	0	0	0	0	0
Forsyth	181	61	0	0	0	0	0	0	0	0	0	0	0
Frankli	39	13	0	0	0	0	0	0	0	0	0	0	0
Fulton	3,170	968	0	0	0	0	0	0	0	0	0	0	0

Fulton	5,170	968	0	0	0	0	0	0	0	0	0	0	0
Gilmer	24	3	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	29	2	0	0	0	0	0	0	0	0	0	0	0
Gordor	93	12	0	0	0	0	0	0	0	0	0	0	0
Grady	20	2	0	0	0	0	0	0	0	0	0	0	0
Greene	42	12	0	0	0	0	0	0	0	0	0	0	0
Gwinne	1,993	527	0	0	0	0	0	0	0	0	0	0	0
Habers	63	20	0	0	0	0	0	0	0	0	0	0	0
Hall	279	64	0	0	0	0	0	0	0	0	0	0	0
Hancoc	20	3	0	0	0	0	0	0	0	0	0	0	0
Haralsc	75	17	0	0	0	0	0	0	0	0	0	0	0
Harris	98	17	0	0	0	0	0	0	0	0	0	0	0
Hart	34	6	0	0	0	0	0	0	0	0	0	0	0
Heard	26	4	0	0	0	0	0	0	0	0	0	0	0
Henry	904	253	0	0	0	0	0	0	0	0	0	0	0
Houstc	412	67	0	0	0	0	0	0	0	0	0	0	0
Irwin	17	2	0	0	0	0	0	0	0	0	0	0	0
Jackso	164	58	0	0	0	0	0	0	0	0	0	0	0
Jasper	48	16	0	0	0	0	0	0	0	0	0	0	0
Jeff Da	13	1	0	0	0	0	0	0	0	0	0	0	0
Jefferso	3	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	1	1	0	0	0	0	0	0	0	0	0	0	0
Johnso	11	0	0	0	0	0	0	0	0	0	0	0	0
Jones	17	5	0	0	0	0	0	0	0	0	0	0	0
Lamar	39	15	0	0	0	0	0	0	0	0	0	0	0
Lanier	5	0	0	0	0	0	0	0	0	0	0	0	0
Lauren	59	9	0	0	0	0	0	0	0	0	0	0	0
Lee	38	15	0	0	0	0	0	0	0	0	0	0	0
Liberty	26	0	0	0	0	0	0	0	0	0	0	0	0
Lincoln	0	2	0	0	0	0	0	0	0	0	0	0	0
Long	7	4	0	0	0	0	0	0	0	0	0	0	0

Lownd	91	15	0	0	0	0	0	0	0	0	0	0	0
Lumpk	36	14	0	0	0	0	0	0	0	0	0	0	0
Macon	30	11	0	0	0	0	0	0	0	0	0	0	0
Madisc	17	7	0	0	0	0	0	0	0	0	0	0	0
Marion	19	3	0	0	0	0	0	0	0	0	0	0	0
McDuf	17	3	0	0	0	0	0	0	0	0	0	0	0
McInto	3	1	0	0	0	0	0	0	0	0	0	0	0
Meriwe	51	10	0	0	0	0	0	0	0	0	0	0	0
Miller	7	2	0	0	0	0	0	0	0	0	0	0	0
Mitche	31	9	0	0	0	0	0	0	0	0	0	0	0
Monro	48	15	0	0	0	0	0	0	0	0	0	0	0
Montg	17	7	0	0	0	0	0	0	0	0	0	0	0
Morga	47	10	0	0	0	0	0	0	0	0	0	0	0
Murray	51	3	0	0	0	0	0	0	0	0	0	0	0
Musco	361	65	0	0	0	0	0	0	0	0	0	0	0
Newto	354	63	0	0	0	0	0	0	0	0	0	0	0
North (	143	28	0	0	0	0	0	0	0	0	0	0	0
Oconee	25	20	0	0	0	0	0	0	0	0	0	0	0
Other (	260	44	0	0	0	0	0	0	0	0	0	0	0
Ogleth	11	7	0	0	0	0	0	0	0	0	0	0	0
Pauldir	163	39	0	0	0	0	0	0	0	0	0	0	0
Peach	104	21	0	0	0	0	0	0	0	0	0	0	0
Picken	42	9	0	0	0	0	0	0	0	0	0	0	0
Pierce	2	1	0	0	0	0	0	0	0	0	0	0	0
Pike	60	10	0	0	0	0	0	0	0	0	0	0	0
Polk	78	5	0	0	0	0	0	0	0	0	0	0	0
Pulaski	28	3	0	0	0	0	0	0	0	0	0	0	0
Putnan	44	3	0	0	0	0	0	0	0	0	0	0	0
Quitma	5	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	24	3	0	0	0	0	0	0	0	0	0	0	0
Randol	10	1	0	0	0	0	0	0	0	0	0	0	0

Richmc	94	8	0	0	0	0	0	0	0	0	0	0	0
Rockda	365	83	0	0	0	0	0	0	0	0	0	0	0
Schley	16	1	0	0	0	0	0	0	0	0	0	0	0
Screver	5	3	0	0	0	0	0	0	0	0	0	0	0
Seminc	2	3	0	0	0	0	0	0	0	0	0	0	0
Spaldir	164	52	0	0	0	0	0	0	0	0	0	0	0
South (	174	42	0	0	0	0	0	0	0	0	0	0	0
Stephe	38	14	0	0	0	0	0	0	0	0	0	0	0
Stewar	12	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	58	7	0	0	0	0	0	0	0	0	0	0	0
Tennes	112	20	0	0	0	0	0	0	0	0	0	0	0
Talbot	18	5	0	0	0	0	0	0	0	0	0	0	0
Taliafer	0	1	0	0	0	0	0	0	0	0	0	0	0
Tattnall	19	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	20	6	0	0	0	0	0	0	0	0	0	0	0
Telfair	10	0	0	0	0	0	0	0	0	0	0	0	0
Terrell	25	5	0	0	0	0	0	0	0	0	0	0	0
Thoma	46	8	0	0	0	0	0	0	0	0	0	0	0
Tift	138	9	0	0	0	0	0	0	0	0	0	0	0
Toomb	30	2	0	0	0	0	0	0	0	0	0	0	0
Towns	19	3	0	0	0	0	0	0	0	0	0	0	0
Treutle	7	3	0	0	0	0	0	0	0	0	0	0	0
Troup	126	38	0	0	0	0	0	0	0	0	0	0	0
Turner	27	3	0	0	0	0	0	0	0	0	0	0	0
Twiggs	17	2	0	0	0	0	0	0	0	0	0	0	0
Union	33	6	0	0	0	0	0	0	0	0	0	0	0
Upson	69	11	0	0	0	0	0	0	0	0	0	0	0
Walker	35	8	0	0	0	0	0	0	0	0	0	0	0
Walton	357	83	0	0	0	0	0	0	0	0	0	0	0
Ware	18	0	0	0	0	0	0	0	0	0	0	0	0
Warren	3	0	0	0	0	0	0	0	0	0	0	0	0
Washir	22	5	0	0	0	0	0	0	0	0	0	0	0

Wayne	15	0	0	0	0	0	0	0	0	0	0	0	0
Webste	5	5	0	0	0	0	0	0	0	0	0	0	0
Wheele	8	0	0	0	0	0	0	0	0	0	0	0	0
White	36	12	0	0	0	0	0	0	0	0	0	0	0
Whitfie	117	20	0	0	0	0	0	0	0	0	0	0	0
Wilcox	19	4	0	0	0	0	0	0	0	0	0	0	0
Wilkes	4	1	0	0	0	0	0	0	0	0	0	0	0
Wilkins	23	7	0	0	0	0	0	0	0	0	0	0	0
Worth	39	12	0	0	0	0	0	0	0	0	0	0	0
Totals	**26,218**	**6,164**	**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	33	33
Cystoscopy (OR Suite)	0	0	1	1
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	34	34

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	5,959	5,786	11,745
Cystoscopy	0	0	67	378	445
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	6,026	6,164	12,190

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	5,959	5,786	11,745
Cystoscopy	0	0	67	378	445
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	6,026	6,164	12,190

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	12
Asian	200
Black/African American	2,440
Hispanic/Latino	338
Pacific Islander/Hawaiian	9
White	3,070
Multi-Racial	95
Total	6,164

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	1
Ages 15-64	3,746
Ages 65-74	1,418
Ages 75-85	853
Ages 85 and Up	146
Total	6,164

3. Gender

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

Gender	Number of Ambulatory Patients
Male	2,692
Female	3,472
Total	6,164

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	2,724
Medicaid	330
Third-Party	3,032
Self-Pay	78
Total	6,164

Psychiatric/Substance Abuse Services Addendum

Part A: Psychiatric and Substance Abuse Data by Program

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example,"AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F- Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

Part B: Psychiatric and Substance Abuse Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

Please provide the number of admissions and inpatient days by the following gender classifications

Gender of Patient	Number of Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

Total Psych Admissions from Patient Origin Table
0

3. Payment Source

Please indicate the number of patients by the payment source. Please note that individuals may have multiple payment sources.

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third-Party	0	0
Self-Pay	0	0
PeachCare	0	0

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)

3.0

What languages do they most often interpret?

Spanish

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
Vietnamese	0	0	0	0
Korean	0	0	0	0

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

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?

Grady Walk-In Center, 56 Jesse Hill Jr Dr SE, Atlanta, GA 30303; Good Samaritan Clinic, 1015 Donald Lee Hollowell Pkwy. NW, Atlanta, GA 30318

Comprehensive Inpatient Physical Rehabilitation Addendum

1. Admissions and Days of Care by Race

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	1	14
Multi-Racial	0	0
Total	1	14

2. Admissions and Days of Care by Gender

Please provide the number of admissions and inpatient days by gender

Gender of Patient	Number of Admissions	Inpatient Days
Male	1	14
Female	0	0
Total	1	14

3. Admissions and Days of Care by Age Cohort

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

Age Cohort	Number of Admissions	Inpatient Days
0-17	0	0
18-64	1	14
65-84	0	0
85 Up	0	0
Total	1	14

Part B: Referral Source

1. Referral Source

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

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

Part C: Payers

1. Payers

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

Primary Payment Source	Admissions
Medicare	0
Third-Party/Commercial	0
Self-Pay	1
Other	0
Total	1

2. Uncompensated Indigent and Charity Care

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

1

Part D: Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

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

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

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
Aaron,Courtney An	1364 Clifton Road N	13 months	Georgia	No	12/9/2024
Abdi,Nimo Moham	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Abdulai,Abisola Ayo	1364 Clifton Road N	5 months	Georgia	No	8/11/2025
Abdullahi,Susan An	1364 Clifton Road N	20 months	Georgia	No	4/28/2024
Aboagye,Theresa B	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Abosi,Emma Jane Ir	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Abraham,Raissa Cla	1364 Clifton Road N	19 months	Georgia	No	6/17/2024
Abreha,Yohana Hag	1364 Clifton Road N	8 months	Georgia	No	4/21/2025
Abreu,Briana Alexza	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Acosta,Michael	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Acosta,Philip Peter	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Adams,Asana Chey	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Adams,Lynn Matyje	1364 Clifton Road N	24 months	Georgia	No	1/22/2024
Adegbesan,Elizabet	1364 Clifton Road N	3 months	Georgia	No	10/6/2025
Adkins,Nadia Imari	1364 Clifton Road N	5 months	Georgia	No	8/3/2025
Agbidi,Kwadjovi Se	1364 Clifton Road N	10 months	Georgia	No	3/16/2025
Agosin,Isabella Ferr	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Ahmed,Afsana Priya	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Ahmed,Faiza Jamal	1364 Clifton Road N	42 months	Georgia	No	7/24/2022
Ajayi,Sibusiso Jean	1364 Clifton Road N	3 months	Georgia	No	9/28/2025
Akbas,Sule	1364 Clifton Road N	6 months	Georgia	No	7/7/2025
Akhtar,Dipali	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Akinla,Olufunmilola	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Akinsinmide,Esther	1364 Clifton Road N	4 months	Georgia	No	9/15/2025
Akintoye,Bayonle A	1364 Clifton Road N	39 months	Georgia	No	10/30/2022
Akude,Azyka Sophi	1364 Clifton Road N	15 months	Georgia	No	10/21/2024
Alabi,Eyitayo A	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Alarcon,Jennifer Lea	1364 Clifton Road N	6 months	Georgia	No	7/6/2025
Albert,Nicole Denis	1364 Clifton Road N	33 months	Georgia	No	4/3/2023

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Albritton,Helen See	1364 Clifton Road N	40 months	Georgia	No	9/4/2022
Alexander,Deborrah	1364 Clifton Road N	10 months	Georgia	No	3/2/2025
Alexander,Michelle	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Alford,Koya Na'on	1364 Clifton Road N	39 months	Georgia	No	10/30/2022
Ali,Zakiya Nasreen	1364 Clifton Road N	23 months	Georgia	No	2/5/2024
Alias,Cini	1364 Clifton Road N	4 months	Georgia	No	9/14/2025
Allen,Derek Eugene	1364 Clifton Road N	4 months	Georgia	No	9/14/2025
Allen,Racquel Celes	1364 Clifton Road N	10 months	Georgia	No	3/10/2025
Allen,Victoria Elaine	1364 Clifton Road N	2 months	Georgia	No	10/20/2025
Allison,Wanda S	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Alves,Shianne Niche	1364 Clifton Road N	4 months	Georgia	No	8/25/2025
Amartey,Victoria Ar	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Amon,Gabriella Luc	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Amsterdam,Chere L	1364 Clifton Road N	13 months	Georgia	No	12/2/2024
Anda,William Weyc	1364 Clifton Road N	9 months	Georgia	No	3/31/2025
Anderson,Benjamin	1364 Clifton Road N	3 months	Georgia	No	9/22/2025
Anderson,Diamond	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Anderson,Hollie	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Anderson,Howard C	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Anderson,Melissa R	1364 Clifton Road N	42 months	Georgia	No	7/24/2022
Anderson,Shikeyla I	1364 Clifton Road N	3 months	Georgia	No	9/28/2025
Anderson,Tia Monic	1364 Clifton Road N	5 months	Georgia	No	7/28/2025
Andrews,Jancy	1364 Clifton Road N	30 months	Georgia	No	7/10/2023
Andrews,Kayla Nicc	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Andrews,Taylor Mor	1364 Clifton Road N	3 months	Georgia	No	10/12/2025
Ankomah,Victoria C	1364 Clifton Road N	3 months	Georgia	No	10/12/2025
Anzeumafack,Naom	1364 Clifton Road N	17 months	Georgia	No	8/4/2024
Arefin,Shereena Lak	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Armada,Mary Joy S	1364 Clifton Road N	5 months	Georgia	No	7/21/2025
Armand,Julia	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Armstrong,Jordan M	1364 Clifton Road N	4 months	Georgia	No	8/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Arnold,Anique	1364 Clifton Road N	7 months	Georgia	No	6/8/2025
Arnold,Tanesheia Si	1364 Clifton Road N	5 months	Georgia	No	7/28/2025
Ash,Atriphinique Ap	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Asis,Alyssa Nicole	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Askins,Tamalyn Jane	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Assam,Logan Tyler	1364 Clifton Road N	28 months	Georgia	No	9/3/2023
Assefa,Alem Messel	1364 Clifton Road N	6 months	Georgia	No	7/7/2025
Athanassiades,Kath	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Atkinson,Quovonne	1364 Clifton Road N	42 months	Georgia	No	7/24/2022
Aurelus,Maureen M	1364 Clifton Road N	6 months	Georgia	No	7/6/2025
Austin,Julia Otto	1364 Clifton Road N	5 months	Georgia	No	8/4/2025
Austin,Sheila	1364 Clifton Road N	20 months	Georgia	No	4/28/2024
Ayala,Destiny Salcid	1364 Clifton Road N	17 months	Georgia	No	8/4/2024
Ayers,Jennifer L	1364 Clifton Road N	50 months	Georgia	No	12/6/2021
Babatunde,Aishat O	1364 Clifton Road N	26 months	Georgia	No	11/26/2023
Badgett,Michelle M	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Bah,Aminata	1364 Clifton Road N	14 months	Georgia	No	10/27/2024
Bah,Boubacar	1364 Clifton Road N	6 months	Georgia	No	7/6/2025
Baker,Brandy Nicole	1364 Clifton Road N	2 months	Georgia	No	10/26/2025
Bakhiet,Omer Mukh	1364 Clifton Road N	7 months	Georgia	No	6/8/2025
Bamidele,Adebanke	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Bananao,Vernaliza K	1364 Clifton Road N	1 month	Georgia	No	11/17/2025
Banjoh,Modupe Olu	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Banks,Courtney Jad	1364 Clifton Road N	16 months	Georgia	No	9/16/2024
Barber,Christopher	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Barikos,Krista Leigh	1364 Clifton Road N	8 months	Georgia	No	4/21/2025
Barker,Adam M.	1364 Clifton Road N	19 months	Georgia	No	6/24/2024
Barnes,DiAsia Ange	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Barnett,Lindsey Nic	1364 Clifton Road N	37 months	Georgia	No	12/5/2022
Barocas,Sophie Gra	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Baron,Eric Mitchel	1364 Clifton Road N	5 months	Georgia	No	8/3/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Barrett,Justina Lyne	1364 Clifton Road N	15 months	Georgia	No	9/29/2024
Barrett,Lisa Michelle	1364 Clifton Road N	11 months	Georgia	No	2/2/2025
Barrett,Turpin W.	1364 Clifton Road N	49 months	Georgia	No	1/3/2022
Barry,Sean	1364 Clifton Road N	3 months	Georgia	No	10/12/2025
Bass,Jesse Troy	1364 Clifton Road N	29 months	Georgia	No	8/14/2023
Bather,Dionne Rose	1364 Clifton Road N	14 months	Georgia	No	10/27/2024
Beatty,Elizabeth Nic	1364 Clifton Road N	8 months	Georgia	No	4/27/2025
Beauchamp,Samant	1364 Clifton Road N	8 months	Georgia	No	4/27/2025
Belizaire,Sheika	1364 Clifton Road N	5 months	Georgia	No	8/3/2025
Bell,Niesha	1364 Clifton Road N	18 months	Georgia	No	7/7/2024
Bellon,Rebekah Lea	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Bennett,Monique A	1364 Clifton Road N	23 months	Georgia	No	2/12/2024
Bergeaud,Laeticia J	1364 Clifton Road N	15 months	Georgia	No	10/13/2024
Bernard,Steevensor	1364 Clifton Road N	5 months	Georgia	No	7/28/2025
Bernardin,Livenie D	1364 Clifton Road N	14 months	Georgia	No	10/28/2024
Berrocal,Jasmine D	1364 Clifton Road N	20 months	Georgia	No	5/6/2024
Berry,Kayla Nikole	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Bibbo,Yuliya Bolesla	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Biggs-Cassidy,Danie	1364 Clifton Road N	5 months	Georgia	No	7/28/2025
Binger,Olivia Lavon	1364 Clifton Road N	8 months	Georgia	No	5/11/2025
Birara,Meseret Abte	1364 Clifton Road N	3 months	Georgia	No	10/12/2025
Black,Kendra Marcia	1364 Clifton Road N	3 months	Georgia	No	9/28/2025
Blake,Jennifer Marie	1364 Clifton Road N	27 months	Georgia	No	10/16/2023
Blakemore,Jesse Gu	1364 Clifton Road N	26 months	Georgia	No	11/6/2023
Blanco,Kayla Janiva	1364 Clifton Road N	5 months	Georgia	No	8/3/2025
Blanding,Germira Ta	1364 Clifton Road N	15 months	Georgia	No	9/29/2024
Blessitt,Ashley Deni	1364 Clifton Road N	24 months	Georgia	No	1/8/2024
Bogale,Meklit Amde	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Bohannon,Jennifer	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Bohrer,Isaac James	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Boland,Kimberly Ga	1364 Clifton Road N	5 months	Georgia	No	8/3/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Bolden,Kendalyn Ar	1364 Clifton Road N	16 months	Georgia	No	9/9/2024
Bonhomme,Ashley	1364 Clifton Road N	12 months	Georgia	No	1/5/2025
Boone,Brooke Denr	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Borders,Summer Ra	1364 Clifton Road N	1 month	Georgia	No	11/23/2025
Boswell,Davis Bracy	1364 Clifton Road N	6 months	Georgia	No	7/6/2025
Boucard,Betsy Carr	1364 Clifton Road N	5 months	Georgia	No	8/17/2025
Bourgeois,John And	1364 Clifton Road N	22 months	Georgia	No	3/17/2024
Bowen,Virginia A.	1364 Clifton Road N	39 months	Georgia	No	10/30/2022
Bowers,Kendra Ren	1364 Clifton Road N	7 months	Georgia	No	6/8/2025
Bowers,Natalia	1364 Clifton Road N	15 months	Georgia	No	10/18/2024
Boyd,Thai Alexandr	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Boynton,Alliyah Nic	1364 Clifton Road N	38 months	Georgia	No	11/13/2022
Bradley,Alexandria	1364 Clifton Road N	11 months	Georgia	No	2/16/2025
Braxton,Anna Marie	1364 Clifton Road N	8 months	Georgia	No	5/12/2025
Bridger,Naomi	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Bridgers,Isabella Ro	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Britton,Anna Claire	1364 Clifton Road N	2 months	Georgia	No	10/20/2025
Brooks,Lily Caroline	1364 Clifton Road N	20 months	Georgia	No	4/28/2024
Brown,Angela Yvett	1364 Clifton Road N	20 months	Georgia	No	5/12/2024
Brown,Derek C	1364 Clifton Road N	5 months	Georgia	No	8/3/2025
Brown,Jaleesa Ta-Ju	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Brown,JaQueda N	1364 Clifton Road N	5 months	Georgia	No	8/17/2025
Brown,Kenesha Tam	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Brown,Kenijah	1364 Clifton Road N	7 months	Georgia	No	5/27/2025
Brown,Kevonna Dor	1364 Clifton Road N	21 months	Georgia	No	3/31/2024
Brown,Kylie Frances	1364 Clifton Road N	5 months	Georgia	No	8/18/2025
Brown,Myeshia Sha	1364 Clifton Road N	8 months	Georgia	No	5/19/2025
Brown,Sanaija Tyne	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Brown,Shannon	1364 Clifton Road N	2 months	Georgia	No	11/9/2025
Brown,Sierra Danae	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Brown,Terica Bianca	1364 Clifton Road N	5 months	Georgia	No	8/4/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Browning,Jordan Al	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Brown-Walters,Nicc	1364 Clifton Road N	15 months	Georgia	No	9/23/2024
Bryan,Justin Edward	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Bryan,Marcus Dway	1364 Clifton Road N	1 month	Georgia	No	11/17/2025
Bryant,Daija Vashaw	1364 Clifton Road N	5 months	Georgia	No	7/28/2025
Buchanan,Lauren M	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Buchanan,Tushana	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Buffa,Kylie Ashlyn	1364 Clifton Road N	3 months	Georgia	No	10/12/2025
Burke,Lauren Nicole	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Burke,Tasharia Adio	1364 Clifton Road N	14 months	Georgia	No	10/27/2024
Burkes,Tameka D	1364 Clifton Road N	41 months	Georgia	No	8/21/2022
Burnett,Niaressia La	1364 Clifton Road N	3 months	Georgia	No	9/28/2025
Burney,Jaila Alexis	1364 Clifton Road N	28 months	Georgia	No	9/3/2023
Burton,Morgan Eliz	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Burtton,Tonecesa C	1364 Clifton Road N	114 months	Georgia	No	8/15/2016
Bussenius,Abrielle V	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Butts,Antoinette Jill	1364 Clifton Road N	6 months	Georgia	No	6/22/2025
Cacayorin,Jeremy R	1364 Clifton Road N	6 months	Georgia	No	7/7/2025
Cain,Mary Margaret	1364 Clifton Road N	16 months	Georgia	No	9/1/2024
Calloway,Janelle	1364 Clifton Road N	42 months	Georgia	No	7/18/2022
Callwood,Lorraine L	1364 Clifton Road N	22 months	Georgia	No	3/3/2024
Cameus,Eline	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Campbell,Allison Le	1364 Clifton Road N	5 months	Georgia	No	8/18/2025
Campbell,LaWanda	1364 Clifton Road N	20 months	Georgia	No	4/28/2024
Camposano,Christo	1364 Clifton Road N	25 months	Georgia	No	12/18/2023
Camp-Woods III,Jar	1364 Clifton Road N	3 months	Georgia	No	10/6/2025
Cannon,Sakelya Na	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Cantave,Kathleen	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Carballido,Blanca P	1364 Clifton Road N	36 months	Georgia	No	1/9/2023
Cariaga,Sarah Galla	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Carr,Raymond Dalt	1364 Clifton Road N	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
Carroll,Claudia Eliza	1364 Clifton Road N	5 months	Georgia	No	7/21/2025
Carson,Erin Brynn	1364 Clifton Road N	3 months	Georgia	No	9/22/2025
Carson,Morgan Ros	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Carswell Kelly,Natas	1364 Clifton Road N	4 months	Georgia	No	8/31/2025
Carter,Patrisha Jene	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Carter-Jasper,Stacy	1364 Clifton Road N	15 months	Georgia	No	9/29/2024
Case,Megan Lynn	1364 Clifton Road N	78 months	Georgia	No	8/11/2019
Case,Robert J	1364 Clifton Road N	3 months	Georgia	No	9/28/2025
Casey,Sarah Grace	1364 Clifton Road N	71 months	Georgia	No	3/8/2020
Cassagnol,Cheneal	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Cesare,Laurah Irmin	1364 Clifton Road N	20 months	Georgia	No	5/6/2024
Chambliss,Sydney N	1364 Clifton Road N	5 months	Georgia	No	8/3/2025
Chapman,James An	1364 Clifton Road N	45 months	Georgia	No	4/17/2022
Charley,Evelyn Jee Y	1364 Clifton Road N	9 months	Georgia	No	3/30/2025
Chastney,Erin Elizab	1364 Clifton Road N	64 months	Georgia	No	10/4/2020
Chellani,Bhageshree	1364 Clifton Road N	9 months	Georgia	No	3/30/2025

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

Angel Leon, MD

Date

04/01/2026

Title

Chief Operating Officer, EUH

Comments