GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP720

1. Identifcication

Facility Name:

Emory Decatur Hospital

County:

DeKalb

Street Address:

2701 North Decatur Road

City:

Decatur

Zip:

30033

Mailing Address:

2701 North Decatur Road

Mailing City:

Decatur

Mailing Zip:

30033

Medicaid Provider Number:

0000536

Medicare Provider Number:

110076

3. Report Period

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

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

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

Part B: Survey Contact Information

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

Contact Name:

Patty Pharo

Contact Title:

Senior Financial Accounting Analyst

Phone:

404-544-9702

Fax:

404-727-2606

Email:

patty.pharo@emoryhealthcare.org

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)

DeKalb County Hospital Authority

Organization Type

Not For Profit

Effective Date

08/09/1991

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

DeKalb Medical Center, Inc.

Organization Type

Not For Profit

Effective Date

03/23/1992

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

09/01/2018

E. Management Contractor

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

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

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

3.

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

Name

Emory Healthcare

City

Atlanta

State

GA

4.

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

Name

City

State

5.

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

Name

City

State

6.

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

Name

Vizient

City

Irving

State

TX

7.

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

Name

Emory Healthcare

City

Atlanta

State

GA

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☑

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	62	3,407	10,650	3,792	11,299
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	240	11,681	64,531	13,256	72,876
Intensive Care	32	2,714	15,620	670	4,317
Psychiatry	32	941	7,538	936	7,699
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	30	633	8,656	642	8,884
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	396	19,376	106,995	19,296	105,075

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	32	2,714	15,620	670	4,317
Rehab Totals	30	633	8,656	642	8,884

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	33	173
Asian	874	3,788
Black/African American	12,464	70,958
Hispanic/Latino	889	3,986
Pacific Islander/Hawaiian	25	89
White	4,374	23,840
Multi-Racial	717	4,161
Total	19,376	106,995

3. Gender

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

Gender	Admissions	Inpatient Days
Male	7,476	47,028
Female	11,900	59,967
Total	19,376	106,995

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	8,206	54,592
Medicaid	2,135	11,143
Peachare	0	0
Third-Party	7,401	33,444
Self-Pay	1,326	5,846
Other	308	1,970
Total	19,376	106,995

5. Discharges to Death

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

392

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	10,383
Average Total Charge for an Inpatient Day	9,212

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

76,578

2. Inpatient Admissions from ER

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

11,739

3. Beds Available

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

31

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	5	3,931
General Beds	26	72,647
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

2,011

6. Non-Emergency Visits

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

147,933

7. Observation Visits/Cases

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

7,738

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

1,011

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

3,200

Part F: Services and Facilities

1a. Services and Facilities

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

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

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

Services/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	1	1
ESWL	3	4
Billiary Lithotropter	2	1
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	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	1	1
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	2
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	871
Number of Dialysis Treatments	5,315
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	288
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	69,716
Number of CTS Units (machines)	5
Number of CTS Procedures	48,912
Number of Diagnostic Radioisotope Procedures	1,295
Number of PET Units (machines)	1
Number of PET Procedures	586
Number of Therapeautic Radioisotope Procedures	76
Number of Number of MRI Units	3
Number of Number of MRI Procedures	10,926
Number of Chemotherapy Treatments	4,986
Number of Respiratory Therapy Treatments	179,672
Number of Occupational Therapy Treatments	35,980
Number of Physical Therapy Treatments	45,686
Number of Speech Pathology Patients	3,985
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	4,532
Number of HIV/AIDS Diagnostic Procedures	5,311
Number of HIV/AIDS Patients	815
Number of Ambulance Trips	0
Number of Hospice Patients	86
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	23
Number of Ultrasound/Medical Sonography Procedures	20,207

Number of Ultrasound/Medical Sonography Procedures	20,207
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)

34

3. Robotic Surgery System

Units

4

Procedures

1,642

Type of Unit(s)

DaVinci Single Console Xi (4)

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	1	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	906	121	35
Licensed Practical Nurses (LPNs)	5	0	0
Pharmacists	48	1	0
Other Health Services Professionals*	705	52	7
Administration and Support	76	1	0
All Other Hospital Personnel (not included in above)	546	34	5

2. Filling Vacancies

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

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	31-60 Days
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	609
Black/African American	328
Hispanic/Latino	106
Pacific Islander/Hawaiian	0
White	871
Multi-Racial	46
Total	1,969

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	8	☐	0	0
General Internal Medicine	18	☐	0	0
Pediatricians	16	☐	0	0
Other Medical Specialties	555	☑	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	114	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	5	☐	0	0
Ophthalmology Surgery	26	☐	0	0
Orthopedic Surgery	26	☐	0	0
Plastic Surgery	7	☐	0	0
General Surgery	80	☐	0	0
Thoracic Surgery	1	☐	0	0
Other Surgical Specialties	97	☑	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	149	☑	0	0
Dermatology	17	☐	0	0
Emergency Medicine	60	☑	0	0
Nuclear Medicine	14	☐	0	0
Pathology	62	☑	0	0
Psychiatry	82	☐	0	0
Radiology	268	☑	0	0
Hospitalists	207	☑	0	0
Radiation Oncology	45	☑	0	0
Cardiovascular Disease	112	☐	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	3
Podiatrists	36
Certified Nurse Midwives with Clinical Privileges in the Hospital	68
All Other Staff Affiliates with Clinical Privileges in the Hospital	706

5b. Name of Other Professions

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

Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetist

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

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

Full Name	License Number
Jan Cecelia Kennedy	31046
Jun Ma	80485
Jun Zhao	84114
A. Ebrahim Haroon	59733
Aakash Ramesh Amin	58725
Aamir Pervez	105538
Aaron David Gluth	72553
Aaron Martrice Anderson	64323
Aaron Michael Alford	56397
Aarti Sekhar	66064
Abdul-Faisal Olatunde Akesode	61548
Abdulrahman Masrani	94681
Abdulwahab Mustafa Ahmed Ewaz	76070
Abeeku Ayize Ricks	86189
Abeer Ali Memon	78667
Abesh Niroula	83351
Abhay Trivedi	58625
Abhineet Uppal	93637
Abhishek Gaur	52174
Abimbola Faloye	69590
Achraf Makki	96990
Adaeze C Adigweme	66987
Adam Christopher Webb	59348
Adam Craig Gordon	94593
Adam Craig Weber	81318
Adam Dean Port	POD001397
Adam Ezra Goldman-Yassen	85635
Adam James Michalak	98778
Adam Shaver	93959
Adeboye Oluwaseyi Osunkoya	59301
Adedapo O Odetoyinbo	55829

Full Name	License Number
Adejimi O Adeniji	55385
Adekemi Omosalewa Egunsola	98613
Aderajew Amsalu Taddesse	83410
Adina Lynn Alazraki	42988
Adriana Patricia Hermida	59074
Adrianne JinLing Ross	POD001201
Agni Chandora	96989
Ahmad Hameed Al-Hajj	55389
Ahmed Basim Al-Khafaji	96445
Ahmed Khan	82320
Aida D. Risman	95601
Aine Marie Kelly	83236
Aisha C Jennings	82854
Ajay Reddy Kamireddi	80029
Ajay Tadepalli	78917
Ajeet Dhingra	53593
Akhila Mohan Rajaram	92375
Akshay Sharad Bedmutha	100734
Alan C Cheng	66271
Albert Scott	32293
Alejandro Luis Feria	103601
Aleksander William Krazinski	95969
Alex Jon Sommerfeld	85095
Alexa Marie Robbins	99750
Alexander Abbas Vakili	100367
Alexander Anthony Halkos	13188
Alexander David Kosiak	105522
Alexander Diaz Bode	99982
Alexander Choi	100184
Alexander Papangelou	74272
Alexandra Dretler	83122
Alexandrea Hyunjee Kim	105074
Alexandru Matei Ghilezan	96148

Full Name	License Number
Alexey Babak	102432
Alexis Boscak	102072
Alfreda Miller-Coleman	56143
Algernon Odell Steele	28218
Ali A Fadel	POD305058
Ali John Zarrabi	76730
Ali R Rahimi	64249
Ali Abouzia	109325
Alice M Chae	103885
Alicia Landry	58060
Aline Camargo	93896
Alisa Cherisse Horsford	63242
Alisha Sara Kramer	95558
Aliya Saeed	72454
Aliza Sharon Kumpinsky	82530
Aliza Machefsky	86229
Alka Kohli	80209
Allan Ira Levey	34885
Allen Ashley Futral	36530
Allen R Watson	46274
Allison J Hyatt	92807
Allyson Rae Herbst	83309
Alton B Farris	62499
Alyson Goodwin	68938
Alyssa Krasinskas	70172
Ama Serwah Amofah	70657
Amaka Eunice Ezimora	68405
Amanda Carroll Mihalik-Wenger	99797
Amanda Lauren Dempsey	74265
Amanda Thuy-Diem Pham	85841
Amar Raju Patel	92531
Amara Grace Decker	100470
Ameen Fareed Person	66617

Full Name	License Number
Amena Mohammad Imtiaz	64832
Amir Hossein Davarpanahfakhr	77358
Amish Navin Patel	61994
Amit Girish Kachalia	82459
Amit Manohar Saindane	60499
Amit Jethanandani	99966
Amit Prabhakar	78694
Amit Surapaneni	85267
Amita Kulshreshtha	99027
Amitha Lauren Dhingra	77362
Amol Madan Takalkar	85681
Amy Lirong Yan	100347
Amy Marie Rodatus	72648
Amy Robben Mehollin-Ray	92201
Amy Xuan Ho	102910
Amy Garvey	99643
An Duy Do	68998
Ana Milisavljevic	93408
Anam Shaikh	100336
Anand D Shah	74096
Anand Subhash Shah	72797
Anar Mukesh Desai	96843
Anastasia Miriam Thomas	POD001061
Andre L Scott	51545
Andre Lavar Holder	71809
Andrea L Christian-Parks	57789
Andrea Leah Crowell	68497
Andrea Maria Corujo Rodriguez	80564
Andrea Morrison Dabney	66274
Andrea Palmer Juliao	48195
Andrea Renee Dillard	70087
Andrea Johnson	34377
Andres Anibal Rodriguez Ruiz	72103

Full Name	License Number
Andres C Salazar	55297
Andres Wei-Chiao Su	83546
Andrew Chien Lin	86823
Andrew D Rhim	104024
Andrew G. Breithaupt	101537
Andrew Jee Soo Kim	78379
Andrew John Simpson	61859
Andrew Nathan Kobylivker	59861
Andrew Robert Murphy	102766
Andrew Thomas Boyd	78602
Andrew Ward Elson	95675
Andrew Yu	95567
Anee Sophia Jackson	96960
Aneese Fatemeh Chaudhry	80892
Aneesh Kautilya Mehta	60220
Angela M Morello	65848
Angela Wanyan Wang	81206
Angelica C Ukaigwe	105418
Angus Collin Howard	30099
Anika Nina Watson	79732
Anitha Nagappan	59882
Anjan Bhattacharyya	87130
Anjum Sharif Cheema	71479
Ankit Ajay Bhargava	89804
Ankit D Patel	60960
Ankita Satpute	102498
Ankita Tirath	99639
Ann Catherine Schwartz	44350
Ann Okemena Igbre	70301
Anna Irene Holbrook	65678
Anna Valentinovna Trofimova	87940
Anna Skold	65062
Anne Marie Lips	95774

Full Name	License Number
Anne Marie Van Beuningen	88043
Annette Denielle Filiatrault	POD000966
Annette Monica Miles	49066
Ansha Rhea Earle Alexander	64321
Anson Kwame Wurapa	50462
Antasia Giebler	83676
Anthony Brian Law	86538
Anthony Conway Dorsey	52709
Anthony M Brausch	(blank)
Anthony Michael Balistreri	52424
Anthony Michael Cutsuries	POD000739
Anthony Neal Chatham	85327
Anthony Andres Rodriguez DePalma	87246
Antoine Raynard Trammell	59779
Antwuan Allen	77519
Anudeep Reddy Neelam	103979
Anupriya Rao	92205
Anurag Sahu	65174
Anusha Vallurupalli	96046
Anusha Vemuri	104837
Aparna Hemant Kesarwala	82990
Aparna Ramani Kakarala	57672
Apeksha G Reddy	POD305064
Aravind Somasundaram	99308
Argun Dennis Can	101579
Ari Reichstein	101489
Arinbjorn Jonsson	76058
Armita Bahrami	85323
Aron Edward Siegelson	99822
Arpita Basu	80964
Arthur David Schiff	24083
Arthur Elton Stillman	57023
Arturo Gilberto Torres	82632

Full Name	License Number
Arun Kumar	56124
Aruna Kumari Boppana	55660
Arya Alen Ahmady	104080
Ashesh B Jani	57754

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	30	10	1	4	0	0	0	0	0	0	0	0	0
Applin	0	0	0	0	0	0	0	0	0	0	0	0	0
Atkins	2	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	1	0	0	0	0	0	0	0	0	0	0	0
Banks	1	1	1	0	0	0	0	0	0	0	0	0	0
Barrov	47	35	16	1	0	0	0	0	0	0	0	0	3
Bartov	8	17	0	2	0	0	0	0	0	0	0	0	0
Ben Hi	1	0	0	1	0	0	0	0	0	0	0	0	0
Berrier	0	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	12	11	2	0	0	0	0	0	0	0	0	0	1
Bleckle	1	1	1	0	0	0	0	0	0	0	0	0	0
Brantle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	0	1	0	0	0	0	0	0	0	0	0	0	0
Bryan	1	0	0	0	0	0	0	0	0	0	0	0	0
Bulloc	0	1	0	0	0	0	0	0	0	0	0	0	0
Burke	0	0	0	0	0	0	0	0	0	0	0	0	0
Butts	27	9	3	3	0	0	0	0	0	0	0	0	2
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	2	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	35	16	8	6	0	0	0	0	0	0	0	0	3
Catoos	0	2	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	4	4	0	0	0	0	0	0	0	0	0	0	1
Chatta	0	1	0	0	0	0	0	0	0	0	0	0	0
Chattc	1	0	0	0	0	0	0	0	0	0	0	0	0
Cherol	45	64	1	11	0	0	0	0	0	0	0	0	2
Clarke	13	2	2	4	0	0	0	0	0	0	0	0	1
Clay	0	0	0	0	0	0	0	0	0	0	0	0	0

Clayto	658	287	156	19	0	0	0	0	0	0	0	0	25
Clinch	0	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	239	253	41	35	0	0	0	0	0	0	0	0	23
Coffee	1	0	0	0	0	0	0	0	0	0	0	0	0
Colqui	0	0	0	0	0	0	0	0	0	0	0	0	0
Colum	6	5	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	63	30	15	12	0	0	0	0	0	0	0	0	2
Crawfc	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	4	1	0	2	0	0	0	0	0	0	0	0	1
Dade	0	1	0	0	0	0	0	0	0	0	0	0	0
Dawsc	4	3	0	3	0	0	0	0	0	0	0	0	1
Decatı	1	0	0	0	0	0	0	0	0	0	0	0	0
DeKalł	12,840	3,016	2,012	436	0	0	0	0	0	0	0	0	339
Dodge	0	0	0	0	0	0	0	0	0	0	0	0	0
Dooly	0	0	0	0	0	0	0	0	0	0	0	0	0
Dougł	11	6	1	2	0	0	0	0	0	0	0	0	1
Dougl	104	57	19	6	0	0	0	0	0	0	0	0	4
Early	0	0	0	0	0	0	0	0	0	0	0	0	0
Echols	0	0	0	0	0	0	0	0	0	0	0	0	0
Effingł	0	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	4	0	0	1	0	0	0	0	0	0	0	0	1
Emanı	1	0	0	0	0	0	0	0	0	0	0	0	0
Evans	1	0	0	0	0	0	0	0	0	0	0	0	1
Fannin	1	5	0	0	0	0	0	0	0	0	0	0	0
Fayett	73	52	21	5	0	0	0	0	0	0	0	0	1
Florida	49	7	2	11	0	0	0	0	0	0	0	0	3
Floyd	5	5	0	0	0	0	0	0	0	0	0	0	0
Forsyt	20	33	3	8	0	0	0	0	0	0	0	0	5
Frankli	0	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	1,759	750	338	189	0	0	0	0	0	0	0	0	90
Gilmer	2	2	0	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	1	0	0	0	0	0	0	0	0	0	0	0	0
Gordo	3	2	0	1	0	0	0	0	0	0	0	0	0
Grady	0	0	0	0	0	0	0	0	0	0	0	0	0
Green	4	2	0	1	0	0	0	0	0	0	0	0	0
Gwinn	1,319	877	367	71	0	0	0	0	0	0	0	0	54
Haber	4	7	1	0	0	0	0	0	0	0	0	0	0
Hall	31	80	9	5	0	0	0	0	0	0	0	0	1
Hanco	3	1	0	0	0	0	0	0	0	0	0	0	0
Harals	1	4	1	0	0	0	0	0	0	0	0	0	0
Harris	6	0	0	0	0	0	0	0	0	0	0	0	0
Hart	1	2	0	0	0	0	0	0	0	0	0	0	0
Heard	4	0	0	0	0	0	0	0	0	0	0	0	0
Henry	632	287	176	17	0	0	0	0	0	0	0	0	11
Houst	11	5	0	3	0	0	0	0	0	0	0	0	1
Irwin	2	0	0	0	0	0	0	0	0	0	0	0	0
Jackso	26	38	7	3	0	0	0	0	0	0	0	0	0
Jasper	11	11	0	0	0	0	0	0	0	0	0	0	1
Jeff Da	0	0	0	0	0	0	0	0	0	0	0	0	0
Jeffers	1	0	0	0	0	0	0	0	0	0	0	0	0
Jenkin	0	0	0	0	0	0	0	0	0	0	0	0	0
Johnsc	0	1	0	0	0	0	0	0	0	0	0	0	0
Jones	0	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	12	6	3	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	12	1	0	3	0	0	0	0	0	0	0	0	3
Lee	1	1	0	0	0	0	0	0	0	0	0	0	1
Liberty	0	0	0	0	0	0	0	0	0	0	0	0	0
Lincol	0	0	0	0	0	0	0	0	0	0	0	0	0
Long	0	1	0	0	0	0	0	0	0	0	0	0	0
Lownc	3	4	0	0	0	0	0	0	0	0	0	0	0
Lumpk	1	3	0	0	0	0	0	0	0	0	0	0	0

Macor	3	0	0	0	0	0	0	0	0	0	0	0	0
Madis	7	1	0	0	0	0	0	0	0	0	0	0	0
Mario	0	3	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	0	0	0	0	0	0	0	0	0	0	0	0
Meriw	3	3	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	1	0	0	0	0	0	0	0	0	0	0	0	0
Monrc	2	6	0	0	0	0	0	0	0	0	0	0	0
Montg	1	0	0	1	0	0	0	0	0	0	0	0	0
Morga	7	8	2	1	0	0	0	0	0	0	0	0	0
Murra	2	1	0	0	0	0	0	0	0	0	0	0	0
Muscc	15	7	2	1	0	0	0	0	0	0	0	0	2
Newtc	221	146	50	4	0	0	0	0	0	0	0	0	10
North	17	9	3	4	0	0	0	0	0	0	0	0	1
Ocone	3	3	0	2	0	0	0	0	0	0	0	0	0
Other	154	11	6	26	0	0	0	0	0	0	0	0	8
Ogleth	2	2	0	0	0	0	0	0	0	0	0	0	0
Pauldi	20	23	1	3	0	0	0	0	0	0	0	0	2
Peach	4	1	0	1	0	0	0	0	0	0	0	0	0
Picken	7	2	0	2	0	0	0	0	0	0	0	0	1
Pierce	2	0	0	0	0	0	0	0	0	0	0	0	0
Pike	10	3	2	1	0	0	0	0	0	0	0	0	0
Polk	5	2	0	1	0	0	0	0	0	0	0	0	0
Pulask	1	0	0	0	0	0	0	0	0	0	0	0	0
Putnar	7	2	1	0	0	0	0	0	0	0	0	0	0
Quitm	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	2	2	0	0	0	0	0	0	0	0	0	0	0
Rando	0	0	0	0	0	0	0	0	0	0	0	0	0
Richm	9	3	0	2	0	0	0	0	0	0	0	0	0
Rockd	342	203	67	14	0	0	0	0	0	0	0	0	8
Schley	0	0	0	0	0	0	0	0	0	0	0	0	0

Screve	0	1	0	0	0	0	0	0	0	0	0	0	0
Semin	1	1	0	0	0	0	0	0	0	0	0	0	0
Spaldi	64	19	15	1	0	0	0	0	0	0	0	0	1
South	25	4	2	1	0	0	0	0	0	0	0	0	1
Stephe	3	1	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	3	0	0	0	0	0	0	0	0	0	0	0	2
Tenne	10	2	0	0	0	0	0	0	0	0	0	0	0
Talbot	1	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	1	0	0	0	0	0	0	0	0	0	0	0
Taylor	0	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	0	0	0	0	0	0	0	0	0	0	0	0	0
Terrell	1	1	1	0	0	0	0	0	0	0	0	0	0
Thoma	1	0	0	0	0	0	0	0	0	0	0	0	0
Tift	5	2	0	2	0	0	0	0	0	0	0	0	0
Toomb	1	0	0	0	0	0	0	0	0	0	0	0	0
Towns	4	2	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	29	4	1	3	0	0	0	0	0	0	0	0	3
Turner	0	0	0	0	0	0	0	0	0	0	0	0	0
Twigg	1	0	0	0	0	0	0	0	0	0	0	0	0
Union	3	10	0	1	0	0	0	0	0	0	0	0	0
Upson	7	1	1	1	0	0	0	0	0	0	0	0	1
Walker	1	0	1	0	0	0	0	0	0	0	0	0	0
Walton	182	188	44	1	0	0	0	0	0	0	0	0	7
Ware	1	1	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	3	1	0	0	0	0	0	0	0	0	0	0	1
Wayne	3	0	0	1	0	0	0	0	0	0	0	0	2
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	4	6	0	0	0	0	0	0	0	0	0	0	1
Whitfi	5	0	0	2	0	0	0	0	0	0	0	0	0
Wilcox	1	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkin	0	0	0	0	0	0	0	0	0	0	0	0	0
Worth	2	1	1	0	0	0	0	0	0	0	0	0	0
Totals	**19,376**	**6,710**	**3,407**	**941**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**633**

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	17	17
Cystoscopy (OR Suite)	0	0	1	1
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	18	18

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	1,659	6,007	7,666
Cystoscopy	0	0	182	703	885
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	1,841	6,710	8,551

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	1,659	6,007	7,666
Cystoscopy	0	0	182	703	885
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	1,841	6,710	8,551

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	9
Asian	246
Black/African American	3,656
Hispanic/Latino	425
Pacific Islander/Hawaiian	12
White	2,251
Multi-Racial	111
Total	6,710

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	12
Ages 15-64	4,574
Ages 65-74	1,344
Ages 75-85	676
Ages 85 and Up	104
Total	6,710

3. Gender

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

Gender	Number of Ambulatory Patients
Male	2,235
Female	4,475
Total	6,710

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	2,128
Medicaid	229
Third-Party	4,298
Self-Pay	55
Total	6,710

Perinatal Services Addendum

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

Number of Delivery Rooms:

3

Number of Birthing Rooms:

0

Number of LDR Rooms:

18

Number of LDRP Rooms:

0

Number of Cesarean Sections:

1,153

Total Live Births:

3,417

Total Live Births (Live and Late Fetal Deaths):

3,425

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

3,468

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)	52	3,001	6,667	198
Specialty Care (Intermediate Neonatal Care)	19	60	3,196	170
Subspecialty Care (Intensive Neonatal Care)	19	365	4,695	60
Total	90	3,426	14,558	428

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	4	9
Asian	407	1,194
Black/African American	1,976	6,366
Hispanic/Latino	323	965
Pacific Islander/Hawaiian	3	9
White	685	2,074
Multi-Racial	9	33
Total	3,407	10,650

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	3,376	10,513
Ages 45 and Up	31	137
Total	3,407	10,650

3. Average Charge for an Uncomplicated Delivery

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

19,404

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

31,291

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	35	31
B- General Acute Psychiatric Adolescents 13-17	1	1
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	941	7,538	936	7,699	4,420	☑
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	1	4
Asian	26	213
Black/African American	473	3,670
Hispanic/Latino	40	212
Pacific Islander/Hawaiian	4	18
White	359	3,101
Multi-Racial	38	320
Total	941	7,538

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	443	3,651
Female	498	3,887
Total	941	7,538

Total Psych Admissions from Patient Origin Table
941

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	253	2,458
Medicaid	154	1,644
Third-Party	380	2,614
Self-Pay	154	822
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)

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
Swahili	0	0	0	0
Arabic	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:

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?

Oakhurst Medical Center, 5582 Memorial Drive, Stone Mountain, GA 30083; Recovery Consultants of Atlanta, 4229 Snapfinger Woods Drive, Decatur, GA 30035;

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	14	201
Black/African American	371	5,170
Hispanic/Latino	19	265
Pacific Islander/Hawaiian	0	0
White	183	2,383
Multi-Racial	46	637
Total	633	8,656

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	324	4,458
Female	309	4,198
Total	633	8,656

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	288	4,061
65-84	296	3,985
85 Up	49	610
Total	633	8,656

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	630
Long Term Care Hospital	0
Skilled Nursing Facility	3
Traumatic Brain Injury Facility	0
	0
Total	633

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	373
Third-Party/Commercial	206
Self-Pay	0
Other	54
Total	633

2. Uncompensated Indigent and Charity Care

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

12

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	196
2 Brain Injury	52
3 Amputation	33
4 Spinal Cord	50
5 Fracture of the femur	33
6 Neurological disorders	94
7 Multiple Trauma	11
8 Congenital deformity	0
9 Burns	0
10 Osteoarthritis	0
11 Rheumatoid arthritis	0
12 Systemic vasculidities	0
13 Joint replacement	6
All Other	158
Total	633

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,Porche Resha	2701 North Decatur	42 months	Georgia	No	7/24/2022
Ababio,Diana T	2701 North Decatur	89 months	Georgia	No	9/9/2018
Abdallah,Sharif	2701 North Decatur	7 months	Georgia	No	6/2/2025
Abdu,Ferida	2701 North Decatur	9 months	Georgia	No	3/30/2025
Abraham,Shiny	2701 North Decatur	9 months	Georgia	No	3/30/2025
Abrams,Lenita	2701 North Decatur	9 months	Georgia	No	3/30/2025
Acheampong,Eunice	2701 North Decatur	9 months	Georgia	No	3/30/2025
Adam,Keith	2701 North Decatur	13 months	Georgia	No	11/25/2024
Adams,Toni Diana	2701 North Decatur	7 months	Georgia	No	6/2/2025
Adebisi,Habibat T	2701 North Decatur	21 months	Georgia	No	3/31/2024
Adedokun,Amos Gb	2701 North Decatur	28 months	Georgia	No	9/17/2023
Adegbesan,Olayinka	2701 North Decatur	1 month	Georgia	No	11/17/2025
Adekola,Jessica Lynr	2701 North Decatur	9 months	Georgia	No	3/30/2025
Adhikari,Samiksha	2701 North Decatur	42 months	Georgia	No	7/24/2022
Ajibola,Iradat Folasa	2701 North Decatur	28 months	Georgia	No	9/3/2023
Akinwande,Margare	2701 North Decatur	3 months	Georgia	No	10/12/2025
Akoto,Adu Serwaa	2701 North Decatur	10 months	Georgia	No	2/24/2025
Ali,Evelyn Golib	2701 North Decatur	9 months	Georgia	No	3/30/2025
Allen Jr,Timothy Nat	2701 North Decatur	3 months	Georgia	No	10/12/2025
Allen,Alteaiza Latres	2701 North Decatur	6 months	Georgia	No	7/7/2025
Allen,Donita Joann	2701 North Decatur	26 months	Georgia	No	10/29/2023
Almorose,Cassandra	2701 North Decatur	5 months	Georgia	No	8/3/2025
Alphabet,Jasmine M	2701 North Decatur	4 months	Georgia	No	8/31/2025
Amaechi,Ruth	2701 North Decatur	4 months	Georgia	No	8/31/2025
Amos,Voncia Elzabe	2701 North Decatur	27 months	Georgia	No	10/2/2023
Anderson,Caroline B	2701 North Decatur	4 months	Georgia	No	9/14/2025
Anderson,Heather N	2701 North Decatur	17 months	Georgia	No	8/4/2024
Anderson,Jody Ann	2701 North Decatur	9 months	Georgia	No	4/14/2025
Anderson,Ralisha M	2701 North Decatur	9 months	Georgia	No	3/30/2025
Anderson,Susie Ann	2701 North Decatur	8 months	Georgia	No	5/11/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Andrews,Brittany Ma	2701 North Decatur	9 months	Georgia	No	3/24/2025
Anthony,Brianna Jan	2701 North Decatur	5 months	Georgia	No	8/3/2025
Appiah,Nancy	2701 North Decatur	29 months	Georgia	No	8/7/2023
Aquino,Fritz Christia	2701 North Decatur	9 months	Georgia	No	3/30/2025
Armenta,Kaitlyn Alex	2701 North Decatur	9 months	Georgia	No	3/30/2025
Arnold,Bijaun	2701 North Decatur	9 months	Georgia	No	3/30/2025
Avent,Naomi Cherri	2701 North Decatur	9 months	Georgia	No	3/30/2025
Awere,Louis	2701 North Decatur	42 months	Georgia	No	7/24/2022
Ayala,Zelia	2701 North Decatur	6 months	Georgia	No	7/14/2025
Azher,Rozina	2701 North Decatur	5 months	Georgia	No	8/11/2025
Bacon,Cydney I	2701 North Decatur	29 months	Georgia	No	8/6/2023
Bailey,Derrick	2701 North Decatur	6 months	Georgia	No	7/6/2025
Baker,Majaya Shawn	2701 North Decatur	9 months	Georgia	No	3/30/2025
Banerjee,Ahanu Natl	2701 North Decatur	1 month	Georgia	No	11/24/2025
Bangura,Ramata Sar	2701 North Decatur	12 months	Georgia	No	1/5/2025
Banta,Madison Isabe	2701 North Decatur	9 months	Georgia	No	3/24/2025
Bante,Eleni Tesfaye	2701 North Decatur	22 months	Georgia	No	3/3/2024
Barifah,Renad Khalid	2701 North Decatur	5 months	Georgia	No	8/11/2025
Batantou,Marina Silv	2701 North Decatur	30 months	Georgia	No	7/10/2023
Bates,Kenedi Elise	2701 North Decatur	5 months	Georgia	No	8/11/2025
Batich,Denise Purkey	2701 North Decatur	20 months	Georgia	No	4/28/2024
Bell,Courtnay Sheres	2701 North Decatur	9 months	Georgia	No	3/30/2025
Bell,Georgia Kimbor	2701 North Decatur	5 months	Georgia	No	8/11/2025
Bellerice,Arielle Corr	2701 North Decatur	20 months	Georgia	No	5/20/2024
Ben Zeev,Reuven	2701 North Decatur	9 months	Georgia	No	3/30/2025
Benjamin Sr,Winstor	2701 North Decatur	8 months	Georgia	No	5/11/2025
Benson,Mark A	2701 North Decatur	9 months	Georgia	No	3/30/2025
Benton,Cecil Renard	2701 North Decatur	9 months	Georgia	No	3/30/2025
Betts,Jason	2701 North Decatur	9 months	Georgia	No	3/30/2025
Bindu Suresh,Fnu	2701 North Decatur	14 months	Georgia	No	11/4/2024
Birch,Rushell Yaniek	2701 North Decatur	9 months	Georgia	No	3/30/2025
Birchett,Victoria Chri	2701 North Decatur	8 months	Georgia	No	4/27/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Biruck,Meba Lydia	2701 North Decatur	5 months	Georgia	No	8/11/2025
Blain,Shamiya Malak	2701 North Decatur	38 months	Georgia	No	11/28/2022
Bonilla,Itzel Nicole	2701 North Decatur	2 months	Georgia	No	11/9/2025
Bonnick,Sonya L	2701 North Decatur	10 months	Georgia	No	3/17/2025
Boston,Jalina Lauren	2701 North Decatur	14 months	Georgia	No	11/11/2024
Bottom,Avery Quinn	2701 North Decatur	9 months	Georgia	No	3/30/2025
Boyd,Latease Earline	2701 North Decatur	5 months	Georgia	No	8/3/2025
Bradford,KaShonda J	2701 North Decatur	1 month	Georgia	No	11/17/2025
Bradley,Brittney Laur	2701 North Decatur	5 months	Georgia	No	8/17/2025
Brazeale,Mary Anna	2701 North Decatur	16 months	Georgia	No	9/15/2024
Brewington,Avana M	2701 North Decatur	9 months	Georgia	No	3/30/2025
Briscoe,Alvina	2701 North Decatur	19 months	Georgia	No	6/9/2024
Broom,Chennel	2701 North Decatur	58 months	Georgia	No	3/29/2021
Broughton,Nichelle	2701 North Decatur	9 months	Georgia	No	3/30/2025
Brown,Angela Ann	2701 North Decatur	3 months	Georgia	No	9/29/2025
Brown,Asyjia Banae	2701 North Decatur	2 months	Georgia	No	11/9/2025
Brown,Lindsay Jonel	2701 North Decatur	6 months	Georgia	No	6/22/2025
Brown,Mavis Clare A	2701 North Decatur	19 months	Georgia	No	6/9/2024
Brown,Myesha Kyan	2701 North Decatur	9 months	Georgia	No	3/30/2025
Brown,Trishan LaVet	2701 North Decatur	3 months	Georgia	No	9/22/2025
Burlock Fields,Wynte	2701 North Decatur	9 months	Georgia	No	3/30/2025
Burns,Daesha Jenae	2701 North Decatur	5 months	Georgia	No	8/3/2025
Butler,Kaylie Lynn	2701 North Decatur	4 months	Georgia	No	8/31/2025
Cadiz,Sandra Marie	2701 North Decatur	40 months	Georgia	No	9/18/2022
Cain,Asia Solana	2701 North Decatur	9 months	Georgia	No	3/30/2025
Caldwell,Maria A	2701 North Decatur	31 months	Georgia	No	6/12/2023
Calhoun,Natalya She	2701 North Decatur	25 months	Georgia	No	12/10/2023
Callicutt,Tonya Nicol	2701 North Decatur	7 months	Georgia	No	6/8/2025
Campbell,Jason St. M	2701 North Decatur	9 months	Georgia	No	3/31/2025
Campbell,Kimberly J	2701 North Decatur	19 months	Georgia	No	6/9/2024
Campbell,Roan Anth	2701 North Decatur	7 months	Georgia	No	6/16/2025
Canty,Taylor Elayne	2701 North Decatur	2 months	Georgia	No	11/10/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Carhart,Antoneya O	2701 North Decatur	6 months	Georgia	No	6/30/2025
Carter,Victoria	2701 North Decatur	9 months	Georgia	No	3/30/2025
Castle,Lesley	2701 North Decatur	3 months	Georgia	No	9/28/2025
Castro,Maria	2701 North Decatur	9 months	Georgia	No	3/30/2025
Chandler,Tanisha Mc	2701 North Decatur	7 months	Georgia	No	5/25/2025
Chang,Tiffany Ting	2701 North Decatur	3 months	Georgia	No	10/6/2025
Chastain,Bridget M	2701 North Decatur	13 months	Georgia	No	12/8/2024
Cheathem,Iyaunna N	2701 North Decatur	9 months	Georgia	No	3/30/2025
Chevalier,Raven Ash	2701 North Decatur	2 months	Georgia	No	11/9/2025
Chieni,Julie Muthoni	2701 North Decatur	52 months	Georgia	No	9/27/2021
Choi,Jin Hyang	2701 North Decatur	5 months	Georgia	No	8/3/2025
Choi,Jinsung	2701 North Decatur	2 months	Georgia	No	10/27/2025
Chou,An	2701 North Decatur	9 months	Georgia	No	3/31/2025
Chozom,Tashi	2701 North Decatur	9 months	Georgia	No	3/30/2025
Chuzumara,Chizaran	2701 North Decatur	8 months	Georgia	No	4/27/2025
Clark,Kelaiah Lenay	2701 North Decatur	16 months	Georgia	No	9/15/2024
Clarke,Winsome	2701 North Decatur	42 months	Georgia	No	7/24/2022
Cole,Carmella Clarice	2701 North Decatur	5 months	Georgia	No	7/28/2025
Collins,Khaliyah Sime	2701 North Decatur	4 months	Georgia	No	8/31/2025
Colquitt,John David	2701 North Decatur	53 months	Georgia	No	8/30/2021
Copeland,Alyssa Ery	2701 North Decatur	9 months	Georgia	No	3/30/2025
Cora,Jameson Ray	2701 North Decatur	9 months	Georgia	No	3/30/2025
Covin,Shelby Elizabe	2701 North Decatur	9 months	Georgia	No	3/30/2025
Croff,Jamie Danielle	2701 North Decatur	9 months	Georgia	No	3/30/2025
Cruz,Diana Coral	2701 North Decatur	27 months	Georgia	No	10/1/2023
Curry,Adrianne Jean	2701 North Decatur	9 months	Georgia	No	3/30/2025
Daniel,Desiree Aranc	2701 North Decatur	3 months	Georgia	No	9/22/2025
Daniels,Dominique N	2701 North Decatur	42 months	Georgia	No	7/25/2022
Davis,Jessica Geneve	2701 North Decatur	65 months	Georgia	No	8/23/2020
Davis,Joseph Drew	2701 North Decatur	33 months	Georgia	No	4/2/2023
Dawson,Sadie Penni	2701 North Decatur	2 months	Georgia	No	11/10/2025
DeBruce,Shanel Lynr	2701 North Decatur	36 months	Georgia	No	1/23/2023

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Deliyianni,Marika	2701 North Decatur	26 months	Georgia	No	11/12/2023
Demise,Shawil Gizav	2701 North Decatur	3 months	Georgia	No	10/12/2025
Denis,Bryslaine	2701 North Decatur	5 months	Georgia	No	8/18/2025
Desamito,Marian Va	2701 North Decatur	9 months	Georgia	No	3/30/2025
DeStefano,Samantha	2701 North Decatur	4 months	Georgia	No	8/31/2025
Dhillon,Sohbat	2701 North Decatur	2 months	Georgia	No	11/9/2025
Diallo,Salamata	2701 North Decatur	17 months	Georgia	No	8/4/2024
Digker,Nohn Lydia	2701 North Decatur	8 months	Georgia	No	4/28/2025
Dillon,Meagan Alexis	2701 North Decatur	5 months	Georgia	No	8/11/2025
Dills,Christian Shawn	2701 North Decatur	9 months	Georgia	No	3/31/2025
Dilts,Erin Elizabeth	2701 North Decatur	9 months	Georgia	No	3/30/2025
Dim,Christian Uchec	2701 North Decatur	7 months	Georgia	No	5/27/2025
Dixon,Shakila Lisa	2701 North Decatur	8 months	Georgia	No	4/27/2025
Djan,Beatrice Adube	2701 North Decatur	4 months	Georgia	No	8/31/2025
Donaldson,Danielle	2701 North Decatur	9 months	Georgia	No	3/30/2025
Doorley,Morgan Cla	2701 North Decatur	5 months	Georgia	No	8/11/2025
Drummond,Amanda	2701 North Decatur	9 months	Georgia	No	3/30/2025
Dukuh,Patience Afriy	2701 North Decatur	13 months	Georgia	No	12/16/2024
Durousseau,Debra A	2701 North Decatur	9 months	Georgia	No	3/30/2025
Durueke,Cynthia U	2701 North Decatur	42 months	Georgia	No	7/24/2022
Dyer,Kelly Leanne	2701 North Decatur	7 months	Georgia	No	6/16/2025
Eapen,Kefa	2701 North Decatur	11 months	Georgia	No	2/3/2025
Easley,Lakisha Them	2701 North Decatur	7 months	Georgia	No	6/8/2025
Efianayi,Tracey Osau	2701 North Decatur	22 months	Georgia	No	3/18/2024
Eka,Blessing Monday	2701 North Decatur	9 months	Georgia	No	3/30/2025
Ekpo,Jennifer Affy	2701 North Decatur	11 months	Georgia	No	2/10/2025
Emani,Annie Flore D	2701 North Decatur	41 months	Georgia	No	8/7/2022
Emeagi,Chinyere Cyr	2701 North Decatur	9 months	Georgia	No	3/30/2025
Enrile,Raymund	2701 North Decatur	27 months	Georgia	No	10/1/2023
Essounga,Yvette Mo	2701 North Decatur	4 months	Georgia	No	8/31/2025
Estrado-Ramirez,Jes	2701 North Decatur	19 months	Georgia	No	6/9/2024
Fakeye,Makayla Sop	2701 North Decatur	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
Fernandes,Leonard K	2701 North Decatur	3 months	Georgia	No	9/22/2025
Fernando,Aileen Bau	2701 North Decatur	9 months	Georgia	No	3/30/2025
Fields,Tailyr A	2701 North Decatur	9 months	Georgia	No	3/30/2025
Fields-Johnson,Shan	2701 North Decatur	7 months	Georgia	No	6/2/2025
Firmin,Jillian Hope	2701 North Decatur	2 months	Georgia	No	11/9/2025
Fleuristal,Germine Fl	2701 North Decatur	6 months	Georgia	No	7/14/2025
Flomo,Joe-Etta	2701 North Decatur	3 months	Georgia	No	10/12/2025
Folkes,Tamesha Kare	2701 North Decatur	30 months	Georgia	No	7/23/2023
Fonguck,Kenneth Ela	2701 North Decatur	41 months	Georgia	No	8/22/2022
Ford,Shakeia Yetta	2701 North Decatur	22 months	Georgia	No	2/26/2024
Forrest,Makenli Reac	2701 North Decatur	5 months	Georgia	No	8/4/2025
Foster,Chelsea Nicol	2701 North Decatur	42 months	Georgia	No	7/24/2022
Francis,Rose Mathev	2701 North Decatur	4 months	Georgia	No	8/31/2025
Francis,Tadisha Sierr	2701 North Decatur	9 months	Georgia	No	3/30/2025
Franklin,LaTarsha M	2701 North Decatur	9 months	Georgia	No	3/30/2025
Frederick,Reyanda C	2701 North Decatur	2 months	Georgia	No	10/20/2025
Fullo,Nella May Aga	2701 North Decatur	10 months	Georgia	No	3/2/2025
Futrell,Tasheka Trene	2701 North Decatur	8 months	Georgia	No	4/21/2025
Gabriel,Briana Angel	2701 North Decatur	2 months	Georgia	No	11/9/2025
Gaines,Darrel Justin	2701 North Decatur	57 months	Georgia	No	5/10/2021
Gardiner,Julie Elizab	2701 North Decatur	8 months	Georgia	No	5/12/2025
Gartzman,Nolan Wil	2701 North Decatur	10 months	Georgia	No	3/16/2025
Gedrago,Tigist Wold	2701 North Decatur	3 months	Georgia	No	9/28/2025
Gelal,Samya	2701 North Decatur	2 months	Georgia	No	11/9/2025
Gifford,Melissa	2701 North Decatur	9 months	Georgia	No	3/30/2025
Girma,Blen Yemane	2701 North Decatur	28 months	Georgia	No	9/17/2023
Glasgow,Jevair Chan	2701 North Decatur	2 months	Georgia	No	11/9/2025
Glenn,Aubrey Simon	2701 North Decatur	3 months	Georgia	No	10/12/2025
Golaub,Christina Ale	2701 North Decatur	14 months	Georgia	No	11/10/2024
Goletto,Franceska	2701 North Decatur	4 months	Georgia	No	8/31/2025
Gonzalez,JillyAnn	2701 North Decatur	8 months	Georgia	No	4/28/2025
Gonzalez-Valladares	2701 North Decatur	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
Goodson,Ariel Micha	2701 North Decatur	9 months	Georgia	No	3/30/2025
Gordon,Yanique Nac	2701 North Decatur	9 months	Georgia	No	3/30/2025
Graham,Alexis Adria	2701 North Decatur	9 months	Georgia	No	3/30/2025
Graham,Kristen Char	2701 North Decatur	5 months	Georgia	No	8/11/2025
Graham,Sydney Mar	2701 North Decatur	5 months	Georgia	No	8/4/2025
Graham,Tionie Anto	2701 North Decatur	4 months	Georgia	No	8/31/2025
Grant,Carina Riley	2701 North Decatur	8 months	Georgia	No	5/12/2025
Grant,Roshane	2701 North Decatur	9 months	Georgia	No	4/13/2025
Graves,Danielle Mari	2701 North Decatur	14 months	Georgia	No	10/27/2024
Green,Jamaela Rasha	2701 North Decatur	5 months	Georgia	No	8/3/2025

Only use commas to separate values

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

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

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

Authorized Signature

Jen Schuck, MBA, MSW

Date

04/16/2026

Title

Chief Executive Officer

Comments