GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP714

1. Identifcication

Facility Name:

Emory Saint Joseph's Hospital

County:

Fulton

Street Address:

5665 Peachtree Dunwoody Road NE

City:

Atlanta

Zip:

30342

Mailing Address:

5665 Peachtree Dunwoody Road NE

Mailing City:

Atlanta

Mailing Zip:

30342

Medicaid Provider Number:

000001812

Medicare Provider Number:

110082

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)

Saint Joseph's Hospital of Atlanta, Inc.

Organization Type

Not For Profit

Effective Date

01/01/2012

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Emory/Saint Joseph's, Inc.

Organization Type

Not For Profit

Effective Date

01/01/2012

C. Facility Operator

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

01/01/2012

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

01/01/2012

2. Changes in Ownership, Operation or Management

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

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

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

3.

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

Name

Emory Healthcare

City

Atlanta

State

GA

4.

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

Name

Emory/Saint Joseph's, Inc.

City

Atlanta

State

GA

5.

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

Name

City

State

6.

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

Name

Vizient

City

Irving

State

TX

7.

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

Name

Emory Healthcare

City

Atlanta

State

GA

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☑

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	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	307	14,468	74,882	18,158	97,694
Intensive Care	60	4,441	28,864	788	6,754
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	367	18,909	103,746	18,946	104,448

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	60	4,441	28,864	788	6,754
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	45	308
Asian	693	3,703
Black/African American	6,496	39,509
Hispanic/Latino	1,124	5,726
Pacific Islander/Hawaiian	18	142
White	9,726	49,969
Multi-Racial	807	4,389
Total	18,909	103,746

3. Gender

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

Gender	Admissions	Inpatient Days
Male	9,822	55,321
Female	9,087	48,425
Total	18,909	103,746

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	11,090	63,375
Medicaid	539	3,701
Peachare	0	0
Third-Party	6,243	31,053
Self-Pay	778	3,853
Other	259	1,764
Total	18,909	103,746

5. Discharges to Death

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

302

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	10,760
Average Total Charge for an Inpatient Day	14,048

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

45,407

2. Inpatient Admissions from ER

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

10,910

3. Beds Available

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

33

4. Utilization by Specific type of ER bed or room for the report period

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	1	1,594
General Beds	32	43,813
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

546

6. Non-Emergency Visits

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

97,436

7. Observation Visits/Cases

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

8,816

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

482

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

1,876

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	2	1
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	1	1
Audiology Services	3	4
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	603
Number of Dialysis Treatments	5,313
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	254
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	62,743
Number of CTS Units (machines)	6
Number of CTS Procedures	53,538
Number of Diagnostic Radioisotope Procedures	1,561
Number of PET Units (machines)	1
Number of PET Procedures	4,085
Number of Therapeautic Radioisotope Procedures	559
Number of Number of MRI Units	5
Number of Number of MRI Procedures	16,848
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	269,308
Number of Occupational Therapy Treatments	32,429
Number of Physical Therapy Treatments	38,598
Number of Speech Pathology Patients	2,530
Number of Gamma Ray Knife Procedures	128
Number of Gamma Ray Knife Units	1
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	1,091
Number of HIV/AIDS Patients	605
Number of Ambulance Trips	0
Number of Hospice Patients	258
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	33

Number of Ultrasound/Medical Sonography Procedures	12,654
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)

53

3. Robotic Surgery System

Units

9

Procedures

2,602

Type of Unit(s)

da Vinci Ion (1), Mako System (1), DaVinci Dual Console Xi (5), DaVinci Console DV5 (2)

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	2	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	939	86	27
Licensed Practical Nurses (LPNs)	0	0	0
Pharmacists	43	1	0
Other Health Services Professionals*	759	48	22
Administration and Support	89	3	0
All Other Hospital Personnel (not included in above)	388	32	25

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)	Not Applicable
Pharmacists	31-60 Days
Other Health Services Professionals	More than 90 Days
All Other Hospital Personnel (not included above)	More than 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	4
Asian	494
Black/African American	191
Hispanic/Latino	89
Pacific Islander/Hawaiian	0
White	721
Multi-Racial	34
Total	1,533

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	0	☐	0	0
General Internal Medicine	12	☐	0	0
Pediatricians	0	☐	0	0
Other Medical Specialties	452	☑	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	59	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	0	☐	0	0
Ophthalmology Surgery	13	☐	0	0
Orthopedic Surgery	72	☐	0	0
Plastic Surgery	17	☐	0	0
General Surgery	65	☐	0	0
Thoracic Surgery	28	☐	0	0
Other Surgical Specialties	109	☑	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	55	☑	0	0
Dermatology	5	☐	0	0
Emergency Medicine	51	☑	0	0
Nuclear Medicine	15	☑	0	0
Pathology	14	☑	0	0
Psychiatry	30	☐	0	0
Radiology	245	☑	0	0
Hospitalists	161	☑	0	0
Radiation Oncology	45	☑	0	0
Cardiovascular Disease	85	☐	0	0

5a. Non-Physicians

Please report the number of professionals for the categories below. Exclude any hospital-based staff reported in Part G, Questions 1,2,3 and 4 above.

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	2
Podiatrists	17
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	602

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
Aaron David Weiss	75706
Aaron Han Qiao Lay	75449
Aaron Martrice Anderson	64323
Aarti Sekhar	66064
Abdoulaye Fofana Diallo	84867
Abdulrahman Masrani	94681
Abeer Ali Memon	78667
Abesh Niroula	83351
Abhineet Uppal	93637
Abhishek Gaur	52174
Abid Fazal	96261
Abimbola Faloye	69590
Aboude Nowaylati	92452
Abrar Tariq Chaudhry	74810
Achraf Makki	96990
Adaeze C Adigweme	66987
Adam Brett Greenbaum	80063
Adam Christopher Webb	59348
Adam Craig Gordon	94593
Adam Ezra Goldman-Yassen	85635
Adam James Michalak	98778
Adam Seth Dickey	80893
Adam Shaver	93959
Adedapo O Odetoyinbo	55829
Adekemi Omosalewa Egunsola	98613
Adiseshu V Gundlapalli	84117
Adviteeya Narasimhan Dixit	79833
Agena Renee Davenport-Nicholson	67408
Agni Chandora	96989
Ahmad Hameed Al-Hajj	55389

Full Name	License Number
Ahmed Basim Al-Khafaji	96445
Ahmed Khan	82320
Aine Marie Kelly	83236
Airi Katoh	100209
Aishat Folaranmi Mustapha	91713
Ajay Reddy Kamireddi	80029
Ajay Tadepalli	78917
Akanksha Mehta	70201
Akhila Mohan Rajaram	92375
Alan Aidan Farabaugh	33772
Alan C Cheng	66271
Alan M Fixelle	24675
Alejandro Humberto Sardi-Freitez	76161
Aleksander William Krazinski	95969
Alex Jon Sommerfeld	85095
Alexander Abbas Vakili	100367
Alexander James Millman	73725
Alexandru Matei Ghilezan	96148
Alexis Caroline Ahlfors Cutchins	67925
Alexis Boscak	102072
Alfonso Claudio Hernandez	78368
Ali R Rahimi	64249
Ali Al-Zubaidi	74109
Alicia Marie Bonanno	95422
Aline Camargo	93896
Alisha Sara Kramer	95558
Alison Folger Ward	83452
Aliza Sharon Kumpinsky	82530
Aliza Machefsky	86229
Allen R Watson	46274
Allen Weber Yen	100790
Allison J Hyatt	92807

Full Name	License Number
Alon Jerome Vainer	36627
Alton B Farris	62499
Amalia Alice Jonsson	88504
Amanda Carroll Mihalik-Wenger	99797
Amara Grace Decker	100470
Ambar Kulshreshtha	73581
Ameen Fareed Person	66617
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
Amol Madan Takalkar	85681
Amrish Tarunkumar Patel	72390
Amy Diane Kuhmichel	DN013687
Amy Garvey	99643
Ana Milisavljevic	93408
Anand D Shah	74096
Anand Subhash Shah	72797
Ananth Vadde	68959
Anas Noman	99866
Andaleeb Ali	81980
Andre Lavar Holder	71809
Andrea Morrison Dabney	66274
Andres Anibal Rodriguez Ruiz	72103
Andres C Salazar	55297
Andres Wei-Chiao Su	83546
Andrew Ara Pridjian	84781

Full Name	License Number
Andrew Nathan Kobylivker	59861
Andrew Robert Golde	39349
Andrew Steven Feinberg	42043
Andrew Ward Elson	95675
Andrew Yu	95567
Anee Sophia Jackson	96960
Angela M Morello	65848
Angela Wanyan Wang	81206
Angela Cheng	68383
Anika Nina Watson	79732
Anitha Nagappan	59882
Ankit D Patel	60960
Ankita Agarwal	86482
Ankita Tirath	99639
Ann Okemena Igbre	70301
Anna Irene Holbrook	65678
Anna Kathryn Deal	80049
Anna Quay Yaffee	70797
Anna Valentinovna Trofimova	87940
Anna Skold	65062
Anne Marie van Beuningen	88043
Anne Therese Hartney-Baucom	40401
Annie Yao	72593
Ansha Rhea Earle Alexander	64321
Anshul Mahendra Patel	60548
Anthony Conway Dorsey	52709
Anthony M Brausch	99599
Anthony Andres Rodriguez DePalma	87246
Anton Camaj	99857
Anuj Dinesh Mahajan	75568
Anupama Gowda	53746
Anupriya Rao	92205

Full Name	License Number
Anusha Vallurupalli	96046
Aparna Hemant Kesarwala	82990
Aparna Ramani Kakarala	57672
Aravind Somasundaram	99308
Argun Dennis Can	101579
Ari Reichstein	101489
Arinbjorn Jonsson	76058
Arthur David Schiff	24083
Arthur Elton Stillman	57023
Arthur Lee Raines	52209
Arturo Gilberto Torres	82632
Aruna Kumari Boppana	55660
Ashesh B Jani	57754
Ashish Bharat Patel	84253
Ashishkumar Kanaiyalal Parikh	80264
Ashleigh Guinn Ross	89091
Ashley Hawk Aiken	62459
Ashlie Nicole White	97653
Ashlyn Marie Alongi	99244
Austin Claude DeBeaux	88626
Avanthika Thanushi Wynn	79142
Aws Hamid	87058
Ayesha Anwar Khan	96805
Ayorinde Soipe	98199
Ayushi Gupta	80453
Babar Fiza	81542
Babar Junaidi	77838
Bakhtiar Ali	68877
Barry M Mason	64146
Bashir Ahmed Geer	81743
Beatrice Shu	66818
Bela Desai Bhatia	60722

Full Name	License Number
Benjamin Harris Adams	99165
Beryl Manning-Geist	100719
Bhagya Sannananja	86080
Bharat Govindbhai Surani	99302
Bhavna Vashdev Paryani	92450
Bianca Nesbeth	92168
Bilal Ahmad Khan	79314
Binu James Kunjummen	65135
Blake Robert Smith	79904
Boris Nikolic	52473
Bradley Curtis Carthon	66462
Bradley Graham Leshnower	61120
Bradley William Mathers	77072
Braham Narayan Taparia	48087
Brandi Lynn Wood	84942
Brandon Ziyu Lei	96315
Brannan Brooks Griffin	99615
Bree Ruppert Eaton	73767
Brendan Michael Browne	83667
Brent Derek Weinberg	75948
Brian Charles Schief	50917
Brian Donald Neerings	POD001233
Brian Edward Hill	55236
Brian Jaehoon Chung	61407
Brian Matthew Howard	76833
Brian Thomas Cabaniss	75965
Briana Rene Lewis	89326
Brooks William Ficke	77260
Bruce G Green	16803
Bruce J Barron	18438
Bruce Warren Hershatter	29465
Bruna Zanolini	97950

Full Name	License Number
Bryan Nicholas Swilley	92499
Bryan Kindya	79968
Bryce Tinker Gillespie	68522
Bryson Reid Hauck	92757
Buelah Y Williams	63551
Byron Robinson Williams	53894
Callan Berkeley Brownfield	95421
Cameron Edra Arthur Hewitt	57082
Cara B Cimmino	69387
Carl D Hacker	100483

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	151	42	0	0	0	0	0	0	0	0	0	0	0
Applin	5	0	0	0	0	0	0	0	0	0	0	0	0
Atkinsc	6	0	0	0	0	0	0	0	0	0	0	0	0
Bacon	1	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	22	12	0	0	0	0	0	0	0	0	0	0	0
Banks	3	2	0	0	0	0	0	0	0	0	0	0	0
Barrow	94	54	0	0	0	0	0	0	0	0	0	0	0
Bartow	76	41	0	0	0	0	0	0	0	0	0	0	0
Ben Hil	12	2	0	0	0	0	0	0	0	0	0	0	0
Berrien	14	3	0	0	0	0	0	0	0	0	0	0	0
Bibb	55	26	0	0	0	0	0	0	0	0	0	0	0
Bleckle	6	0	0	0	0	0	0	0	0	0	0	0	0
Brantle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	2	3	0	0	0	0	0	0	0	0	0	0	0
Bryan	4	1	0	0	0	0	0	0	0	0	0	0	0
Bulloch	3	4	0	0	0	0	0	0	0	0	0	0	0
Burke	3	10	0	0	0	0	0	0	0	0	0	0	0
Butts	28	20	0	0	0	0	0	0	0	0	0	0	0
Calhou	5	1	0	0	0	0	0	0	0	0	0	0	0
Camde	2	0	0	0	0	0	0	0	0	0	0	0	0
Candle	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	108	68	0	0	0	0	0	0	0	0	0	0	0
Catoos	2	1	0	0	0	0	0	0	0	0	0	0	0
Charltc	0	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	27	2	0	0	0	0	0	0	0	0	0	0	0
Chattal	0	1	0	0	0	0	0	0	0	0	0	0	0
Chatto	11	3	0	0	0	0	0	0	0	0	0	0	0
Cherok	460	264	0	0	0	0	0	0	0	0	0	0	0
Clarke	38	8	0	0	0	0	0	0	0	0	0	0	0

Clay	0	0	0	0	0	0	0	0	0	0	0	0	0
Claytor	479	264	0	0	0	0	0	0	0	0	0	0	0
Clinch	2	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	2,217	1,092	0	0	0	0	0	0	0	0	0	0	0
Coffee	9	6	0	0	0	0	0	0	0	0	0	0	0
Colquit	4	1	0	0	0	0	0	0	0	0	0	0	0
Columl	13	6	0	0	0	0	0	0	0	0	0	0	0
Cook	9	5	0	0	0	0	0	0	0	0	0	0	0
Cowet	107	72	0	0	0	0	0	0	0	0	0	0	0
Crawfo	8	1	0	0	0	0	0	0	0	0	0	0	0
Crisp	7	2	0	0	0	0	0	0	0	0	0	0	0
Dade	2	0	0	0	0	0	0	0	0	0	0	0	0
Dawso	48	19	0	0	0	0	0	0	0	0	0	0	0
Decatu	10	1	0	0	0	0	0	0	0	0	0	0	0
DeKalb	4,808	1,750	0	0	0	0	0	0	0	0	0	0	0
Dodge	7	2	0	0	0	0	0	0	0	0	0	0	0
Dooly	9	1	0	0	0	0	0	0	0	0	0	0	0
Dough	36	15	0	0	0	0	0	0	0	0	0	0	0
Dougl	206	128	0	0	0	0	0	0	0	0	0	0	0
Early	1	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
Effingh	6	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	8	0	0	0	0	0	0	0	0	0	0	0	0
Emanu	4	0	0	0	0	0	0	0	0	0	0	0	0
Evans	1	1	0	0	0	0	0	0	0	0	0	0	0
Fannin	24	13	0	0	0	0	0	0	0	0	0	0	0
Fayette	116	72	0	0	0	0	0	0	0	0	0	0	0
Florida	86	18	0	0	0	0	0	0	0	0	0	0	0
Floyd	34	14	0	0	0	0	0	0	0	0	0	0	0
Forsyth	285	126	0	0	0	0	0	0	0	0	0	0	0
Frankli	6	5	0	0	0	0	0	0	0	0	0	0	0
Fulton	4,676	1,691	0	0	0	0	0	0	0	0	0	0	0

Fulton	4,070	1,094	0	0	0	0	0	0	0	0	0	0	0
Gilmer	16	10	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	10	3	0	0	0	0	0	0	0	0	0	0	0
Gordor	26	8	0	0	0	0	0	0	0	0	0	0	0
Grady	2	1	0	0	0	0	0	0	0	0	0	0	0
Greene	26	8	0	0	0	0	0	0	0	0	0	0	0
Gwinne	1,902	1,075	0	0	0	0	0	0	0	0	0	0	0
Habers	14	6	0	0	0	0	0	0	0	0	0	0	0
Hall	76	61	0	0	0	0	0	0	0	0	0	0	0
Hancoc	9	0	0	0	0	0	0	0	0	0	0	0	0
Haralsc	22	9	0	0	0	0	0	0	0	0	0	0	0
Harris	30	5	0	0	0	0	0	0	0	0	0	0	0
Hart	12	7	0	0	0	0	0	0	0	0	0	0	0
Heard	7	2	0	0	0	0	0	0	0	0	0	0	0
Henry	436	328	0	0	0	0	0	0	0	0	0	0	0
Houstc	76	26	0	0	0	0	0	0	0	0	0	0	0
Irwin	4	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	51	43	0	0	0	0	0	0	0	0	0	0	0
Jasper	9	13	0	0	0	0	0	0	0	0	0	0	0
Jeff Da	0	1	0	0	0	0	0	0	0	0	0	0	0
Jefferso	1	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	0	0	0	0	0	0	0	0	0	0	0	0	0
Johnso	1	0	0	0	0	0	0	0	0	0	0	0	0
Jones	9	2	0	0	0	0	0	0	0	0	0	0	0
Lamar	14	8	0	0	0	0	0	0	0	0	0	0	0
Lanier	3	0	0	0	0	0	0	0	0	0	0	0	0
Lauren	14	4	0	0	0	0	0	0	0	0	0	0	0
Lee	15	3	0	0	0	0	0	0	0	0	0	0	0
Liberty	2	0	0	0	0	0	0	0	0	0	0	0	0
Lincoln	1	0	0	0	0	0	0	0	0	0	0	0	0
Long	0	0	0	0	0	0	0	0	0	0	0	0	0

Lownd	16	10	0	0	0	0	0	0	0	0	0	0	0
Lumpk	18	13	0	0	0	0	0	0	0	0	0	0	0
Macon	0	0	0	0	0	0	0	0	0	0	0	0	0
Madisc	16	8	0	0	0	0	0	0	0	0	0	0	0
Marion	10	7	0	0	0	0	0	0	0	0	0	0	0
McDuf	2	5	0	0	0	0	0	0	0	0	0	0	0
McInto	1	0	0	0	0	0	0	0	0	0	0	0	0
Meriwe	8	6	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	7	0	0	0	0	0	0	0	0	0	0	0	0
Monro	15	9	0	0	0	0	0	0	0	0	0	0	0
Montg	0	0	0	0	0	0	0	0	0	0	0	0	0
Morga	16	3	0	0	0	0	0	0	0	0	0	0	0
Murray	10	3	0	0	0	0	0	0	0	0	0	0	0
Musco	115	24	0	0	0	0	0	0	0	0	0	0	0
Newto	126	102	0	0	0	0	0	0	0	0	0	0	0
North (	50	20	0	0	0	0	0	0	0	0	0	0	0
Oconee	15	6	0	0	0	0	0	0	0	0	0	0	0
Other (	209	45	0	0	0	0	0	0	0	0	0	0	0
Ogleth	2	1	0	0	0	0	0	0	0	0	0	0	0
Pauldir	123	93	0	0	0	0	0	0	0	0	0	0	0
Peach	15	5	0	0	0	0	0	0	0	0	0	0	0
Picken	34	35	0	0	0	0	0	0	0	0	0	0	0
Pierce	0	0	0	0	0	0	0	0	0	0	0	0	0
Pike	7	4	0	0	0	0	0	0	0	0	0	0	0
Polk	18	6	0	0	0	0	0	0	0	0	0	0	0
Pulaski	6	1	0	0	0	0	0	0	0	0	0	0	0
Putnan	16	6	0	0	0	0	0	0	0	0	0	0	0
Quitma	1	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	11	2	0	0	0	0	0	0	0	0	0	0	0
Randol	6	0	0	0	0	0	0	0	0	0	0	0	0

Richmc	13	9	0	0	0	0	0	0	0	0	0	0	0
Rockda	161	120	0	0	0	0	0	0	0	0	0	0	0
Schley	0	0	0	0	0	0	0	0	0	0	0	0	0
Screver	0	1	0	0	0	0	0	0	0	0	0	0	0
Seminc	2	0	0	0	0	0	0	0	0	0	0	0	0
Spaldir	61	40	0	0	0	0	0	0	0	0	0	0	0
South (	88	20	0	0	0	0	0	0	0	0	0	0	0
Stephe	9	3	0	0	0	0	0	0	0	0	0	0	0
Stewar	7	1	0	0	0	0	0	0	0	0	0	0	0
Sumter	21	4	0	0	0	0	0	0	0	0	0	0	0
Tennes	48	18	0	0	0	0	0	0	0	0	0	0	0
Talbot	1	1	0	0	0	0	0	0	0	0	0	0	0
Taliafer	1	1	0	0	0	0	0	0	0	0	0	0	0
Tattnall	1	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	7	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	2	1	0	0	0	0	0	0	0	0	0	0	0
Terrell	7	0	0	0	0	0	0	0	0	0	0	0	0
Thoma	9	6	0	0	0	0	0	0	0	0	0	0	0
Tift	23	7	0	0	0	0	0	0	0	0	0	0	0
Toomb	7	0	0	0	0	0	0	0	0	0	0	0	0
Towns	16	3	0	0	0	0	0	0	0	0	0	0	0
Treutle	1	0	0	0	0	0	0	0	0	0	0	0	0
Troup	23	8	0	0	0	0	0	0	0	0	0	0	0
Turner	10	1	0	0	0	0	0	0	0	0	0	0	0
Twiggs	4	0	0	0	0	0	0	0	0	0	0	0	0
Union	33	9	0	0	0	0	0	0	0	0	0	0	0
Upson	27	5	0	0	0	0	0	0	0	0	0	0	0
Walker	7	2	0	0	0	0	0	0	0	0	0	0	0
Walton	215	113	0	0	0	0	0	0	0	0	0	0	0
Ware	7	0	0	0	0	0	0	0	0	0	0	0	0
Warren	0	0	0	0	0	0	0	0	0	0	0	0	0
Washir	9	6	0	0	0	0	0	0	0	0	0	0	0

Wayne	0	1	0	0	0	0	0	0	0	0	0	0	0
Webste	0	1	0	0	0	0	0	0	0	0	0	0	0
Wheele	2	0	0	0	0	0	0	0	0	0	0	0	0
White	11	6	0	0	0	0	0	0	0	0	0	0	0
Whitfie	31	7	0	0	0	0	0	0	0	0	0	0	0
Wilcox	4	1	0	0	0	0	0	0	0	0	0	0	0
Wilkes	0	3	0	0	0	0	0	0	0	0	0	0	0
Wilkins	5	3	0	0	0	0	0	0	0	0	0	0	0
Worth	9	1	0	0	0	0	0	0	0	0	0	0	0
Totals	**18,909**	**8,312**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Upload a file instead

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Only CSV is Allowed.

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	28	28
Cystoscopy (OR Suite)	0	0	1	1
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	29	29

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	5,407	7,723	13,130
Cystoscopy	0	0	94	589	683
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	5,501	8,312	13,813

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	5,407	7,723	13,130
Cystoscopy	0	0	94	589	683
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	5,501	8,312	13,813

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	18
Asian	296
Black/African American	3,212
Hispanic/Latino	547
Pacific Islander/Hawaiian	4
White	4,107
Multi-Racial	128
Total	8,312

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	0
Ages 15-64	4,868
Ages 65-74	2,075
Ages 75-85	1,215
Ages 85 and Up	154
Total	8,312

3. Gender

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

Gender	Number of Ambulatory Patients
Male	3,404
Female	4,908
Total	8,312

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	3,357
Medicaid	123
Third-Party	4,762
Self-Pay	70
Total	8,312

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
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?

Good Samaritan Health Center of Cobb, 1605 Roberta Drive SW, Marietta, GA 30008; Grady Primary Care North Fulton Health Center, 7741 Roswell Road, San

Nurse Employment Addendum

Did your facility employ one or more nurses holding a multistate license pursuant to O.C.G.A. § 43-26-60 et seq. for 30 days or more in 2025 (January 1, 2025 through December 31, 2025)? (Check the box, if yes.)

1.

If yes please list each nurse below: To add a row press the button. To delete a row press the minus button at the end of the row. (You may enter the data on the web form or upload the data to the web form using the .csv file. The csv file upload is recommended, especially if you have a large number of records to add to the form.)

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Adams,Mary Magda	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Adebola,Oluwafunb	5665 Peachtree Dun	3 months	Georgia	No	9/29/2025
Adkins,Carlecia Chu	5665 Peachtree Dun	8 months	Georgia	No	5/12/2025
Adrien,Katrina	5665 Peachtree Dun	29 months	Georgia	No	8/6/2023
Afu,Winifred E	5665 Peachtree Dun	10 months	Georgia	No	3/2/2025
Ajayi,Olufunmilayo	5665 Peachtree Dun	8 months	Georgia	No	4/27/2025
Akhabue,Ebenezer	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Akintokun,Ifeoluwa	5665 Peachtree Dun	53 months	Georgia	No	8/22/2021
Akujobi,Okwuoma (	5665 Peachtree Dun	30 months	Georgia	No	7/23/2023
Albrecht,Steven Wa	5665 Peachtree Dun	3 months	Georgia	No	10/12/2025
Allah,Selena Octavi	5665 Peachtree Dun	13 months	Georgia	No	11/24/2024
Allen,Susan Marie	5665 Peachtree Dun	6 months	Georgia	No	6/22/2025
Alley,Amber Paige	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Amin,Janki	5665 Peachtree Dun	31 months	Georgia	No	6/25/2023
Anaba,Maclean Aba	5665 Peachtree Dun	26 months	Georgia	No	11/13/2023
Anderson,Ashlee Re	5665 Peachtree Dun	34 months	Georgia	No	3/20/2023
Andrade,Patricia	5665 Peachtree Dun	20 months	Georgia	No	4/28/2024
Appiah Narlobie,Ev	5665 Peachtree Dun	8 months	Georgia	No	4/28/2025
Archibald,Valarie C	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Arvelo Bastardo,Yok	5665 Peachtree Dun	29 months	Georgia	No	8/21/2023
Asha,Tekle Getache	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Asmerom Sheil,Freh	5665 Peachtree Dun	20 months	Georgia	No	5/6/2024
Atieno,Lillian	5665 Peachtree Dun	12 months	Georgia	No	1/6/2025
Ausejo,Alessandra	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Azeez,Olasunkanmi	5665 Peachtree Dun	43 months	Georgia	No	6/20/2022
Bagaporo,Maria Est	5665 Peachtree Dun	5 months	Georgia	No	8/3/2025
Bailey,Alegre	5665 Peachtree Dun	3 months	Georgia	No	10/12/2025
Baker,Monica Ramo	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Balderson,Katie Leig	5665 Peachtree Dun	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
Baldha,Priyanka Rar	5665 Peachtree Dun	2 months	Georgia	No	11/9/2025
Balogun,Elizabeth	5665 Peachtree Dun	48 months	Georgia	No	1/23/2022
Barnhill,Sharita Wal	5665 Peachtree Dun	7 months	Georgia	No	5/25/2025
Bastien,Sheila	5665 Peachtree Dun	10 months	Georgia	No	2/24/2025
Bates,Lemiah Alicia	5665 Peachtree Dun	15 months	Georgia	No	9/29/2024
Batiste,Reginald An	5665 Peachtree Dun	5 months	Georgia	No	7/28/2025
Batticks,Terry-Ann S	5665 Peachtree Dun	3 months	Georgia	No	9/29/2025
Beadles,Biboye Ogo	5665 Peachtree Dun	20 months	Georgia	No	4/28/2024
Bean,Jalen Norman	5665 Peachtree Dun	3 months	Georgia	No	10/6/2025
Beard,Lillian Angee	5665 Peachtree Dun	14 months	Georgia	No	11/4/2024
Beaufort,Briana Latr	5665 Peachtree Dun	2 months	Georgia	No	11/10/2025
Beecher,Melissa Bar	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Belay,Seghen	5665 Peachtree Dun	4 months	Georgia	No	8/25/2025
Bell,Abigail Elisabet	5665 Peachtree Dun	4 months	Georgia	No	9/14/2025
Bell,Allison H.	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Benda,Sarah Jean	5665 Peachtree Dun	2 months	Georgia	No	10/26/2025
Bennett,Emma Lee	5665 Peachtree Dun	3 months	Georgia	No	10/12/2025
Biggans,Jason Andr	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Birch,Alicia Marie	5665 Peachtree Dun	42 months	Georgia	No	7/24/2022
Blackwelder,Margar	5665 Peachtree Dun	19 months	Georgia	No	6/9/2024
Blanco,Vinelyn Nort	5665 Peachtree Dun	12 months	Georgia	No	1/19/2025
Bolivar,Matania	5665 Peachtree Dun	16 months	Georgia	No	9/9/2024
Boston-Griffiths,Der	5665 Peachtree Dun	42 months	Georgia	No	7/24/2022
Bowers,Aukella Sha	5665 Peachtree Dun	2 months	Georgia	No	11/9/2025
Bradfield,Marie Stor	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Brewington,Maya C	5665 Peachtree Dun	14 months	Georgia	No	10/27/2024
Broughton,Lisa Jani	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Brown Shelton,Colli	5665 Peachtree Dun	24 months	Georgia	No	1/8/2024
Brown,Brittany Shar	5665 Peachtree Dun	5 months	Georgia	No	7/21/2025
Bryant,Eunisse Eliza	5665 Peachtree Dun	20 months	Georgia	No	5/20/2024
Bryant,Jordan Garci	5665 Peachtree Dun	2 months	Georgia	No	10/26/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Buddin,Kimi	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Burgess,Jaclyn Lee	5665 Peachtree Dun	14 months	Georgia	No	10/27/2024
Buromskikh,Marina	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Busari,Rashidat Ola	5665 Peachtree Dun	29 months	Georgia	No	8/21/2023
Busby,Mary Riley	5665 Peachtree Dun	3 months	Georgia	No	9/29/2025
Bush,Charizma Imai	5665 Peachtree Dun	14 months	Georgia	No	11/11/2024
Butler,Angeline Ger	5665 Peachtree Dun	82 months	Georgia	No	3/24/2019
Butler,Elizabeth	5665 Peachtree Dun	7 months	Georgia	No	6/9/2025
Butler,Katlyn Nichol	5665 Peachtree Dun	12 months	Georgia	No	12/22/2024
Byrd,Navies Rebecc	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Caldwell,Joanna Ma	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Calhoun,Brittany Da	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Camp,Rachel Yvonn	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Cannon,Miranda Liz	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Cardinale,Robert Pa	5665 Peachtree Dun	6 months	Georgia	No	7/7/2025
Carsten,Julia Christi	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Carter,Jna Raquel	5665 Peachtree Dun	33 months	Georgia	No	4/2/2023
Castanon Gonzales,	5665 Peachtree Dun	5 months	Georgia	No	8/3/2025
Cates,Ashley Shann	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Chan,Donna Lee	5665 Peachtree Dun	19 months	Georgia	No	6/9/2024
Charlot-Louis,Louis	5665 Peachtree Dun	2 months	Georgia	No	11/9/2025
Chesney,Linda Clair	5665 Peachtree Dun	10 months	Georgia	No	3/10/2025
Chiao,Irene Tingan	5665 Peachtree Dun	5 months	Georgia	No	7/21/2025
Childers,Serenity Da	5665 Peachtree Dun	40 months	Georgia	No	10/2/2022
Chinna Danloor,Estl	5665 Peachtree Dun	3 months	Georgia	No	10/12/2025
Choi,Miae	5665 Peachtree Dun	23 months	Georgia	No	2/4/2024
Chriss,Brianne Mari	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Clark,Chandler Eliza	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Clayton,Gariann Ale	5665 Peachtree Dun	5 months	Georgia	No	7/21/2025
Cobb,Janie Christin	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Cockerham,Karen D	5665 Peachtree Dun	19 months	Georgia	No	6/3/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Coleman,Dillon Lee	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Collins,Latoya Nicol	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Constante,Samuel	5665 Peachtree Dun	3 months	Georgia	No	10/12/2025
Copeland,Kaine On	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Corbett,Shakera Ke	5665 Peachtree Dun	6 months	Georgia	No	7/7/2025
Cortes,Sofia Guadal	5665 Peachtree Dun	2 months	Georgia	No	11/9/2025
Coto,Jennifer	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Courtney,Lauren Eli	5665 Peachtree Dun	6 months	Georgia	No	7/14/2025
Crenshaw,Chelsey F	5665 Peachtree Dun	3 months	Georgia	No	9/29/2025
Cruz,Gloria	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Dalton,Kelly Elaine	5665 Peachtree Dun	9 months	Georgia	No	4/13/2025
Damhorst,Lacie Lair	5665 Peachtree Dun	10 months	Georgia	No	3/16/2025
Dauphin,Daphney E	5665 Peachtree Dun	2 months	Georgia	No	11/3/2025
Davidson,Heather E	5665 Peachtree Dun	24 months	Georgia	No	1/7/2024
Davis,Carlyn Hope	5665 Peachtree Dun	3 months	Georgia	No	9/28/2025
Davis,Chelby LeAnn	5665 Peachtree Dun	5 months	Georgia	No	8/3/2025
Davis,Denise E	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Davis,Kellie Anecka	5665 Peachtree Dun	1 month	Georgia	No	11/17/2025
Dawson,Johnathon	5665 Peachtree Dun	12 months	Georgia	No	1/5/2025
De Padua,Claire Vill	5665 Peachtree Dun	9 months	Georgia	No	4/13/2025
Desroches,Laurette	5665 Peachtree Dun	12 months	Georgia	No	1/13/2025
Detwiler,Jessica Nic	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Diallo,Aissatou	5665 Peachtree Dun	2 months	Georgia	No	10/20/2025
Diallo,Mariama	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Dias,Ana C	5665 Peachtree Dun	2 months	Georgia	No	10/26/2025
Dixon,Khadijah	5665 Peachtree Dun	8 months	Georgia	No	5/5/2025
Doan,Julanda Kim	5665 Peachtree Dun	6 months	Georgia	No	6/30/2025
Donovan,Megan De	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Dragnev,Aleksandr	5665 Peachtree Dun	19 months	Georgia	No	6/3/2024
Dragutinovic,Marija	5665 Peachtree Dun	2 months	Georgia	No	10/27/2025
Dumas,Adam Jason	5665 Peachtree Dun	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
Duncan,Regina	5665 Peachtree Dun	19 months	Georgia	No	6/9/2024
Dunlap,Jasmine Arc	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Dunn,Erik Johnson	5665 Peachtree Dun	5 months	Georgia	No	8/3/2025
Duran,Anamaria Ter	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Dybing,Kristin Laura	5665 Peachtree Dun	25 months	Georgia	No	12/24/2023
Eatman,Hollis Jane	5665 Peachtree Dun	19 months	Georgia	No	6/24/2024
Edmondson,Bailey A	5665 Peachtree Dun	7 months	Georgia	No	5/27/2025
Edmunds,Alaina	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Eldred,Gracey	5665 Peachtree Dun	7 months	Georgia	No	5/25/2025
Elliott,Anna Taylor	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Epps,Victoria Alexis	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Eskandari,Haleh	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Esparza,Elena Maria	5665 Peachtree Dun	36 months	Georgia	No	1/8/2023
Etchison,Tamera Lat	5665 Peachtree Dun	26 months	Georgia	No	10/29/2023
Evans,Camille	5665 Peachtree Dun	43 months	Georgia	No	6/27/2022
Everson,Joshua Lan	5665 Peachtree Dun	12 months	Georgia	No	1/5/2025
Evitts,Erica Lynn	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Evitts,Kelsey Lynn	5665 Peachtree Dun	6 months	Georgia	No	7/7/2025
Ewers,Jeary	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Ezeonwu,Alice Ozio	5665 Peachtree Dun	8 months	Georgia	No	5/5/2025
Feingold,Jessica Lyr	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Fernandes da Silva	5665 Peachtree Dun	22 months	Georgia	No	3/17/2024
Fields,Madison Paig	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Finley,Jazmin Toriar	5665 Peachtree Dun	5 months	Georgia	No	7/20/2025
Fisher,Mitchka Mart	5665 Peachtree Dun	23 months	Georgia	No	2/19/2024
Flanders,Stacey Aali	5665 Peachtree Dun	6 months	Georgia	No	6/22/2025
Folaron,Gloria Elizal	5665 Peachtree Dun	5 months	Georgia	No	7/21/2025
Fontanilla,Glenice C	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Foster,Zenobia	5665 Peachtree Dun	5 months	Georgia	No	7/21/2025
Francois,Victoria Ch	5665 Peachtree Dun	4 months	Georgia	No	8/25/2025
Franklin,Jasmin Elise	5665 Peachtree Dun	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
Fulcher,Caroline Eli	5665 Peachtree Dun	4 months	Georgia	No	8/31/2025
Fulgiam,Kenyetta C	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Gabriel,Anna Grace	5665 Peachtree Dun	10 months	Georgia	No	3/2/2025
Ganyon,Gracie Moc	5665 Peachtree Dun	5 months	Georgia	No	8/3/2025
Gardiner,Rachel Ale	5665 Peachtree Dun	14 months	Georgia	No	11/10/2024
Gauna,Redd Charle	5665 Peachtree Dun	4 months	Georgia	No	9/14/2025
Georgacopoulos,M	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
George,Sneh J	5665 Peachtree Dun	3 months	Georgia	No	9/28/2025
Geronimo,Aaron Ta	5665 Peachtree Dun	18 months	Georgia	No	7/21/2024
Geronimo,Astrid	5665 Peachtree Dun	19 months	Georgia	No	6/23/2024
Ghaley,Dhan	5665 Peachtree Dun	17 months	Georgia	No	8/18/2024
Gibbons,Tricia Jo	5665 Peachtree Dun	41 months	Georgia	No	8/7/2022
Giegel,Kaylyn Gail	5665 Peachtree Dun	6 months	Georgia	No	7/7/2025
Gilchrist,Amber	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Gilchrist,Canaan Vic	5665 Peachtree Dun	2 months	Georgia	No	11/9/2025
Gilliard,Maleah Felis	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Girouard,Catherine	5665 Peachtree Dun	27 months	Georgia	No	10/15/2023
Golshani,Sanam	5665 Peachtree Dun	7 months	Georgia	No	6/8/2025
Gonzalez,Latisha Ni	5665 Peachtree Dun	6 months	Georgia	No	6/22/2025
Goodelman,Zachary	5665 Peachtree Dun	4 months	Georgia	No	8/25/2025
Gosha,Latisha Rene	5665 Peachtree Dun	9 months	Georgia	No	3/31/2025
Goss,Courtney Eller	5665 Peachtree Dun	16 months	Georgia	No	9/1/2024
Graham,LaChristma	5665 Peachtree Dun	6 months	Georgia	No	7/7/2025
Grant,Danita Shane	5665 Peachtree Dun	7 months	Georgia	No	6/8/2025
Gray,Earl E'Jazz	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Greene,Janice	5665 Peachtree Dun	30 months	Georgia	No	7/17/2023
Gridley,Angelica Va	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Griffiths,Nicola Shel	5665 Peachtree Dun	61 months	Georgia	No	1/10/2021
Griggs,Lauren Ashle	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Griggs,Monica Eliza	5665 Peachtree Dun	3 months	Georgia	No	10/12/2025
Grimball,Roda Glyn	5665 Peachtree Dun	42 months	Georgia	No	7/24/2022

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Guerrero-Castillo,Bi	5665 Peachtree Dun	15 months	Georgia	No	9/29/2024
Gunter,Tanya K	5665 Peachtree Dun	7 months	Georgia	No	6/2/2025
Halani,Ziyaan Sham	5665 Peachtree Dun	5 months	Georgia	No	8/17/2025
Hall,Angela Scottia	5665 Peachtree Dun	15 months	Georgia	No	10/14/2024
Hall,Auston Mitchel	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Hall,Janet Hart Thw	5665 Peachtree Dun	8 months	Georgia	No	5/12/2025
Haltaufderhyde,Jan	5665 Peachtree Dun	14 months	Georgia	No	11/4/2024
Hamm,Donnakay Si	5665 Peachtree Dun	6 months	Georgia	No	7/6/2025
Hammonds,April Kr	5665 Peachtree Dun	5 months	Georgia	No	7/21/2025
Han,Grace Joy	5665 Peachtree Dun	43 months	Georgia	No	6/13/2022
Hand,Jameson Ashl	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Harris,Kyra Nicole	5665 Peachtree Dun	10 months	Georgia	No	3/16/2025
Harris,Toni A.	5665 Peachtree Dun	9 months	Georgia	No	3/30/2025
Harrod,Dena Ann	5665 Peachtree Dun	5 months	Georgia	No	8/18/2025
Hart,Sheri Miranda	5665 Peachtree Dun	5 months	Georgia	No	7/20/2025
Harton,Fannie Dian	5665 Peachtree Dun	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

Kevin Andrews

Date

04/17/2026

Title

Chief Operating Officer

Comments