GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP902

1. Identifcication

Facility Name:

Emory Hillandale Hospital

County:

DeKalb

Street Address:

2801 DeKalb Medical Parkway

City:

Lithonia

Zip:

30058

Mailing Address:

2801 DeKalb Medical Parkway

Mailing City:

Lithonia

Mailing Zip:

30058

Medicaid Provider Number:

00000536

Medicare Provider Number:

110266

3. Report Period

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

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

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

Part B: Survey Contact Information

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

Contact Name:

Patty Pharo

Contact Title:

Senior Financial Accounting Analyst

Phone:

404-544-9702

Fax:

404-727-2606

Email:

patty.pharo@emoryhealthcare.org

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)

DeKalb County Hospital Authority

Organization Type

Not For Profit

Effective Date

08/09/1991

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

DeKalb Medical Center, Inc.

Organization Type

Not For Profit

Effective Date

03/23/1992

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

09/01/2018

E. Management Contractor

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

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

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

3.

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

Name

Emory Healthcare

City

Atlanta

State

GA

4.

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

Name

City

State

5.

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

Name

City

State

6.

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

Name

Vizient

City

Irving

State

TX

7.

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

Name

Emory Healthcare

City

Atlanta

State

GA

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☑

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	87	5,608	25,999	5,980	27,126
Intensive Care	15	656	3,063	281	1,393
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	102	6,264	29,062	6,261	28,519

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	15	656	3,063	281	1,393
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	4	11
Asian	34	147
Black/African American	5,546	25,641
Hispanic/Latino	159	646
Pacific Islander/Hawaiian	0	0
White	386	2,025
Multi-Racial	135	592
Total	6,264	29,062

3. Gender

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

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

4. Payment Source

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

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

5. Discharges to Death

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

89

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

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

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

69,073

2. Inpatient Admissions from ER

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

6,242

3. Beds Available

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

32

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

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	3	1,514
General Beds	29	67,559
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

2,558

6. Non-Emergency Visits

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

35,667

7. Observation Visits/Cases

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

2,271

8. Diverted Cases

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period

0

9. Ambulance Diversion Hours

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

273

10. Untreated Cases

Please provide the number of patients who sought care in your ED but who left without or before being treated. Do not include patients who were transferred or cases that were diverted

2,918

Part F: Services and Facilities

1a. Services and Facilities

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

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

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

Services/Facilities	Site Code	Service Status
Podatric Services	1	1
Renal Dialysis	1	1
ESWL	3	4
Billiary Lithotropter	2	1
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	3	4
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines

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

Number of Ultrasound/Medical Sonography Units	5
Number of Ultrasound/Medical Sonography Procedures	10,602
Number of Treatments, Procedures, or Patients (Other 1)	0
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available for immediate use as of the last day of the report period (12/31)

19

3. Robotic Surgery System

Units

1

Procedures

311

Type of Unit(s)

DaVinci Dual Console Xi (1)

Part G: Facility Workforce Informaton

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	243	20	13
Licensed Practical Nurses (LPNs)	7	0	0
Pharmacists	13	0	0
Other Health Services Professionals*	237	18	2
Administration and Support	19	0	0
All Other Hospital Personnel (not included in above)	164	6	2

2. Filling Vacancies

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

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	Not Applicable
Pharmacists	More than 90 Days
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	7
Asian	319
Black/African American	168
Hispanic/Latino	65
Pacific Islander/Hawaiian	0
White	477
Multi-Racial	25
Total	1,061

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plant and/or Board of Regents Benefit Plan)

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	1	☐	0	0
General Internal Medicine	4	☐	0	0
Pediatricians	0	☐	0	0
Other Medical Specialties	240	☑	0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	16	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	0	☐	0	0
Ophthalmology Surgery	1	☐	0	0
Orthopedic Surgery	2	☐	0	0
Plastic Surgery	0	☐	0	0
General Surgery	35	☐	0	0
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	25	☑	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	139	☑	0	0
Dermatology	0	☐	0	0
Emergency Medicine	60	☑	0	0
Nuclear Medicine	14	☐	0	0
Pathology	9	☑	0	0
Psychiatry	35	☐	0	0
Radiology	266	☑	0	0
Hospitalists	116	☑	0	0
Radiation Oncology	42	☑	0	0
Cardioivascular Disease	56	☐	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	2
Podiatrists	12
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	520

5b. Name of Other Professions

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

Physician Assistants, Nurse Practitioners, Certified Registered Nurse Anesthetist

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

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

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

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

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

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

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

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

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

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

- Inpat=Inpatient Services
- Surg=Outpatient Surgical
- OB=Obstetric
- P18+=Acute psychiatric adult 18 and over
- P13-17=Acute psychiatric adolescent 13-17
- P0-12=Acute psychiatric children 12 and under
- S18+=Substance abuse adult 18 and over
- S13-17=Substance abuse adolescent 13-17
- E18+=Extended care adult 18 and over
- E13-17=Extended care adolescent 13-17
- E0-12=Extended care children 0-12
- LTCH=Long Term Care Hospital
- Rehab=Inpatient Physical Rehabilitation

Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only).You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template.The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabar	15	2	0	0	0	0	0	0	0	0	0	0	0
Applin	0	0	0	0	0	0	0	0	0	0	0	0	0
Atkins	0	0	0	0	0	0	0	0	0	0	0	0	0
Bacon	0	0	0	0	0	0	0	0	0	0	0	0	0
Baker	0	0	0	0	0	0	0	0	0	0	0	0	0
Baldwi	1	0	0	0	0	0	0	0	0	0	0	0	0
Banks	0	0	0	0	0	0	0	0	0	0	0	0	0
Barrov	2	4	0	0	0	0	0	0	0	0	0	0	0
Bartov	1	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hi	0	0	0	0	0	0	0	0	0	0	0	0	0
Berrier	0	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	0	1	0	0	0	0	0	0	0	0	0	0	0
Bleckle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brantle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	0	0	0	0	0	0	0	0	0	0	0	0	0
Bryan	0	1	0	0	0	0	0	0	0	0	0	0	0
Bulloc	1	0	0	0	0	0	0	0	0	0	0	0	0
Burke	1	0	0	0	0	0	0	0	0	0	0	0	0
Butts	4	2	0	0	0	0	0	0	0	0	0	0	0
Calhou	0	0	0	0	0	0	0	0	0	0	0	0	0
Camde	0	0	0	0	0	0	0	0	0	0	0	0	0
Candle	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	2	1	0	0	0	0	0	0	0	0	0	0	0
Catoos	0	0	0	0	0	0	0	0	0	0	0	0	0
Charlte	0	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatta	0	0	0	0	0	0	0	0	0	0	0	0	0
Chattc	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherol	1	1	0	0	0	0	0	0	0	0	0	0	0
Clarke	4	2	0	0	0	0	0	0	0	0	0	0	0

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

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

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

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

Warrer	0	0	0	0	0	0	0	0	0	0	0	0	0
Washi	1	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	0	0	0	0	0	0	0	0	0	0	0	0	0
Webst	0	0	0	0	0	0	0	0	0	0	0	0	0
Wheel	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitfi	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilcox	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkin	0	0	0	0	0	0	0	0	0	0	0	0	0
Worth	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**6,264**	**1,161**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Surgical Services Addendum

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms	Total
General Operating	0	0	5	5
Cystoscopy (OR Suite)	0	0	1	1
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	6	6

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	476	1,103	1,579
Cystoscopy	0	0	22	58	80
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	498	1,161	1,659

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	476	1,103	1,579
Cystoscopy	0	0	22	58	80
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	498	1,161	1,659

Part B: Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	1
Asian	19
Black/African American	942
Hispanic/Latino	38
Pacific Islander/Hawaiian	0
White	147
Multi-Racial	14
Total	1,161

2. Age Grouping

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

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

3. Gender

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

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

4. Payment Source

Please report the total number of ambulatory patients by payment source. Report Peachcare for Kids as Third-Party.

Primary Payment Source	Number of Ambulatory Patients
Medicare	412
Medicaid	90
Third-Party	639
Self-Pay	20
Total	1,161

Georgia Minority Health Advisory Council Addendum

Because of Georgia's racial and ethnic diversity, and a dramatic increase in segments of the population with Limited English Proficiency, the Georgia Minority Health Advisory Council is working with the Department of Community Health to assess our health systems' ability to provide Culturally and Linguistically Appropriate Services (CLAS) to all segments of our population. We appreciate your willingness to provide information on the following questions:

Do you have paid medical interpreters on staff? (Check the box, if yes) ☐

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

When a paid medical interpreter is not available for a limited-English proficiency patient, what alternative mechanisms do you use to assure the provision of Linguistically Appropriate Services? (Check all that apply)

Bilingual hospital staff member ☑

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☑

Telephone interpreter service ☑

Other ☑

Please describe

Video Remote Interpretation agency (iPad); We provide an Agency Interpreter coordinated by us; Over the phone interpretation

Please complete the following grid to show the proportion of patients you serve who prefer speaking various languages (name the 3 most common non-English languages spoken.):

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	0	0	0	0
ASL	0	0	0	0
Dari	0	0	0	0

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

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

What is the most urgent tool or resource you need in order to increase your ability to provide Culturally and Linguistically Appropriate Services (CLAS) to your patients?

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

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

Language One:

English

Language Two:

Language Three:

Language Four:

If an unisured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (Check the box, if yes)

If you checked yes, what is the name and location of that health care center or clinic?

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

Nurse Employment Addendum

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

1.

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

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

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

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

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

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

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

Only use commas to separate values

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

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

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

Authorized Signature

Jen Schuck, MBA, MSW

Date

04/16/2026

Title

Chief Executive Officer

Comments