GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP552

1. Identifcication

Facility Name:

Emory Long Term Acute Care

County:

DeKalb

Street Address:

450 North Candler Street

City:

Decatur

Zip:

30030

Mailing Address:

450 North Candler Street

Mailing City:

Decatur

Mailing Zip:

30030

Medicaid Provider Number:

00000525

Medicare Provider Number:

112006

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)

Decatur Health Resources, Inc.

Organization Type

Not For Profit

Effective Date

09/10/1994

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

09/01/2018

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)

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	0	0	0	0	0
Intensive Care	0	0	0	0	0
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)	50	436	12,638	426	12,553
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	50	436	12,638	426	12,553

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	0	0	0	0	0
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	0	0
Asian	21	640
Black/African American	233	7,124
Hispanic/Latino	14	395
Pacific Islander/Hawaiian	0	0
White	110	2,807
Multi-Racial	58	1,672
Total	436	12,638

3. Gender

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

Gender	Admissions	Inpatient Days
Male	222	6,211
Female	214	6,427
Total	436	12,638

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	273	7,682
Medicaid	21	757
Peachare	0	0
Third-Party	116	3,432
Self-Pay	2	20
Other	24	747
Total	436	12,638

5. Discharges to Death

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

26

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	3,652
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	9,240
Average Total Charge for an Inpatient Day	9,336

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

0

2. Inpatient Admissions from ER

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

0

3. Beds Available

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

0

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	0	0
General Beds	0	0
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

0

6. Non-Emergency Visits

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

0

7. Observation Visits/Cases

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

0

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

0

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

0

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	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	3	4
Radioisotope, Diagnositic	3	4
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	3	4
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	1	1
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	0
Number of Dialysis Treatments	901
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	3,088
Number of CTS Units (machines)	0
Number of CTS Procedures	0
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	0
Number of Number of MRI Procedures	0
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	125,454
Number of Occupational Therapy Treatments	16,995
Number of Physical Therapy Treatments	17,284
Number of Speech Pathology Patients	449
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	4
Number of HIV/AIDS Patients	4
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0

Number of Ultrasound/Medical Sonography Units	2
Number of Ultrasound/Medical Sonography Procedures	0
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)

26

3. Robotic Surgery System

Units

0

Procedures

0

Type of Unit(s)

Not Applicable

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*)	49	11	2
Licensed Practical Nurses (LPNs)	8	0	0
Pharmacists	5	0	0
Other Health Services Professionals*	86	4	0
Administration and Support	8	1	0
All Other Hospital Personnel (not included in above)	39	2	0

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	30 Days or Less
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	4
Asian	163
Black/African American	88
Hispanic/Latino	35
Pacific Islander/Hawaiian	0
White	255
Multi-Racial	10
Total	555

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	2	☐	0	0
Pediatricians	0	☐	0	0
Other Medical Specialties	110	☑	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	1	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	0	☐	0	0
Ophthalmology Surgery	1	☐	0	0
Orthopedic Surgery	0	☐	0	0
Plastic Surgery	0	☐	0	0
General Surgery	16	☐	0	0
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	11	☑	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	8	☑	0	0
Dermatology	0	☐	0	0
Emergency Medicine	1	☑	0	0
Nuclear Medicine	9	☐	0	0
Pathology	7	☑	0	0
Psychiatry	21	☐	0	0
Radiology	244	☑	0	0
Hospitalists	112	☑	0	0
Radiation Oncology	1	☑	0	0
Cardiovascular Disease	10	☐	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	0
Podiatrists	8
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	30

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
Aaron Martrice Anderson	64323
Aarti Sekhar	66064
Abdrahim Aloud	85593
Abdul-Faisal Olatunde Akesode	61548
Abdulrahman Masrani	94681
Abdulwahab Mustafa Ahmed Ewaz	76070
Abeeku Ayize Ricks	86189
Abesh Niroula	83351
Abhay Trivedi	58625
Achraf Makki	96990
Adam Ezra Goldman-Yassen	85635
Adam James Michalak	98778
Adam Shaver	93959
Adedapo O Odetoyinbo	55829
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
Ajay Reddy Kamireddi	80029
Aleksander William Krazinski	95969
Alexander Diaz Bode	99982
Alexandra Dretler	83122
Alexey Babak	102432
Alexis Boscak	102072

Full Name	License Number
Aline Camargo	93896
Aliya Saeed	72454
Allan Ira Levey	34885
Allison Harriott	82205
Allyson Rae Herbst	83309
Alyson Goodwin	68938
Ama Serwah Amofah	70657
Amaka Eunice Ezimora	68405
Amir Hossein Davarpanahfakhr	77358
Amit Manohar Saindane	60499
Amit Surapaneni	85267
Amy Xuan Ho	102910
Amy Garvey	99643
Anastasia Miriam Thomas	POD001061
Andres Anibal Rodriguez Ruiz	72103
Andres Wei-Chiao Su	83546
Andrew John Simpson	61859
Aneese Fatemeh Chaudhry	80892
Angelica C Ukaigwe	105418
Angus Collin Howard	30099
Anika Nina Watson	79732
Anjan Bhattacharyya	87130
Anna Irene Holbrook	65678
Anna Valentinovna Trofimova	87940
Anson Kwame Wurapa	50462
Anthony Michael Balistreri	52424
Anthony Neal Chatham	85327
Anthony Andres Rodriguez DePalma	87246
Antwuan Allen	77519
Aparna Ramani Kakarala	57672
Aravind Somasundaram	99308

Full Name	License Number
Arthur Elton Stillman	57023
Ashishkumar Kanaiyalal Parikh	80264
Ashley Hawk Aiken	62459
Avantika Nathani	105234
Aws Hamid	87058
Ayalivis De La Rosa	103170
Ayodeji Tokunbo George	61778
Ayushi Gupta	80453
Bamidele Ayotunde Ajibola	64745
Bela Desai Bhatia	60722
Benjamin Harris Adams	99165
Benjamin Rutta	105560
Beza Gebremedhine	99178
Bhagya Sannananja	86080
Billy Joe Mullinax	90899
Biren Sanatkumar Joshi	53562
Bisola W Salisu	104490
Bradley Sverre Rostad	75661
Brandi Monique Jones	96074
Brandon Michael Kitay	84853
Brandon Ziyu Lei	96315
Brent Derek Weinberg	75948
Brent Thomas Layton	91434
Brian Simba Simba	88688
Brian Thomas Cabaniss	75965
Bryan Keith Manson	100720
Bryson Reid Hauck	92757
Candice Darville	80487
Carlo Nicola De Cecco	79192
Carlos Jose Sanchez	99465
Carrie Nicole Hoff	75640

Full Name	License Number
Catherine Jiehua Zhang	104722
Catherine SW Albin	82575
Chadwick McKinley Hales	60739
Chandni Ravi	91216
Charles Austin Wheeler	104776
Charles Frederick Gillespie	54717
Charles Oribabor	81915
Charlotte Frances Van Hale	86419
Chelsea Neesham	102661
Chenxi Wu	(blank)
Cheree Shantell Eldridge	POD001267
Chevonne Taja Parris-Skeete	99381
Chia-Lin Winchester	85988
Chibuzor Nkiruka Nnaji	68745
Chidi Ikenna Amah	97298
Christian Allison Fauria-Robinson	81883
Christina Schmidt Sumner	86447
Christopher James Krebs	59263
Christopher Pattrin Ho	63899
Christopher R McAdams	78084
Christopher Scott Davis	109898
Christopher William Reeves	86169
Clint Wallace Sliker	101131
Colin Michael Segovis	79554
Colin Ronald Zuchowski	95717
Cosmin Iacoban	104452
Courtney Coursey Moreno	62324
Cynthia Okoye	80940
Damian Joseph Dyckman	92181
Dan Isaac Georges Cohen-Addad	90437
Dana Robin Jaleel	104488

Full Name	License Number
Daniel K Sok	99637
Daniel Winkel	73883
David Aaron Cohen	77585
David Benjamin Rausher	20345
David Brasfield Sarver	82867
David Claude Snyder	33711
David Craig Alder	POD000756
David Glenn Ransom	80572
David Joshua Krausz	77171
David Michael Schuster	41664
David Michael Vu	102499
David Scott Sandlin	96599
David Sean Thylur	85126
Dean Wong Thongkham	105426
Deborah Saepharn	87827
Deepika Koganti	80987
Deepthi Koralla	101075
Demetrice Sharnae Davis	92688
Diaa Eldin Mohamed Elmatboly Hamouda	98555
Diana Jimena Murcia Salazar	90435
Diana Lucia Vargas Vives	71580
Dilip Singh	84369
Dina Adimora-Onwuka	76398
Divya Chadalavada Kishore	100141
Dokun Tobi Dairo	74343
Dong Vien Dang	89626
Ebubechukwu Njemanze	97422
Edit Weber-Shrikant	91564
Edward Joseph Richer	77180
Edwin Francis Donnelly	109339
Elias George Kikano	95128

Full Name	License Number
Elizabeth McCord	83124
Emily Harkins	86078
Erafat D Rehim	95921
Eric Brian Friedberg	65969
Eric Donovan High	57819
Erik Everett Hemingway	86984
Eshani Sheth	88456
Esther N Udoji	84679
Eugene Aaron Berkowitz	59371
Evan Gedzelman	64544
Fadi Basil Nahab	59883
Faiqa Malik	93370
Faramarz Edalat	82148
Farjad Siddiqui	96721
Fatima Memon	103328
Fisseha Zewdu Bekele	71962
Frank Japhet Minja	86653
Frederick James Anderson	(blank)
Gail Leigh Peters	48290
Gaurav Budhrani	74474
Gauri Rahul Khorjekar	91139
Gayatri Joshi	72291
George Michael	104708
Ghada Ashraf Ahmed Mahmoud Mohamed	104109
Ghulam Ghous	103789
Glenn Charles Webster	81374
Grace Yi	103297
Gregory Arthur Lloyd Jordan	104822
Gregory Jacob Esper	56284
Hang Shi	81857
Hardik Uresh Shah	85682

Full Name	License Number
Hari Trivedi	80938
Haritha R. Challa	67907
Harry William Schroeder	80396
Hassan Chami	81603
Henry Hong Wei	102221
Hernan Roberto Bello Velez	85324
Hesun Han	44929
Howard B Fleishon	73534
Ila Sethi	76467
Isaiah Jarell Rolle	92659
Isiaka Olawale Sholabi	61654
Ivan Claudio-Gonzalez	88721
Jabulani Sidile	88675
Jacqueline Chae-Young Junn	94862
Jaime Marie Wicks	88295
James Alan Tumlin	29960
James Gerard Greene	47756

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
Applin	0	0	0	0	0	0	0	0	0	0	0	0	0
Atkins	4	0	0	0	0	0	0	0	0	0	0	4	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	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Bartov	7	0	0	0	0	0	0	0	0	0	0	7	0
Ben Hi	1	0	0	0	0	0	0	0	0	0	0	1	0
Berrier	1	0	0	0	0	0	0	0	0	0	0	1	0
Bibb	3	0	0	0	0	0	0	0	0	0	0	3	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	0	0	0	0	0	0	0	0	0	0	0	0
Bulloc	0	0	0	0	0	0	0	0	0	0	0	0	0
Burke	0	0	0	0	0	0	0	0	0	0	0	0	0
Butts	0	0	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	4	0	0	0	0	0	0	0	0	0	0	4	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	0	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	0	0	0	0	0	0	0	0	0	0	1	0
Clarke	0	0	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	17	0	0	0	0	0	0	0	0	0	0	17	0
Clinch	0	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	10	0	0	0	0	0	0	0	0	0	0	10	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Cook	2	0	0	0	0	0	0	0	0	0	0	2	0
Cowet	3	0	0	0	0	0	0	0	0	0	0	3	0
Crawfc	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	1	0	0	0	0	0	0	0	0	0	0	1	0
Dade	0	0	0	0	0	0	0	0	0	0	0	0	0
Dawsc	1	0	0	0	0	0	0	0	0	0	0	1	0
Decatı	0	0	0	0	0	0	0	0	0	0	0	0	0
DeKall	113	0	0	0	0	0	0	0	0	0	0	113	0
Dodge	0	0	0	0	0	0	0	0	0	0	0	0	0
Dooly	1	0	0	0	0	0	0	0	0	0	0	1	0
Dougł	5	0	0	0	0	0	0	0	0	0	0	5	0
Dougl	4	0	0	0	0	0	0	0	0	0	0	4	0
Early	0	0	0	0	0	0	0	0	0	0	0	0	0
Echols	0	0	0	0	0	0	0	0	0	0	0	0	0
Effingł	0	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	0	0	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	9	0	0	0	0	0	0	0	0	0	0	9	0
Florida	3	0	0	0	0	0	0	0	0	0	0	3	0
Floyd	2	0	0	0	0	0	0	0	0	0	0	2	0
Forsyt	9	0	0	0	0	0	0	0	0	0	0	9	0
Frankli	0	0	0	0	0	0	0	0	0	0	0	0	0

Fulton	76	0	0	0	0	0	0	0	0	0	0	76	0
Gilmer	1	0	0	0	0	0	0	0	0	0	0	1	0
Glascc	0	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	0	0	0	0	0	0	0	0	0	0	0	0	0
Gordo	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	65	0	0	0	0	0	0	0	0	0	0	65	0
Haber	1	0	0	0	0	0	0	0	0	0	0	1	0
Hall	3	0	0	0	0	0	0	0	0	0	0	3	0
Hanco	1	0	0	0	0	0	0	0	0	0	0	1	0
Harals	0	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	18	0	0	0	0	0	0	0	0	0	0	18	0
Houst	3	0	0	0	0	0	0	0	0	0	0	3	0
Irwin	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackso	2	0	0	0	0	0	0	0	0	0	0	2	0
Jasper	0	0	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	0	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

Lincoli	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
Lownc	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	0	0	0	0	0	0	0	0	0	0	0	0
McDu	0	0	0	0	0	0	0	0	0	0	0	0	0
McInt	0	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
Monro	2	0	0	0	0	0	0	0	0	0	0	2	0
Montg	0	0	0	0	0	0	0	0	0	0	0	0	0
Morga	0	0	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	3	0	0	0	0	0	0	0	0	0	0	3	0
Newto	8	0	0	0	0	0	0	0	0	0	0	8	0
North	0	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	6	0	0	0	0	0	0	0	0	0	0	6	0
Ogleth	0	0	0	0	0	0	0	0	0	0	0	0	0
Pauldi	3	0	0	0	0	0	0	0	0	0	0	3	0
Peach	0	0	0	0	0	0	0	0	0	0	0	0	0
Picken	1	0	0	0	0	0	0	0	0	0	0	1	0
Pierce	1	0	0	0	0	0	0	0	0	0	0	1	0
Pike	0	0	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	0	0	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	1	0	0	0	0	0	0	0	0	0	0	1	0
Rockd	9	0	0	0	0	0	0	0	0	0	0	9	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	4	0	0	0	0	0	0	0	0	0	0	4	0
South	1	0	0	0	0	0	0	0	0	0	0	1	0
Stephe	1	0	0	0	0	0	0	0	0	0	0	1	0
Stewar	0	0	0	0	0	0	0	0	0	0	0	0	0
Sumte	2	0	0	0	0	0	0	0	0	0	0	2	0
Tennes	1	0	0	0	0	0	0	0	0	0	0	1	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	1	0
Thoma	0	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	1	0	0	0	0	0	0	0	0	0	0	1	0
Towns	0	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	0	0	0	0	0	0	0	0	0	0	3	0
Turner	0	0	0	0	0	0	0	0	0	0	0	0	0
Twigg	0	0	0	0	0	0	0	0	0	0	0	0	0
Union	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
Walke	0	0	0	0	0	0	0	0	0	0	0	0	0

Walton	11	0	0	0	0	0	0	0	0	0	0	11	0
Ware	0	0	0	0	0	0	0	0	0	0	0	0	0
Warren	0	0	0	0	0	0	0	0	0	0	0	0	0
Washi	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	0	0	0	0	0	0	0	0	0	0	0	0	0
Webst	0	0	0	0	0	0	0	0	0	0	0	0	0
Wheel	0	0	0	0	0	0	0	0	0	0	0	0	0
White	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
Alabar	6	0	0	0	0	0	0	0	0	0	0	6	0
Totals	**436**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**436**	**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	3	3
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	3	3

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	4	0	4
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	4	0	4

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	4	0	4
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	4	0	4

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	0
Asian	0
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	0
Total	0

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	0
Ages 65-74	0
Ages 75-85	0
Ages 85 and Up	0
Total	0

3. Gender

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

Gender	Number of Ambulatory Patients
Male	0
Female	0
Total	0

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	0
Medicaid	0
Third-Party	0
Self-Pay	0
Total	0

LTCH Addendum

Part A: General Information

1a Accreditation Check the box to the right if your Long Term Care Hospital is accredited ☑

If you checked the box for yes, please specify the agency that accredits your facility in the space below

Joint Commission

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation

Full Accreditation

Number of Licensed LTCH Beds:

76

Permit Effective Date:

07/01/2005

Permit Designation:

Long Term Acute Care

Number CON Beds:

76

Number SUS Beds:

50

Total Patient Days:

12,638

Total Discharges:

426

Total LTCH Admissions:

436

County:

DeKalb

Part B: Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	21	640
Black/African American	233	7,124
Hispanic/Latino	14	395
Pacific Islander/Hawaiian	0	0
White	110	2,807
Multi-Racial	58	1,672
Total	436	12,638

2. Age of LTCH Patient

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-64	189	5,684
Ages 65-74	132	3,779
Ages 75-84	96	2,606
Ages 85 and Up	19	569
Total	436	12,638

3. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	222	6,211
Female	214	6,427
Total	436	12,638

4. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	273	7,682
Third-Party	116	3,432
Self-Pay	2	20
Other	45	1,504

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:

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?

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
Adedokun,Evlyne F	450 North Candler	18 months	Georgia	No	7/7/2024
Askea,Amanda	450 North Candler	20 months	Georgia	No	5/12/2024
Bhatt,Shivani Atulk	450 North Candler	3 months	Georgia	No	10/13/2025
Duncan,Rosalyn Sh	450 North Candler	4 months	Georgia	No	8/31/2025
Evans,Peachies Jan	450 North Candler	18 months	Georgia	No	7/8/2024
Fields,Latasha Mich	450 North Candler	4 months	Georgia	No	8/25/2025
Harris,Taylor Shunt	450 North Candler	4 months	Georgia	No	8/25/2025
Hollingsworth,Rob	450 North Candler	5 months	Georgia	No	8/11/2025
Ihe,Funmilayo E.	450 North Candler	18 months	Georgia	No	7/21/2024
Ishimwe,Colette	450 North Candler	4 months	Georgia	No	8/31/2025
Jackman,Blane Artl	450 North Candler	9 months	Georgia	No	3/30/2025
Jaimevadi,Jasmine	450 North Candler	13 months	Georgia	No	12/2/2024
Kagwiri,Mary Verni	450 North Candler	7 months	Georgia	No	5/27/2025
Love,Selecia Quint	450 North Candler	2 months	Georgia	No	10/26/2025
Mukengeshayi,Muj	450 North Candler	28 months	Georgia	No	9/3/2023
Mumtahin,Sanjeeta	450 North Candler	4 months	Georgia	No	9/15/2025
Murphy,Jannie Lee	450 North Candler	10 months	Georgia	No	3/2/2025
Olele,Marylyn Ifeor	450 North Candler	9 months	Georgia	No	3/30/2025
Onichabor Connell	450 North Candler	5 months	Georgia	No	8/11/2025
Robinson,Shanequ	450 North Candler	32 months	Georgia	No	5/22/2023
San Diego,Analyn S	450 North Candler	9 months	Georgia	No	3/30/2025
Schirmer,Denise Ra	450 North Candler	58 months	Georgia	No	4/4/2021
St Aubyn,Jennifer F	450 North Candler	22 months	Georgia	No	3/18/2024
Tolliver,Charlea	450 North Candler	7 months	Georgia	No	6/16/2025

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