GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP705

1. Identifcication

Facility Name:

Emory University Hospital Midtown

County:

Fulton

Street Address:

550 Peachtree Street NE

City:

Atlanta

Zip:

30308

Mailing Address:

550 Peachtree Street NE

Mailing City:

Atlanta

Mailing Zip:

30308

Medicaid Provider Number:

00000503

Medicare Provider Number:

110078

3. Report Period

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

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

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

Part B: Survey Contact Information

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

Contact Name:

Patty Pharo

Contact Title:

Senior Financial Accounting Analyst

Phone:

404-544-9702

Fax:

404-727-2606

Email:

patty.pharo@emoryhealthcare.org

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

01/01/1944

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

01/01/1997

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

01/01/1944

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)	44	4,079	13,938	4,526	14,523
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	441	18,610	114,633	21,935	143,793
Intensive Care	74	4,838	42,066	1,026	10,321
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	559	27,527	170,637	27,487	168,637

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	74	4,838	42,066	1,026	10,321
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	31	197
Asian	538	2,948
Black/African American	18,349	116,094
Hispanic/Latino	1,244	6,109
Pacific Islander/Hawaiian	30	203
White	6,186	37,076
Multi-Racial	1,149	8,010
Total	27,527	170,637

3. Gender

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

Gender	Admissions	Inpatient Days
Male	11,288	77,908
Female	16,239	92,729
Total	27,527	170,637

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	11,939	89,137
Medicaid	4,548	22,499
Peachare	0	0
Third-Party	8,756	46,080
Self-Pay	1,699	8,981
Other	585	3,940
Total	27,527	170,637

5. Discharges to Death

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

465

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	10,439
Average Total Charge for an Inpatient Day	12,729

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

95,128

2. Inpatient Admissions from ER

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

15,493

3. Beds Available

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

59

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	4,672
General Beds	58	90,456
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

1,589

6. Non-Emergency Visits

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

795,784

7. Observation Visits/Cases

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

10,150

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

253

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

8,505

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	3	4
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	1	1
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	2,509
Number of Dialysis Treatments	9,514
Number of ESWL Patients	14
Number of ESWL Procedures	14
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	228
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	96,191
Number of CTS Units (machines)	10
Number of CTS Procedures	67,935
Number of Diagnostic Radioisotope Procedures	1,632
Number of PET Units (machines)	2
Number of PET Procedures	7,125
Number of Therapeautic Radioisotope Procedures	247
Number of Number of MRI Units	7
Number of Number of MRI Procedures	18,801
Number of Chemotherapy Treatments	89,018
Number of Respiratory Therapy Treatments	336,511
Number of Occupational Therapy Treatments	41,340
Number of Physical Therapy Treatments	77,703
Number of Speech Pathology Patients	5,713
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	5,929
Number of HIV/AIDS Diagnostic Procedures	21,276
Number of HIV/AIDS Patients	4,328
Number of Ambulance Trips	0
Number of Hospice Patients	329
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	58
Number of Ultrasound/Medical Sonography Procedures	18,359

Number of Ultrasound/Medical Sonography Procedures	18,339
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)

61

3. Robotic Surgery System

Units

6

Procedures

1,243

Type of Unit(s)

DaVinci Dual Console Xi (3), DaVinci Dual Console 5 (1), DaVinci Single Console SP (1), da Vinci Ion (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	7	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	2,129	154	39
Licensed Practical Nurses (LPNs)	58	6	0
Pharmacists	164	8	0
Other Health Services Professionals*	1,801	58	82
Administration and Support	219	6	0
All Other Hospital Personnel (not included in above)	997	40	32

2. Filling Vacancies

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

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

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	8
Asian	724
Black/African American	320
Hispanic/Latino	157
Pacific Islander/Hawaiian	0
White	1,249
Multi-Racial	65
Total	2,523

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	16	☐	0	0
General Internal Medicine	54	☐	0	0
Pediatricians	13	☐	0	0
Other Medical Specialties	876	☑	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	112	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	5	☐	0	0
Ophthalmology Surgery	52	☐	0	0
Orthopedic Surgery	39	☐	0	0
Plastic Surgery	18	☐	0	0
General Surgery	87	☐	0	0
Thoracic Surgery	28	☐	0	0
Other Surgical Specialties	119	☑	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	176	☑	0	0
Dermatology	19	☐	0	0
Emergency Medicine	204	☑	0	0
Nuclear Medicine	16	☑	0	0
Pathology	80	☑	0	0
Psychiatry	35	☐	0	0
Radiology	261	☑	0	0
Hospitalists	163	☑	0	0
Radiation Oncology	44	☑	0	0
Cardiovascular Disease	106	☐	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	21
Podiatrists	7
Certified Nurse Midwives with Clinical Privileges in the Hospital	25
All Other Staff Affiliates with Clinical Privileges in the Hospital	1,255

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
April Robin Dworetz	54608
Jan Cecelia Kennedy	31046
Jun Ma	80485
Aakash Ramesh Amin	58725
Aamir Pervez	105538
Aaron David Weiss	75706
Aaron Martrice Anderson	64323
Aaron Michael Alford	56397
Aaron Michael Fletcher	72750
Aaron Trammell	74118
Aarti Sekhar	66064
Aashni Patel	101179
Abayomi Oyeniyi Oyenuga	104624
Abdelrahman Montaser Anter	103769
Abduljalil E Elfasi	76709
Abdulrahman Masrani	94681
Abdulwahab Mustafa Ahmed Ewaz	76070
Abesh Niroula	83351
Abhash Chandra Thakur	94912
Abhinav Goyal	59648
Abhineet Uppal	93637
Abhishek Gaur	52174
Abid Fazal	96261
Abimbola Faloye	69590
Abiodun Gbadero Olatidoye	48556
Aboude Nowaylati	92452
Achraf Makki	96990
Adam Brett Greenbaum	80063
Adam Christopher Webb	59348
Adam Craig Gordon	94593
Adam David Robertson Rowh	96713

Full Name	License Number
Adam Ezra Goldman-Yassen	85635
Adam Gregory de la Garza	81784
Adam Jackson Mitchell	71825
Adam James Michalak	98778
Adam Matthew Klein	56121
Adam Shaver	93959
Adebowale O Oguntola	97988
Adeboye Oluwaseyi Osunkoya	59301
Adegboyega Olaseni Olayode	71995
Adejimi O Adeniji	55385
Adekemi Ngozi Akano	103015
Adekemi Omosalewa Egunsola	98613
Aderajew Amsalu Taddesse	83410
Adesoji Emmanuel Oderinde	48285
Adesuwa Ighodaro Akhetuamhen	96797
Adetoun Adeyemi	84688
Adina Lynn Alazraki	42988
Adiseshu V Gundlapalli	84117
Adrienne G. Van Curen	74792
Adviteeya Narasimhan Dixit	79833
Agena Renee Davenport-Nicholson	67408
Agni Chandora	96989
Agnieszka Gaertig	91762
Ahmad Hameed Al-Hajj	55389
Ahmad Marwan Muneer Nassar	104596
Ahmed Basim Al-Khafaji	96445
Aida D. Risman	95601
Aine Marie Kelly	83236
Aishat Folaranmi Mustapha	(blank)
Ajay Kumar Nooka	63380
Ajay Reddy Kamireddi	80029
Ajay Premkumar	91707
Ajay Tadepalli	78917

Full Name	License Number
Akanksha Mehta	70201
Akhila Mohan Rajaram	92375
Akram Wafic Ibrahim	67475
Akshay Sharad Bedmutha	100734
Alaina Renate Steck	70437
Alan C Cheng	66271
Alan Jay Gottlieb	27554
Alan M Fixelle	24675
Alan Mark Neuman	35710
Alan Russell Redding	61327
Albert Losken	46160
Alecia Renee Lovelady	50405
Alejandro Humberto Sardi-Freitez	76161
Alejandro Luis Feria	103601
Aleksander William Krazinski	95969
Alex Jon Sommerfeld	85095
Alexa Marie Robbins	99750
Alexander Abbas Vakili	100367
Alexander Anthony Halkos	13188
Alexander D. Truong	66094
Alexander David Kosiak	105522
Alexander Diaz Bode	99982
Alexander Paul Isakov	49236
Alexander S Prewitt	85847
Alexander Choi	100184
Alexander Papangelou	74272
Alexandra Kay Monroe	86030
Alexandra Love Migdal	78221
Alexandra Maria Tiliakos	63141
Alexandra Towne Pope	95612
Alexandra Michalowski	103497
Alexandrea Hyunjee Kim	105074
Alexey Babak	102432

Full Name	License Number
Alexis Caroline Ahlfors Cutchins	67925
Alexis Boscak	102072
Ali John Zarrabi	76730
Ali R Rahimi	64249
Ali Abouzia	109325
Ali Kashkouli	59439
Alicia Marie Bonanno	95422
Aline Camargo	93896
Alisha Sara Kramer	95558
Alison Folger Ward	83452
Alison Kyung-Hwa Lee	105445
Alison Marie Dolce	100635
Alison Michelle Gizinski	77744
Aliza Machefsky	86229
Allan Ira Levey	34885
Allan Junior Joseph	99536
Allen Weber Yen	100790
Allison J Hyatt	92807
Allyson Rae Herbst	83309
Alton B Farris	62499
Alyssa Krasinskas	70172
Amaka Eunice Ezimora	68405
Amalia Alice Jonsson	88504
Amalia Anne Weir Aldredge	84276
Amanda Carroll Mihalik-Wenger	99797
Amanda Jacqueline Zayek	103958
Amanda Kaye Haan	85348
Amanda S Guentner	89770
Amara Grace Decker	100470
Amara Siddique Danielczok	88249
Amara Zulfiqar Fazal	92626
Amatu Rabbi	38918
Ambar Kulshreshtha	73581

Full Name	License Number
Ameen Fareed Person	66617
Ameeta Shivdas Kalokhe	68183
Amelia Ann Langston	44952
Amir Ayoub Antonios	95416
Amir Hossein Davarpanahfakhr	77358
Amisha Shirishkumar Mehta	76261
Amit Manohar Saindane	60499
Amit Jethanandani	99966
Amit Prabhakar	78694
Amit Surapaneni	85267
Amita Kulshreshtha	99027
Amol Madan Takalkar	85681
Amy Christine Coker	69785
Amy Diane Kuhmichel	DN013687
Amy Josephine Zeidan	82796
Amy Kathleen Hutchinson	36185
Amy Lirong Yan	100347
Amy Rebecca Long Rule	93010
Amy Robben Mehollin-Ray	92201
Amy Xuan Ho	102910
Amy Garvey	99643
Ana Gabriela Antun	64766
Anand D Shah	74096
Anand Sagar Jain	80740
Anand Salem	91588
Anant Mandawat	79840
Ananth Vadde	68959
Anastasios Peter Costarides	38716
Andre L Scott	51545
Andre Lavar Holder	71809
Andre Romell Matthews	61291
Andrea Lucille Shane	58010
Andrea Maria Corujo Rodriguez	80564

Full Name	License Number
Andrea Morrison Dabney	66274
Andrea Raphiela Lowden	100587
Andres Anibal Rodriguez Ruiz	72103
Andres Manuel De Leon Benedetti	88696
Andres Mauricio Patino	80010
Andres Wei-Chiao Su	83546
Andres Chang	85560
Andrew D Rhim	104024
Andrew G. Breithaupt	101537
Andrew Hebb Miller	38873
Andrew Hill Milby	76442
Andrew Lee Smith	35765
Andrew McLeod Pendley	67585
Andrew Nathan Kobylivker	59861
Andrew Robert Murphy	102766
Andrew Steven Feinberg	42043
Andrew Ward Elson	95675
Andrew Lupo	95114
Andrew Yu	95567
Anee Sophia Jackson	96960
Anees Quyyumi	50669
Aneesh Kautilya Mehta	60220
Angampally Goverdhana Rajeev	57240
Angel Rodrigo Leon	30129
Angela M Morello	65848
Angelica C Ukaigwe	105418
Anika Backster	67893
Anisa Lakhani	85827
Anita Beheruz Sethna	64268
Anita S Deshpande	93161
Anjan Bhattacharyya	87130
Anju Anna Oommen	66386
Ankit Ajay Bhargava	89804

Full Name	License Number
Ankit D Patel	60960
Ankit Parikh	67426
Ankita Agarwal	86482
Ankita Tirath	99639

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
Alabam	259	79	7	0	0	0	0	0	0	0	0	0	0
Applinc	5	2	0	0	0	0	0	0	0	0	0	0	0
Atkinso	3	1	0	0	0	0	0	0	0	0	0	0	0
Bacon	5	0	0	0	0	0	0	0	0	0	0	0	0
Baker	3	0	0	0	0	0	0	0	0	0	0	0	0
Baldwir	38	7	0	0	0	0	0	0	0	0	0	0	0
Banks	1	7	0	0	0	0	0	0	0	0	0	0	0
Barrow	65	39	5	0	0	0	0	0	0	0	0	0	0
Bartow	77	31	2	0	0	0	0	0	0	0	0	0	0
Ben Hil	12	4	0	0	0	0	0	0	0	0	0	0	0
Berrien	6	1	1	0	0	0	0	0	0	0	0	0	0
Bibb	126	53	9	0	0	0	0	0	0	0	0	0	0
Bleckle	9	3	0	0	0	0	0	0	0	0	0	0	0
Brantle	3	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	5	0	0	0	0	0	0	0	0	0	0	0	0
Bryan	11	2	2	0	0	0	0	0	0	0	0	0	0
Bulloch	10	9	1	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	61	34	3	0	0	0	0	0	0	0	0	0	0
Calhoui	2	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
Candlei	5	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	323	95	16	0	0	0	0	0	0	0	0	0	0
Catoos	7	3	0	0	0	0	0	0	0	0	0	0	0
Charlto	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	50	24	2	0	0	0	0	0	0	0	0	0	0
Chattal	13	6	2	0	0	0	0	0	0	0	0	0	0
Chattoo	13	8	1	0	0	0	0	0	0	0	0	0	0
Cherok	171	123	9	0	0	0	0	0	0	0	0	0	0
Clarke	35	29	1	0	0	0	0	0	0	0	0	0	0
Clay	0	0	0	0	0	0	0	0	0	0	0	0	0

Clayton	1,658	444	420	0	0	0	0	0	0	0	0	0	0	0
Clinch	7	0	1	0	0	0	0	0	0	0	0	0	0	0
Cobb	1,011	529	234	0	0	0	0	0	0	0	0	0	0	0
Coffee	25	6	0	0	0	0	0	0	0	0	0	0	0	0
Colquit	18	4	2	0	0	0	0	0	0	0	0	0	0	0
Columk	24	9	4	0	0	0	0	0	0	0	0	0	0	0
Cook	7	1	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	157	113	19	0	0	0	0	0	0	0	0	0	0	0
Crawfo	7	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	33	3	0	0	0	0	0	0	0	0	0	0	0	0
Dade	2	1	0	0	0	0	0	0	0	0	0	0	0	0
Dawson	24	8	3	0	0	0	0	0	0	0	0	0	0	0
Decatu	8	4	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	4,653	1,650	954	0	0	0	0	0	0	0	0	0	0	0
Dodge	15	3	0	0	0	0	0	0	0	0	0	0	0	0
Dooly	12	8	2	0	0	0	0	0	0	0	0	0	0	0
Dough	88	36	1	0	0	0	0	0	0	0	0	0	0	0
Dougla	308	141	67	0	0	0	0	0	0	0	0	0	0	0
Early	7	3	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	0
Effingh	12	3	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	12	3	2	0	0	0	0	0	0	0	0	0	0	0
Emanu	11	2	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	0
Fannin	18	9	1	0	0	0	0	0	0	0	0	0	0	0
Fayette	224	125	45	0	0	0	0	0	0	0	0	0	0	0
Florida	195	50	4	0	0	0	0	0	0	0	0	0	0	0
Floyd	71	26	0	0	0	0	0	0	0	0	0	0	0	0
Forsyth	125	73	9	0	0	0	0	0	0	0	0	0	0	0
Franklir	18	10	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	12,334	2,332	1,674	0	0	0	0	0	0	0	0	0	0	0
Gilmer	26	9	0	0	0	0	0	0	0	0	0	0	0	0

Glascoc	0	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	15	2	0	0	0	0	0	0	0	0	0	0	0
Gordor	40	15	0	0	0	0	0	0	0	0	0	0	0
Grady	10	3	1	0	0	0	0	0	0	0	0	0	0
Greene	16	13	0	0	0	0	0	0	0	0	0	0	0
Gwinne	956	517	220	0	0	0	0	0	0	0	0	0	0
Habers	26	14	2	0	0	0	0	0	0	0	0	0	0
Hall	112	64	6	0	0	0	0	0	0	0	0	0	0
Hancoc	5	1	1	0	0	0	0	0	0	0	0	0	0
Haralsc	54	18	0	0	0	0	0	0	0	0	0	0	0
Harris	45	25	0	0	0	0	0	0	0	0	0	0	0
Hart	9	4	0	0	0	0	0	0	0	0	0	0	0
Heard	17	10	1	0	0	0	0	0	0	0	0	0	0
Henry	884	369	181	0	0	0	0	0	0	0	0	0	0
Housto	165	74	3	0	0	0	0	0	0	0	0	0	0
Irwin	5	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	63	46	2	0	0	0	0	0	0	0	0	0	0
Jasper	31	8	1	0	0	0	0	0	0	0	0	0	0
Jeff Da	2	2	0	0	0	0	0	0	0	0	0	0	0
Jefferso	5	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	2	0	0	0	0	0	0	0	0	0	0	0	0
Jones	7	2	0	0	0	0	0	0	0	0	0	0	0
Lamar	26	10	2	0	0	0	0	0	0	0	0	0	0
Lanier	6	1	0	0	0	0	0	0	0	0	0	0	0
Laurens	24	9	1	0	0	0	0	0	0	0	0	0	0
Lee	20	14	1	0	0	0	0	0	0	0	0	0	0
Liberty	8	4	0	0	0	0	0	0	0	0	0	0	0
Lincoln	0	0	0	0	0	0	0	0	0	0	0	0	0
Long	0	1	0	0	0	0	0	0	0	0	0	0	0
Lownde	37	4	1	0	0	0	0	0	0	0	0	0	0
Lumpki	18	7	0	0	0	0	0	0	0	0	0	0	0

Macon	9	5	0	0	0	0	0	0	0	0	0	0	0
Madiso	9	11	0	0	0	0	0	0	0	0	0	0	0
Marion	15	2	0	0	0	0	0	0	0	0	0	0	0
McDuff	6	0	1	0	0	0	0	0	0	0	0	0	0
McInto	0	0	0	0	0	0	0	0	0	0	0	0	0
Meriwe	34	8	5	0	0	0	0	0	0	0	0	0	0
Miller	4	1	0	0	0	0	0	0	0	0	0	0	0
Mitchel	19	5	1	0	0	0	0	0	0	0	0	0	0
Monroe	28	19	1	0	0	0	0	0	0	0	0	0	0
Montg	3	1	0	0	0	0	0	0	0	0	0	0	0
Morgar	18	5	4	0	0	0	0	0	0	0	0	0	0
Murray	14	7	0	0	0	0	0	0	0	0	0	0	0
Muscog	165	55	6	0	0	0	0	0	0	0	0	0	0
Newtor	185	104	27	0	0	0	0	0	0	0	0	0	0
North C	59	35	2	0	0	0	0	0	0	0	0	0	0
Oconee	8	15	0	0	0	0	0	0	0	0	0	0	0
Other C	379	56	11	0	0	0	0	0	0	0	0	0	0
Ogleth	6	2	0	0	0	0	0	0	0	0	0	0	0
Pauldin	100	60	12	0	0	0	0	0	0	0	0	0	0
Peach	36	21	1	0	0	0	0	0	0	0	0	0	0
Pickens	18	15	0	0	0	0	0	0	0	0	0	0	0
Pierce	2	0	0	0	0	0	0	0	0	0	0	0	0
Pike	27	7	1	0	0	0	0	0	0	0	0	0	0
Polk	31	8	0	0	0	0	0	0	0	0	0	0	0
Pulaski	16	8	0	0	0	0	0	0	0	0	0	0	0
Putnam	9	5	0	0	0	0	0	0	0	0	0	0	0
Quitma	0	1	0	0	0	0	0	0	0	0	0	0	0
Rabun	14	6	1	0	0	0	0	0	0	0	0	0	0
Randol	3	2	0	0	0	0	0	0	0	0	0	0	0
Richmo	26	4	0	0	0	0	0	0	0	0	0	0	0
Rockda	204	116	33	0	0	0	0	0	0	0	0	0	0
Schley	7	1	0	0	0	0	0	0	0	0	0	0	0

Screver	2	1	0	0	0	0	0	0	0	0	0	0	0
Seminc	3	1	0	0	0	0	0	0	0	0	0	0	0
Spaldin	136	60	10	0	0	0	0	0	0	0	0	0	0
South (	112	38	1	0	0	0	0	0	0	0	0	0	0
Stephe	14	5	0	0	0	0	0	0	0	0	0	0	0
Stewart	7	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	34	7	0	0	0	0	0	0	0	0	0	0	0
Tennes	89	36	3	0	0	0	0	0	0	0	0	0	0
Talbot	6	3	0	0	0	0	0	0	0	0	0	0	0
Taliafer	0	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall	0	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	7	4	0	0	0	0	0	0	0	0	0	0	0
Telfair	4	4	0	0	0	0	0	0	0	0	0	0	0
Terrell	13	7	1	0	0	0	0	0	0	0	0	0	0
Thoma	22	4	1	0	0	0	0	0	0	0	0	0	0
Tift	41	8	0	0	0	0	0	0	0	0	0	0	0
Toomb	8	2	0	0	0	0	0	0	0	0	0	0	0
Towns	10	2	0	0	0	0	0	0	0	0	0	0	0
Treutler	5	0	0	0	0	0	0	0	0	0	0	0	0
Troup	144	29	10	0	0	0	0	0	0	0	0	0	0
Turner	14	4	1	0	0	0	0	0	0	0	0	0	0
Twiggs	1	2	0	0	0	0	0	0	0	0	0	0	0
Union	15	17	0	0	0	0	0	0	0	0	0	0	0
Upson	38	10	1	0	0	0	0	0	0	0	0	0	0
Walker	17	8	0	0	0	0	0	0	0	0	0	0	0
Walton	162	77	17	0	0	0	0	0	0	0	0	0	0
Ware	3	2	0	0	0	0	0	0	0	0	0	0	0
Warren	2	0	0	0	0	0	0	0	0	0	0	0	0
Washin	8	0	1	0	0	0	0	0	0	0	0	0	0
Wayne	8	2	0	0	0	0	0	0	0	0	0	0	0
Webste	1	0	0	0	0	0	0	0	0	0	0	0	0
Wheele	4	2	0	0	0	0	0	0	0	0	0	0	0

White	9	13	0	0	0	0	0	0	0	0	0	0	0
Whitfie	54	18	1	0	0	0	0	0	0	0	0	0	0
Wilcox	11	4	0	0	0	0	0	0	0	0	0	0	0
Wilkes	2	0	0	0	0	0	0	0	0	0	0	0	0
Wilkins	6	4	0	0	0	0	0	0	0	0	0	0	0
Worth	21	7	0	0	0	0	0	0	0	0	0	0	0
Totals	**27,527**	**8,369**	**4,079**	**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	34	34
Cystoscopy (OR Suite)	0	0	2	2
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	36	36

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	6,625	7,617	14,242
Cystoscopy	0	0	183	752	935
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	6,808	8,369	15,177

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	6,625	7,617	14,242
Cystoscopy	0	0	183	752	935
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	6,808	8,369	15,177

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	14
Asian	266
Black/African American	4,364
Hispanic/Latino	455
Pacific Islander/Hawaiian	11
White	3,146
Multi-Racial	113
Total	8,369

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	5
Ages 15-64	5,786
Ages 65-74	1,624
Ages 75-85	855
Ages 85 and Up	99
Total	8,369

3. Gender

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

Gender	Number of Ambulatory Patients
Male	3,253
Female	5,116
Total	8,369

4. Payment Source

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

Primary Payment Source	Number of Ambulatory Patients
Medicare	2,930
Medicaid	578
Third-Party	4,786
Self-Pay	75
Total	8,369

Perinatal Services Addendum

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

Number of Delivery Rooms:

5

Number of Birthing Rooms:

0

Number of LDR Rooms:

18

Number of LDRP Rooms:

0

Number of Cesarean Sections:

1,436

Total Live Births:

4,103

Total Live Births (Live and Late Fetal Deaths):

4,119

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

4,192

Part B: Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	36	3,523	10,065	430
Specialty Care (Intermediate Neonatal Care)	24	37	3,931	356
Subspecialty Care (Intensive Neonatal Care)	15	561	7,187	190
Total	75	4,121	21,183	976

Part C: Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	1	5
Asian	135	425
Black/African American	2,982	10,393
Hispanic/Latino	438	1,359
Pacific Islander/Hawaiian	7	15
White	479	1,616
Multi-Racial	37	125
Total	4,079	13,938

2. Age Grouping

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

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	3	11
Ages 15-44	4,055	13,846
Ages 45 and Up	21	81
Total	4,079	13,938

3. Average Charge for an Uncomplicated Delivery

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

21,007

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

42,246

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)

1

What languages do they most often interpret?

Spanish

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

Bilingual hospital staff member ☑

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☑

Telephone interpreter service ☑

Other ☑

Please describe

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

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

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

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

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

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

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

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

Language One:

English

Language Two:

Some in Spanish

Language Three:

Language Four:

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

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

Grady Primary Care, Asa G. Yancey Health Center, 1247 Donald Lee Hollowell Pkwy. NW, Atlanta, GA 3031; Grady Primary Care, Kirkwood Family Medicine, 1863 I

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
Abdullah,Marquisho	550 Peachtree Street	7 months	Georgia	No	5/25/2025
Abernathy,Gregory E	550 Peachtree Street	8 months	Georgia	No	5/11/2025
Abich,Britta Achieng	550 Peachtree Street	7 months	Georgia	No	6/2/2025
Abramson,Cara Roth	550 Peachtree Street	18 months	Georgia	No	7/7/2024
Abrar,Maryam	550 Peachtree Street	30 months	Georgia	No	7/23/2023
Abuawo,Lilian Atieno	550 Peachtree Street	5 months	Georgia	No	7/28/2025
Abuti,Yvonne Melisa	550 Peachtree Street	18 months	Georgia	No	7/22/2024
Acolatse,Alwine M	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Adams McGuire,Erie	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Adams,Terri Faye	550 Peachtree Street	19 months	Georgia	No	6/9/2024
Addison,Caylee	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Addo,Mercy Dela	550 Peachtree Street	26 months	Georgia	No	11/12/2023
Adeeko,Olayiwola Sa	550 Peachtree Street	1 month	Georgia	No	11/24/2025
Ademolu,Habibat Oy	550 Peachtree Street	8 months	Georgia	No	5/11/2025
Adenuga,Modupe A	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Adeogun,Adedoyin	550 Peachtree Street	8 months	Georgia	No	5/11/2025
Adeoye,Aderonke F.	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Adhiambo,Rachael A	550 Peachtree Street	5 months	Georgia	No	8/17/2025
Adu,Rhoda Tiwaa	550 Peachtree Street	9 months	Georgia	No	4/7/2025
Agu,Praise Musu	550 Peachtree Street	9 months	Georgia	No	3/24/2025
Ahmed,Soreeytti	550 Peachtree Street	3 months	Georgia	No	10/13/2025
Ahuchaogu,Okechuk	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Aird,Briana Isabel	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Ajape,Olushola Adek	550 Peachtree Street	57 months	Georgia	No	5/3/2021
Akanbi,Oluwakemi B	550 Peachtree Street	21 months	Georgia	No	3/31/2024
Akanji,Oluwatunmise	550 Peachtree Street	2 months	Georgia	No	10/20/2025
Akinbolaji,Rebecca C	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Akinniyi,Magret Olai	550 Peachtree Street	38 months	Georgia	No	11/14/2022
Akpuchukwu,Rhoda	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Aladeniyi,Oluwole A	550 Peachtree Street	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
Albright,Lauren	550 Peachtree Street	31 months	Georgia	No	6/12/2023
Alexander,Kenya Filis	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Alexander,Lauren	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Alexander,Rachel A	550 Peachtree Street	5 months	Georgia	No	8/18/2025
Alexis,Guerly Meniol	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Alezy,Philadele	550 Peachtree Street	10 months	Georgia	No	3/3/2025
Allen,Angelina Clauc	550 Peachtree Street	14 months	Georgia	No	10/27/2024
Allen,Catherine Suza	550 Peachtree Street	117 months	Georgia	No	6/6/2016
Allen,Cynthia Denies	550 Peachtree Street	26 months	Georgia	No	10/29/2023
Allen,Samaria Jean	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Allen,Shahatra Latoy	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Allen,Shelly-Ann Nic	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Allison,Shahaven Tal	550 Peachtree Street	21 months	Georgia	No	4/8/2024
Almanzar,Jennifer	550 Peachtree Street	7 months	Georgia	No	5/25/2025
Alpern,Jared Earl	550 Peachtree Street	3 months	Georgia	No	10/12/2025
Alsobrook,Courtney	550 Peachtree Street	2 months	Georgia	No	11/10/2025
Altmyer,Molly Marie	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Alto,Nicholle Kaitlyn	550 Peachtree Street	18 months	Georgia	No	7/21/2024
Amanfo,Adaeze Shir	550 Peachtree Street	4 months	Georgia	No	9/8/2025
Ambrose,Tanya Step	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Amofah,Harriet	550 Peachtree Street	7 months	Georgia	No	6/8/2025
Amuzu,Esther	550 Peachtree Street	9 months	Georgia	No	3/31/2025
Anderson,Aaryn Nic	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Anderson,Leah Thor	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Anderson,Traci Talay	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Anderson,Yvonne Da	550 Peachtree Street	2 months	Georgia	No	10/26/2025
Andrews,Charles Ha	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Annan,Christiana	550 Peachtree Street	17 months	Georgia	No	8/4/2024
Ansah,Eric Owusu	550 Peachtree Street	9 months	Georgia	No	3/31/2025
Ansere,Lawrencia	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Antenor,Marie Rosel	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Anthony,Joelisa Auri	550 Peachtree Street	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
Antwi,Rebecca Ama	550 Peachtree Street	78 months	Georgia	No	8/12/2019
Anyanwu,Janefrance	550 Peachtree Street	18 months	Georgia	No	7/8/2024
Arboite,Yvane	550 Peachtree Street	34 months	Georgia	No	3/19/2023
Arbouine,Lolita Prec	550 Peachtree Street	5 months	Georgia	No	8/17/2025
Aregay,Feven Solom	550 Peachtree Street	14 months	Georgia	No	10/27/2024
Arko-Asiamah,Abiga	550 Peachtree Street	24 months	Georgia	No	1/22/2024
Arnold,Morgan Adri	550 Peachtree Street	17 months	Georgia	No	8/4/2024
Arnold,Rakia Kalicia	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Arnwine,Ashley Eliza	550 Peachtree Street	4 months	Georgia	No	9/14/2025
Arrington,Stephanie	550 Peachtree Street	33 months	Georgia	No	4/2/2023
Arroyo Loza,Jesus Al	550 Peachtree Street	7 months	Georgia	No	5/25/2025
Asefa,Masitewal Girr	550 Peachtree Street	34 months	Georgia	No	3/6/2023
Atkinson,Kristeena A	550 Peachtree Street	5 months	Georgia	No	8/3/2025
Austin,Kimberly R	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Aveldanez,Elisa Cruz	550 Peachtree Street	9 months	Georgia	No	4/13/2025
Aweis,Fartuna Sharif	550 Peachtree Street	9 months	Georgia	No	3/31/2025
Awuah,Oforiwah Ewu	550 Peachtree Street	4 months	Georgia	No	9/15/2025
Ayers,Diane C	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Baako,Jamil	550 Peachtree Street	2 months	Georgia	No	11/9/2025
Babajide,Porshe Ja'N	550 Peachtree Street	11 months	Georgia	No	2/3/2025
Bachiller,Josef Ian M	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bada,Emmanuel Olu	550 Peachtree Street	5 months	Georgia	No	8/3/2025
Badalamente,Salvato	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bady,Ricquitta Shire	550 Peachtree Street	16 months	Georgia	No	9/15/2024
Bailey,Jocelyn Nicole	550 Peachtree Street	9 months	Georgia	No	4/13/2025
Bailey,Kimone Corer	550 Peachtree Street	5 months	Georgia	No	8/3/2025
Baker,Azariah Gernia	550 Peachtree Street	3 months	Georgia	No	10/13/2025
Baldemor,Alpha Gra	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Balducci,Griffin Char	550 Peachtree Street	4 months	Georgia	No	9/15/2025
Balicas,Eve Y	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Baltrip,Shereece Jan	550 Peachtree Street	2 months	Georgia	No	11/9/2025
Balty,Samuel Ethan	550 Peachtree Street	7 months	Georgia	No	6/9/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Bandoo,Recianne Ke	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Banissi,Susane Ruth	550 Peachtree Street	2 months	Georgia	No	10/26/2025
Banks,Delores	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Banks,Jonell	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Banks,MacKenzie Joi	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bannerman,Mya Dio	550 Peachtree Street	29 months	Georgia	No	8/20/2023
Banzuelo,Sharon Est	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Barabin,Diamond Ni	550 Peachtree Street	8 months	Georgia	No	5/11/2025
Barber,Paula Eileen	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Barber,Rebekah Ann	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Barcinas,Christina M	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Barlow,Wesley Scott	550 Peachtree Street	2 months	Georgia	No	10/26/2025
Barnett,Imani Nicole	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Barthelemy,Ismaelle	550 Peachtree Street	18 months	Georgia	No	7/21/2024
Bartolanzo,Sara Mar	550 Peachtree Street	2 months	Georgia	No	10/20/2025
Barzallo,Jameila M	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bass,Timothy Nelsor	550 Peachtree Street	19 months	Georgia	No	6/9/2024
Battle,Tanesha L	550 Peachtree Street	51 months	Georgia	No	10/31/2021
Baxter,Catherine Val	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Baynard,Lyshantia Va	550 Peachtree Street	11 months	Georgia	No	2/17/2025
Beach,Annabel Franc	550 Peachtree Street	18 months	Georgia	No	7/7/2024
Beard,RaShanna Roc	550 Peachtree Street	20 months	Georgia	No	4/28/2024
Beauharnais,Lourdes	550 Peachtree Street	7 months	Georgia	No	6/8/2025
Beaulieu,DeShannor	550 Peachtree Street	42 months	Georgia	No	7/24/2022
Bell,Samantha	550 Peachtree Street	18 months	Georgia	No	7/7/2024
Benjamin,Ashley Elai	550 Peachtree Street	10 months	Georgia	No	2/24/2025
Bennett,Jiaya Gurvir	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bentley,Camille	550 Peachtree Street	29 months	Georgia	No	7/31/2023
Bentley,Jordan Simo	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Berfect,Kinesha Kiny	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bergeron,Anna Grac	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Berry,Alexis Faith	550 Peachtree Street	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
Berry,Cameron Davi	550 Peachtree Street	2 months	Georgia	No	10/27/2025
Berry,Rayna Edith Et	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Best,Avery Paige	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bhavnani,Tanisha An	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Billish,Cheryl Leigh	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Black,Sherri	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Blackwood,Tramaine	550 Peachtree Street	5 months	Georgia	No	8/4/2025
Blake,Andrea Jera	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Blankenship,Laura El	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Boateng,Beatrice An	550 Peachtree Street	17 months	Georgia	No	8/19/2024
Bobo,Keonah Shanic	550 Peachtree Street	4 months	Georgia	No	8/31/2025
Bohannon,Starkeria	550 Peachtree Street	2 months	Georgia	No	11/9/2025
Bolt,Sabrina Ruth	550 Peachtree Street	9 months	Georgia	No	4/14/2025
Bonner,Moesha Alex	550 Peachtree Street	1 month	Georgia	No	11/24/2025
Boone,Breanna	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Boone,Sydney Nicol	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Boozer,Nykelia Aneq	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bostan-Ali,Farhad	550 Peachtree Street	3 months	Georgia	No	10/6/2025
Bourdeau,Laura May	550 Peachtree Street	27 months	Georgia	No	10/15/2023
Bowen,Dawnette Co	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Bowers,Kinnedy Dej	550 Peachtree Street	3 months	Georgia	No	10/12/2025
Boyd,Travis Jamal	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Boykin,Jodi Griggs	550 Peachtree Street	12 months	Georgia	No	1/13/2025
Boyle Gomes,Kim Vi	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brabbs,Kylie Myrtle	550 Peachtree Street	1 month	Georgia	No	11/23/2025
Bradford,Holly Rene	550 Peachtree Street	3 months	Georgia	No	9/29/2025
Bradford,Leah Shay	550 Peachtree Street	7 months	Georgia	No	6/9/2025
Bradford,Rainy Dai	550 Peachtree Street	3 months	Georgia	No	10/12/2025
Braham,Neisha Nata	550 Peachtree Street	33 months	Georgia	No	4/30/2023
Breslauer,Allyson	550 Peachtree Street	14 months	Georgia	No	10/27/2024
Brewster,Amanda M	550 Peachtree Street	3 months	Georgia	No	9/28/2025
Bridges,Ashley Mar	550 Peachtree Street	15 months	Georgia	No	9/29/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Brooks,Angela Dawn	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brooks,Tekaria Brear	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brown,Alexa Simone	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brown,Chadney Tayl	550 Peachtree Street	5 months	Georgia	No	8/3/2025
Brown,Cssacia Rasha	550 Peachtree Street	7 months	Georgia	No	5/25/2025
Brown,Drew Jariah	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brown,Genova Octav	550 Peachtree Street	17 months	Georgia	No	8/5/2024
Brown,Harambee As	550 Peachtree Street	6 months	Georgia	No	7/6/2025
Brown,Pamela Lee	550 Peachtree Street	19 months	Georgia	No	6/24/2024
Brown,Shatreese De	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brown,Sue Ann	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brown,Trineesa Sam	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Brozek,Olivia	550 Peachtree Street	9 months	Georgia	No	4/13/2025
Brubaker,Margaret A	550 Peachtree Street	4 months	Georgia	No	9/15/2025
Bruce,Cheryse	550 Peachtree Street	29 months	Georgia	No	8/20/2023
Brunetti,Julie M	550 Peachtree Street	1 month	Georgia	No	11/23/2025
Brunton,Faith Miche	550 Peachtree Street	8 months	Georgia	No	5/5/2025
Bryant,Brianna Aund	550 Peachtree Street	5 months	Georgia	No	8/3/2025
Bryant,Kirah Lashea	550 Peachtree Street	9 months	Georgia	No	4/14/2025
Bryant,Lorie Ann	550 Peachtree Street	5 months	Georgia	No	8/3/2025
Buckovich,Veronica I	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Buenaflor,Jeannine L	550 Peachtree Street	18 months	Georgia	No	7/7/2024
Bulgariu,Marta	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Burchfield,Connie Ta	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Burke,Christopher Ju	550 Peachtree Street	1 months	Georgia	No	11/17/2025
Burks,Evija	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Burley,Karlye Renee	550 Peachtree Street	8 months	Georgia	No	5/5/2025
Butler,Cameron Eliot	550 Peachtree Street	31 months	Georgia	No	6/5/2023
Butts,Ariel Tycinee	550 Peachtree Street	13 months	Georgia	No	12/8/2024
Bynum,Dae'Giana Eu	550 Peachtree Street	6 months	Georgia	No	6/30/2025
Byrd,Michael Charles	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Cadet,Jada Faith Dia	550 Peachtree Street	3 months	Georgia	No	10/13/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Caicedo Moreno,Nic	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Cain,Portia Kinnette	550 Peachtree Street	20 months	Georgia	No	4/28/2024
Calvin,Kerry Ann S	550 Peachtree Street	8 months	Georgia	No	5/19/2025
Campbell,Teresa Kay	550 Peachtree Street	17 months	Georgia	No	8/12/2024
Campbell-Lewis,Ken	550 Peachtree Street	34 months	Georgia	No	3/5/2023
Campbell-Ramsamu	550 Peachtree Street	6 months	Georgia	No	7/6/2025
Cannon,Rheticia Ant	550 Peachtree Street	2 months	Georgia	No	11/9/2025
Cannonier,Shammah	550 Peachtree Street	8 months	Georgia	No	4/27/2025
Carey,Ajah Ann	550 Peachtree Street	9 months	Georgia	No	3/30/2025
Carlisle,Cynnetta Lor	550 Peachtree Street	11 months	Georgia	No	2/16/2025

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

Adam Webb, MD

Date

04/07/2026

Title

Chief Operating Officer

Comments