GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP368

1. Identifcication

Facility Name:

Emory University Orthopaedics & Spine Hospital

County:

DeKalb

Street Address:

1455 Montreal Road

City:

Tucker

Zip:

30084

Mailing Address:

1455 Montreal Road

Mailing City:

Tucker

Mailing Zip:

30084

Medicaid Provider Number:

0000712

Medicare Provider Number:

110010

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

12/01/2007

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

09/17/2008

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Emory University

Organization Type

Not For Profit

Effective Date

09/17/2008

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	33	1,619	6,232	1,655	6,311
Intensive Care	5	204	890	165	775
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	38	1,823	7,122	1,820	7,086

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	5	204	890	165	775
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	2	11
Asian	50	214
Black/African American	606	2,647
Hispanic/Latino	59	205
Pacific Islander/Hawaiian	3	6
White	1,013	3,713
Multi-Racial	90	326
Total	1,823	7,122

3. Gender

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

Gender	Admissions	Inpatient Days
Male	838	3,203
Female	985	3,919
Total	1,823	7,122

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	1,091	4,592
Medicaid	39	143
Peachare	0	0
Third-Party	579	1,919
Self-Pay	17	46
Other	97	422
Total	1,823	7,122

5. Discharges to Death

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

2

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	10,509
Average Total Charge for an Inpatient Day	26,564

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

16,076

7. Observation Visits/Cases

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

631

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	3	4
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)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	3	4
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	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	54
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	10,666
Number of CTS Units (machines)	1
Number of CTS Procedures	5,385
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	2
Number of Number of MRI Procedures	5,988
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	17,040
Number of Occupational Therapy Treatments	11,126
Number of Physical Therapy Treatments	22,124
Number of Speech Pathology Patients	15
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	63
Number of HIV/AIDS Patients	63
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	1

Number of Ultrasound/Medical Sonography Units	1
Number of Ultrasound/Medical Sonography Procedures	101
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)

3

3. Robotic Surgery System

Units

2

Procedures

81

Type of Unit(s)

Mako, Cori

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*)	103	12	1
Licensed Practical Nurses (LPNs)	0	0	0
Pharmacists	8	0	0
Other Health Services Professionals*	96	10	0
Administration and Support	13	0	0
All Other Hospital Personnel (not included in above)	68	5	10

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)	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	6
Asian	636
Black/African American	229
Hispanic/Latino	145
Pacific Islander/Hawaiian	0
White	1,183
Multi-Racial	61
Total	2,260

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	33	☐	0	0
Pediatricians	2	☐	0	0
Other Medical Specialties	730	☑	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	61	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	4	☐	0	0
Ophthalmology Surgery	54	☐	0	0
Orthopedic Surgery	38	☐	0	0
Plastic Surgery	12	☐	0	0
General Surgery	85	☐	0	0
Thoracic Surgery	35	☐	0	0
Other Surgical Specialties	108	☑	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	271	☑	0	0
Dermatology	23	☐	0	0
Emergency Medicine	178	☑	0	0
Nuclear Medicine	16	☑	0	0
Pathology	80	☑	0	0
Psychiatry	58	☐	0	0
Radiology	253	☑	0	0
Hospitalists	108	☑	0	0
Radiation Oncology	40	☑	0	0
Cardiovascular Disease	70	☐	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	11
Podiatrists	0
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	1,303

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 G: #4 Emory University Hospital and Emory University Orthopaedics & Spine Hospital share the same medical roster.

Part H: Physician Name and License Number

1. Physicians on Staff

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

Full Name	License Number
Jan Cecelia Kennedy	31046
Jun Ma	80485
A. Ebrahim Haroon	59733
Aamir Pervez	105538
Aaron David Gluth	72553
Aaron David Weiss	75706
Aaron Martrice Anderson	64323
Aaron Trammell	74118
Aarti Sekhar	66064
Aashni Patel	101179
Abayomi Oyeniyi Oyenuga	104624
Abdelrahman Montaser Anter	103769
Abdulrahman Masrani	94681
Abdulwahab Mustafa Ahmed Ewaz	76070
Abesh Niroula	83351
Abhinav Goyal	59648
Abhineet Uppal	93637
Abid Fazal	96261
Abimbola Faloye	69590
Aboude Nowaylati	92452
Achraf Makki	96990
Adam Brett Greenbaum	80063
Adam Christopher Webb	59348
Adam Craig Gordon	94593
Adam David Robertson Rowh	96713
Adam Ezra Goldman-Yassen	85635
Adam Gregory de la Garza	81784
Adam Jackson Mitchell	71825
Adam James Michalak	98778
Adam Matthew Klein	56121

Full Name	License Number
Adam Whittier Bingaman	46738
Adam Shaver	93959
Adeboye Oluwaseyi Osunkoya	59301
Adekemi Ngozi Akano	103015
Adekemi Omosalewa Egunsola	98613
Aderajew Amsalu Taddesse	83410
Adesuwa Ighodaro Akhetuamhen	96797
Adina Lynn Alazraki	42988
Adiseshu V Gundlapalli	84117
Adriana Patricia Hermida	59074
Adrienne G. Van Curen	74792
Adviteeya Narasimhan Dixit	79833
Agena Renee Davenport-Nicholson	67408
Agni Chandora	96989
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
Akanksha Mehta	70201
Akhila Mohan Rajaram	92375
Akshay Sharad Bedmutha	100734
Alaina Renate Steck	70437
Albert Losken	46160
Alejandro Humberto Sardi-Freitez	76161
Alejandro Luis Feria	103601
Alejandro Chavarriaga	90031

Full Name	License Number
Aleksander William Krazinski	95969
Alex Jon Sommerfeld	85095
Alexa Marie Robbins	99750
Alexander Abbas Vakili	100367
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 Maria Tiliakos	63141
Alexandra Marie Arges	85785
Alexandra Michalowski	103497
Alexandrea Hyunjee Kim	105074
Alexey Babak	102432
Alexis Boscak	102072
Alfreda Miller-Coleman	56143
Ali John Zarrabi	76730
Ali Abouzia	109325
Ali Aneizi	104386
Ali Kashkouli	59439
Alice M Chae	103885
Alicia Marie Bonanno	95422
Aline Camargo	93896
Alisa Cherisse Horsford	63242
Alisha Sara Kramer	95558
Alison Folger Ward	83452
Alison Kyung-Hwa Lee	105445
Alison Michelle Gizinski	77744
Aliza Machefsky	86229

Full Name	License Number
Allan Ira Levey	34885
Allen Dale Beck	33525
Allesyn Jamelle Young	93289
Allison J Hyatt	92807
Alton B Farris	62499
Alyson Goodwin	68938
Alyssa Krasinskas	70172
Amalia Alice Jonsson	88504
Amalia Anne Weir Aldredge	84276
Amanda Carroll Mihalik-Wenger	99797
Amanda Kaye Haan	85348
Amanda Lauren Dempsey	74265
Amara Grace Decker	100470
Amara Zulfiqar Fazal	92626
Amelia Ann Langston	44952
Amir Hossein Davarpanahfakhr	77358
Amisha Shirishkumar Mehta	76261
Amit Manohar Saindane	60499
Amit Bhakta	80902
Amit Jethanandani	99966
Amit Prabhakar	78694
Amit Surapaneni	85267
Amita Kulshreshtha	99027
Amol Madan Takalkar	85681
Amy Diane Kuhmichel	DN013687
Amy Josephine Zeidan	82796
Amy Kathleen Hutchinson	36185
Amy Lirong Yan	100347
Amy Xuan Ho	102910
Amy Garvey	99643
Ana Gabriela Antun	64766
Anand B Joshi	84295

Full Name	License Number
Anand D Shah	74096
Anand Sagar Jain	80740
Anant Mandawat	79840
Ananth Vadde	68959
Anastasios Peter Costarides	38716
Andre L Scott	51545
Andre Lavar Holder	71809
Andre Romell Matthews	61291
Andrea Leah Crowell	68497
Andrea Maria Corujo Rodriguez	80564
Andrea Morrison Dabney	66274
Andrea Renee Dillard	70087
Andres Anibal Rodriguez Ruiz	72103
Andres Mauricio Patino	80010
Andres Wei-Chiao Su	83546
Andres Chang	85560
Andrew Butler Scot Muir	52079
Andrew C Smith	103684
Andrew Carl Furman	36158
Andrew D Rhim	104024
Andrew Fredrick Fischer	91523
Andrew Hebb Miller	38873
Andrew Hill Milby	76442
Andrew Isaac Geller	67300
Andrew Jay Patterson	82076
Andrew Lee Smith	35765
Andrew McLeod Pendley	67585
Andrew Michael Hendrick	68026
Andrew Robert Murphy	102766
Andrew Ward Elson	95675
Andrew Lupo	95114
Andrew Yu	95567

Full Name	License Number
Anee Sophia Jackson	96960
Anees Quyyumi	50669
Aneesh Kautilya Mehta	60220
Angel Rodrigo Leon	30129
Angela Suzette Camfield	62104
Anika Backster	67893
Anita Beheruz Sethna	64268
Anita S Deshpande	93161
Anjan Bhattacharyya	87130
Anju Anna Oommen	66386
Ankit Ajay Bhargava	89804
Ankit D Patel	60960
Ankit Agrawal	80283
Ankita Agarwal	86482
Ankita Satpute	102498
Ankita Tirath	99639
Ann Catherine Schwartz	44350
Anna Austin Von	65623
Anna Irene Holbrook	65678
Anna Jade Hartzog	91732
Anna Kathryn Deal	80049
Anna Maria McCrate	80501
Anna Mariah Kirsch	80458
Anna Quay Yaffee	70797
Anna Rebecca Cruz	76807
Anna Valentinovna Trofimova	87940
Anna Woodbury	67188
Anne Elisa Cossu	92183
Anne Elizabeth Gill	73532
Anne L Piantadosi	83776
Anne Marie Lips	95774
Anne Marie McKenzie-Brown	31979

Full Name	License Number
Anne Marie Van Beuningen	88043
Annelys Roque Gardner	88672
Annemarie Cardell	97699
Annette Marie Esper	54776
Annie Massart	70486
Annie Yao	72593
Antasia Giebler	83676
Anthony Brian Law	86538
Anthony M Brausch	(blank)
Anthony Michael Hunter	85106

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

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

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

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alaban	63	29	0	0	0	0	0	0	0	0	0	0	0
Applin	0	1	0	0	0	0	0	0	0	0	0	0	0
Atkinsc	0	0	0	0	0	0	0	0	0	0	0	0	0
Bacon	4	2	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	5	4	0	0	0	0	0	0	0	0	0	0	0
Banks	1	1	0	0	0	0	0	0	0	0	0	0	0
Barrow	8	9	0	0	0	0	0	0	0	0	0	0	0
Bartow	17	16	0	0	0	0	0	0	0	0	0	0	0
Ben Hil	2	0	0	0	0	0	0	0	0	0	0	0	0
Berrien	0	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	13	15	0	0	0	0	0	0	0	0	0	0	0
Bleckle	0	1	0	0	0	0	0	0	0	0	0	0	0
Brantle	1	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	2	1	0	0	0	0	0	0	0	0	0	0	0
Bryan	1	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	1	8	0	0	0	0	0	0	0	0	0	0	0
Burke	0	1	0	0	0	0	0	0	0	0	0	0	0
Butts	6	5	0	0	0	0	0	0	0	0	0	0	0
Calhou	0	1	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	13	28	0	0	0	0	0	0	0	0	0	0	0
Catoos	2	1	0	0	0	0	0	0	0	0	0	0	0
Charltc	0	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	2	8	0	0	0	0	0	0	0	0	0	0	0
Chattal	1	1	0	0	0	0	0	0	0	0	0	0	0
Chatto	0	1	0	0	0	0	0	0	0	0	0	0	0
Cherok	27	56	0	0	0	0	0	0	0	0	0	0	0
Clarke	10	8	0	0	0	0	0	0	0	0	0	0	0

Clay	0	0	0	0	0	0	0	0	0	0	0	0	0
Claytor	59	105	0	0	0	0	0	0	0	0	0	0	0
Clinch	0	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	134	290	0	0	0	0	0	0	0	0	0	0	0
Coffee	0	1	0	0	0	0	0	0	0	0	0	0	0
Colquit	6	2	0	0	0	0	0	0	0	0	0	0	0
Columl	3	4	0	0	0	0	0	0	0	0	0	0	0
Cook	0	1	0	0	0	0	0	0	0	0	0	0	0
Cowet	28	39	0	0	0	0	0	0	0	0	0	0	0
Crawfo	0	2	0	0	0	0	0	0	0	0	0	0	0
Crisp	3	3	0	0	0	0	0	0	0	0	0	0	0
Dade	1	1	0	0	0	0	0	0	0	0	0	0	0
Dawso	5	7	0	0	0	0	0	0	0	0	0	0	0
Decatu	2	1	0	0	0	0	0	0	0	0	0	0	0
DeKalb	375	1,189	0	0	0	0	0	0	0	0	0	0	0
Dodge	3	2	0	0	0	0	0	0	0	0	0	0	0
Dooly	2	1	0	0	0	0	0	0	0	0	0	0	0
Dough	4	8	0	0	0	0	0	0	0	0	0	0	0
Dougl	32	55	0	0	0	0	0	0	0	0	0	0	0
Early	0	2	0	0	0	0	0	0	0	0	0	0	0
Echols	0	0	0	0	0	0	0	0	0	0	0	0	0
Effingh	0	1	0	0	0	0	0	0	0	0	0	0	0
Elbert	1	1	0	0	0	0	0	0	0	0	0	0	0
Emanu	0	2	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	2	3	0	0	0	0	0	0	0	0	0	0	0
Fayette	16	49	0	0	0	0	0	0	0	0	0	0	0
Florida	23	21	0	0	0	0	0	0	0	0	0	0	0
Floyd	7	15	0	0	0	0	0	0	0	0	0	0	0
Forsyth	19	19	0	0	0	0	0	0	0	0	0	0	0
Frankli	7	1	0	0	0	0	0	0	0	0	0	0	0

Fulton	263	626	0	0	0	0	0	0	0	0	0	0	0
Gilmer	3	7	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	5	8	0	0	0	0	0	0	0	0	0	0	0
Gordor	1	6	0	0	0	0	0	0	0	0	0	0	0
Grady	0	1	0	0	0	0	0	0	0	0	0	0	0
Greene	2	3	0	0	0	0	0	0	0	0	0	0	0
Gwinne	110	306	0	0	0	0	0	0	0	0	0	0	0
Habers	7	5	0	0	0	0	0	0	0	0	0	0	0
Hall	12	31	0	0	0	0	0	0	0	0	0	0	0
Hancoc	1	1	0	0	0	0	0	0	0	0	0	0	0
Haralsc	7	11	0	0	0	0	0	0	0	0	0	0	0
Harris	5	9	0	0	0	0	0	0	0	0	0	0	0
Hart	1	2	0	0	0	0	0	0	0	0	0	0	0
Heard	1	1	0	0	0	0	0	0	0	0	0	0	0
Henry	67	161	0	0	0	0	0	0	0	0	0	0	0
Houstc	17	21	0	0	0	0	0	0	0	0	0	0	0
Irwin	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackso	14	25	0	0	0	0	0	0	0	0	0	0	0
Jasper	5	4	0	0	0	0	0	0	0	0	0	0	0
Jeff Da	2	0	0	0	0	0	0	0	0	0	0	0	0
Jefferso	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Jones	1	2	0	0	0	0	0	0	0	0	0	0	0
Lamar	0	7	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
Lauren	4	4	0	0	0	0	0	0	0	0	0	0	0
Lee	3	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
Lincoln	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
Lowndı	4	5	0	0	0	0	0	0	0	0	0	0	0
Lumpk	0	4	0	0	0	0	0	0	0	0	0	0	0
Macon	0	0	0	0	0	0	0	0	0	0	0	0	0
Madisc	0	1	0	0	0	0	0	0	0	0	0	0	0
Marion	1	1	0	0	0	0	0	0	0	0	0	0	0
McDuf	1	1	0	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	5	1	0	0	0	0	0	0	0	0	0	0	0
Miller	1	0	0	0	0	0	0	0	0	0	0	0	0
Mitche	0	1	0	0	0	0	0	0	0	0	0	0	0
Monro	7	5	0	0	0	0	0	0	0	0	0	0	0
Montg	0	1	0	0	0	0	0	0	0	0	0	0	0
Morga	2	4	0	0	0	0	0	0	0	0	0	0	0
Murray	2	0	0	0	0	0	0	0	0	0	0	0	0
Muscoı	13	10	0	0	0	0	0	0	0	0	0	0	0
Newtoı	21	63	0	0	0	0	0	0	0	0	0	0	0
North (	24	11	0	0	0	0	0	0	0	0	0	0	0
Oconeı	3	3	0	0	0	0	0	0	0	0	0	0	0
Other (	34	23	0	0	0	0	0	0	0	0	0	0	0
Ogleth	0	1	0	0	0	0	0	0	0	0	0	0	0
Pauldir	15	42	0	0	0	0	0	0	0	0	0	0	0
Peach	2	7	0	0	0	0	0	0	0	0	0	0	0
Pickens	5	8	0	0	0	0	0	0	0	0	0	0	0
Pierce	1	0	0	0	0	0	0	0	0	0	0	0	0
Pike	0	3	0	0	0	0	0	0	0	0	0	0	0
Polk	5	6	0	0	0	0	0	0	0	0	0	0	0
Pulaski	0	3	0	0	0	0	0	0	0	0	0	0	0
Putnan	3	6	0	0	0	0	0	0	0	0	0	0	0
Quitma	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	1	9	0	0	0	0	0	0	0	0	0	0	0

Randol	0	1	0	0	0	0	0	0	0	0	0	0	0
Richmc	4	4	0	0	0	0	0	0	0	0	0	0	0
Rockda	35	84	0	0	0	0	0	0	0	0	0	0	0
Schley	0	1	0	0	0	0	0	0	0	0	0	0	0
Screver	0	0	0	0	0	0	0	0	0	0	0	0	0
Seminc	0	0	0	0	0	0	0	0	0	0	0	0	0
Spaldir	13	30	0	0	0	0	0	0	0	0	0	0	0
South (	48	27	0	0	0	0	0	0	0	0	0	0	0
Stephe	1	1	0	0	0	0	0	0	0	0	0	0	0
Stewar	0	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	1	3	0	0	0	0	0	0	0	0	0	0	0
Tennes	39	12	0	0	0	0	0	0	0	0	0	0	0
Talbot	0	1	0	0	0	0	0	0	0	0	0	0	0
Taliafer	0	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Telfair	3	1	0	0	0	0	0	0	0	0	0	0	0
Terrell	0	0	0	0	0	0	0	0	0	0	0	0	0
Thoma	4	4	0	0	0	0	0	0	0	0	0	0	0
Tift	7	1	0	0	0	0	0	0	0	0	0	0	0
Toomb	1	3	0	0	0	0	0	0	0	0	0	0	0
Towns	2	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	16	17	0	0	0	0	0	0	0	0	0	0	0
Turner	0	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs	0	1	0	0	0	0	0	0	0	0	0	0	0
Union	8	3	0	0	0	0	0	0	0	0	0	0	0
Upson	4	4	0	0	0	0	0	0	0	0	0	0	0
Walker	3	0	0	0	0	0	0	0	0	0	0	0	0
Walton	22	43	0	0	0	0	0	0	0	0	0	0	0
Ware	2	1	0	0	0	0	0	0	0	0	0	0	0

Warren	0	0	0	0	0	0	0	0	0	0	0	0	0
Washir	0	2	0	0	0	0	0	0	0	0	0	0	0
Wayne	2	1	0	0	0	0	0	0	0	0	0	0	0
Webste	0	0	0	0	0	0	0	0	0	0	0	0	0
Wheele	0	0	0	0	0	0	0	0	0	0	0	0	0
White	6	2	0	0	0	0	0	0	0	0	0	0	0
Whitfie	2	5	0	0	0	0	0	0	0	0	0	0	0
Wilcox	1	1	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
Wilkins	2	3	0	0	0	0	0	0	0	0	0	0	0
Worth	3	2	0	0	0	0	0	0	0	0	0	0	0
Totals	**1,823**	**3,741**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Surgical Services Addendum

1. Surgery Rooms in the OR Suite

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

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms	Total
General Operating	0	0	11	11
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	0	0	11	11

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	1,951	3,741	5,692
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	1,951	3,741	5,692

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	1,951	3,741	5,692
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	1,951	3,741	5,692

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	4
Asian	110
Black/African American	1,456
Hispanic/Latino	159
Pacific Islander/Hawaiian	3
White	1,981
Multi-Racial	28
Total	3,741

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	1,840
Ages 65-74	1,173
Ages 75-85	670
Ages 85 and Up	58
Total	3,741

3. Gender

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

Gender	Number of Ambulatory Patients
Male	1,542
Female	2,199
Total	3,741

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	1,768
Medicaid	89
Third-Party	1,862
Self-Pay	22
Total	3,741

Georgia Minority Health Advisory Council Addendum

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

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

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

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

Bilingual hospital staff member ☑

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☑

Telephone interpreter service ☑

Other ☑

Please describe

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

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

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

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

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

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

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

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

Language One:

English

Language Two:

Some in Spanish

Language Three:

Language Four:

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

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

Grady Walk-In Center, 56 Jesse Hill Jr Dr SE, Atlanta, GA 30303; Good Samaritan Clinic, 1015 Donald Lee Hollowell Pkwy. NW, Atlanta, GA 30318

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,Erica P	1455 Montreal Road	5 months	Georgia	No	8/17/2025
Ansah,Vanessa O	1455 Montreal Road	16 months	Georgia	No	9/1/2024
Bazin,Annie J	1455 Montreal Road	2 months	Georgia	No	11/3/2025
Blackstock,Samiah I	1455 Montreal Road	4 months	Georgia	No	9/8/2025
Brice,Diane	1455 Montreal Road	4 months	Georgia	No	9/14/2025
Bryan,Melissa Ann	1455 Montreal Road	10 months	Georgia	No	3/16/2025
Campbell,Javonte C	1455 Montreal Road	4 months	Georgia	No	9/8/2025
Carter,Jessica	1455 Montreal Road	19 months	Georgia	No	6/9/2024
Chung Ferguson,Al	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Cutrell,Christopher	1455 Montreal Road	4 months	Georgia	No	9/2/2025
Darden,Kadeeja Ne	1455 Montreal Road	24 months	Georgia	No	1/8/2024
Davis,Sharonda Jan	1455 Montreal Road	17 months	Georgia	No	8/18/2024
Diaz Martinez,Maxi	1455 Montreal Road	8 months	Georgia	No	4/21/2025
Dubose,Jennifer Re	1455 Montreal Road	11 months	Georgia	No	2/17/2025
Dubose,Lakeesha S	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Dunn,Alona	1455 Montreal Road	8 months	Georgia	No	4/27/2025
Flakes,Tanyaler Mar	1455 Montreal Road	33 months	Georgia	No	4/3/2023
Harry,Andrea Leaa	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Hawks,Shannon Bre	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Henry,Nichelle Crisl	1455 Montreal Road	17 months	Georgia	No	8/12/2024
Holder,Cheyanne M	1455 Montreal Road	5 months	Georgia	No	7/28/2025
Holloway,Donna Fa	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Jean,Carmen Nicole	1455 Montreal Road	8 months	Georgia	No	4/28/2025
Jones,Kevin Donald	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Jones,Nicole	1455 Montreal Road	3 months	Georgia	No	9/28/2025
Kelly,Grace Angella	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Lee,Sara Nara	1455 Montreal Road	25 months	Georgia	No	12/24/2023
Mack,Gradisha Blac	1455 Montreal Road	9 months	Georgia	No	3/30/2025
Manbodh,Barbara (	1455 Montreal Road	4 months	Georgia	No	9/15/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Massingill,David Le	1455 Montreal Roac	51 months	Georgia	No	10/17/2021
Morgan,Tarnisha Ev	1455 Montreal Roac	4 months	Georgia	No	8/25/2025
Neptune,Shawane	1455 Montreal Roac	9 months	Georgia	No	3/30/2025
Perkins,Kenneth R	1455 Montreal Roac	9 months	Georgia	No	3/30/2025
Puckett,Ashley Evar	1455 Montreal Roac	9 months	Georgia	No	3/30/2025
Rai,Monita	1455 Montreal Roac	9 months	Georgia	No	3/30/2025
Rhodes,Kayla Chan	1455 Montreal Roac	42 months	Georgia	No	7/24/2022
Robinson,Shalonda	1455 Montreal Roac	15 months	Georgia	No	9/29/2024
Samuels,Greggory	1455 Montreal Roac	32 months	Georgia	No	5/8/2023
Sanders,Rojean Ver	1455 Montreal Roac	5 months	Georgia	No	8/3/2025
Scott,Frances	1455 Montreal Roac	15 months	Georgia	No	10/13/2024
Simeon,Ashley	1455 Montreal Roac	2 months	Georgia	No	11/9/2025
Sterrett,Adrenee M	1455 Montreal Roac	5 months	Georgia	No	7/21/2025
Thompson,Latoya D	1455 Montreal Roac	5 months	Georgia	No	8/18/2025
Torres Brown,Chloe	1455 Montreal Roac	5 months	Georgia	No	8/3/2025
Varner,Andrea Mau	1455 Montreal Roac	16 months	Georgia	No	9/1/2024
Walker,Gabrielle Tri	1455 Montreal Roac	3 months	Georgia	No	10/6/2025
Webb,Michaela Ale	1455 Montreal Roac	9 months	Georgia	No	3/30/2025
Webster,Sherlene	1455 Montreal Roac	3 months	Georgia	No	9/28/2025
Williams III,George	1455 Montreal Roac	9 months	Georgia	No	3/30/2025
Wobia,Eden Tizazu	1455 Montreal Roac	26 months	Georgia	No	10/29/2023
Zimba,Dumile Z	1455 Montreal Roac	33 months	Georgia	No	4/2/2023

Only use commas to separate values

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

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

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

Authorized Signature

Kevin Andrews

Date

04/13/2026

Title

Chief Operating Officer

Comments