GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP778

1. Identifcication

Facility Name:

Emory Rehabilitation Hospital

County:

DeKalb

Street Address:

1441 Clifton Road, NE

City:

Atlanta

Zip:

30322

Mailing Address:

1441 Clifton Road, NE

Mailing City:

Atlanta

Mailing Zip:

30322

Medicaid Provider Number:

003212414

Medicare Provider Number:

113031

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)

ES Rehabilitation, LLC

Organization Type

For Profit

Effective Date

07/01/2014

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Emory Rehabilitation, LLC; Hospital Holdings Corp

Organization Type

For Profit

Effective Date

07/01/2014

C. Facility Operator

Full Legal Name (Or Not Applicable)

ES Rehabilitation, LLC

Organization Type

For Profit

Effective Date

07/01/2014

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Emory Rehabilitation, LLC; Hospital Holdings Corp

Organization Type

For Profit

Effective Date

07/01/2014

E. Management Contractor

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

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

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

3.

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

Name

Emory Healthcare

City

Atlanta

State

GA

4.

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

Name

City

State

5.

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

Name

ESOP Rehabilitation, LLC

City

Atlanta

State

GA

6.

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

Name

Vizient

City

Irving

State

TX

7.

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

Name

Emory Healthcare

City

Atlanta

State

GA

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☑

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	0	0	0	0	0
Intensive Care	0	0	0	0	0
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	48	1,128	15,930	1,124	15,782
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	48	1,128	15,930	1,124	15,782

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	0	0	0	0	0
Rehab Totals	48	1,128	15,930	1,124	15,782

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	3	38
Asian	41	561
Black/African American	569	8,331
Hispanic/Latino	42	652
Pacific Islander/Hawaiian	1	13
White	406	5,373
Multi-Racial	66	962
Total	1,128	15,930

3. Gender

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

Gender	Admissions	Inpatient Days
Male	635	8,849
Female	493	7,081
Total	1,128	15,930

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	632	8,817
Medicaid	51	658
Peachare	0	0
Third-Party	397	5,646
Self-Pay	6	99
Other	42	710
Total	1,128	15,930

5. Discharges to Death

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

0

6. Charges for Selected Services

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

Service	Charge
Private Room Rate	3,164
Semi-Private Room Rate	3,038
Operating Room: Average Charge for the First Hour	0
Average Total Charge for an Inpatient Day	5,180

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

14,274

7. Observation Visits/Cases

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

0

8. Diverted Cases

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

0

9. Ambulance Diversion Hours

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

0

10. Untreated Cases

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

0

Part F: Services and Facilities

1a. Services and Facilities

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

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

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

Services/Facilities	Site Code	Service Status
Podatric Services	3	4
Renal Dialysis	2	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	3	4
Computerized Tomography Scanner (CTS)	3	4
Radioisotope, Diagnositic	3	4
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	3	4
Chemotherapy	3	4
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	2	1
Ambulance Services	3	4
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	3	4
	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	22
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	0
Number of CTS Units (machines)	0
Number of CTS Procedures	0
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	0
Number of Number of MRI Procedures	0
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	10,281
Number of Occupational Therapy Treatments	60,476
Number of Physical Therapy Treatments	64,453
Number of Speech Pathology Patients	2,522
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	18
Number of HIV/AIDS Patients	18
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0

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

2. Medical Ventilators

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

0

3. Robotic Surgery System

Units

0

Procedures

0

Type of Unit(s)

Not Applicable

Part G: Facility Workforce Informaton

1. Budgeted Staff

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

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	49	3	0
Licensed Practical Nurses (LPNs)	2	0	0
Pharmacists	2	0	0
Other Health Services Professionals*	91	4	0
Administration and Support	13	0	0
All Other Hospital Personnel (not included in above)	18	0	0

2. Filling Vacancies

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

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	30 Days or Less
Other Health Services Professionals	31-60 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	2
Asian	30
Black/African American	12
Hispanic/Latino	8
Pacific Islander/Hawaiian	0
White	45
Multi-Racial	0
Total	97

4. Medical Staff

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

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	0	☐	0	0
General Internal Medicine	2	☐	0	0
Pediatricians	0	☐	0	0
Other Medical Specialties	68	☑	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	0	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	0	☐	0	0
Ophthalmology Surgery	0	☐	0	0
Orthopedic Surgery	0	☐	0	0
Plastic Surgery	0	☐	0	0
General Surgery	0	☐	0	0
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	0	☐	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	0	☐	0	0
Dermatology	0	☐	0	0
Emergency Medicine	0	☐	0	0
Nuclear Medicine	0	☐	0	0
Pathology	0	☐	0	0
Psychiatry	3	☐	0	0
Radiology	0	☐	0	0
Hospitalists	9	☑	0	0
Cardiovascular Disease	3	☐	0	0
Physical Medicine & Reh	12	☑	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeions) with Admitting Privleges	0
Podiatrists	0
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	13

5b. Name of Other Professions

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

Physician Assistants, Nurse Practitioners

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

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

Full Name	License Number
Aaron Martrice Anderson	64323
Adam Jackson Mitchell	71825
Adam Matthew Klein	56121
Ahmed Babiker	n/a
Ali Kashkouli	59439
Alka Kohli	80209
Amalia Anne Weir Aldredge	84276
Ana Gabriela Antun	64766
Andrew Isaac Geller	67300
Aneesh Kautilya Mehta	60220
Anne L Piantadosi	83776
Anne Marie Van Beuningen	88043
Annie Massart	70486
Antonio Guasch	36766
Ashish Khanna	86634
Bhagyashri Devidas Navalkele	99473
Boghuma K Titanji	87996
Brenton L Black	59126
Caroline Jones Collins	73989
Chadwick McKinley Hales	60739
Christine Luise Kempton	56189
Colleen Suzanne Kraft	53834
Dallin S Lindahl	94137
Daniel David Dressler	46079
Daniel James Gromer	94164
Daniel Sans Graciaa	76843
Danielle Barrios Steed	84910
David Alan Frank	89025
David Allan Krakow	57875

Full Name	License Number
David M. Berkowitz	56407
David Thomas Burke	60159
Elbert Bae Chun	53120
Elisabeth Joy Deborah Preston-Hsu	72762
Emily Eichenberger	91725
Fadi Basil Nahab	59883
Frank Wayne Brown	31212
Frederic Farid Rahbari Oskoui	53568
Fuad El Rassi	70465
Gavin Harris	86196
George Marshall Lyon	53067
Gregory Jacob Esper	56284
Gregory Lawrence Damhorst	99979
Harold August Franch	40380
Hassan Hassan Beigi Monfared	63881
Hui Hugh Cai	58856
James D Neely	49427
James Gerard Greene	47756
Jane Yoon Scott	88262
Jasmine Malhotra	96782
Jay B. Varkey	63040
Jeffrey M. Collins	73963
Jesse J Waggoner	76695
Jesse Thomas Jacob	58353
Jessica Renee Howard-Anderson	79330
John Dongjoon Kim	62732
John Roger Vazquez	54950
Jonathan Jeffrey Suarez	80592
Jordan Torres	101492
Karima Benameur	72231
Koba A. Lomashvili	53830

Full Name	License Number
Kunal Nikhil Bhatt	66256
Kymbreana Ashante' Coley	97407
Lakshmi Sridharan	82893
Laurence Bruce Balter	79046
Leila Hojat	102868
Lindsay Margoles Busch	68913
Lindsey Bornstein Gottlieb	89103
Lucy Sabrin Witt	78367
Mahmoud Obideen	72596
Malcolm Carson	96720
Manila Gaddh	67418
Mary Elizabeth Sexton	78135
Matthew Harmon Collins	78961
Micah R Fisher	56546
Nadine Georges Rouphael	56635
Nirja Mehta	96230
Noble Gerald Jones	102564
Olivia Groover	74369
Patricio Riva Posse	64962
Preeti Ambrish Reshamwala	60975
Ram Mohan Subramanian	59210
Ranjan Paul	54087
Ravi Siddharth Vora	71646
Raymond Young	53381
Raymund Barretto Dantes	67207
Rebecca Maya Leleiko	61118
Samuel Byron Milton	49465
Samuel David Stampfer	90605
Sheetal Kandiah	66192
Sonjoy Raja Laskar	54772
Stephanie Marie Pouch	77760

Full Name	License Number
Sujit Suchindran	81639
Valeria Cantos Lucio	68989
Varun Kishor Phadke	78139
William Charles O'Neill	28056
William Randolph Hunt	64829
Zanthia Evon Wiley	54293

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
Applinc	0	0	0	0	0	0	0	0	0	0	0	0	0
Atkinso	1	0	0	0	0	0	0	0	0	0	0	0	1
Bacon	0	0	0	0	0	0	0	0	0	0	0	0	0
Baker	0	0	0	0	0	0	0	0	0	0	0	0	0
Baldwir	1	0	0	0	0	0	0	0	0	0	0	0	1
Banks	0	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	4	0	0	0	0	0	0	0	0	0	0	0	4
Bartow	8	0	0	0	0	0	0	0	0	0	0	0	8
Ben Hil	1	0	0	0	0	0	0	0	0	0	0	0	1
Berrien	2	0	0	0	0	0	0	0	0	0	0	0	2
Bibb	7	0	0	0	0	0	0	0	0	0	0	0	7
Bleckle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brantle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	1	0	0	0	0	0	0	0	0	0	0	0	1
Bryan	0	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	2	0	0	0	0	0	0	0	0	0	0	0	2
Burke	1	0	0	0	0	0	0	0	0	0	0	0	1
Butts	2	0	0	0	0	0	0	0	0	0	0	0	2
Calhoul	0	0	0	0	0	0	0	0	0	0	0	0	0
Camde	0	0	0	0	0	0	0	0	0	0	0	0	0
Candle	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	8	0	0	0	0	0	0	0	0	0	0	0	8
Catoos	0	0	0	0	0	0	0	0	0	0	0	0	0
Charlto	0	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	3	0	0	0	0	0	0	0	0	0	0	0	3
Chattah	2	0	0	0	0	0	0	0	0	0	0	0	2
Chattoo	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherok	23	0	0	0	0	0	0	0	0	0	0	0	23
Clarke	2	0	0	0	0	0	0	0	0	0	0	0	2
Clay	0	0	0	0	0	0	0	0	0	0	0	0	0

Clayton	51	0	0	0	0	0	0	0	0	0	0	0	51
Clinch	0	0	0	0	0	0	0	0	0	0	0	0	0
Cobb	83	0	0	0	0	0	0	0	0	0	0	0	83
Coffee	2	0	0	0	0	0	0	0	0	0	0	0	2
Colquit	1	0	0	0	0	0	0	0	0	0	0	0	1
Columb	3	0	0	0	0	0	0	0	0	0	0	0	3
Cook	0	0	0	0	0	0	0	0	0	0	0	0	0
Coweta	2	0	0	0	0	0	0	0	0	0	0	0	2
Crawfo	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	0	0	0	0	0	0	0	0	0	0	0	0	0
Dade	0	0	0	0	0	0	0	0	0	0	0	0	0
Dawso	4	0	0	0	0	0	0	0	0	0	0	0	4
Decatu	0	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	290	0	0	0	0	0	0	0	0	0	0	0	290
Dodge	2	0	0	0	0	0	0	0	0	0	0	0	2
Dooly	0	0	0	0	0	0	0	0	0	0	0	0	0
Dough	8	0	0	0	0	0	0	0	0	0	0	0	8
Dougla	17	0	0	0	0	0	0	0	0	0	0	0	17
Early	0	0	0	0	0	0	0	0	0	0	0	0	0
Echols	0	0	0	0	0	0	0	0	0	0	0	0	0
Effingh	0	0	0	0	0	0	0	0	0	0	0	0	0
Elbert	0	0	0	0	0	0	0	0	0	0	0	0	0
Emanu	0	0	0	0	0	0	0	0	0	0	0	0	0
Evans	2	0	0	0	0	0	0	0	0	0	0	0	2
Fannin	2	0	0	0	0	0	0	0	0	0	0	0	2
Fayette	11	0	0	0	0	0	0	0	0	0	0	0	11
Florida	10	0	0	0	0	0	0	0	0	0	0	0	10
Floyd	1	0	0	0	0	0	0	0	0	0	0	0	1
Forsyth	8	0	0	0	0	0	0	0	0	0	0	0	8
Franklir	0	0	0	0	0	0	0	0	0	0	0	0	0

Fulton	241	0	0	0	0	0	0	0	0	0	0	0	241
Gilmer	2	0	0	0	0	0	0	0	0	0	0	0	2
Glascoc	0	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	3	0	0	0	0	0	0	0	0	0	0	0	3
Gordor	1	0	0	0	0	0	0	0	0	0	0	0	1
Grady	0	0	0	0	0	0	0	0	0	0	0	0	0
Greene	3	0	0	0	0	0	0	0	0	0	0	0	3
Gwinne	101	0	0	0	0	0	0	0	0	0	0	0	101
Habers	0	0	0	0	0	0	0	0	0	0	0	0	0
Hall	11	0	0	0	0	0	0	0	0	0	0	0	11
Hancoc	1	0	0	0	0	0	0	0	0	0	0	0	1
Haralso	0	0	0	0	0	0	0	0	0	0	0	0	0
Harris	2	0	0	0	0	0	0	0	0	0	0	0	2
Hart	0	0	0	0	0	0	0	0	0	0	0	0	0
Heard	0	0	0	0	0	0	0	0	0	0	0	0	0
Henry	29	0	0	0	0	0	0	0	0	0	0	0	29
Housto	9	0	0	0	0	0	0	0	0	0	0	0	9
Irwin	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	5	0	0	0	0	0	0	0	0	0	0	0	5
Jasper	1	0	0	0	0	0	0	0	0	0	0	0	1
Jeff Da	0	0	0	0	0	0	0	0	0	0	0	0	0
Jefferso	0	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	2	0	0	0	0	0	0	0	0	0	0	0	2
Lamar	1	0	0	0	0	0	0	0	0	0	0	0	1
Lanier	0	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	3	0	0	0	0	0	0	0	0	0	0	0	3
Lee	2	0	0	0	0	0	0	0	0	0	0	0	2
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
Lownde	3	0	0	0	0	0	0	0	0	0	0	0	3
Lumpki	0	0	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
Madiso	2	0	0	0	0	0	0	0	0	0	0	0	2
Marion	2	0	0	0	0	0	0	0	0	0	0	0	2
McDuff	0	0	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Miller	0	0	0	0	0	0	0	0	0	0	0	0	0
Mitchel	1	0	0	0	0	0	0	0	0	0	0	0	1
Monroe	0	0	0	0	0	0	0	0	0	0	0	0	0
Montg	0	0	0	0	0	0	0	0	0	0	0	0	0
Morgar	2	0	0	0	0	0	0	0	0	0	0	0	2
Murray	1	0	0	0	0	0	0	0	0	0	0	0	1
Muscog	9	0	0	0	0	0	0	0	0	0	0	0	9
Newtor	13	0	0	0	0	0	0	0	0	0	0	0	13
North C	5	0	0	0	0	0	0	0	0	0	0	0	5
Oconee	2	0	0	0	0	0	0	0	0	0	0	0	2
Other C	14	0	0	0	0	0	0	0	0	0	0	0	14
Oglethc	1	0	0	0	0	0	0	0	0	0	0	0	1
Pauldin	8	0	0	0	0	0	0	0	0	0	0	0	8
Peach	2	0	0	0	0	0	0	0	0	0	0	0	2
Pickens	4	0	0	0	0	0	0	0	0	0	0	0	4
Pierce	0	0	0	0	0	0	0	0	0	0	0	0	0
Pike	2	0	0	0	0	0	0	0	0	0	0	0	2
Polk	1	0	0	0	0	0	0	0	0	0	0	0	1
Pulaski	0	0	0	0	0	0	0	0	0	0	0	0	0
Putnam	2	0	0	0	0	0	0	0	0	0	0	0	2
Quitma	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	2	0	0	0	0	0	0	0	0	0	0	0	2

Randol	1	0	0	0	0	0	0	0	0	0	0	0	1
Richmo	0	0	0	0	0	0	0	0	0	0	0	0	0
Rockda	14	0	0	0	0	0	0	0	0	0	0	0	14
Schley	1	0	0	0	0	0	0	0	0	0	0	0	1
Screver	0	0	0	0	0	0	0	0	0	0	0	0	0
Semino	0	0	0	0	0	0	0	0	0	0	0	0	0
Spaldin	6	0	0	0	0	0	0	0	0	0	0	0	6
South C	6	0	0	0	0	0	0	0	0	0	0	0	6
Stephe	1	0	0	0	0	0	0	0	0	0	0	0	1
Stewart	0	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	2	0	0	0	0	0	0	0	0	0	0	0	2
Tennes	2	0	0	0	0	0	0	0	0	0	0	0	2
Talbot	0	0	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	1	0	0	0	0	0	0	0	0	0	0	0	1
Telfair	0	0	0	0	0	0	0	0	0	0	0	0	0
Terrell	1	0	0	0	0	0	0	0	0	0	0	0	1
Thomas	1	0	0	0	0	0	0	0	0	0	0	0	1
Tift	1	0	0	0	0	0	0	0	0	0	0	0	1
Toombs	1	0	0	0	0	0	0	0	0	0	0	0	1
Towns	0	0	0	0	0	0	0	0	0	0	0	0	0
Treutler	0	0	0	0	0	0	0	0	0	0	0	0	0
Troup	3	0	0	0	0	0	0	0	0	0	0	0	3
Turner	0	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs	0	0	0	0	0	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0	0	0	0	0	0
Upson	0	0	0	0	0	0	0	0	0	0	0	0	0
Walker	0	0	0	0	0	0	0	0	0	0	0	0	0
Walton	15	0	0	0	0	0	0	0	0	0	0	0	15
Ware	0	0	0	0	0	0	0	0	0	0	0	0	0

Warren	0	0	0	0	0	0	0	0	0	0	0	0	0
Washin	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne	1	0	0	0	0	0	0	0	0	0	0	0	1
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	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitfie	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilcox	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkins	0	0	0	0	0	0	0	0	0	0	0	0	0
Worth	0	0	0	0	0	0	0	0	0	0	0	0	0
Alabam	13	0	0	0	0	0	0	0	0	0	0	0	13
Totals	**1,128**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**1,128**

Georgia Minority Health Advisory Council Addendum

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

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

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

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

Bilingual hospital staff member ☑

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☐

Telephone interpreter service ☑

Other ☑

Please describe

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

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

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

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

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

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

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

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

Language One:

English

Language Two:

Language Three:

Language Four:

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

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

Comprehensive Inpatient Physical Rehabilitation Addendum

1. Admissions and Days of Care by Race

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	3	38
Asian	41	561
Black/African American	569	8,331
Hispanic/Latino	42	652
Pacific Islander/Hawaiian	1	13
White	406	5,373
Multi-Racial	66	962
Total	1,128	15,930

2. Admissions and Days of Care by Gender

Please provide the number of admissions and inpatient days by gender

Gender of Patient	Number of Admissions	Inpatient Days
Male	635	8,849
Female	493	7,081
Total	1,128	15,930

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort

Age Cohort	Number of Admissions	Inpatient Days
0-17	0	0
18-64	520	7,475
65-84	531	7,443
85 Up	77	1,012
Total	1,128	15,930

Part B: Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	1,124
Long Term Care Hospital	0
Skilled Nursing Facility	4
Traumatic Brain Injury Facility	0
	0
Total	1,128

Part C: Payers

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	632
Third-Party/Commercial	397
Self-Pay	6
Other	93
Total	1,128

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

24

Part D: Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1 Stroke	372
2 Brain Injury	179
3 Amputation	29
4 Spinal Cord	146
5 Fracture of the femur	55
6 Neurological disorders	63
7 Multiple Trauma	49
8 Congenital deformity	0
9 Burns	3
10 Osteoarthritis	0
11 Rheumatoid arthritis	0
12 Systemic vasculidities	0
13 Joint replacement	7
All Other	225
Total	1,128

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
Addy,Sandra Yeboa	1441 Clifton Road N	10 months	Georgia	No	2/24/2025
Cadette,Rebecca M	1441 Clifton Road N	42 months	Georgia	No	7/24/2022
Chasteen,Kelly	1441 Clifton Road N	188 months	Georgia	No	7/25/2010
Chukumba,Theresa	1441 Clifton Road N	3 months	Georgia	No	9/28/2025
Cuevas,Kimberly M	1441 Clifton Road N	5 months	Georgia	No	8/11/2025
Dair,Angella V	1441 Clifton Road N	15 months	Georgia	No	10/13/2024
Davi,Esse	1441 Clifton Road N	14 months	Georgia	No	10/28/2024
Etumnu,Benedict C	1441 Clifton Road N	12 months	Georgia	No	1/13/2025
Fangajei,Bayiate Ch	1441 Clifton Road N	6 months	Georgia	No	7/14/2025
Fon,Immaculate Ar	1441 Clifton Road N	5 months	Georgia	No	7/28/2025
Fowlin,Suzette Ann	1441 Clifton Road N	29 months	Georgia	No	8/28/2023
Gabbidon,Rose M	1441 Clifton Road N	34 months	Georgia	No	3/19/2023
Gbeminiyi,Opeyem	1441 Clifton Road N	9 months	Georgia	No	3/24/2025
Gibson,Valery Elda	1441 Clifton Road N	42 months	Georgia	No	7/24/2022
Gonzales,Jan	1441 Clifton Road N	29 months	Georgia	No	8/7/2023
Guerin,Zavania Ima	1441 Clifton Road N	10 months	Georgia	No	3/17/2025
Hardy,Xia Elyse	1441 Clifton Road N	5 months	Georgia	No	7/21/2025
Higgins,Regina L	1441 Clifton Road N	9 months	Georgia	No	3/30/2025
Ifi,Nkechi Onyinye	1441 Clifton Road N	11 months	Georgia	No	2/10/2025
Jenkins,Jenna Leigh	1441 Clifton Road N	10 months	Georgia	No	3/3/2025
Jhala,Siddharthsinh	1441 Clifton Road N	10 months	Georgia	No	3/16/2025
Joseph,Lesline Lend	1441 Clifton Road N	13 months	Georgia	No	12/8/2024
Lindo-Clemetson,M	1441 Clifton Road N	15 months	Georgia	No	10/14/2024
McDonald,Shenelle	1441 Clifton Road N	8 months	Georgia	No	5/12/2025
Michael,Saratu	1441 Clifton Road N	8 months	Georgia	No	4/27/2025
Mitchell,Noreen Ar	1441 Clifton Road N	42 months	Georgia	No	7/24/2022
Morin,Dodji	1441 Clifton Road N	13 months	Georgia	No	12/2/2024
Ndonga,Zaweliah N	1441 Clifton Road N	2 months	Georgia	No	11/10/2025
Patterson,Tiana Na	1441 Clifton Road N	17 months	Georgia	No	8/4/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Putnam,Timothy A	1441 Clifton Road N	14 months	Georgia	No	10/27/2024
Ray,Ashley Simone	1441 Clifton Road N	20 months	Georgia	No	4/29/2024
Ruffin,Latoyia Elise	1441 Clifton Road N	4 months	Georgia	No	9/8/2025
Simiyu,Kennedy Ny	1441 Clifton Road N	8 months	Georgia	No	4/28/2025
Smith,Jared Jaron	1441 Clifton Road N	10 months	Georgia	No	2/24/2025
St Fleur,Claudelle	1441 Clifton Road N	4 months	Georgia	No	8/31/2025
Thompson,Vivienn	1441 Clifton Road N	13 months	Georgia	No	12/2/2024
Voivod,Teodora	1441 Clifton Road N	23 months	Georgia	No	2/4/2024
Walker,Jennivie Ma	1441 Clifton Road N	9 months	Georgia	No	3/30/2025
Westley,Dominique	1441 Clifton Road N	6 months	Georgia	No	7/7/2025
Young,Cassidy Rae	1441 Clifton Road N	4 months	Georgia	No	9/14/2025

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

Renee Hinson, MSOTR/L, MBA

Date

04/07/2026

Title

Chief Executive Officer

Comments