GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP439

1. Identifcication

Facility Name:

Emory Hospital Warner Robins

County:

Houston

Street Address:

1600 Watson Blvd

City:

Warner Robins

Zip:

31093

Mailing Address:

PO Box 2886

Mailing City:

Warner Robins

Mailing Zip:

31099

Medicaid Provider Number:

000000976A

Medicare Provider Number:

110069

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:

Bryan Smith

Contact Title:

Decision Support Analyst

Phone:

478-329-3441

Fax:

478-322-5104

Email:

bryan.l.smith@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)

Hospital Authority of Houston County

Organization Type

Not For Profit

Effective Date

07/02/1960

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)

Houston Hospitals, Inc.

Organization Type

For Profit

Effective Date

01/01/2009

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Emory Healthcare, Inc.

Organization Type

Not For Profit

Effective Date

06/01/2025

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

Effective June 1, 2025, Emory Healthcare, Inc. became the sole corporate member of Houston Healthcare System, Inc., which is, in turn, the sole corporate member

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

Georgia Alliance of Community Hospitals

City

Tifton

State

GA

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)	20	1,852	4,656	1,856	4,666
Pediatrics (Non ICU)	8	493	1,227	494	1,230
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	162	8,893	43,225	8,880	43,634
Intensive Care	32	619	3,573	625	3,764
Psychiatry	15	1,077	3,779	1,074	3,773
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	237	12,934	56,460	12,929	57,067

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	32	619	3,573	625	3,764
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	8	23
Asian	143	597
Black/African American	5,380	23,681
Hispanic/Latino	481	1,589
Pacific Islander/Hawaiian	8	33
White	6,696	29,789
Multi-Racial	218	748
Total	12,934	56,460

3. Gender

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

Gender	Admissions	Inpatient Days
Male	5,223	24,114
Female	7,711	32,346
Total	12,934	56,460

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	6,188	31,632
Medicaid	1,544	5,443
Peachare	0	0
Third-Party	3,662	13,409
Self-Pay	1,063	3,718
Other	477	2,258
Total	12,934	56,460

5. Discharges to Death

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

224

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	11,940
Average Total Charge for an Inpatient Day	7,584

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

52,500

2. Inpatient Admissions from ER

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

9,959

3. Beds Available

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

39

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	2	0
General Beds	37	0
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

1,686

6. Non-Emergency Visits

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

167,261

7. Observation Visits/Cases

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

4,386

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

746

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

3,317

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	2	1
ESWL	1	1
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)	2	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	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	591
Number of Dialysis Treatments	3,305
Number of ESWL Patients	1
Number of ESWL Procedures	1
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	72,970
Number of CTS Units (machines)	4
Number of CTS Procedures	37,788
Number of Diagnostic Radioisotope Procedures	2,548
Number of PET Units (machines)	1
Number of PET Procedures	1,080
Number of Therapeautic Radioisotope Procedures	44
Number of Number of MRI Units	1
Number of Number of MRI Procedures	6,982
Number of Chemotherapy Treatments	1,654
Number of Respiratory Therapy Treatments	68,274
Number of Occupational Therapy Treatments	20,665
Number of Physical Therapy Treatments	82,620
Number of Speech Pathology Patients	2,446
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	3,168
Number of HIV/AIDS Patients	3,037
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	8
Number of Ultrasound/Medical Sonography Procedures	22,767

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)

25

3. Robotic Surgery System

Units

4

Procedures

1,324

Type of Unit(s)

3 - Davinci
1 - Rosa Knee Platform

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	18	1	0
Physician Assistants Only (not including Licensed Physicians)	0	1	0
Registered Nurses (RNs Advanced Practice*)	455	63	61
Licensed Practical Nurses (LPNs)	25	0	0
Pharmacists	19	5	0
Other Health Services Professionals*	437	53	0
Administration and Support	512	74	0
All Other Hospital Personnel (not included in above)	128	2	0

2. Filling Vacancies

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

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	Not Applicable
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	30 Days or Less
Pharmacists	31-60 Days
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

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

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	7	☐	0	0
General Internal Medicine	12	☐	0	0
Pediatricians	8	☐	0	0
Other Medical Specialties	101	☐	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	4	☐	0	0
Non-OB Physicians Providing OB Services	1	☐	0	0
Gynecology	4	☐	0	0
Ophthalmology Surgery	0	☐	0	0
Orthopedic Surgery	8	☐	0	0
Plastic Surgery	0	☐	0	0
General Surgery	8	☐	0	0
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	10	☐	0	0

Other Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Anesthesiology	8	☑	0	0
Dermatology	0	☐	0	0
Emergency Medicine	42	☑	0	0
Nuclear Medicine	0	☐	0	0
Pathology	4	☑	0	0
Psychiatry	2	☐	0	0
Radiology	11	☑	0	0
	0	☐	0	0
	0	☐	0	0
	0	☐	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	3
Certified Nurse Midwives with Clinical Privileges in the Hospital	10
All Other Staff Affiliates with Clinical Privileges in the Hospital	161

5b. Name of Other Professions

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

AA, AUD, CRNA, NP, PA, RN-SANE

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
Phillip Kevin Wells, DO	52653
Leslie Anne Lester, DO	80474
Tariq Sulman Noohani, DO	66975
Pushpal Rocky Banerjee, DO	81748
Matthew David Pegher, DO	100351
Fahad Khan, DO	82834
Amna n/a Jamshad, DO	103758
William O. Rankine, DO	55294
Zachary Neil Blackmon, DO	84597
LaToya Danielle Jackson, DO	61972
Andrew Wang, DO	79256
Angel Lola Benedict, DO	96702
Samuel K Kolleh, DO	67495
David S Quang, DO	67965
Jeffrey C. Easom, DO	54269
Patrick T Crimmins, DO	39314
Marvin Felipe Pinzon, DO	39658
Lori B Armstrong, DO	83382
Xiaodong Hua, MD	104762
Michael Alan Shelton, MD	103697
Roger S Williams, MD	29392
J. Cavan Woods, MD	52037
John David Hall, MD	62225
Jonathan M Kombrinck, MD	84125
Patrick T Gleason, MD	76720
Winston Harold Gandy, MD	30065
Temidayo A Abe, MD	91023
Rahil ----- Kazi, MD	41593
Pulipaka Bhimeshwar Rao, MD	23210
Ramana V Kalli, MD	23174
Michael F Salvia, MD	38945

Full Name	License Number
Joseph Szeman Wong, MD	90014
Jonathan Russell Brock, MD	102044
Felix Olayinka Sogade, MD	42444
Daniel Bacchius Haithcock, MD	61887
Joseph W Poku, MD	52807
Jonathan Robert Hoffman, MD	76862
Puvalai M Vijaykumar, MD	84192
Carmine V Oddis, MD	51072
Oliver Wendell Horne, MD	81838
Uzoma Obinnaya Anaba, MD	80877
Kelsey Chason Stanford, MD	92663
Nauman Waheed Rashid, MD	71603
Kenneth O Ofoha, MD	68463
Ashton Elizabeth Paris, MD	95233
Bernard Hugh Simelton, MD	76201
Brian J Finnegan, MD	63774
Jesus Gustavo Vazquez-Figueroa, MD	77220
Lynea Ibidun Bull, MD	95866
Ahamefula - Nnodim, MD	76122
Shannon Marie Stinson, MD	61170
Samuel O Ojewale, MD	101013
Sean Michael Lowe, MD	67677
Jonathan Frank Busbee, MD	40336
Rico Ramon Beuford, MD	99959
Andrew Schulden Frei, MD	77624
Tianyi Li, MD	102119
Tyler Harris Yeomans, MD	102938
Phindile Erika Chowa, MD	75984
Chukwudubem Obiora Okeke, MD	96900
Reynaldo Antoine Polk, MD	48928
Jonathan G. Velasquez, MD	48581
Nawar R Hajo, MD	55055
Jose E.P. Gumarin, MD	54385

Full Name	License Number
Elizabeth Eubanks Culp, MD	57793
Oguguo C. Okoye, MD	33417
Cherinor N/A Sillah, MD	58222
David Lee Postelnek, MD	72085
Saeed NONE Tarokh, MD	71898
Antony N/A Labady, MD	63084
Syeda Heena Fatima, MD	65963
Tian - Xia, MD	64310
Nancy chinelo Echefu, MD	78562
Jamila D Goldsmith, MD	76558
Adebola A Adeogun, MD	42157
Jennifer Heatwole Murphy, MD	101106
Walter S Wilson, MD	27947
Titus A Taube, MD	25296
Jacinta Phuong Tran, MD	86580
Lauren A Carpenter, MD	88063
Preet Kaur Bagi, MD	110581
Samuel K Sim, MD	110424
Fredrick A. Oni, MD	44560
Layth A Saymeh, MD	67436
Luke Lester Couch, MD	89255
Steve Daniel Watts, MD	99784
Thomas Kent McBride, MD	32237
Silvie Harrington, MD	65672
Kerry C. Rodgers, MD	67748
Patrick Narh Narh-Martey, MD	76916
Robert Jack Parel, MD	50825
Danny M Vaughn, MD	65622
Rommer M. Tayag, MD	47951
Marcus K Weldon, MD	76847
Kunal A Patel, MD	88474
Syed Muhammad Shan-UI-Islam, MD	85117
Krishna Atulkumar Patel, MD	86106

Full Name	License Number
Dominiq Eric Okoduwa, MD	84498
Rana M Adeel, MD	86614
Kurdistan Ahmad Gargis, MD	66602
Kristopher K McJenkin, MD	75471
Nkechinyere Angela Obiefuna, MD	76919
Edward Hotchkiss Young, MD	36325
R. Steven Tuck, MD	33217
Charles Connors Snow, MD	41367
Alketah R Frazier, MD	72547
Ravinder Reddy Valadri, MD	86732
Roshawn A Johnson, MD	94982
Luke Thomas Walker, MD	78595
Ameet na Kumar, MD	81400
Muhammad Umar Hayat Khan, MD	84339
Arjun Kanaiyalal Patel, MD	100164
Nand Vinod Patel, MD	91653
Jose Luis Fernandez, MD	38483
Davey Ann Hosang, MD	95720
Josue Rodney Gibbs, MD	109303
Kalai Chellam Parthiban, MD	55500
Vidya Baleguli Baleguli, MD	90617
Hajra Khurshid, MD	105487
Hajra Khurshid, MD	14649
Fnu Praveen Balasubramanian, MD	87824
Olushesan Martins Ogundipe, MD	59840
Mokhtar nmn Hacena, MD	55062
Srijana Ranjit, MD	69697
Sanjeev Rao Sai Bongu, MD	70051
Zoeb Bootwala, MD	71098
Amaka EUNICE Ezimora, MD	68405
Raghu Nandan Lolabhattu, MD	47617
Sumit Narula, MD	73905
Sivasankara Rao Kosaraju, MD	63707

Full Name	License Number
Purav Mahendrabhai Parmar, MD	65162
Alexey Y Finkelshteyn, MD	93013
Janvi Hemantkumar Wadiwala, MD	91251
Abdul M Hussain, MD	12031
Benjamin L Glover, MD	54884
Raja M Khan, MD	86073
Nancy Alta Benjamin Jean-Marie, MD	86855
Farhan Siddiqui, MD	42432
Nalini A Patel, MD	55489
Ayman Rihawi, MD	55016
Deepak Kadiyala, MD	73309
Royce Clifton Miller, MD	84750
Aftab N/A Ahmed, MD	79808
Hector Eduardo Santiago-Belledonne, MD	95205
Absar Ahmad Mirza, MD	64864
Hatem A. Asad, MD	49978
Maya - Hosein, MD	63470
Sunday O Yusuf, MD	89556
Ravi J. Shekarappa, MD	47262
Joseph Stephen Lomboy, MD	47921
Gerald K. Brantley, MD	33535
Javed H. Fazal, MD	57457
Dinakara Bagwady Shetty, MD	42431
Mohammad Niaf Al-Shroof, MD	45158
Appavuchetty N/A Soundappan, MD	44107
Mousa S Al-Wawi, MD	47566
Xiaoyun Iris Yang, MD	83513
Buthena Ahmed Nagi, MD	73352
Maria Cristina Tayag, MD	49348
Gohar NA Saeed, MD	48819
Mueez - Ahmed, MD	57565
Aamer - Shabbir, MD	58504
Nasser S Tehrani, MD	53044

Full Name	License Number
Syed M Karim, MD	59087
Bilal Rauf Khan, MD	64122
Nisreen Ahmad Jallad, MD	73857
William Douglas Knopf, MD	23469
Swathi Singanamala, MD	73263
Ahmad A Kabbani, MD	73950
Gary Myrthil, MD	38886
Saghir Ahmed, MD	44664
Muhammad S Akbar, MD	45688
Carlos O Martinez, MD	31793
Mohammad Asim Aslam, MD	50597
Navin - Taneja, MD	52234
Iyad B Barakat, MD	50787
Deep NA Adhikari, MD	70025
Sagar J Panse, MD	65864
Reuben Kris Ellis, MD	55819
Mohammad Siraj Qadir, MD	96551
Abdul M Qadir, MD	41352
Ashley Michelle Williams Hernandez, MD	89004
Tan-Loc P Nguyen, MD	52213
Chinenye Joy Adimora-Okolie, MD	74769
Linda K. Hendricks, MD	43060
Bradley Thomas Sumrall, MD	69720
William B. Wiley, MD	52855
Todd E Kinnebrew, MD	37009
Brian Joseph Ludwig, MD	66351
David Huey Wiley, MD	65809
Jonathan Scott Harris, MD	77824
Oluwatosin John Ojo, MD	79849
Zaneb Yaseen, MD	84482
John Zhong Zheng, MD	82295
Matthew R Fries, MD	52247
Britton L Pilcher, MD	39906

Full Name	License Number
Robert Keath Wade, MD	55575
Dinesh N/A Rugnath, MD	84771
Jamila Shauntel James, MD	91317
Larry D. Stewart, MD	27123

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	18	3	1	1	0	0	0	0	0	0	0	0	0
Applinc	2	3	1	1	0	0	0	0	0	0	0	0	0
Atkinso	0	2	0	0	0	0	0	0	0	0	0	0	0
Bacon	0	0	0	0	0	0	0	0	0	0	0	0	0
Baker	0	0	0	0	0	0	0	0	0	0	0	0	0
Baldwir	13	19	5	1	0	0	0	0	0	0	0	0	0
Banks	0	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	2	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	2	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hil	7	6	2	0	0	0	0	0	0	0	0	0	0
Berrien	1	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	404	379	101	56	0	0	0	0	0	0	0	0	0
Bleckle	153	97	38	4	0	0	0	0	0	0	0	0	0
Brantle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brooks	0	0	0	0	0	0	0	0	0	0	0	0	0
Bryan	0	0	0	0	0	0	0	0	0	0	0	0	0
Bulloch	2	0	0	0	0	0	0	0	0	0	0	0	0
Burke	0	0	0	0	0	0	0	0	0	0	0	0	0
Butts	4	3	0	0	0	0	0	0	0	0	0	0	0
Calhoui	0	0	0	0	0	0	0	0	0	0	0	0	0
Camde	1	0	0	0	0	0	0	0	0	0	0	0	0
Candle	0	0	0	0	0	0	0	0	0	0	0	0	0
Carroll	2	0	0	0	0	0	0	0	0	0	0	0	0
Catoos	0	0	0	0	0	0	0	0	0	0	0	0	0
Charlto	0	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	2	0	1	0	0	0	0	0	0	0	0	0	0
Chattah	0	0	0	0	0	0	0	0	0	0	0	0	0
Chattoo	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherok	4	0	0	2	0	0	0	0	0	0	0	0	0
Clarke	2	1	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

Clayton	4	2	0	1	0	0	0	0	0	0	0	0	0
Clinch	1	0	0	1	0	0	0	0	0	0	0	0	0
Cobb	10	1	0	3	0	0	0	0	0	0	0	0	0
Coffee	3	0	0	1	0	0	0	0	0	0	0	0	0
Colquit	0	0	0	0	0	0	0	0	0	0	0	0	0
Columt	3	0	0	0	0	0	0	0	0	0	0	0	0
Cook	2	1	1	0	0	0	0	0	0	0	0	0	0
Coweta	2	0	0	0	0	0	0	0	0	0	0	0	0
Crawfor	100	76	22	8	0	0	0	0	0	0	0	0	0
Crisp	32	24	4	6	0	0	0	0	0	0	0	0	0
Dade	1	0	0	0	0	0	0	0	0	0	0	0	0
Dawsor	0	0	0	0	0	0	0	0	0	0	0	0	0
Decatur	1	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	4	2	0	2	0	0	0	0	0	0	0	0	0
Dodge	72	45	17	4	0	0	0	0	0	0	0	0	0
Dooly	151	77	17	9	0	0	0	0	0	0	0	0	0
Dough	12	5	1	4	0	0	0	0	0	0	0	0	0
Dougla	2	0	0	0	0	0	0	0	0	0	0	0	0
Early	0	0	0	0	0	0	0	0	0	0	0	0	0
Echols	0	0	0	0	0	0	0	0	0	0	0	0	0
Effingh	2	0	0	1	0	0	0	0	0	0	0	0	0
Elbert	0	0	0	0	0	0	0	0	0	0	0	0	0
Emanu	1	0	0	0	0	0	0	0	0	0	0	0	0
Evans	0	0	0	0	0	0	0	0	0	0	0	0	0
Fannin	0	0	0	0	0	0	0	0	0	0	0	0	0
Fayette	1	0	0	1	0	0	0	0	0	0	0	0	0
Florida	37	10	0	7	0	0	0	0	0	0	0	0	0
Floyd	0	0	0	0	0	0	0	0	0	0	0	0	0
Forsyth	1	0	0	0	0	0	0	0	0	0	0	0	0
Franklir	0	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	11	2	0	5	0	0	0	0	0	0	0	0	0
Gilmer	1	1	0	1	0	0	0	0	0	0	0	0	0

Glascoc	1	0	1	0	0	0	0	0	0	0	0	0	0
Glynn	0	0	0	0	0	0	0	0	0	0	0	0	0
Gordon	1	0	1	0	0	0	0	0	0	0	0	0	0
Grady	0	0	0	0	0	0	0	0	0	0	0	0	0
Greene	2	0	0	0	0	0	0	0	0	0	0	0	0
Gwinne	3	1	0	2	0	0	0	0	0	0	0	0	0
Habersl	0	0	0	0	0	0	0	0	0	0	0	0	0
Hall	0	2	0	0	0	0	0	0	0	0	0	0	0
Hancoc	4	4	2	0	0	0	0	0	0	0	0	0	0
Haralso	0	0	0	0	0	0	0	0	0	0	0	0	0
Harris	1	0	1	0	0	0	0	0	0	0	0	0	0
Hart	1	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	10	7	0	1	0	0	0	0	0	0	0	0	0
Housto	9,080	3,867	1,179	768	0	0	0	0	0	0	0	0	0
Irwin	0	0	0	0	0	0	0	0	0	0	0	0	0
Jackson	1	0	0	1	0	0	0	0	0	0	0	0	0
Jasper	2	0	0	0	0	0	0	0	0	0	0	0	0
Jeff Da	2	2	0	1	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
Johnson	3	5	1	0	0	0	0	0	0	0	0	0	0
Jones	19	16	5	5	0	0	0	0	0	0	0	0	0
Lamar	8	5	1	1	0	0	0	0	0	0	0	0	0
Lanier	0	0	0	0	0	0	0	0	0	0	0	0	0
Laurens	32	50	7	2	0	0	0	0	0	0	0	0	0
Lee	3	2	0	1	0	0	0	0	0	0	0	0	0
Liberty	2	0	0	2	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	6	1	0	2	0	0	0	0	0	0	0	0	0
Lumpki	0	0	0	0	0	0	0	0	0	0	0	0	0
Macon	291	133	48	13	0	0	0	0	0	0	0	0	0

Madiso	0	0	0	0	0	0	0	0	0	0	0	0	0
Marion	4	4	0	1	0	0	0	0	0	0	0	0	0
McDuff	1	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	1	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Monroe	22	14	4	2	0	0	0	0	0	0	0	0	0
Montgo	0	1	0	0	0	0	0	0	0	0	0	0	0
Morgar	1	1	0	0	0	0	0	0	0	0	0	0	0
Murray	2	0	0	1	0	0	0	0	0	0	0	0	0
Muscog	5	2	0	3	0	0	0	0	0	0	0	0	0
Newtor	2	0	0	2	0	0	0	0	0	0	0	0	0
North C	9	1	1	0	0	0	0	0	0	0	0	0	0
Oconee	0	0	0	0	0	0	0	0	0	0	0	0	0
Other C	61	11	2	5	0	0	0	0	0	0	0	0	0
Oglethc	0	0	0	0	0	0	0	0	0	0	0	0	0
Pauldin	1	0	0	0	0	0	0	0	0	0	0	0	0
Peach	1,578	762	286	94	0	0	0	0	0	0	0	0	0
Pickens	0	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	0	0	0	0	0	0	0	0	0	0	0	0	0
Pike	0	2	0	0	0	0	0	0	0	0	0	0	0
Polk	0	0	0	0	0	0	0	0	0	0	0	0	0
Pulaski	291	148	51	13	0	0	0	0	0	0	0	0	0
Putnam	3	1	0	1	0	0	0	0	0	0	0	0	0
Quitma	0	0	0	0	0	0	0	0	0	0	0	0	0
Rabun	0	0	0	0	0	0	0	0	0	0	0	0	0
Randol	1	0	0	0	0	0	0	0	0	0	0	0	0
Richmo	2	1	0	0	0	0	0	0	0	0	0	0	0
Rockda	2	0	0	1	0	0	0	0	0	0	0	0	0
Schley	8	5	1	2	0	0	0	0	0	0	0	0	0
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	4	2	0	0	0	0	0	0	0	0	0	0	0
South C	6	5	0	1	0	0	0	0	0	0	0	0	0
Stepher	0	0	0	0	0	0	0	0	0	0	0	0	0
Stewart	0	0	0	0	0	0	0	0	0	0	0	0	0
Sumter	37	15	3	10	0	0	0	0	0	0	0	0	0
Tennes	11	2	1	0	0	0	0	0	0	0	0	0	0
Talbot	5	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	1	0	0	1	0	0	0	0	0	0	0	0	0
Taylor	189	98	22	10	0	0	0	0	0	0	0	0	0
Telfair	11	12	2	2	0	0	0	0	0	0	0	0	0
Terrell	0	1	0	0	0	0	0	0	0	0	0	0	0
Thoma	4	1	0	2	0	0	0	0	0	0	0	0	0
Tift	3	1	0	0	0	0	0	0	0	0	0	0	0
Toomb	6	3	0	3	0	0	0	0	0	0	0	0	0
Towns	0	0	0	0	0	0	0	0	0	0	0	0	0
Treutler	3	3	0	0	0	0	0	0	0	0	0	0	0
Troup	3	0	0	2	0	0	0	0	0	0	0	0	0
Turner	3	2	2	0	0	0	0	0	0	0	0	0	0
Twiggs	46	43	10	2	0	0	0	0	0	0	0	0	0
Union	0	0	0	0	0	0	0	0	0	0	0	0	0
Upson	4	2	3	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Ware	1	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	2	0	0	0	0	0	0	0	0	0	0	0
Wayne	0	0	0	0	0	0	0	0	0	0	0	0	0
Webste	2	0	0	1	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	44	22	6	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	10	16	1	0	0	0	0	0	0	0	0	0	0
Worth	2	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**12,934**	**6,039**	**1,852**	**1,077**	**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	7	7
Cystoscopy (OR Suite)	0	0	1	1
Endoscopy (OR Suite)	0	0	5	5
	0	0	0	0
Total	0	0	13	13

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	1,633	4,456	6,089
Cystoscopy	0	0	185	490	675
Endoscopy	0	0	622	1,113	1,735
	0	0	0	0	0
Total	0	0	2,440	6,059	8,499

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	1,468	4,439	5,907
Cystoscopy	0	0	183	490	673
Endoscopy	0	0	570	1,110	1,680
	0	0	0	0	0
Total	0	0	2,221	6,039	8,260

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	7
Asian	92
Black/African American	2,270
Hispanic/Latino	230
Pacific Islander/Hawaiian	3
White	3,345
Multi-Racial	92
Total	6,039

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	47
Ages 15-64	4,104
Ages 65-74	1,139
Ages 75-85	633
Ages 85 and Up	116
Total	6,039

3. Gender

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

Gender	Number of Ambulatory Patients
Male	2,397
Female	3,642
Total	6,039

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	1,972
Medicaid	355
Third-Party	3,572
Self-Pay	140
Total	6,039

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:

0

Number of Birthing Rooms:

0

Number of LDR Rooms:

9

Number of LDRP Rooms:

0

Number of Cesarean Sections:

645

Total Live Births:

1,826

Total Live Births (Live and Late Fetal Deaths):

1,831

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

1,850

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	1,501	3,152	0
Specialty Care (Intermediate Neonatal Care)	5	325	1,260	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	41	1,826	4,412	0

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	0	0
Asian	32	83
Black/African American	797	2,070
Hispanic/Latino	171	437
Pacific Islander/Hawaiian	1	2
White	776	1,875
Multi-Racial	75	189
Total	1,852	4,656

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	0	0
Ages 15-44	1,850	4,651
Ages 45 and Up	2	5
Total	1,852	4,656

3. Average Charge for an Uncomplicated Delivery

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

13,140

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

17,052

Psychiatric/Substance Abuse Services Addendum

Part A: Psychiatric and Substance Abuse Data by Program

Please report the number of beds as of the last day of the report period. Report beds only for officially recognized programs. Use the blank row to report combined beds. For combined bed programs, please report each of the combined bed programs and the number of combined beds. Indicate the combined programs using letters A through H, for example,"AB"

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	15	15
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F- Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

Please report the following utilization for the report period. Report only for officially recognized programs.

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	1,077	3,779	1,074	3,773	3,956	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

Part B: Psychiatric and Substance Abuse Utilization by Race/Ethnicity, Gender, and Payment Source

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	1	4
Asian	9	27
Black/African American	469	1,573
Hispanic/Latino	40	124
Pacific Islander/Hawaiian	0	0
White	542	1,994
Multi-Racial	16	57
Total	1,077	3,779

2. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	572	1,923
Female	505	1,856
Total	1,077	3,779

Total Psych Admissions from Patient Origin Table
1,077

3. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	163	640
Medicaid	149	565
Third-Party	471	1,600
Self-Pay	294	974
PeachCare	0	0

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

Internet based interpreter services with IPAD access

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	1	0	0	0
	0	0	0	0
	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?

As a subscriber to Healthstream, Houston Healthcare has access to specific foreign language lessons that can be purchased and assigned to designated employees when caring for patients who speak a foreign language.

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?

No tool or resource has been identified as urgent to our department. The above mentioned resource is sufficient at this time.

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?

Houston Volunteer Medical Clinic, Warner Robins Ga., First Choice Primary Care, Warner Robins Ga., Pavilion Family Medical Practice, Warner Robins Ga.

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
King, Vonteshia Raqu	1601 Watson Blvd, W	44	GA	No	11/17/2025
Morales, Caitlyn Baile	1601 Watson Blvd, W	44	GA	No	11/17/2025
Silkebo, Elizabeth W.	1601 Watson Blvd, W	44	GA	No	11/17/2025
Fleurinord, Sheena	1601 Watson Blvd, W	58	GA	No	11/3/2025
Scott, Adrienne	1601 Watson Blvd, W	58	GA	No	11/3/2025
Carter, Jessica	1601 Watson Blvd, W	72	GA	No	10/20/2025
Jackson, Susan	1601 Watson Blvd, W	86	GA	No	10/6/2025
Walker, Shelia Elaine	1601 Watson Blvd, W	86	GA	No	10/6/2025
Harris, Shirley L.	1601 Watson Blvd, W	100	GA	No	9/22/2025
Porter, Christy Lynn	1601 Watson Blvd, W	100	GA	No	9/22/2025
Schenker, Heidi Meli	1601 Watson Blvd, W	100	GA	No	9/22/2025
Caldwell, Timothy	1601 Watson Blvd, W	114	GA	No	9/8/2025
Smith, Stacey Kimsey	1601 Watson Blvd, W	114	GA	No	9/8/2025
Taylor, Tonya	1601 Watson Blvd, W	114	GA	No	9/8/2025
Foster, Tamika Mccar	1601 Watson Blvd, W	128	GA	No	8/25/2025
Simmons, Mia Renee	1601 Watson Blvd, W	128	GA	No	8/25/2025
Smith, Sha'Neka	1601 Watson Blvd, W	128	GA	No	8/25/2025
Carroll,Chezney Simo	1601 Watson Blvd, W	142	GA	No	8/11/2025
Clark, Ashley Faye	1601 Watson Blvd, W	142	GA	No	8/11/2025
Crawford, Catherine	1601 Watson Blvd, W	142	GA	No	8/11/2025
Grant, Addrian Dewa	1601 Watson Blvd, W	142	GA	No	8/11/2025
Hudspeth, Courtney	1601 Watson Blvd, W	142	GA	No	8/11/2025
Katsekis, Jordan	1601 Watson Blvd, W	142	GA	No	8/11/2025
Lamb, Christina Mich	1601 Watson Blvd, W	142	GA	No	8/11/2025
Smith, Desiree	1601 Watson Blvd, W	142	GA	No	8/11/2025
Stepp, Jessica Anne	1601 Watson Blvd, W	142	GA	No	8/11/2025
Stevenson, Cierra	1601 Watson Blvd, W	142	GA	No	8/11/2025
Thomas, Lindsey Lew	1601 Watson Blvd, W	142	GA	No	8/11/2025
Wester, Sierra	1601 Watson Blvd, W	142	GA	No	8/11/2025
Bowen, Sarah Nicole	1601 Watson Blvd, W	156	GA	No	7/28/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Carter, Tabitha B.	1601 Watson Blvd, W	156	GA	No	7/28/2025
Geraldsen, Alexandri	1601 Watson Blvd, W	156	GA	No	7/28/2025
Hughes, Amber	1601 Watson Blvd, W	156	GA	No	7/28/2025
Lockett, Sha Kiya	1601 Watson Blvd, W	156	GA	No	7/28/2025
Oni, Juliet	1601 Watson Blvd, W	156	GA	No	7/28/2025
Grantham, Joshua B.	1601 Watson Blvd, W	170	GA	No	7/14/2025
Niette, Alyna	1601 Watson Blvd, W	170	GA	No	7/14/2025
Raphael, Alexis	1601 Watson Blvd, W	170	GA	No	7/14/2025
,Cateena Odom	1601 Watson Blvd, W	184	GA	No	6/30/2025
Andrieux, Karleigh	1601 Watson Blvd, W	184	GA	No	6/30/2025
Bussell, Kristen	1601 Watson Blvd, W	184	GA	No	6/30/2025
Lindsey,Sheri E.	1601 Watson Blvd, W	184	GA	No	6/30/2025
Perez, Marie Daniella	1601 Watson Blvd, W	184	GA	No	6/30/2025
Richardson Bonilla, E	1601 Watson Blvd, W	184	GA	No	6/30/2025
Searcy, Keerica Lasha	1601 Watson Blvd, W	184	GA	No	6/30/2025
Blair, Lauren Alyssa	1601 Watson Blvd, W	198	GA	No	6/16/2025
Carello, Taylor	1601 Watson Blvd, W	198	GA	No	6/16/2025
Denson, Christian Hc	1601 Watson Blvd, W	198	GA	No	6/16/2025
King, Amber	1601 Watson Blvd, W	198	GA	No	6/16/2025
King, Jennifer	1601 Watson Blvd, W	198	GA	No	6/16/2025
Lewis, Jacquelyn	1601 Watson Blvd, W	198	GA	No	6/16/2025
Waller, Ashley	1601 Watson Blvd, W	198	GA	No	6/16/2025
Webb,Marcia Yvette	1601 Watson Blvd, W	198	GA	No	6/16/2025
Cope, Jessica	1601 Watson Blvd, W	212	GA	No	6/2/2025
Exum,Angie M	1601 Watson Blvd, W	212	GA	No	6/2/2025
Fuller,Tiffany Lynn	1601 Watson Blvd, W	212	GA	No	6/2/2025
Johnson, India	1601 Watson Blvd, W	212	GA	No	6/2/2025
Landers, Kevin	1601 Watson Blvd, W	212	GA	No	6/2/2025
Pinales, Audrey	1601 Watson Blvd, W	212	GA	No	6/2/2025
Ashton, Kali	1601 Watson Blvd, W	218	GA	Yes	5/27/2025
Campbell, Madison	1601 Watson Blvd, W	226	GA	No	5/19/2025
Connell, Maggie A	1601 Watson Blvd, W	226	GA	No	5/19/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Reynolds, Leslie	1601 Watson Blvd, W	226	GA	No	5/19/2025
Smith, Erin	1601 Watson Blvd, W	226	GA	No	5/19/2025
Williams, Tierra	1601 Watson Blvd, W	226	GA	No	5/19/2025
Hart, Anetra Danyell	1601 Watson Blvd, W	240	GA	No	5/5/2025
Maxwell, Geraldine	1601 Watson Blvd, W	240	GA	No	5/5/2025
Merritt, Elizabeth	1601 Watson Blvd, W	240	GA	No	5/5/2025
Smith, Katina	1601 Watson Blvd, W	240	GA	No	5/5/2025
Berry, Gusty	1601 Watson Blvd, W	254	GA	No	4/21/2025
Carroll, Troy	1601 Watson Blvd, W	254	GA	No	4/21/2025
Wyatt, Taylor	1601 Watson Blvd, W	254	GA	No	4/21/2025
Banks, Mary Ellen	1601 Watson Blvd, W	268	GA	No	4/7/2025
Cadenhead, Ashley	1601 Watson Blvd, W	268	GA	No	4/7/2025
Doherty, Timothy Bri	1601 Watson Blvd, W	268	GA	No	4/7/2025
Hubbard, Shaqria	1601 Watson Blvd, W	268	GA	No	4/7/2025
Jenkins, Alexis There	1601 Watson Blvd, W	268	GA	No	4/7/2025
Pinnock, Simone Ori	1601 Watson Blvd, W	268	GA	No	4/7/2025
Pia, Maria	1601 Watson Blvd, W	271	GA	Yes	4/4/2025
Metcalfe, Samantha	1601 Watson Blvd, W	274	GA	Yes	4/1/2025
Beard, Alexander	1601 Watson Blvd, W	282	GA	No	3/24/2025
Bennett, Jennifer Nic	1601 Watson Blvd, W	282	GA	No	3/24/2025
Blash, Shenequoa	1601 Watson Blvd, W	282	GA	No	3/24/2025
Hough, Chantel	1601 Watson Blvd, W	282	GA	No	3/24/2025
Wald, Janice	1601 Watson Blvd, W	282	GA	No	3/24/2025
Windham, Miranda	1601 Watson Blvd, W	282	GA	No	3/24/2025
Graham,Veronica Rey	1601 Watson Blvd, W	296	GA	No	3/10/2025
Lester,Alvina Khristin	1601 Watson Blvd, W	296	GA	No	3/10/2025
Ologundudu,Osti Yv	1601 Watson Blvd, W	296	GA	No	3/10/2025
Nelson, Ebony	1601 Watson Blvd, W	310	GA	No	2/24/2025
Richardson, Kathlear	1601 Watson Blvd, W	310	GA	No	2/24/2025
Sanders, Abigail Mar	1601 Watson Blvd, W	310	GA	No	2/24/2025
Truman, Jacob	1601 Watson Blvd, W	310	GA	No	2/24/2025
Mallory, Shaybrielld	1601 Watson Blvd, W	324	GA	No	2/10/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Penson, Shantrella	1601 Watson Blvd, W	324	GA	No	2/10/2025
Rogers, Stephanie	1601 Watson Blvd, W	324	GA	No	2/10/2025
Ferqueron, Karen	1601 Watson Blvd, W	328	SC	Yes	2/6/2025
Kimball-Ingram, Mel	1601 Watson Blvd, W	334	GA	Yes	1/31/2025
Baez, Renee	1601 Watson Blvd, W	338	GA	No	1/27/2025
Hill, Jeanifer	1601 Watson Blvd, W	338	GA	No	1/27/2025
Jones, Tina	1601 Watson Blvd, W	338	GA	No	1/27/2025
Kelly, Maria	1601 Watson Blvd, W	338	GA	No	1/27/2025
Mack Dismuke, Kimb	1601 Watson Blvd, W	338	GA	No	1/27/2025
Smaisem, Lydia	1601 Watson Blvd, W	338	GA	No	1/27/2025
Springirth, Rachel	1601 Watson Blvd, W	338	GA	No	1/27/2025
Glynn, Shawanna	1601 Watson Blvd, W	352	GA	No	1/13/2025
Lee, Tristee	1601 Watson Blvd, W	352	GA	No	1/13/2025
Okaka, Patricia	1601 Watson Blvd, W	352	GA	No	1/13/2025
Okeke, Evelyn	1601 Watson Blvd, W	352	GA	No	1/13/2025
Pratt, Donielle	1601 Watson Blvd, W	352	GA	No	1/13/2025
Langford, Jacob	1601 Watson Blvd, W	366	GA	No	12/30/2024
Baskerville, Deanna	1601 Watson Blvd, W	394	GA	No	12/2/2024
Canzone,Molly Lynn	1601 Watson Blvd, W	394	GA	No	12/2/2024
Castillo Hernandez, M	1601 Watson Blvd, W	394	GA	No	12/2/2024
Smothers, Brittany	1601 Watson Blvd, W	394	GA	No	12/2/2024
Wright, Shanorrow	1601 Watson Blvd, W	394	GA	No	12/2/2024
Clevenger, Gabrielle	1601 Watson Blvd, W	408	GA	No	11/18/2024
Lynch, Mindy Christi	1601 Watson Blvd, W	408	GA	No	11/18/2024
Smith, Vonisha	1601 Watson Blvd, W	408	GA	No	11/18/2024
Davis,April M	1601 Watson Blvd, W	422	GA	No	11/4/2024
Gilley, Taylor	1601 Watson Blvd, W	422	GA	No	11/4/2024
Beem,Adam B	1601 Watson Blvd, W	450	GA	No	10/7/2024
Edwards, Amy Crawf	1601 Watson Blvd, W	450	GA	No	10/7/2024
Hall, Amber	1601 Watson Blvd, W	450	GA	No	10/7/2024
Martin, Jasmine E	1601 Watson Blvd, W	450	GA	No	10/7/2024
Stephens, Emma Ros	1601 Watson Blvd, W	450	GA	No	10/7/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Velasco, Eileen	1601 Watson Blvd, W	450	GA	No	10/7/2024
Wolynes, Kayla Mich	1601 Watson Blvd, W	450	GA	No	10/7/2024
Edwards, Melissa	1601 Watson Blvd, W	461	GA	Yes	9/26/2024
Brown,Leondra Cym	1601 Watson Blvd, W	478	GA	No	9/9/2024
Woodberry,Desiree A	1601 Watson Blvd, W	478	GA	No	9/9/2024
Mckelvey, Anna Kath	1601 Watson Blvd, W	492	GA	No	8/26/2024
Patel,Bhumika	1601 Watson Blvd, W	492	GA	No	8/26/2024
Rooney,Kylee D	1601 Watson Blvd, W	492	GA	No	8/26/2024
Gifford, Diane Elizab	1601 Watson Blvd, W	506	GA	No	8/12/2024
Grant,Domonique Si	1601 Watson Blvd, W	506	GA	No	8/12/2024
Jones, Kathryn Elizab	1601 Watson Blvd, W	506	GA	No	8/12/2024
Macorkindale, Meliss	1601 Watson Blvd, W	506	GA	No	8/12/2024
Haywood, Holly Alys	1601 Watson Blvd, W	520	GA	No	7/29/2024
Ajagunna, Nora Ann	1601 Watson Blvd, W	534	GA	No	7/15/2024
Anderson, Andrea Di	1601 Watson Blvd, W	534	GA	No	7/15/2024
Barnes, Alexandra De	1601 Watson Blvd, W	534	GA	No	7/15/2024
Blessard, Marinda M	1601 Watson Blvd, W	534	GA	No	7/15/2024
Copeland, Stephanie	1601 Watson Blvd, W	534	GA	No	7/15/2024
Gosdin, Anna	1601 Watson Blvd, W	534	GA	No	7/15/2024
Thompson, Mia	1601 Watson Blvd, W	534	GA	No	7/15/2024
Cannady,Elizabeth Pa	1601 Watson Blvd, W	548	GA	No	7/1/2024
Hale,Gillian Ruth	1601 Watson Blvd, W	548	GA	No	7/1/2024
Pasieka, Farra Christi	1601 Watson Blvd, W	548	GA	No	7/1/2024
Patterson, Leah	1601 Watson Blvd, W	548	GA	No	7/1/2024
Pesantes, George Ol	1601 Watson Blvd, W	548	GA	No	7/1/2024
Fox, Rebekah Briann	1601 Watson Blvd, W	562	GA	No	6/17/2024
Lineberger, Joshua T	1601 Watson Blvd, W	562	GA	No	6/17/2024
Peavy, Kristene Savar	1601 Watson Blvd, W	562	GA	No	6/17/2024
Keiffer, Julia Frances	1601 Watson Blvd, W	576	GA	No	6/3/2024
Polhemus, Devan Ni	1601 Watson Blvd, W	604	GA	No	5/6/2024
Flanders, Micaela Elis	1601 Watson Blvd, W	618	GA	No	4/22/2024
Johnson, Morgan Ro	1601 Watson Blvd, W	618	GA	No	4/22/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Prince, Ki Lynn	1601 Watson Blvd, W	618	GA	No	4/22/2024
Peterson, Lacey	1601 Watson Blvd, W	632	GA	No	4/8/2024
Wingard, Annie Mari	1601 Watson Blvd, W	632	GA	No	4/8/2024
Little,Beverly Ann	1601 Watson Blvd, W	646	GA	No	3/25/2024
Burch,Janiya Payton	1601 Watson Blvd, W	660	GA	No	3/11/2024
Burgess, Hannah Rer	1601 Watson Blvd, W	660	GA	No	3/11/2024
Ford, Nadia Nabil	1601 Watson Blvd, W	660	GA	No	3/11/2024
Mack, Pheona L	1601 Watson Blvd, W	660	GA	No	3/11/2024
Pardo, Lauren	1601 Watson Blvd, W	660	GA	No	3/11/2024
Bowen,Jennifer Mari	1601 Watson Blvd, W	674	GA	No	2/26/2024
Dunn, Payton Elizabe	1601 Watson Blvd, W	674	GA	No	2/26/2024
Johnson, Victoria Co	1601 Watson Blvd, W	688	GA	No	2/12/2024
Mcgalliard, Naomi	1601 Watson Blvd, W	688	GA	No	2/12/2024
Ertel, Madison Nicole	1601 Watson Blvd, W	702	GA	No	1/29/2024
Hayes, Miranda Cadi	1601 Watson Blvd, W	702	GA	No	1/29/2024
Stuckey, Lori Glenn	1601 Watson Blvd, W	702	GA	No	1/29/2024
Collier, Shayla	1601 Watson Blvd, W	715	GA	No	1/16/2024
Ferris, Jessica Theres	1601 Watson Blvd, W	715	GA	No	1/16/2024
Salyers, Katherine M	1601 Watson Blvd, W	715	GA	No	1/16/2024
Smith, Donald Euger	1601 Watson Blvd, W	715	GA	No	1/16/2024
Giles, Brianne Alyse	1601 Watson Blvd, W	729	GA	No	1/2/2024
Reyes-Mendiola, Mil	1601 Watson Blvd, W	729	GA	No	1/2/2024
Black, Drizzel Shenna	1601 Watson Blvd, W	758	GA	No	12/4/2023
Dowless, Brandy	1601 Watson Blvd, W	758	GA	No	12/4/2023
Jamieson, Brittani Ar	1601 Watson Blvd, W	758	GA	No	12/4/2023
White, Darren	1601 Watson Blvd, W	758	GA	No	12/4/2023
Houser, Quintavious	1601 Watson Blvd, W	772	GA	No	11/20/2023
Hvizdzak, Hannah El	1601 Watson Blvd, W	772	GA	No	11/20/2023
Brannen, Erin Grace	1601 Watson Blvd, W	786	GA	No	11/6/2023
Tomlin, Dawson Rob	1601 Watson Blvd, W	800	GA	No	10/23/2023
Whiddon, Sarah Jess	1601 Watson Blvd, W	800	GA	No	10/23/2023
Jackson, Forrest E	1601 Watson Blvd, W	814	GA	No	10/9/2023

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Ward, Meridith Lynn	1601 Watson Blvd, W	814	GA	No	10/9/2023
Cagle, Merita	1601 Watson Blvd, W	842	GA	No	9/11/2023
Esteva, Alexis	1601 Watson Blvd, W	856	GA	No	8/28/2023
Kress, Amber L	1601 Watson Blvd, W	870	GA	No	8/14/2023
Boyd, Anna Maria	1601 Watson Blvd, W	884	GA	No	7/31/2023
Byars, Caitlin Jones	1601 Watson Blvd, W	884	GA	No	7/31/2023
Manivong, Judy	1601 Watson Blvd, W	884	GA	No	7/31/2023
Schurmann, Bejamin	1601 Watson Blvd, W	884	GA	No	7/31/2023
Sturick, Kaylie	1601 Watson Blvd, W	884	GA	No	7/31/2023
Bell, Cassandra Kay	1601 Watson Blvd, W	898	GA	No	7/17/2023

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 Splaine

Date

03/30/2026

Title

Chief Executive Officer

Comments