



GEORGIA DEPARTMENT
OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP406

1. Identification

Facility Name:

Coffee Regional Medical Center

County:

Coffee

Street Address:

1101 Ocilla RD

City:

Douglas

Zip:

31533

Mailing Address:

PO Box 1287

Mailing City:

Douglas

Mailing Zip:

31534

Medicaid Provider Number:

000000448A

Medicare Provider Number:

11-0089

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:

Lavonda L. Cravey

Contact Title:

VP Corporate Revenue Cycle

Phone:

9123835600

Fax:

9123892112

Email:

lavonda.cravey@coffeeregional.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)

Coffee County Hospital Authority

Organization Type

Hospital Authority

Effective Date

06/30/1949

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Coffee County

Organization Type

Local Government

Effective Date

01/01/1946

C. Facility Operator

Full Legal Name (Or Not Applicable)

Coffee Regional Medical Center, Inc.

Organization Type

Not For Profit

Effective Date

01/01/1995

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

CRH Health Care, Inc.

Organization Type

Not For Profit

Effective Date

10/28/1994

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

CRH Health Care, Inc.

City

Douglas

State

GA

4.

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

Name

CRH Health Care, Inc.

City

Douglas

State

GA

5.

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

Name

Emergency Physicians of Coffee County, LLC

City

Douglas

State

GA

6.

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

Name

City

State

7.

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

Name

Coffee County Area Providers, LLC

City

Douglas

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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)	6	1,047	2,077	1,050	3,132
Pediatrics (Non ICU)	4	11	17	11	27
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	5	28	50	28	78
General Medicine	40	1,887	6,967	1,892	8,841
General Surgery	23	702	2,782	700	3,455
Medical/Surgical	0	0	0	0	0
Intensive Care	10	431	1,608	432	2,074
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	88	4,106	13,501	4,113	17,607

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	10	431	1,608	432	2,074
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	7	21
Asian	11	20
Black/African American	1,046	3,658
Hispanic/Latino	372	971
Pacific Islander/Hawaiian	3	5
White	2,664	8,818
Multi-Racial	3	8
Total	4,106	13,501

3. Gender

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

Gender	Admissions	Inpatient Days
Male	1,470	5,470
Female	2,636	8,031
Total	4,106	13,501

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	1,873	7,271
Medicaid	889	2,248
Peachare	0	0
Third-Party	1,067	3,166
Self-Pay	277	816
Other	0	0
Total	4,106	13,501

5. Discharges to Death

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

161

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	1,162
Semi-Private Room Rate	979
Operating Room: Average Charge for the First Hour	8,411
Average Total Charge for an Inpatient Day	8,112

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

28,107

2. Inpatient Admissions from ER

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

2,870

3. Beds Available

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

18

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	5	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	1	0
General Beds	12	0
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

788

6. Non-Emergency Visits

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

78,668

7. Observation Visits/Cases

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

4,570

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

752

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
Podiatric Services	1	1
Renal Dialysis	2	1
ESWL	2	1
Biliary 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	3	4
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	2	1
Physical Therapy	2	1
Speech Pathology Therapy	2	1
Gamma Ray Knife	3	4
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	1	1
Hospice	2	1
Respite Care Services	2	1
Ultrasound/Medical Sonography	1	1
Wound Care Services	2	1
Cardiopulmonary Rehabilitation	1	1
	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	485
Number of Dialysis Treatments	860
Number of ESWL Patients	39
Number of ESWL Procedures	44
Number of ESWL Units	1
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	30,756
Number of CTS Units (machines)	2
Number of CTS Procedures	21,686
Number of Diagnostic Radioisotope Procedures	3,374
Number of PET Units (machines)	1
Number of PET Procedures	454
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	1
Number of Number of MRI Procedures	3,295
Number of Chemotherapy Treatments	3,920
Number of Respiratory Therapy Treatments	48,023
Number of Occupational Therapy Treatments	8,586
Number of Physical Therapy Treatments	38,869
Number of Speech Pathology Patients	277
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	893
Number of HIV/AIDS Diagnostic Procedures	1,232
Number of HIV/AIDS Patients	77
Number of Ambulance Trips	8,201
Number of Hospice Patients	9
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	6

Number of Ultrasound/Medical Sonography Procedures	10,766
Number of Treatments, Procedures, or Patients (Other 1)	2
Number of Treatments, Procedures, or Patients (Other 2)	1,190
Number of Treatments, Procedures, or Patients (Other 3)	1,008

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)

12

3. Robotic Surgery System

Units

1

Procedures

74

Type of Unit(s)

STRYKER MAKO

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	11	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	228	0	0
Licensed Practical Nurses (LPNs)	52	0	0
Pharmacists	13	0	0
Other Health Services Professionals*	201	0	0
Administration and Support	248	0	0
All Other Hospital Personnel (not included in above)	6	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	More than 90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	Not Applicable
Other Health Services Professionals	61-90 Days
All Other Hospital Personnel (not included above)	61-90 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	18
Black/African American	8
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	69
Multi-Racial	0
Total	95

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	13	<input type="checkbox"/>	0	0
General Internal Medicine	15	<input type="checkbox"/>	0	0
Pediatricians	7	<input type="checkbox"/>	0	0
Other Medical Specialties	17	<input type="checkbox"/>	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	<input type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	4	<input type="checkbox"/>	0	0
Ophthalmology Surgery	1	<input type="checkbox"/>	0	0
Orthopedic Surgery	6	<input type="checkbox"/>	0	0
Plastic Surgery	0	<input type="checkbox"/>	0	0
General Surgery	7	<input type="checkbox"/>	0	0
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	4	<input type="checkbox"/>	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	3	<input type="checkbox"/>	0	0
Dermatology	0	<input type="checkbox"/>	0	0
Emergency Medicine	9	<input type="checkbox"/>	0	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	3	<input type="checkbox"/>	0	0
Psychiatry	0	<input type="checkbox"/>	0	0
Radiology	3	<input type="checkbox"/>	0	0
Cardiology	4	<input type="checkbox"/>	0	0
Interventional Cardiology	13	<input type="checkbox"/>	0	0
Pulmonary	1	<input type="checkbox"/>	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 surgeons) with Admitting Privileges	0
Podiatrists	3
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	0

5b. Name of Other Professions

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

not applicable

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
Mahendra Amin	27483
Eric Anderson	51577
John Arnett	38423
Ansermo Arthur	40300
Stephen Augustine	46666
Charles Bagwell	50494
James Barber	45391
Willie Bell	27030
Dearl Birdsong	63171
Mark Brulte	48490
Thomas Campen	32147
Veer Chawala	74219
Brian Childers	42212
Alex Clavijo	88975
Aristotle Cochon	66344
Charlotte Coggins	80060
Robert Collins	48034
William Conner	64200
Charles Cowart	29161
William Davis	29320
Steven Diamond	36135
Jeffery Dockery	37987
Glenn Evans	34826
Joel Ferree	27052
Gary Fischer	57804
Charles Galea	55229
Bradley Goldberg	40079
Kendall Griffith	68903
Dennis Harper	53749
Justin Harrell	59162

Full Name	License Number
Shayibu Harruna	79857
Thomas Henris	52957
Timothy Humphries	53461
Clarence Hunter	26873
Shaista Hussain	74168
Nirandr Inthathak	20744
Steven Johnson	17836
Umamaheswari Jonnalagadda	42299
Sudhakar Jonnalagadda	41589
William Kaiser	34166
Neha Kakkar	83102
Gregory Kramer	POD000849
Paul Lenzo	68234
Edward Lin	49858
Debra Lister	38849
Rachid Macwar	87085
Mobin Malik	92735
David Martini	80480
Alfred Mazur	46695
Justin McGovern	DN013714
Abigail Miller	84530
William Miller	24302
Ross Moorman	34668
Hemachandran Nair	24996
Anil Nair	80011
Thaihang Nguyen	69494
John Odom	33661
Jerris-Stepahnie Okonkwo	102438
Dushyant Patel	33667
Bhavdip Patel	48694
Eric Paulk	62271
Gerson Paull	35726

Full Name	License Number
Kate Paylo	83339
Justin Peterson	79895
Joseph Poku	52807
Somuk Pow	29756
Tharmathai Ramanan	89922
Challori Reddy	29936
Solomon Ross	69622
Chester Royals	72653
Robert Sakulanda	61649
Choudhury Salekin	81943
James Sexson	38362
Anthony Sherlag	31662
Hewatt Sims	48965
James Sinclair	36457
Felix Sogade	42444
Sridhar Srinivasan	62292
Sebastian Stanciu	81501
Shari Stokes	70593
Jennifer Stroud	88823
Siva Suryadevara	81967
Lydia Tanner	53885
Laura Tharp	72142
Lauren Towner	POD305050
Benoy Varghese	83755
Joshua Vickers	77804
Marcus Williams	54048
Carol Williams	60631
Nicole Wilson	POD001284
Jeffery Winge	59530
Thet Zaw	72948

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
Alabar	0	0	0	0	0	0	0	0	0	0	0	0	0
Appling	44	60	21	0	0	0	0	0	0	0	0	0	0
Atkinso	435	456	113	0	0	0	0	0	0	0	0	0	0
Bacon	168	150	64	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	0	1	0	0	0	0	0	0	0	0	0	0	0
Banks	0	0	0	0	0	0	0	0	0	0	0	0	0
Barrow	0	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	0	1	0	0	0	0	0	0	0	0	0	0	0
Ben Hil	220	291	70	0	0	0	0	0	0	0	0	0	0
Berrien	19	37	11	0	0	0	0	0	0	0	0	0	0
Bibb	4	1	1	0	0	0	0	0	0	0	0	0	0
Bleckle	0	0	0	0	0	0	0	0	0	0	0	0	0
Brantle	4	2	2	0	0	0	0	0	0	0	0	0	0
Brooks	3	2	2	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Burke	0	0	0	0	0	0	0	0	0	0	0	0	0
Butts	0	0	0	0	0	0	0	0	0	0	0	0	0
Calhou	0	0	0	0	0	0	0	0	0	0	0	0	0
Camde	1	3	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	0	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	1	0	0	0	0	0	0	0	0	0	0	0
Chatha	1	0	0	0	0	0	0	0	0	0	0	0	0
Chattal	0	0	0	0	0	0	0	0	0	0	0	0	0
Chatto	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherok	0	0	0	0	0	0	0	0	0	0	0	0	0
Clarke	0	0	0	0	0	0	0	0	0	0	0	0	0
Clav	0	0	0	0	0	0	0	0	0	0	0	0	0

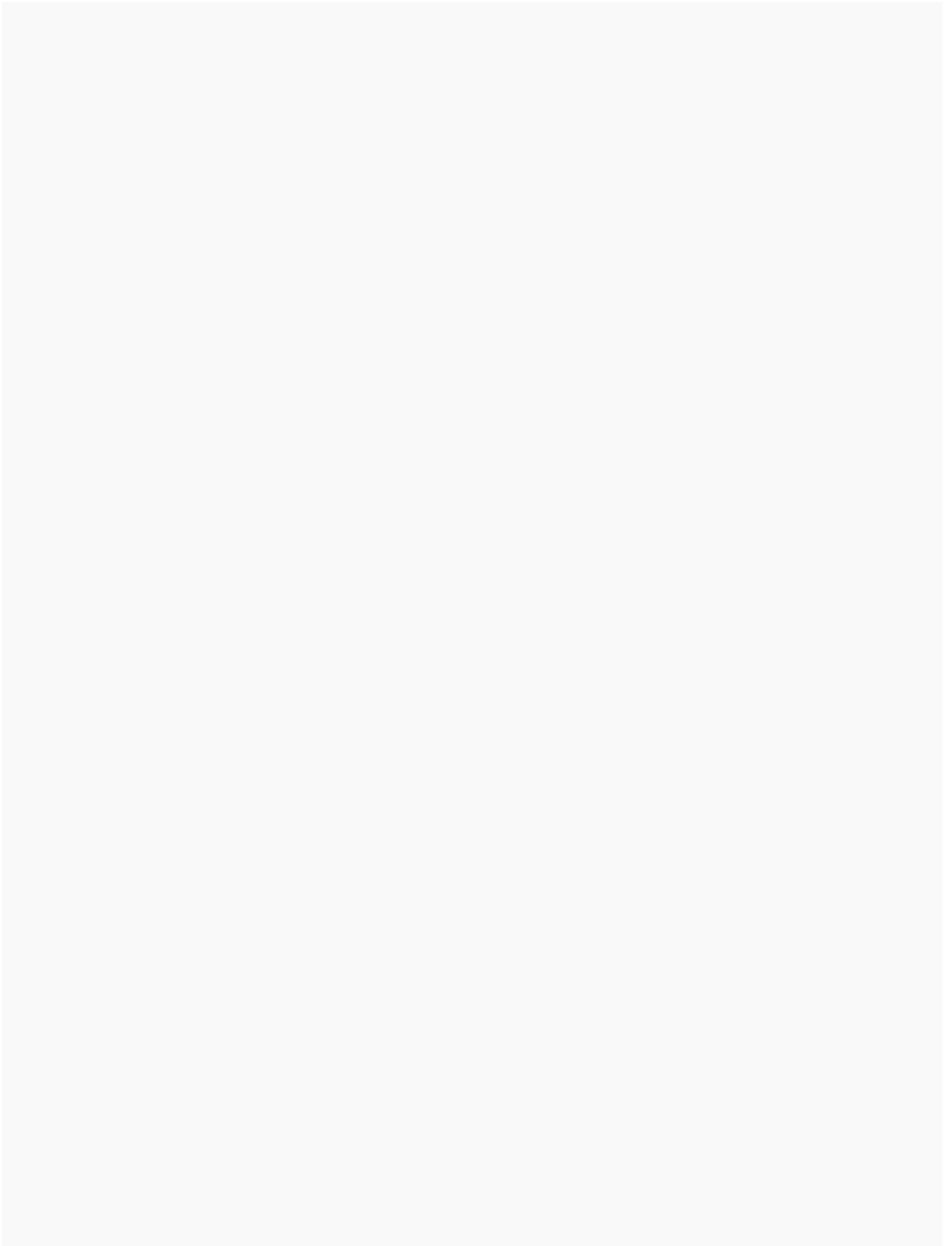
County	1	2	3	4	5	6	7	8	9	10	11	12	13
Clayton	1	0	0	0	0	0	0	0	0	0	0	0	0
Clinch	39	40	19	0	0	0	0	0	0	0	0	0	0
Cobb	0	0	0	0	0	0	0	0	0	0	0	0	0
Coffee	2,509	2,638	491	0	0	0	0	0	0	0	0	0	0
Colquit	0	2	0	0	0	0	0	0	0	0	0	0	0
Columb	0	0	0	0	0	0	0	0	0	0	0	0	0
Cook	3	9	2	0	0	0	0	0	0	0	0	0	0
Coweta	0	0	0	0	0	0	0	0	0	0	0	0	0
Crawfo	0	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	5	5	4	0	0	0	0	0	0	0	0	0	0
Dade	0	0	0	0	0	0	0	0	0	0	0	0	0
Dawson	0	0	0	0	0	0	0	0	0	0	0	0	0
Decatu	0	0	0	0	0	0	0	0	0	0	0	0	0
DeKalb	0	0	0	0	0	0	0	0	0	0	0	0	0
Dodge	6	10	0	0	0	0	0	0	0	0	0	0	0
Dooley	3	0	2	0	0	0	0	0	0	0	0	0	0
Dough	3	1	1	0	0	0	0	0	0	0	0	0	0
Dougla	0	1	0	0	0	0	0	0	0	0	0	0	0
Early	0	1	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	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	0	0	0	0	0	0	0	0	0	0	0	0	0
Florida	0	0	0	0	0	0	0	0	0	0	0	0	0
Floyd	0	0	0	0	0	0	0	0	0	0	0	0	0
Forsyth	0	0	0	0	0	0	0	0	0	0	0	0	0
Franklin	0	0	0	0	0	0	0	0	0	0	0	0	0
Fulton	2	1	0	0	0	0	0	0	0	0	0	0	0

Gilmer	1	0	1	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	0	3	0	0	0	0	0	0	0	0	0	0	0
Gordor	0	0	0	0	0	0	0	0	0	0	0	0	0
Grady	0	0	0	0	0	0	0	0	0	0	0	0	0
Greene	0	0	0	0	0	0	0	0	0	0	0	0	0
Gwinne	0	0	0	0	0	0	0	0	0	0	0	0	0
Habers	0	0	0	0	0	0	0	0	0	0	0	0	0
Hall	0	0	0	0	0	0	0	0	0	0	0	0	0
Hancoc	0	0	0	0	0	0	0	0	0	0	0	0	0
Haralsc	0	0	0	0	0	0	0	0	0	0	0	0	0
Harris	0	0	0	0	0	0	0	0	0	0	0	0	0
Hart	0	0	0	0	0	0	0	0	0	0	0	0	0
Heard	0	0	0	0	0	0	0	0	0	0	0	0	0
Henry	0	0	0	0	0	0	0	0	0	0	0	0	0
Housto	2	1	1	0	0	0	0	0	0	0	0	0	0
Irwin	116	127	34	0	0	0	0	0	0	0	0	0	0
Jacksor	0	0	0	0	0	0	0	0	0	0	0	0	0
Jasper	1	0	0	0	0	0	0	0	0	0	0	0	0
Jeff Dav	184	251	93	0	0	0	0	0	0	0	0	0	0
Jeffersc	0	0	0	0	0	0	0	0	0	0	0	0	0
Jenkins	1	0	0	0	0	0	0	0	0	0	0	0	0
Johnso	1	0	1	0	0	0	0	0	0	0	0	0	0
Jones	0	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	0	0	0	0	0	0	0	0	0	0	0	0	0
Lanier	4	9	1	0	0	0	0	0	0	0	0	0	0
Laurens	0	1	0	0	0	0	0	0	0	0	0	0	0
Lee	1	0	1	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	2	0	1	0	0	0	0	0	0	0	0	0	0
Lownd	17	52	8	0	0	0	0	0	0	0	0	0	0

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	0	0	0	0	0	0	0	0	0	0	0	0	0
Marion	0	0	0	0	0	0	0	0	0	0	0	0	0
McDuff	0	0	0	0	0	0	0	0	0	0	0	0	0
McInto	0	3	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	1	0	0	0	0	0	0	0	0	0	0
Monroe	0	0	0	0	0	0	0	0	0	0	0	0	0
Montgo	8	6	5	0	0	0	0	0	0	0	0	0	0
Morgar	0	0	0	0	0	0	0	0	0	0	0	0	0
Murray	0	0	0	0	0	0	0	0	0	0	0	0	0
Muscoç	1	0	0	0	0	0	0	0	0	0	0	0	0
Newtor	0	0	0	0	0	0	0	0	0	0	0	0	0
North C	0	0	0	0	0	0	0	0	0	0	0	0	0
Ocone	0	0	0	0	0	0	0	0	0	0	0	0	0
Other C	32	31	2	0	0	0	0	0	0	0	0	0	0
Ogleth	0	0	0	0	0	0	0	0	0	0	0	0	0
Pauldin	0	0	0	0	0	0	0	0	0	0	0	0	0
Peach	0	0	0	0	0	0	0	0	0	0	0	0	0
Pickens	0	0	0	0	0	0	0	0	0	0	0	0	0
Pierce	32	61	15	0	0	0	0	0	0	0	0	0	0
Pike	0	0	0	0	0	0	0	0	0	0	0	0	0
Polk	0	0	0	0	0	0	0	0	0	0	0	0	0
Pulaski	0	1	0	0	0	0	0	0	0	0	0	0	0
Putnar	1	1	0	0	0	0	0	0	0	0	0	0	0
Quitma	1	1	1	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	0	2	0	0	0	0	0	0	0	0	0	0	0
Richmc	0	1	0	0	0	0	0	0	0	0	0	0	0
Rockda	0	0	0	0	0	0	0	0	0	0	0	0	0

Schley	0	0	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
Spaldin	0	0	0	0	0	0	0	0	0	0	0	0	0
South	0	0	0	0	0	0	0	0	0	0	0	0	0
Stephe	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	1	0	1	0	0	0	0	0	0	0	0	0	0
Tennes	0	0	0	0	0	0	0	0	0	0	0	0	0
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	1	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	70	91	23	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	1	1	0	0	0	0	0	0	0	0	0	0	0
Tift	17	29	10	0	0	0	0	0	0	0	0	0	0
Toomb	7	4	2	0	0	0	0	0	0	0	0	0	0
Towns	0	0	0	0	0	0	0	0	0	0	0	0	0
Treutler	2	0	1	0	0	0	0	0	0	0	0	0	0
Troup	0	0	0	0	0	0	0	0	0	0	0	0	0
Turner	4	16	1	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	0	1	0	0	0	0	0	0	0	0	0	0	0
Ware	97	128	46	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	1	0	1	0	0	0	0	0	0	0	0	0	0
Wayne	7	8	2	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 ▾	6	9	2	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 ▾	12	9	3	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 ▾	3	4	2	0	0	0	0	0	0	0	0	0	0
Totals	4,106	4,564	1,062	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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="5"/>	5
Cystoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	2
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	7	7

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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="1,038"/>	<input type="text" value="2,697"/>	3,735
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="37"/>	<input type="text" value="387"/>	424
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="294"/>	<input type="text" value="1,192"/>	1,486
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	1,369	4,276	5,645

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	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="868"/>	<input type="text" value="2,144"/>	3,012
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="32"/>	<input type="text" value="378"/>	410
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="262"/>	<input type="text" value="1,152"/>	1,414
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	1,162	3,674	4,836

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	3
Asian	8
Black/African American	1,008
Hispanic/Latino	257
Pacific Islander/Hawaiian	0
White	3,198
Multi-Racial	90
Total	4,564

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	92
Ages 15-64	2,802
Ages 65-74	1,021
Ages 75-85	563
Ages 85 and Up	86
Total	4,564

3. Gender

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

Gender	Number of Ambulatory Patients
Male	2,056
Female	2,508
Total	4,564

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	1,943
Medicaid	436
Third-Party	1,970
Self-Pay	215
Total	4,564

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:

0

Number of LDRP Rooms:

6

Number of Cesarean Sections:

421

Total Live Births:

1,036

Total Live Births (Live and Late Fetal Deaths):

1,047

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

1,047

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)	14	1,042	1,632	0
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	14	1,042	1,632	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	4	12
Asian	10	19
Black/African American	230	475
Hispanic/Latino	179	352
Pacific Islander/Hawaiian	2	3
White	579	1,125
Multi-Racial	58	118
Total	1,062	2,104

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	4	7
Ages 15-44	1,058	2,097
Ages 45 and Up	0	0
Total	1,062	2,104

3. Average Charge for an Uncomplicated Delivery.

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

11,968

4. Average Charge for an Premature Delivery.

Please report the average hospital charge for a premature delivery.

18,082

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

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
	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?

We use Healthstream Rapid Regulatory courses for clinical and non-clinical new employees as well as annually for all employees. We also teach about the cultural competence and Language Line use in nursing and PCT orientation.

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?

n/a

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

Language One:

English

Language Two:

Spanish

Language Three:

Language Four:

If an uninsured 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?

South Central Primary Care, 1004 W Ward ST, Douglas, GA 31533 / Open Arms Clinic, 508 Spring Oak ST, Douglas, GA 31533

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
Taylor Davis	1377 Post RdHazleh	over 12 months	Georgia	No	9/19/2018
Heidi Amaya	1022 North Chester	over 12 months	Georgia	No	2/1/2021
Jennifer Sumner	711 CARDINAL RDW	6 months	Georgia	No	6/23/2025
Sarah Young	715 Adams LnNicho	over 12 months	Georgia	No	1/6/2020
Emilee Johnson	197 Greenwood DrB	over 12 months	Georgia	No	9/6/2022
David Fulford	PO BOX 207Nicholls	over 12 months	Georgia	No	1/3/2025
Maria Williams	PO Box 1858Douglas	over 12 months	Georgia	No	10/13/2015
Jessica Spivey	136 Fairfield RdDoug	over 12 months	Georgia	No	10/21/2012
Cindy Alvarado	1708 Alapaha Highw	over 12 months	Georgia	No	12/3/2021
Heather Yaughn	2370 Bell Telephone	over 12 months	Georgia	No	12/17/2014
Brittany Lewis	475 Friendship Churc	over 12 months	Georgia	No	6/14/2021
Amber Carver	1001 Oliver Vickers F	over 12 months	Georgia	No	2/8/2021
Lorena Jimenez	2925 Ga Hwy 268 W	over 12 months	Georgia	No	12/18/2018
Pamela Tyre	74 Larkspur DriveDo	over 12 months	Georgia	No	2/10/2025
Ally Witt	8926 Atkinson Boule	over 12 months	Georgia	No	6/25/2018
Kimberly Burke	61 Sugar Foot LaneD	over 12 months	Georgia	No	12/5/2014
Stephanie Johnson	1916 Harvey Vickers	over 12 months	Georgia	No	8/29/1995
Ansley Tomberlin	270 Banklodge DrDc	over 12 months	Georgia	No	7/24/2023
Jannie Smith	640 WH Smith Road	over 12 months	Georgia	No	10/31/2024
Devin Carver	220 Allen Carver RdN	over 12 months	Georgia	No	3/9/2022
Jamie Harper	612 Mount Pleasant	over 12 months	Georgia	No	11/18/2022
Brittany Taylor	192 Cypress Ford Ro	over 12 months	Georgia	No	10/9/2018
Sydney Rish	1475 Chatham Parkv	over 12 months	Georgia	No	1/29/2022
Anna Smith	1305 Old Bell Lake R	over 12 months	Georgia	No	5/31/2022
Madison Jowers	1256 Riverbend Esta	over 12 months	Georgia	No	12/7/2020
Kailyn Ward	356 Post RdDenton,	over 12 months	Georgia	No	5/28/2019
Leah Turner	6035 Circle RdNicho	over 12 months	Georgia	No	1/8/2020
Anesha Tucker	245 Lott RdDouglas,	over 12 months	Georgia	No	8/20/2021
Cassandra Harrell	210 N Wheeler AveD	over 12 months	Georgia	No	8/19/2009
Carmen Osorio	207 Three Rivers Lan	over 12 months	Georgia	No	5/8/2024

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Melissa Selph	495 River Bend Estat	over 12 months	Georgia	No	4/7/2013
Jessica Cassell	68 Westfield RdNich	over 12 months	Georgia	No	6/16/2013
Teresa Hilliard	82 Sioux TrailDougl	over 12 months	Georgia	No	9/11/2023
Tiara Wilson	111 Sunbeam RdDou	over 12 months	Georgia	No	5/19/2013
Chad Hutto	3895 Sinkhole RdDo	over 12 months	Georgia	No	8/16/2021
Cheryl Thompson	324 Eagle CirDougl	over 12 months	Georgia	No	7/12/2021
Loretta Justice	278 Holt RoadWray,	over 12 months	Georgia	No	5/20/2024
Collin Jowers	1291 Riverbend RdB	4 months	Georgia	No	8/5/2025
Molly Mason	1701 Doster RoadMa	over 12 months	Georgia	No	5/22/2024
Morgan Weathers	836 Doc Vickers Roa	over 12 months	Georgia	No	10/29/2021
Mckinley DeCosta	13556 Live Oak Chur	over 12 months	Georgia	No	12/16/2024
Justin Melton	3995 Cat Creek Road	over 12 months	Georgia	No	7/14/2016
Juanita Duque	PO Box 2312Douglas	2 months	Georgia	No	10/6/2025
Kiley Richey	131 South Pickett St	over 12 months	Georgia	No	7/18/2024
Aerial Britton	390 RED CLAY RDDC	3 months	Georgia	No	9/5/2025
Samantha Marsh	1904 West Forest Dr	over 12 months	Georgia	No	6/3/2024
LaTorya Barrett	14674 Georgia HWY	over 12 months	Georgia	No	12/19/2021
McKayla Turner	256 Colleen LaneJes	1 month	Georgia	No	12/5/2025
Hartley Causey	207 Touchton DrDou	over 12 months	Georgia	No	12/16/2022
Leia Duerr	479 Dub Lewis Road	over 12 months	Georgia	No	8/28/2024
Annslee Spikes	675 Leahs RowAmbr	over 12 months	Georgia	No	7/20/2024
Michelle Christman	1050 Pine Level Chu	7 months	Georgia	No	5/29/2025
Ashley Welch	276 Marion LoopPea	over 12 months	Georgia	No	7/5/2023
Shantea Williams	220 Corbitt DriveDou	over 12 months	Georgia	No	8/17/2015
Payton Thomas	1386 Lott RoadDoug	over 12 months	Georgia	No	1/4/2017
Love Hoerle-Davis	3747 Carswell AveW	over 12 months	Georgia	No	7/20/2015
Misty Troup	1231 Old Bell Lake R	over 12 months	Georgia	No	6/13/2016
Kiley Rohde	25 Winward DrDoug	over 12 months	Georgia	No	4/16/2021
Zachary Moon	1570 Maplewood Dr	over 12 months	Georgia	No	3/21/2024
Victoria Wheeles	121 Apache TrailDou	over 12 months	Georgia	No	1/5/2024
Claire Harper	443 Cherokee Hills R	5 months	Georgia	No	7/22/2025
Megan Lott	1003 Lee AvenueDou	over 12 months	Georgia	No	12/29/2010

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Hannah Ray	378 Sweetpea Road	over 12 months	Georgia	No	5/7/2018
Lacey Kersey	1386 Lott RoadDou	over 12 months	Georgia	No	7/29/2021
Daisy Moore	209 Gazelle RdMers	over 12 months	Georgia	No	1/22/2024
Mariel Faulkner	147 White Hat LnPea	over 12 months	Georgia	No	3/1/2021
Rebecca M Butler	1973 Post RdHazleh	over 12 months	Georgia	No	8/17/2021
Javia Manning	289 Birdsong RdDou	10 months	Georgia	No	2/17/2025
Sheronda Simpson	3931 Sierra CtValdos	over 12 months	Georgia	No	9/10/2022
Markita Goodwin	35 Susan Dr.Douglas	over 12 months	Georgia	No	8/19/2007
Mary Dockery	726 Hansell Sears Rd	over 12 months	Georgia	No	9/5/2020
Emily Adams	905 East Walker Stre	over 12 months	Georgia	No	11/12/2021
Kara Eiland	595 Newts LaneAmb	over 12 months	Georgia	No	11/14/2024
Rayna Ezzell	110 Oak StFitzgerald	over 12 months	Georgia	No	11/1/2023
Adriana Denney	1081 Satilla RoadWr	over 12 months	Georgia	No	9/16/2024
Shanetha Fields	7617 Bowens Mill Rd	over 12 months	Georgia	No	5/15/1993
Kaylee Mann	451 Mims Chapel Rd	over 12 months	Georgia	No	3/11/2016
Kacy Swanson	250 Ironwood Circle	over 12 months	Georgia	No	8/12/2012
Windy Tanner	225 Teakwood Drive	over 12 months	Georgia	No	11/24/2003
Michael Lupo	399 Salem Church Rd	6 months	Georgia	No	6/4/2025
Ansley Rothwell	546 Turnpike Cemet	11 months	Georgia	No	1/27/2025
Brenda Guerrero	595 Smith Cemetery	over 12 months	Georgia	No	11/8/2024
Zachary Ray	220 Remington Drive	over 12 months	Georgia	No	12/11/2020
Amy Shrouder	1103 Karen LaneDou	over 12 months	Georgia	No	1/30/2003
Caroline Woods	2509 Dorothy Street	7 months	Georgia	No	5/21/2025
Becky Vickers	162 Bill Quarterman	over 12 months	Georgia	No	9/7/1999
Christy Knight	457 Ga Hwy 149Amb	over 12 months	Georgia	No	3/13/2018
Candace Smith	607 Horseshoe Bend	over 12 months	Georgia	No	2/27/2023
Kaci Silver	410 Pine Valley Drive	over 12 months	Georgia	No	11/12/2021
Candice Merritt	387 Nature TrlAmbr	over 12 months	Georgia	No	1/28/2022
Emily Oliver	109 Ruby RoadFitzg	over 12 months	Georgia	No	2/23/2024
Bobbee Brooker	7074 U.S. 441Pearso	over 12 months	Georgia	No	6/16/2020
Bridgette Williamso	203 W 20Th StAlma,	over 12 months	Georgia	No	3/20/2019
Tammy Blankenship	208 Parallel StreetBr	over 12 months	Georgia	No	10/8/2001

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Thomas K Henris	92 Tinsely StreetDou	over 12 months	Georgia	No	4/18/2017
Aubreyanna Taylor	481 Mossy Hill RdDc	over 12 months	Georgia	No	4/17/2023
Jordan McCray	192 Plum DriveDoug	over 12 months	Georgia	No	12/16/2015
Kadence Adams	252 Oat Butler rdAm	over 12 months	Georgia	No	9/20/2023
Brittany Sims	118 Fir Tree LnAlma,	over 12 months	Georgia	No	1/8/2020
Ester Acosta	723 Silas LaneBroxt	5 months	Georgia	No	7/31/2025
Anna Meeks	490 Woodcrest RdDc	over 12 months	Georgia	No	12/31/2019
Luke Cravey	291 Joyce DriveDoug	over 12 months	Georgia	No	9/19/2019
Janeth Ovalle	1974 Old Axson RdD	over 12 months	Georgia	No	12/7/2021
Ashley Enterline	55 Palm DriveDougl	over 12 months	Georgia	No	11/17/2021
Logan McNab	574 Teakwood Road,	over 12 months	Georgia	No	7/1/2019
Jenny Griffin	1385 Bancroft RoadV	over 12 months	Georgia	No	6/20/2008
Demi Miller	130 DCM WayDougl	over 12 months	Georgia	No	12/6/2024
Sarai Bernardino	POBox 327Pearson, C	over 12 months	Georgia	No	11/20/2023
Katie Ricketson	9587 Bowens Mill Rd	over 12 months	Georgia	No	10/14/2020
Karly Joyce	4085 Joe Ellis Road B	over 12 months	Georgia	No	6/6/2024
Veronica Santana	Po Box 2633 Dougl	over 12 months	Georgia	No	8/21/2019
Nicole Minix	654 Lakeview Circle	over 12 months	Georgia	No	7/12/2021
Donna Collins	630 Troy Carter Road	2 months	Georgia	No	10/6/2025
Katoria Whitley	4400 Burl Mills Road	over 12 months	Georgia	No	6/6/2008
Kelsey Cater	1800 Sunset Dr Doug	over 12 months	Georgia	No	6/5/2018
Darlene Davis	Po Box 353 155 Mich	over 12 months	Georgia	No	11/29/2001
Brook Griffin	1045 Wray Rd Wray,	over 12 months	Georgia	No	9/15/2023
John Sturgis	2493 Earl Day Road	over 12 months	Georgia	No	5/28/2019
Kayla O'Conner	3823 Broxton Highw	over 12 months	Georgia	No	4/18/2013
Amelia Tanner	643 Jasper Tanner Rd	over 12 months	Georgia	No	10/20/2017
Kelly Gurley	371 Shell Bell Rd Nic	over 12 months	Georgia	No	6/2/2006
Angela Knight	564 Pine Needle Roa	1 month	Georgia	No	11/19/2025
Amber Yawn	41 Comer Yawn Road	3 months	Georgia	No	9/3/2025
Emily Payne	1424 Ramblewood R	over 12 months	Georgia	No	1/2/2023
Kathryn Raulerson	1008 Golf Club Road	11 months	Georgia	No	1/20/2025
Ariel Whitley	197 Jacobs Cir Doug	over 12 months	Georgia	No	8/2/2021

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Ka'Nita Williams	5149 Old Axson Road	over 12 months	Georgia	No	8/25/2013
Brandy Harper	1074 Ben Carver Rd	over 12 months	Georgia	No	8/12/2008
Courtney Harbuck	1468 Dewey Mcglam	over 12 months	Georgia	No	5/7/2018
Jennifer Dykes	333 Red Maple Avenue	over 12 months	Georgia	No	6/12/2023
Lari Williams	116 Tahoe Trail Nich	over 12 months	Georgia	No	6/11/2021
Anna Ruelas	44 Tucker LoopTifto	over 12 months	Georgia	No	11/7/2022
Hanna Boatright	167 El Sears Rd Nich	over 12 months	Georgia	No	10/3/2023
Tatiana Gomez	70 Antler Trl Douglas	over 12 months	Georgia	No	6/25/2021
Tangela Smith	P.O. Box 26 Ambrose	over 12 months	Georgia	No	5/9/2005
Martha Mendoza	18 Alan Dr Douglas,	over 12 months	Georgia	No	4/9/2018
Kaleidra Brown	2193 Tamara Rd Way	3 months	Georgia	No	8/4/2025
Margaret Holton	1016 Huntington Dr	over 12 months	Georgia	No	4/4/2018
Jayci Cutrer	160 Honeydew Ln Al	over 12 months	Georgia	No	6/6/2022
Kelsey Amerson	775 Old Hwy 64 Pea	over 12 months	Georgia	No	6/5/2017
Takyla Robinson	76 Creekwood Rd Dc	over 12 months	Georgia	No	9/9/2021
Kristy Spires	63 Red Barn Rd McR	over 12 months	Georgia	No	8/16/2021

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 inaccurate 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

john D. McLeod

Date

03/06/2026

Title

EVP/Chief Financial Officer

Comments

Section F (subsection 1b): The last numbers added at the bottom are for 1) Vascular procedures, 2) Cath Lab procedures and 3) Wound Care Center procedures respectively.