HOSP454 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP454

1. Identifcication

Facility Name:

Effingham Health System

County:

Effingham

Street Address:

459 Hwy 119 S.

City:

Springfield

Zip:

31329

Mailing Address:

P.O. Box 386

Mailing City:

Springfield

Mailing Zip:

31329

Medicaid Provider Number:

00000675A

Medicare Provider Number:

111306

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:

Matthew Moore

Contact Title:

Chief Technology Innovation Officer

Phone:

9127540387

Fax:

912-754-9901

Email:

matthew.moore@effinghamhospital.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)

Effingham County Hospital Authority

Organization Type

Hospital Authority

Effective Date

08/01/1969

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)

Effingham Hospital, Inc.

Organization Type

Not For Profit

Effective Date

11/01/2016

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

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

City

State

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

City

State

7.

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

Name

City

State

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☑

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☑

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	15	271	1,049	271	1,051
Intensive Care	0	0	0	0	0
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	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)	10	82	1,095	83	1,097
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	25	353	2,144	354	2,148

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	0	0	0	0	0
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	1	4
Asian	0	0
Black/African American	36	138
Hispanic/Latino	9	34
Pacific Islander/Hawaiian	0	0
White	201	723
Multi-Racial	24	150
Total	271	1,049

3. Gender

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

Gender	Admissions	Inpatient Days
Male	128	464
Female	143	585
Total	271	1,049

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	52	205
Medicaid	6	20
Peachare	0	0
Third-Party	197	773
Self-Pay	16	51
Other	0	0
Total	271	1,049

5. Discharges to Death

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

1

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	1,786
Semi-Private Room Rate	1,786
Operating Room: Average Charge for the First Hour	3,006
Average Total Charge for an Inpatient Day	7,236

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

22,779

2. Inpatient Admissions from ER

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

125

3. Beds Available

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

12

4. Utilization by Specific type of ER bed or room for the report period

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	12	18,285
Low Acuity Treatment Area	0	4,494
	0	0
	0	0
	0	0

5. Transfers

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

1,682

6. Non-Emergency Visits

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

70,674

7. Observation Visits/Cases

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

762

8. Diverted Cases

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

14

9. Ambulance Diversion Hours

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

140

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

318

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	3	4
ESWL	3	4
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	2	1
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	2	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	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	1	1

	0	0
	0	0
	0	0

1b. Report Period Workload Totals

Please report the workload totals for in-house and contract services as requested. The number of units should equal the number of machines

Category	Total
Number of Podiatric Patients	54
Number of Dialysis Treatments	0
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	19,373
Number of CTS Units (machines)	2
Number of CTS Procedures	10,331
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	1
Number of PET Procedures	146
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	1
Number of Number of MRI Procedures	1,719
Number of Chemotherapy Treatments	2,140
Number of Respiratory Therapy Treatments	7,341
Number of Occupational Therapy Treatments	1,331
Number of Physical Therapy Treatments	2,892
Number of Speech Pathology Patients	49
Number of Gamma Ray Knife Procedures	0

Number of Gamma Ray Knife Units	0
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	63
Number of HIV/AIDS Patients	63
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	2
Number of Ultrasound/Medical Sonography Procedures	4,143
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)

9

3. Robotic Surgery System

Units

1

Procedures

195

Type of Unit(s)

daVinci X Robotic Surgery System

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	4.1	0	0
Physician Assistants Only (not including Licensed Physicians)	2.5	0	0
Registered Nurses (RNs Advanced Practice*)	74	8.4	0
Licensed Practical Nurses (LPNs)	34.2	2	0
Pharmacists	0	0	0
Other Health Services Professionals*	142.1	18.1	0
Administration and Support	12	1	0
All Other Hospital Personnel (not included in above)	185.5	15	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)	31-60 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	Not Applicable
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	1
Black/African American	4
Hispanic/Latino	2
Pacific Islander/Hawaiian	0
White	23
Multi-Racial	2
Total	32

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	27	☑	27	27
General Internal Medicine	16	☑	16	16
Pediatricians	2	☑	2	2
Other Medical Specialties	13	☐	13	13

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	0	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	2	☑	2	2
Ophthalmology Surgery	5	☐	5	5
Orthopedic Surgery	31	☐	31	31
Plastic Surgery	1	☐	1	1
General Surgery	2	☐	2	2
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	4	☐	4	4

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	28	☐	28	28
Dermatology	0	☐	0	0
Emergency Medicine	102	☐	102	102
Nuclear Medicine	0	☐	0	0
Pathology	7	☐	7	7
Psychiatry	0	☐	0	0
Radiology	25	☐	25	25
Hematology/Oncology	18	☐	18	18
Cardiology	3	☐	3	3
Nephrology	1	☐	1	1

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	1
Podiatrists	6
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.

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
Adjei, Lawrence	54201
Alford, Bailey	77919
Bennett, John	53838
Blackwell, Jack	23908
Boaen IV, Joseph	83004
Curro, Christopher	74227
Davis, Gregory	91685
Deich, Matthew	47888
Graham, Kevin	65249
Gratia, Claudel	78900
Griffith, Kendall	68903
Jones, Michael	79241
Lariscy, David	74285
Laygo, Romualdo	17843
Legacki, Thomas	POD001308
Kiefer, David	74225
Mandiga, Sudhakar	62552
Moody, Rodney	42669
Moore, David	92553
Myrtil, Erick	78853
Ofir, Erez	43725
Patel, Hemal	60024
Robitaille, Melissa	POD000946
Shults, Jonathan	75377
Sofianos, Dmitri	71168

Talarico, Leonard	POD000945
Thai, Minh	63446
Villescas, Bernardino	77016
Wallace, Timothy	27684
Wiggins, Travis	65917
Wynn, R. Alexander	56939
Zhong, Xiaofeng	69466

Only use commas to separate values

Part I: Patient Origin

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
Appl	0	11	0	0	0	0	0	0	0	0	0	0
Atkir	0	0	0	0	0	0	0	0	0	0	0	0
Baco	0	0	0	0	0	0	0	0	0	0	0	0
Bake	0	0	0	0	0	0	0	0	0	0	0	0
Bald	1	3	0	0	0	0	0	0	0	0	0	0
Bank	0	0	0	0	0	0	0	0	0	0	0	0
Barrc	0	0	0	0	0	0	0	0	0	0	0	0
Bartc	1	1	0	0	0	0	0	0	0	0	0	0
Ben I	0	0	0	0	0	0	0	0	0	0	0	0
Berri	0	0	0	0	0	0	0	0	0	0	0	0
Bibb	0	0	0	0	0	0	0	0	0	0	0	0
Bleck	0	0	0	0	0	0	0	0	0	0	0	0
Bran	0	2	0	0	0	0	0	0	0	0	0	0
Broo	0	0	0	0	0	0	0	0	0	0	0	0
Bryar	14	89	0	0	0	0	0	0	0	0	0	0
Bullo	3	79	0	0	0	0	0	0	0	0	0	0
Burk	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
Calh	2	5	0	0	0	0	0	0	0	0	0	0
Cam	0	0	0	0	0	0	0	0	0	0	0	0
Canc	0	6	0	0	0	0	0	0	0	0	0	0
Carrc	0	0	0	0	0	0	0	0	0	0	0	0
Cato	0	0	0	0	0	0	0	0	0	0	0	0

Char	0	0	0	0	0	0	0	0	0	0	0	0
Chat	25	271	0	0	0	0	0	0	0	0	0	0
Chat	0	0	0	0	0	0	0	0	0	0	0	0
Chat	1	3	0	0	0	0	0	0	0	0	0	0
Cher	0	0	0	0	0	0	0	0	0	0	0	0
Clark	0	0	0	0	0	0	0	0	0	0	0	0
Clay	0	0	0	0	0	0	0	0	0	0	0	0
Clayt	0	0	0	0	0	0	0	0	0	0	0	0
Clinc	0	2	0	0	0	0	0	0	0	0	0	0
Cobl	0	0	0	0	0	0	0	0	0	0	0	0
Coffe	0	0	0	0	0	0	0	0	0	0	0	0
Colq	0	0	0	0	0	0	0	0	0	0	0	0
Colu	1	3	0	0	0	0	0	0	0	0	0	0
Cook	0	0	0	0	0	0	0	0	0	0	0	0
Cowe	0	0	0	0	0	0	0	0	0	0	0	0
Craw	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	0	0	0	0	0	0	0	0	0	0	0	0
Dade	0	0	0	0	0	0	0	0	0	0	0	0
Daws	0	0	0	0	0	0	0	0	0	0	0	0
Deca	0	0	0	0	0	0	0	0	0	0	0	0
DeKa	2	2	0	0	0	0	0	0	0	0	0	0
Dodg	1	8	0	0	0	0	0	0	0	0	0	0
Dool	0	4	0	0	0	0	0	0	0	0	0	0
Doug	0	0	0	0	0	0	0	0	0	0	0	0

Doug	1	1	0	0	0	0	0	0	0	0	0	0
Early	0	0	0	0	0	0	0	0	0	0	0	0
Echo	0	0	0	0	0	0	0	0	0	0	0	0
Effing	192	1,261	0	0	0	0	0	0	0	0	0	0
Elber	0	0	0	0	0	0	0	0	0	0	0	0
Emar	0	13	0	0	0	0	0	0	0	0	0	0
Evan	0	10	0	0	0	0	0	0	0	0	0	0
Fann	0	0	0	0	0	0	0	0	0	0	0	0
Fayet	0	0	0	0	0	0	0	0	0	0	0	0
Flori	1	3	0	0	0	0	0	0	0	0	0	0
Floyc	0	0	0	0	0	0	0	0	0	0	0	0
Forsy	0	0	0	0	0	0	0	0	0	0	0	0
Franl	0	0	0	0	0	0	0	0	0	0	0	0
Fultc	0	0	0	0	0	0	0	0	0	0	0	0
Gilm	0	0	0	0	0	0	0	0	0	0	0	0
Glasc	0	0	0	0	0	0	0	0	0	0	0	0
Glyn	0	1	0	0	0	0	0	0	0	0	0	0
Gord	0	0	0	0	0	0	0	0	0	0	0	0
Grad	0	0	0	0	0	0	0	0	0	0	0	0
Gree	0	1	0	0	0	0	0	0	0	0	0	0
Gwin	1	3	0	0	0	0	0	0	0	0	0	0
Habe	0	1	0	0	0	0	0	0	0	0	0	0
Hall	0	0	0	0	0	0	0	0	0	0	0	0
Hanc	0	2	0	0	0	0	0	0	0	0	0	0

Hara	0	0	0	0	0	0	0	0	0	0	0	0
Harri	0	1	0	0	0	0	0	0	0	0	0	0
Hart	0	0	0	0	0	0	0	0	0	0	0	0
Hear	0	0	0	0	0	0	0	0	0	0	0	0
Henr	0	0	0	0	0	0	0	0	0	0	0	0
Hous	0	0	0	0	0	0	0	0	0	0	0	0
Irwin	0	0	0	0	0	0	0	0	0	0	0	0
Jacks	0	0	0	0	0	0	0	0	0	0	0	0
Jaspe	0	0	0	0	0	0	0	0	0	0	0	0
Jeff [	0	3	0	0	0	0	0	0	0	0	0	0
Jeffe	0	0	0	0	0	0	0	0	0	0	0	0
Jenki	6	15	0	0	0	0	0	0	0	0	0	0
John	0	1	0	0	0	0	0	0	0	0	0	0
Jone	0	0	0	0	0	0	0	0	0	0	0	0
Lama	0	0	0	0	0	0	0	0	0	0	0	0
Lanie	0	0	0	0	0	0	0	0	0	0	0	0
Laure	0	5	0	0	0	0	0	0	0	0	0	0
Lee	1	5	0	0	0	0	0	0	0	0	0	0
Liber	1	16	0	0	0	0	0	0	0	0	0	0
Lincc	0	0	0	0	0	0	0	0	0	0	0	0
Long	0	6	0	0	0	0	0	0	0	0	0	0
Lowr	0	1	0	0	0	0	0	0	0	0	0	0
Lump	0	0	0	0	0	0	0	0	0	0	0	0
Macc	1	1	0	0	0	0	0	0	0	0	0	0

Mad	0	0	0	0	0	0	0	0	0	0	0	0
Mari	0	0	0	0	0	0	0	0	0	0	0	0
McD	0	0	0	0	0	0	0	0	0	0	0	0
McIn	0	4	0	0	0	0	0	0	0	0	0	0
Meri	0	0	0	0	0	0	0	0	0	0	0	0
Mille	0	0	0	0	0	0	0	0	0	0	0	0
Mitcl	1	1	0	0	0	0	0	0	0	0	0	0
Mon	1	2	0	0	0	0	0	0	0	0	0	0
Mon	2	10	0	0	0	0	0	0	0	0	0	0
Morg	0	0	0	0	0	0	0	0	0	0	0	0
Murr	0	0	0	0	0	0	0	0	0	0	0	0
Musc	0	1	0	0	0	0	0	0	0	0	0	0
New	0	0	0	0	0	0	0	0	0	0	0	0
Nort	0	0	0	0	0	0	0	0	0	0	0	0
Ocor	0	0	0	0	0	0	0	0	0	0	0	0
Othe	0	2	0	0	0	0	0	0	0	0	0	0
Ogle	0	0	0	0	0	0	0	0	0	0	0	0
Paul	0	0	0	0	0	0	0	0	0	0	0	0
Peac	0	0	0	0	0	0	0	0	0	0	0	0
Picke	0	0	0	0	0	0	0	0	0	0	0	0
Pierc	0	2	0	0	0	0	0	0	0	0	0	0
Pike	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
Pulas	1	0	0	0	0	0	0	0	0	0	0	0

Putn	0	0	0	0	0	0	0	0	0	0	0	0
Quitı	0	0	0	0	0	0	0	0	0	0	0	0
Rabu	0	0	0	0	0	0	0	0	0	0	0	0
Ranc	0	0	0	0	0	0	0	0	0	0	0	0
Richı	0	1	0	0	0	0	0	0	0	0	0	0
Rock	0	0	0	0	0	0	0	0	0	0	0	0
Schle	0	0	0	0	0	0	0	0	0	0	0	0
Scre\	3	44	0	0	0	0	0	0	0	0	0	0
Semi	0	0	0	0	0	0	0	0	0	0	0	0
Spalc	0	0	0	0	0	0	0	0	0	0	0	0
Sout	2	23	0	0	0	0	0	0	0	0	0	0
Stepl	0	0	0	0	0	0	0	0	0	0	0	0
Stew	0	0	0	0	0	0	0	0	0	0	0	0
Sumı	0	0	0	0	0	0	0	0	0	0	0	0
Tenn	0	0	0	0	0	0	0	0	0	0	0	0
Talbc	0	0	0	0	0	0	0	0	0	0	0	0
Taliaf	0	0	0	0	0	0	0	0	0	0	0	0
Tattn	1	16	0	0	0	0	0	0	0	0	0	0
Taylc	0	0	0	0	0	0	0	0	0	0	0	0
Telfa	0	1	0	0	0	0	0	0	0	0	0	0
Terre	0	0	0	0	0	0	0	0	0	0	0	0
Thon	0	0	0	0	0	0	0	0	0	0	0	0
Tift	0	0	0	0	0	0	0	0	0	0	0	0
Toon	0	15	0	0	0	0	0	0	0	0	0	0
Towr	0	0	0	0	0	0	0	0	0	0	0	0

Treut	1	2	0	0	0	0	0	0	0	0	0	0
Troul	0	0	0	0	0	0	0	0	0	0	0	0
Turn	1	1	0	0	0	0	0	0	0	0	0	0
Twig	0	0	0	0	0	0	0	0	0	0	0	0
Unio	0	0	0	0	0	0	0	0	0	0	0	0
Upsc	0	0	0	0	0	0	0	0	0	0	0	0
Walk	0	5	0	0	0	0	0	0	0	0	0	0
Walt	0	0	0	0	0	0	0	0	0	0	0	0
Ware	1	1	0	0	0	0	0	0	0	0	0	0
Warr	0	0	0	0	0	0	0	0	0	0	0	0
Wash	0	0	0	0	0	0	0	0	0	0	0	0
Wayr	0	4	0	0	0	0	0	0	0	0	0	0
Webs	0	0	0	0	0	0	0	0	0	0	0	0
Whe	2	7	0	0	0	0	0	0	0	0	0	0
Whit	0	0	0	0	0	0	0	0	0	0	0	0
Whit	0	0	0	0	0	0	0	0	0	0	0	0
Wilc	0	2	0	0	0	0	0	0	0	0	0	0
Wilk	0	0	0	0	0	0	0	0	0	0	0	0
Wilki	0	0	0	0	0	0	0	0	0	0	0	0
Wort	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**271**	**1,983**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

Part A: Surgical Services Utilization

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	2	2
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	1	1
	0	0	0	0
Total	0	0	3	3

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	0	1,558	1,558
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	780	780
	0	0	0	0	0
Total	0	0	0	2,338	2,338

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	0	1,318	1,318
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	665	665
	0	0	0	0	0
Total	0	0	0	1,983	1,983

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	1
Asian	5
Black/African American	318
Hispanic/Latino	40
Pacific Islander/Hawaiian	2
White	1,526
Multi-Racial	91
Total	1,983

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	48
Ages 15-64	1,146
Ages 65-74	485
Ages 75-85	274
Ages 85 and Up	30
Total	1,983

3. Gender

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

Gender	Number of Ambulatory Patients
Male	921
Female	1,062
Total	1,983

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	331
Medicaid	29
Third-Party	1,578
Self-Pay	45
Total	1,983

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	0.38	0	3	12
Mandarin	0.03	0	0	0
American Sign Langua	0.02	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?

Annual training (ART) with learning modules for age-appropriate training.

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?

Linguistically appropriate documentation conversion for medical terminology within the EMR.
Remote interpreter service available through digital technology.

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?

Part A: Nurse 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	Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Alexander,	459 Hwy 119	365	GA	No	12/2/2024 to Current
Anderson, M	459 Hwy 119	366	GA	No	12/3/2024 to Current
Andrews, St	459 Hwy 119	365	GA	No	4/24/2023 to Current
Armstrong,	459 Hwy 119	325	GA	No	2/10/2025 to Current
Beckwith, R	459 Hwy 119	36	GA	No	11/24/2014to 2/6/2025
Blanton, Fe	459 Hwy 119	365	GA	No	9/12/2022 to Current
Blosser, Chr	459 Hwy 119	156	GA	No	5/16/2024to 6/6/2025
Booker, Cha	459 Hwy 119	365	GA	No	11/4/2024 to Current
Brabham, R	459 Hwy 119	365	GA	No	11/4/2024 to Current
Brown, Jeffr	459 Hwy 119	323	GA	No	2/11/2025 to Current
Burton, Wh	459 Hwy 119	72	GA	No	10/20/2025 to Current
CALOIANU,	459 Hwy 119	365	GA	No	11/4/2024 to Current
Condomitti	459 Hwy 119	365	GA	No	6/20/2022 to Current
CRAWFORD	459 Hwy 119	16	GA	No	12/15/2025 to Current
CUYLEAR, R	459 Hwy 119	157	SC	No	7/28/2025to 6/7/2025
Davis, Anni	459 Hwy 119	85	GA	No	6/19/2023to 3/27/2025
Davis, Mano	459 Hwy 119	365	GA	No	10/21/2024 to Current
Dodd, Step	459 Hwy 119	317	GA	No	2/18/2019to 11/14/2025
Ellenberg, S	459 Hwy 119	310	GA	No	11/18/2024to 11/7/2025
Exley, Christ	459 Hwy 119	365	GA	No	7/1/2024 to Current
Ferrell, Tierr	459 Hwy 119	198	SC	No	6/16/2025 to Current
Foster, Holl	459 Hwy 119	365	GA	No	11/4/2024 to Current
France, Britt	459 Hwy 119	253	GA	No	8/12/2024to 9/11/2025
Fulcher, Col	459 Hwy 119	365	GA	No	5/23/2022 to Current

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

Antoine Poythress

Date

02/23/2026

Title

Chief Operating Officer/Chief Financial Officer

Comments

Gibson, Del	459 Hwy 119	365	GA	No	3/25/2024 to Current
Goodwin, P	459 Hwy 119	365	OH	No	1/12/2026 to Current
Harris, Mon	459 Hwy 119	365	GA	No	4/25/2022 to Current
Hart, Laurer	459 Hwy 119	114	GA	No	9/8/2025 to Current
Hartzog, Eri	459 Hwy 119	62	SC	No	4/10/2023to 3/4/2025
Heidt, Mich	459 Hwy 119	365	FL	No	8/12/2009 to Current
Hilton, Brea	460 Hwy 119	269	FL	No	4/7/2025 to Current
Hilton, Rach	459 Hwy 119	365	GA	No	12/21/2020 to Current
Johnson, Ro	459 Hwy 119	365	GA	No	1/20/2020 to Current
Lewis, Bria	459 Hwy 119	321	GA	No	2/10/2025 to Current
Lewis, Linds	459 Hwy 119	105	GA	No	8/5/2019to 4/16/2025
Lewis, Sheri	459 Hwy 119	365	GA	No	4/24/2023 to Current
Lobdell, De	459 Hwy 119	365	GA	No	2/27/2023 to Current
Love, Angel	459 Hwy 119	365	SC	No	10/20/2025 to Current
Martinez, La	459 Hwy 119	352	GA	No	1/13/2025 to Current
Minehart, Fi	459 Hwy 119	365	FL	No	2/27/2023 to Current
Moore, Hay	459 Hwy 119	265	GA	No	12/19/2022to 9/23/2025
Patel, Arpita	459 Hwy 119	365	GA	No	12/6/2021 to Current
Pimentel, Je	459 Hwy 119	365	GA	No	11/10/2021 to Current
Reilley, Amb	459 Hwy 119	365	GA	No	2/10/2025 to Current
Reiser, Ashl	459 Hwy 119	170	GA	No	7/14/2025 to Current

Response Errors

TAB	QUESTION	ERROR

Rice, Sheila	459 Hwy 119	182	GA	No	3/24/2025to 7/2/2025
Rinehart, Er	459 Hwy 119	365	GA	No	10/14/2019 to Current
Roberson, A	459 Hwy 119	226	GA	No	5/19/2025 to Current
Roberts, Bre	459 Hwy 119	365	GA	No	12/7/2020 to Current
Romell, Bec	459 Hwy 119	142	GA	No	8/11/2025 to Current
Sapp, Morg	459 Hwy 119	279	GA	No	1/29/2024to 10/7/2025
Saxon, Geo	459 Hwy 119	251	GA	No	11/19/2024to 9/9/2025
Scott, Kevin	459 Hwy 119	365	GA	No	10/22/2024 to Current
Simmons, R	459 Hwy 119	365	GA	No	7/8/2019 to Current
Smith, Meg	459 Hwy 119	365	TX	No	5/20/2024 to Current
Smith, Moll	459 Hwy 119	365	GA	No	10/7/2024 to Current
Soto, Guille	459 Hwy 119	365	GA	No	8/22/2021 to Current
Stepp, Abby	459 Hwy 119	170	GA	No	7/14/2025 to Current
Stone, Char	459 Hwy 119	16	GA	No	4/17/2008to 1/17/2025
Sutton, Bra	459 Hwy 119	365	GA	No	8/1/2022 to Current
Teel, Briann	459 Hwy 119	365	GA	No	11/4/2024 to Current
Tew, Stepha	459 Hwy 119	296	GA	No	3/10/2025 to Current
Tirey, Sherr	459 Hwy 119	152	GA	No	2/28/2022to 6/2/2025
Tyus Glover	459 Hwy 119	257	SC	No	11/4/2024to 9/15/2025
Wagner, Ali	459 Hwy 119	198	GA	No	6/16/2025 to Current
Washingtor	459 Hwy 119	365	GA	No	3/1/2021 to Current
Williams, La	459 Hwy 119	213	GA	No	7/18/2022to 8/2/2025
Williams, Ro	459 Hwy 119	338	GA	No	1/27/2025 to Current
Williams, St	459 Hwy 119	365	GA	No	8/12/2024 to Current
Wright, Liz	459 Hwy 119	365	SC	No	4/11/2022 to Current
Wright, Mic	459 Hwy 119	184	SC	No	6/30/2025 to Current

Only use commas to separate values