



## HOSP435 2025 Annual Hospital Questionnaire

### Part A: General Information

UID: HOSP435

#### **1. Identification**

Facility Name:

Tanner Medical Center- Carrollton

County:

Carroll

Street Address:

705 Dixie Street

City:

Carrollton

Zip:

30117

Mailing Address:

705 Dixie Street

Mailing City:

Carrollton

Mailing Zip:

30117

Medicaid Provider Number:

000001867A

Medicare Provider Number:

11-0011

#### **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:

Carol S Crews

Contact Title:

EVP/CFO

Phone:

770-812-8282

Fax:

770-812-8888

Email:

ccrews@tanner.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)

Carroll City-County Hospital Authority

Organization Type

Hospital Authority

Effective Date

11/01/1949

#### **B. Owner's Parent Organization**

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

#### **C. Facility Operator**

Full Legal Name (Or Not Applicable)

Tanner Medical Center Inc

Organization Type

Not For Profit

Effective Date

07/01/1988

## **D. Operator's Parent Organization**

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

## **E. Management Contractor**

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

## **F. Management's Parent Organization**

Full Legal Name (Or Not Applicable)

N/A

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

Tanner Health

City

Carrollton

State

GA

## **4.**

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

Name

Tanner Health Inc

City

Carrollton

State

GA

## **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

HealthWest PHO

City

Carrollton

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)        | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Pediatrics (Non ICU)                     | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Pediatric ICU                            | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Gynecology (No OB)                       | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| General Medicine                         | <input type="text" value="123"/> | <input type="text" value="8,530"/> | <input type="text" value="45,502"/> | <input type="text" value="8,535"/> | <input type="text" value="45,396"/> |
| General Surgery                          | <input type="text" value="33"/>  | <input type="text" value="1,582"/> | <input type="text" value="8,627"/>  | <input type="text" value="1,583"/> | <input type="text" value="8,650"/>  |
| Medical/Surgical                         | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Intensive Care                           | <input type="text" value="20"/>  | <input type="text" value="1,093"/> | <input type="text" value="7,829"/>  | <input type="text" value="1,086"/> | <input type="text" value="8,105"/>  |
| Psychiatry                               | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Substance Abuse                          | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Adult Physical Rehabilitation (18 & Up)  | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Pediatric Physical Rehabilitation (0-17) | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Burn Care                                | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Swing Bed (Include All Utilization)      | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Long Term Care Hospital (LTCH)           | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| <input type="text"/>                     | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| <input type="text"/>                     | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| <input type="text"/>                     | <input type="text" value="0"/>   | <input type="text" value="0"/>     | <input type="text" value="0"/>      | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Total                                    | 176                              | 11,205                             | 61,958                              | 11,204                             | 62,151                              |

| Category              | SUS Beds | Admissions | Inpatient Days | Discharges | Discharge Days |
|-----------------------|----------|------------|----------------|------------|----------------|
| Intensive Care Totals | 20       | 1,093      | 7,829          | 1,086      | 8,105          |
| 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 | <input type="text" value="12"/>    | <input type="text" value="74"/>     |
| Asian                         | <input type="text" value="41"/>    | <input type="text" value="157"/>    |
| Black/African American        | <input type="text" value="1,474"/> | <input type="text" value="9,289"/>  |
| Hispanic/Latino               | <input type="text" value="336"/>   | <input type="text" value="1,470"/>  |
| Pacific Islander/Hawaiian     | <input type="text" value="6"/>     | <input type="text" value="28"/>     |
| White                         | <input type="text" value="9,077"/> | <input type="text" value="49,426"/> |
| Multi-Racial                  | <input type="text" value="259"/>   | <input type="text" value="1,514"/>  |
| Total                         | 11,205                             | 61,958                              |

### **3. Gender**

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

| Gender | Admissions                         | Inpatient Days                      |
|--------|------------------------------------|-------------------------------------|
| Male   | <input type="text" value="4,836"/> | <input type="text" value="28,490"/> |
| Female | <input type="text" value="6,369"/> | <input type="text" value="33,468"/> |
| Total  | 11,205                             | 61,958                              |

### **4. Payment Source**

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

| Primary Payment Source | Admissions                         | Inpatient Days                      |
|------------------------|------------------------------------|-------------------------------------|
| Medicare               | <input type="text" value="6,372"/> | <input type="text" value="40,148"/> |
| Medicaid               | <input type="text" value="1,085"/> | <input type="text" value="5,096"/>  |
| Peachare               | <input type="text" value="0"/>     | <input type="text" value="0"/>      |
| Third-Party            | <input type="text" value="2,929"/> | <input type="text" value="13,206"/> |
| Self-Pay               | <input type="text" value="650"/>   | <input type="text" value="2,959"/>  |
| Other                  | <input type="text" value="169"/>   | <input type="text" value="549"/>    |
| Total                  | 11,205                             | 61,958                              |

### **5. Discharges to Death**

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

### **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                                 | <input type="text" value="1,865"/>  |
| Semi-Private Room Rate                            | <input type="text" value="1,859"/>  |
| Operating Room: Average Charge for the First Hour | <input type="text" value="13,759"/> |
| Average Total Charge for an Inpatient Day         | <input type="text" value="10,581"/> |

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

2. Inpatient Admissions from ER

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

3. Beds Available

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

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                                      | <input type="text" value="0"/>  | <input type="text" value="0"/>      |
| Beds or Rooms dedicated for Psychiatric /Substance Abuse cases | <input type="text" value="0"/>  | <input type="text" value="0"/>      |
| General Beds                                                   | <input type="text" value="46"/> | <input type="text" value="56,649"/> |
| <input type="text"/>                                           | <input type="text" value="0"/>  | <input type="text" value="0"/>      |
| <input type="text"/>                                           | <input type="text" value="0"/>  | <input type="text" value="0"/>      |
| <input type="text"/>                                           | <input type="text" value="0"/>  | <input type="text" value="0"/>      |
| <input type="text"/>                                           | <input type="text" value="0"/>  | <input type="text" value="0"/>      |

5. Transfers

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

6. Non-Emergency Visits

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

0

## **7. Observation Visits/Cases**

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

4,259

## **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

1,191

# **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                     | 3         | 4              |
| Renal Dialysis                         | 2         | 1              |
| ESWL                                   | 2         | 1              |
| Biliary Lithotripter                   | 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, Diagnostic               | 1         | 1              |
| Positron Emission Tomography (PET)     | 1         | 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 | 3         | 4              |
| Ambulance Services                     | 3         | 4              |
| Hospice                                | 1         | 1              |
| Respite Care Services                  | 3         | 4              |
| Ultrasound/Medical Sonography          | 1         | 1              |
|                                        | 0         | 0              |
|                                        | 0         | 0              |
|                                        | 0         | 0              |

## 1b. Report Period Workload Totals

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

| Category                                           | Total  |
|----------------------------------------------------|--------|
| Number of Podiatric Patients                       | 0      |
| Number of Dialysis Treatments                      | 2,961  |
| 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              | 47,055 |
| Number of CTS Units (machines)                     | 4      |
| Number of CTS Procedures                           | 35,866 |
| Number of Diagnostic Radioisotope Procedures       | 0      |
| Number of PET Units (machines)                     | 1      |
| Number of PET Procedures                           | 2,031  |
| Number of Therapeutic Radioisotope Procedures      | 8,260  |
| Number of Number of MRI Units                      | 1      |
| Number of Number of MRI Procedures                 | 6,103  |
| Number of Chemotherapy Treatments                  | 0      |
| Number of Respiratory Therapy Treatments           | 62,024 |
| Number of Occupational Therapy Treatments          | 16,852 |
| Number of Physical Therapy Treatments              | 46,977 |
| Number of Speech Pathology Patients                | 5,369  |
| 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           | 382    |
| Number of HIV/AIDS Patients                        | 382    |
| Number of Ambulance Trips                          | 0      |
| Number of Hospice Patients                         | 84     |
| Number of Respite care Patients                    | 0      |
| Number of Ultrasound/Medical Sonography Units      | 12     |
| Number of Ultrasound/Medical Sonography Procedures | 28,487 |

|                                                         |   |
|---------------------------------------------------------|---|
| 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)

27

### 3. Robotic Surgery System

# Units

2

# Procedures

477

Type of Unit(s)

DV5

## 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            | 0                    | 0                             |
| Physician Assistants Only (not including Licensed Physicians) | 0             | 0                    | 0                             |
| Registered Nurses (RNs Advanced Practice*)                    | 758           | 19                   | 18                            |
| Licensed Practical Nurses (LPNs)                              | 92            | 1                    | 0                             |
| Pharmacists                                                   | 16            | 0                    | 35                            |
| Other Health Services Professionals*                          | 656           | 39                   | 88                            |
| Administration and Support                                    | 714           | 18                   | 122                           |
| All Other Hospital Personnel (not included in above)          | 214           | 9                    | 31                            |

### 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)          | 30 Days or Less ▼                   |
| Licensed Practical Nurses (LPNs)                  | 30 Days or Less ▼                   |
| Pharmacists                                       | 30 Days or Less ▼                   |
| Other Health Services Professionals               | 31-60 Days ▼                        |
| All Other Hospital Personnel (not included above) | 31-60 Days ▼                        |

### **3. Race/Ethnicity of Physicians**

Please report the number of physicians with admitting privileges by race

| Race/Ethnicity                | Number of Physicians |
|-------------------------------|----------------------|
| American Indian/Alaska Native | 1                    |
| Asian                         | 66                   |
| Black/African American        | 118                  |
| Hispanic/Latino               | 19                   |
| Pacific Islander/Hawaiian     | 0                    |
| White                         | 397                  |
| Multi-Racial                  | 211                  |
| Total                         | 812                  |

### **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 | 51                      | <input type="checkbox"/>        | 32                                                 | 32                                        |
| General Internal Medicine   | 127                     | <input type="checkbox"/>        | 39                                                 | 39                                        |
| Pediatricians               | 51                      | <input type="checkbox"/>        | 22                                                 | 22                                        |
| Other Medical Specialties   | 216                     | <input type="checkbox"/>        | 81                                                 | 81                                        |

| 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                              | <input type="text" value="22"/> | <input type="checkbox"/>        | <input type="text" value="16"/>                    | <input type="text" value="16"/>           |
| Non-OB Physicians Providing OB Services | <input type="text" value="1"/>  | <input type="checkbox"/>        | <input type="text" value="1"/>                     | <input type="text" value="1"/>            |
| Gynecology                              | <input type="text" value="24"/> | <input type="checkbox"/>        | <input type="text" value="18"/>                    | <input type="text" value="18"/>           |
| Ophthalmology Surgery                   | <input type="text" value="6"/>  | <input type="checkbox"/>        | <input type="text" value="3"/>                     | <input type="text" value="3"/>            |
| Orthopedic Surgery                      | <input type="text" value="12"/> | <input type="checkbox"/>        | <input type="text" value="12"/>                    | <input type="text" value="12"/>           |
| Plastic Surgery                         | <input type="text" value="1"/>  | <input type="checkbox"/>        | <input type="text" value="1"/>                     | <input type="text" value="1"/>            |
| General Surgery                         | <input type="text" value="16"/> | <input type="checkbox"/>        | <input type="text" value="15"/>                    | <input type="text" value="15"/>           |
| Thoracic Surgery                        | <input type="text" value="5"/>  | <input type="checkbox"/>        | <input type="text" value="3"/>                     | <input type="text" value="3"/>            |
| Other Surgical Specialties              | <input type="text" value="67"/> | <input type="checkbox"/>        | <input type="text" value="38"/>                    | <input type="text" value="38"/>           |

| 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       | <input type="text" value="17"/> | <input checked="" type="checkbox"/> | <input type="text" value="16"/>                    | <input type="text" value="16"/>           |
| Dermatology          | <input type="text" value="3"/>  | <input type="checkbox"/>            | <input type="text" value="3"/>                     | <input type="text" value="3"/>            |
| Emergency Medicine   | <input type="text" value="30"/> | <input checked="" type="checkbox"/> | <input type="text" value="20"/>                    | <input type="text" value="20"/>           |
| Nuclear Medicine     | <input type="text" value="1"/>  | <input type="checkbox"/>            | <input type="text" value="1"/>                     | <input type="text" value="1"/>            |
| Pathology            | <input type="text" value="34"/> | <input type="checkbox"/>            | <input type="text" value="7"/>                     | <input type="text" value="7"/>            |
| Psychiatry           | <input type="text" value="21"/> | <input type="checkbox"/>            | <input type="text" value="18"/>                    | <input type="text" value="18"/>           |
| Radiology            | <input type="text" value="61"/> | <input type="checkbox"/>            | <input type="text" value="40"/>                    | <input type="text" value="40"/>           |
| <input type="text"/> | <input type="text" value="0"/>  | <input type="checkbox"/>            | <input type="text" value="0"/>                     | <input type="text" value="0"/>            |
| <input type="text"/> | <input type="text" value="0"/>  | <input type="checkbox"/>            | <input type="text" value="0"/>                     | <input type="text" value="0"/>            |
| <input type="text"/> | <input type="text" value="0"/>  | <input type="checkbox"/>            | <input type="text" value="0"/>                     | <input type="text" value="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          | <input type="text" value="5"/>   |
| Podiatrists                                                         | <input type="text" value="4"/>   |
| Certified Nurse Midwives with Clinical Privileges in the Hospital   | <input type="text" value="0"/>   |
| All Other Staff Affiliates with Clinical Privileges in the Hospital | <input type="text" value="248"/> |

### 5b. Name of Other Professions

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

NP, PA, CRNA, RNFA

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  |
|------------------------------------|-----------------|
| Abraham, Bradley J., DO            | 96369           |
| Abraham, Bradley J., DO            | DO.3560         |
| Abunimer, Ayman N., MD             | 103192          |
| Abunimer, Ayman N., MD             | 52979           |
| Achebe, Jennifer C., MD            | 86274           |
| Adamiak, Elizabeth T., MD          | 33015           |
| Addley, David J., DO               | 96858           |
| Addley, Joan M., DO                | 97403           |
| Adebayo, Jolaade O., MD            | 72496           |
| Adedapo-Jimoh, Olasupo, MD         | 82273           |
| Adenupe, Olumade, MD               | 62800           |
| Aderibigbe, Adegboyega O., MD      | 43838           |
| Aderoju-Ibidunni, Rasheedah A., NP | APRN-NP251887   |
| Adewale, Samson O., MD             | 92679           |
| Adorno Rivera, Zaiyara, MD         | 88399           |
| Aggarwal, Manish, MD               | 81109           |
| Ahsan, Jawaid, MD                  | 61937           |
| Ako, Besseri E., MD                | 95250           |
| Akofu, Anota, MD                   | 98666           |
| Albadri, Ahmed, MD                 | 77918           |
| Albert, Andrew, MD                 | 104743          |
| Albert, Timothy S., MD             | 74262           |
| Alderson, Joel W., DO              | 102173          |
| Aldridge, Jaclyn M., CRNA          | APRN-CRNA199050 |
| Aldridge, Jaclyn M., CRNA          | RN199050        |
| Alexander, Christopher I., DMD     | DN015442        |
| Alexander-Adams, Mary, PA          | 4330            |
| Alla, Sarada, MD                   | 93794           |
| Allen, April D., NP                | APRN-NP203733   |
| Allred, Lindsay N., NP             | RN187253        |
| Amoah, Priscilla, MD               | 82516           |

| Full Name                         | License Number  |
|-----------------------------------|-----------------|
| Anand, Dipti H., MD               | 66452           |
| Anderson, Kimberly R., NP         | RN185233        |
| Andrews, Lindsey S., NP           | RN282614        |
| Andrist, Eric C., MD              | 56087           |
| Anigbogu, Ifeyinwa C., MD         | 90231           |
| Arant, Christopher B., MD         | 60698           |
| Arine, Bedishwar W., CRNA         | APRN-CRNA234232 |
| Arine, Bedishwar W., CRNA         | RN234232        |
| Arledge, John A., MD              | 60430           |
| Arledge, John A., MD              | MD.30294        |
| Asangmbeng, Nformbuh V., MD       | 88705           |
| Athuluru, Vindhya, MD             | 83083           |
| Attia, Tamer S., MD               | 80557           |
| Awobajo-Otesanya, Moyosore D., MD | 104071          |
| Awobajo-Otesanya, Moyosore D., MD | MD.50976        |
| Aylor, Arden L., MD               | MD.28874        |
| Baldizon, Nestor A., PA           | 4239            |
| Bansal, Raj K., MD                | 48412           |
| Barden, Brian E., MD              | 55088           |
| Barden, Brian E., MD              | MD.21097        |
| Barnett, Golden, MD               | 55090           |
| Barnett, Robert K., MD            | 88982           |
| Barnum, Jennifer L., CCP          | 176             |
| Bartlett, Sonja A., NP            | RN204576        |
| Battle, Tabe B., NP               | APRN-NP256755   |
| Battles, Oscar E., MD             | 40309           |
| Battles, Oscar E., MD             | MD.42602        |
| Bayyan, Alemtsehay M., PA         | 10386           |
| Beam, Holley E., MD               | 69761           |
| Bedley, Amber N., NP              | RN177590        |
| Bentley, Gail, MD                 | 70532           |
| Bentley, Gail, MD                 | MD. 32888       |
| Berard, Adrienne S., MD           | 39288           |

| Full Name                  | License Number  |
|----------------------------|-----------------|
| Berard, William R., MD     | 45172           |
| Bereznak, Mary A., NP      | APRN-NP295066   |
| Bereznak, Mary A., NP      | RN295066        |
| Bergquist, Amy W., NP      | RN230576        |
| Berry, Garland K., MD      | 61041           |
| Berryman, Chelsea J., CRNA | APRN-CRNA258055 |
| Bexley, Latoya P., NP      | APRN-NP159472   |
| Bhat, Syed, MD             | 100452          |
| Bhatia, Neal K., MD        | 72781           |
| Bing, Deann E., MD         | 67534           |
| Blaize, Marie A., MD       | 76302           |
| Blevins, Daniel J., NP     | APRN-NP207671   |
| Blevins, Daniel J., NP     | RN207671        |
| Bohman, Keith D., MD       | 75748           |
| Bohman, Summer L., MD      | 75753           |
| Boleman, William, MD       | 68372           |
| Boles, Bonnie K., MD       | 36927           |
| Bonds, Katherine A., DO    | 109388          |
| Borkovich, John M., MD     | 97761           |
| Boss, Kenneth L., MD       | 52425           |
| Bossie, Andrea L., NP      | APRN112876      |
| Bossie, Andrea L., NP      | RN112876        |
| Bourg, Andrew C., CRNA     | RN280996        |
| Bragg, Julian A., MD       | 60801           |
| Brandenburg, Eric, NP      | RN269531        |
| Brenner, Ilene R., MD      | 51120           |
| Brenner, Ilene R., MD      | MD.32069        |
| Brock, Lee J., MD          | 103863          |
| Brown, Benita N., NP       | APRN-NP224406   |
| Brown, Danielle R., NP     | APRN-NP221000   |
| Brown, Danielle R., NP     | RN221000        |
| Brown, Emily S., NP        | 1-108682        |
| Brown, Emily S., NP        | RN251048        |

| Full Name                 | License Number  |
|---------------------------|-----------------|
| Brown, Jacqueline Y., NP  | RN298610        |
| Brown, Melanie D., NP     | RN203042        |
| Buch, Kunal, MD           | 88693           |
| Buchanan, Ariana D., MD   | 48323           |
| Buice, Brittney N., PA    | 12167           |
| Buke, Idris M., NP        | RN216420        |
| Burkhalter, Erin E., CRNA | RN178756        |
| Burton, Kelvin B., MD     | 32101           |
| Caceres, Hector A., MD    | 78608           |
| Cagle, Erin R., CRNA      | APRN-CRNA272833 |
| Cagle, Erin R., CRNA      | RN272833        |
| Calhoun, Kyle W., CRNA    | APRN-CRNA221514 |
| Camp, Benjamin J., MD     | 44691           |
| Camp, Benjamin J., MD     | MD.34216        |
| Campo, Christopher M., MD | 70624           |
| Carman, Kristen L., NP    | RN271302        |
| Carpenter, Jolie M., NP   | GAA-NP002330    |
| Carroll, Rhonda, RNFA     | RN209374        |
| Cash, Lori K., MD         | 65745           |
| Cate, Frances, MD         | 73113           |
| Cate, Frances, MD         | MD.33361        |
| Cates, Taylor B., MD      | 57587           |
| Chachar, Atiya, MD        | 90568           |
| Chaganti, Pradeep R., MD  | 82489           |
| Chai, Gerald, DO          | 66464           |
| Chande, Samir P., MD      | 54802           |
| Chande, Samir P., MD      | MD.32077        |
| Chandra, Pranil K., DO    | 70061           |
| Chang, Alex G., MD        | 70062           |
| Chang, Alex G., MD        | MD45172         |
| Chang, Eric Y., MD        | 83929           |
| Chang, Hans, MD           | 24520           |
| Chang, Hans, MD           | 53685           |

| Full Name                 | License Number  |
|---------------------------|-----------------|
| Chang, Ted T., MD         | 71219           |
| Chang, Ted T., MD         | MD.45977        |
| Chapman, Latanya R., MD   | 92813           |
| Charmchi, Zeinab, MD      | 101083          |
| Charron, Kevin M., MD     | 60247           |
| Chaudhuri, Deboki N., MD  | 92885           |
| Chaudhuri, Deboki N., MD  | MD.45765        |
| Chekuri, Srinivasa C., MD | 104314          |
| Chekuri, Srinivasa C., MD | MD.51082        |
| Chen, Maurice G., MD      | 63842           |
| Cheng, Jeh-Wei, MD        | 80359           |
| Cherer, Allen J., MD      | 29155           |
| Chin, Anson, NP           | APRN-NP309560   |
| Chin, Anson, NP           | RN309560        |
| Chitwood, Thomas J., CRNA | APRN-CRNA210197 |
| Chitwood, Thomas J., CRNA | RN210197        |
| Clark, Jason A., MD       | 64521           |
| Clark, Kathleen L., NP    | APRN-NP241302   |
| Cobb, Deanna C., PA       | 12353           |
| Colden, Caroline G., MD   | 80656           |
| Coleman, Kendyl R., NP    | APRN-NP289973   |
| Coleman, Marilyn J., MD   | 56034           |
| Collett, Whitney M., CRNA | GAA-CRNA003724  |
| Collier, Alexis, MD       | 101559          |
| Collins, Sonya R., MD     | 56979           |
| Colpini, Anthony W., MD   | 52908           |
| Combs, Eric, CRNA         | APRN-CRNA253124 |
| Comey, Christopher H., MD | 43909           |
| Connell, Cody W., NP      | APRN-NP261203   |
| Conner, Danielle L., NP   | APRN-NP181758   |
| Cook, Jackson B., NP      | RN316440        |
| Cook, Nanette N., MD      | 49139           |
| Cook, Schuyler A., DO     | 88804           |

| Full Name                         | License Number |
|-----------------------------------|----------------|
| Cornille, Christopher J., MD      | 52547          |
| Cornille, Christopher J., MD      | MD.46102       |
| Cortez, Ryan D., MD               | 59138          |
| Costanzo, Erin R., NP             | APRN-NP146776  |
| Costanzo, Erin R., NP             | RN146776       |
| Cottrell, Leslie A., MD           | 45194          |
| Coughlin, Gene E., PA             | 4001           |
| Couvreur, Shannon V., DO          | 66586          |
| Cox, Chad, MD                     | 85884          |
| Cox, Chad, MD                     | MD.41001       |
| Crawford, Monica H., MD           | 52669          |
| Crum, William J., CCP             | 399            |
| Cuello, Kilsy A., MD              | 77453          |
| Cumbie, Pamela A., NP             | APRN-NP260858  |
| Curtin, Jay L., MD                | 52264          |
| Curtin, Jay L., MD                | MD.33348       |
| Dalke, Alex C., MD                | 102645         |
| Dalke, Alex C., MD                | 50184          |
| Daniel, Richard W., NP            | 1-046938       |
| Danis, Ken M., DPM                | POD000758      |
| Dano, Malikata N., NP             | APRN-NP195658  |
| Datt, Bharat, CCP                 | 360            |
| Davenport-Nicholson, Agena R., MD | 67408          |
| Davis, Charles H., MD             | 57597          |
| Davis, David W., MDDMD            | 82175          |
| Davis, David W., MDDMD            | DN015790       |
| Davis, Jonathan M., MD            | 59630          |
| Davis, Richard B., MD             | 52161          |
| Davis, Ryan B., MD                | 82162          |
| Davtyan, Hakob G., MD             | 31902          |
| Dawkins, Gabrielle J., MD         | 80499          |
| Dawood, Hasan F., MD              | 95466          |
| Day, Wendy C., NP                 | RN193655       |

| Full Name            | License Number |
|----------------------|----------------|
| Deal, Adam K., MD    | 82650          |
| Deal, Adam K., MD    | MD.46105       |
| Dejesus, Julio, MD   | 93420          |
| Denney, Casey L., NP | RN263802       |

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.

[illegible]

|           |        |        |       |   |   |   |   |   |   |   |   |   |   |
|-----------|--------|--------|-------|---|---|---|---|---|---|---|---|---|---|
| Haralco ▾ | 1,489  | 1,267  | 206   | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Harris ▾  | 4      | 2      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Heard ▾   | 458    | 352    | 51    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Henry ▾   | 6      | 2      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Housto ▾  | 1      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Long ▾    | 1      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Meriwe ▾  | 4      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Mitchel ▾ | 1      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Morgar ▾  | 1      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Murray ▾  | 4      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Muscoç ▾  | 5      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Newtor ▾  | 0      | 1      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| North ◂ ▾ | 4      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Other ◂ ▾ | 31     | 31     | 2     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pauldin ▾ | 137    | 187    | 29    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Pike ▾    | 2      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Polk ▾    | 21     | 0      | 9     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Putnar ▾  | 1      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| South ◂ ▾ | 4      | 4      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Tennes: ▾ | 4      | 5      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Talbot ▾  | 1      | 0      | 1     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Toomb: ▾  | 1      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Troup ▾   | 27     | 32     | 4     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Upson ▾   | 1      | 2      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Walker ▾  | 1      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Walton ▾  | 1      | 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 |
| Whitfie ▾ | 3      | 0      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Worth ▾   | 0      | 1      | 0     | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Alabam ▾  | 1,565  | 1,914  | 89    | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Totals    | 11,205 | 12,336 | 1,379 | 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="10"/> | 10    |
| Cystoscopy (OR Suite) | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="1"/>  | 1     |
| Endoscopy (OR Suite)  | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="3"/>  | 3     |
| <input type="text"/>  | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="0"/>  | 0     |
| Total                 | 0                              | 0                              | 14                              | 14    |

### 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="2,515"/> | <input type="text" value="6,438"/> | 8,953  |
| Cystoscopy           | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="188"/>   | <input type="text" value="1,401"/> | 1,589  |
| Endoscopy            | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="1,566"/> | <input type="text" value="3,762"/> | 5,328  |
| <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                              | 4,269                              | 11,601                             | 15,870 |

### 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="2,292"/> | <input type="text" value="4,893"/> | 7,185  |
| Cystoscopy           | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="147"/>   | <input type="text" value="720"/>   | 867    |
| Endoscopy            | <input type="text" value="0"/> | <input type="text" value="0"/> | <input type="text" value="1,314"/> | <input type="text" value="2,970"/> | 4,284  |
| <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                              | 3,753                              | 8,583                              | 12,336 |

## 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 | <input type="text" value="26"/>     |
| Asian                         | <input type="text" value="38"/>     |
| Black/African American        | <input type="text" value="1,438"/>  |
| Hispanic/Latino               | <input type="text" value="270"/>    |
| Pacific Islander/Hawaiian     | <input type="text" value="6"/>      |
| White                         | <input type="text" value="10,455"/> |
| Multi-Racial                  | <input type="text" value="103"/>    |
| Total                         | 12,336                              |

## **2. Age Grouping**

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

| Age of Patient | Number of Ambulatory Patients      |
|----------------|------------------------------------|
| Ages 0-14      | <input type="text" value="811"/>   |
| Ages 15-64     | <input type="text" value="6,236"/> |
| Ages 65-74     | <input type="text" value="2,808"/> |
| Ages 75-85     | <input type="text" value="2,072"/> |
| Ages 85 and Up | <input type="text" value="409"/>   |
| Total          | 12,336                             |

## **3. Gender**

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

| Gender | Number of Ambulatory Patients      |
|--------|------------------------------------|
| Male   | <input type="text" value="5,571"/> |
| Female | <input type="text" value="6,765"/> |
| Total  | 12,336                             |

## **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               | <input type="text" value="5,761"/> |
| Medicaid               | <input type="text" value="1,213"/> |
| Third-Party            | <input type="text" value="4,803"/> |
| Self-Pay               | <input type="text" value="559"/>   |
| Total                  | 12,336                             |

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:

Number of Birthing Rooms:

Number of LDR Rooms:

Number of LDRP Rooms:

Number of Cesarean Sections:

Total Live Births:

Total Live Births (Live and Late Fetal Deaths):

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

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)                      | 25                              | 1,322               | 2,548          | 12                        |
| Specialty Care (Intermediate Neonatal Care) | 6                               | 26                  | 1,322          | 18                        |
| Subspecialty Care (Intensive Neonatal Care) | 4                               | 33                  | 893            | 129                       |
| Total                                       | 35                              | 1,381               | 4,763          | 159                       |

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                         | 18                         | 52             |
| Black/African American        | 153                        | 505            |
| Hispanic/Latino               | 142                        | 372            |
| Pacific Islander/Hawaiian     | 0                          | 0              |
| White                         | 1,017                      | 2,773          |
| Multi-Racial                  | 49                         | 147            |
| Total                         | 1,379                      | 3,849          |

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     | 1,378                | 3,846          |
| Ages 45 and Up | 1                    | 3              |
| Total          | 1,379                | 3,849          |

3. Average Charge for an Uncomplicated Delivery

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

15,794

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

25,045

# 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)

2

What languages do they most often interpret?

Spanish

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 |
|-----------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------|----------------------------------------------|---------------------------------------------------|
| <div>Spanish</div>                                              | <div>2</div>                                                  | <div>0</div>                                     | <div>0</div>                                 | <div>0</div>                                      |
| <div></div>                                                     | <div>0</div>                                                  | <div>0</div>                                     | <div>0</div>                                 | <div>0</div>                                      |
| <div></div>                                                     | <div>0</div>                                                  | <div>0</div>                                     | <div>0</div>                                 | <div>0</div>                                      |

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?

Training at orientation and at each annual inservice

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?

Latinos of Carroll County, Ralph Clinic, Our Town Health Clinic

## 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 |
|----------------------|----------------------|-------------------|----------------------------|------------------------------|-----------------------------|
| Willingham,Phyllis A | 5882 County Road 43  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Southers,Donna       | 7935 County Road 43  | 0 Months, 28 Days | AL                         | NO                           | 12/03/25-12/31/25           |
| Fachet,Laurie L      | 8166 N Pine Cone Dr  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Hadley,Vivian L      | 106 County Road 432  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Simon,Kathy A        | 557 County Rd 807 W  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Snable,Judith P      | 109 Candy Circle Car | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Robertson,Melissa M  | PO BOX 253 Ranburn   | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Statham,Jacqueline F | 4070 Maple Crest Co  | 9 Months, 0 Days  | GA                         | NO                           | 03/31/2025-12/31/25         |
| Robertson,Melissa M  | PO BOX 253 Ranburn   | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Easterwood,Kelly M   | 15560 County Road 8  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Jackson,Susan R      | 169 County Road 672  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Roberts,Jennifer J   | 1377 Coleman Street  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Prior,Deborah C      | 275 Taylors Gin Road | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Marlowe,Sheree L     | 84 Fernwood Ct New   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Bailey,Katrina D     | 25206 Hwy 48 Wood    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Addison,Lisa L       | 705 Addison Road Bu  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Holmes,Rebekah S     | 2581 Haynes Mounta   | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Mayfield,Tracy H     | 30546 County Road 4  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Roberts,Jennifer J   | 1377 Coleman Street  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Hightower II,Klee D  | 45 Mcpherson Lane B  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Anglin,Mindy L       | 26604 County Road 8  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Simpson,Shannon M    | 165 County Road 656  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| O'Shields,Alison L   | 2051 High Point Road | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Carter,Sarah G       | 297 Hi Point Lane We | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Watts,Misty G        | 8231 200 Rd Whitesb  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| White,Lauren M       | 320 River Road Ranb  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Edwards,Bobbette M   | 4327 Caroline CT Do  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Skinner,Tina M       | 79 County Road 651   | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Merrill,Jennifer L   | 155 Bowen StreetApt  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Kirby,Robert M       | 2217 County Road 17  | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |

| Full Name          | Work Address          | Duration           | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|--------------------|-----------------------|--------------------|----------------------------|------------------------------|-----------------------------|
| Wiggins,Jacque N   | 960 County Road 461   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Mays,Cassandra H   | 5566 County Road 19   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Blackmon,Janie R   | 11627 County Rd 65    | 6 Months, 15 Days  | AL                         | NO                           | 06/16/2025-12/31/25         |
| Potts,Annica D     | 419 Cannon Street Rd  | 0 Months, 29 Days  | AL                         | NO                           | 12/02/25-12/31/25           |
| Kinna,Danielle M   | 732 Star Point Road C | 11 Months, 4 Days  | GA                         | NO                           | 01/27/2025-12/31/25         |
| Johnson Brown,Tina | 2 Stonebridge Boulev  | 10 Months, 21 Days | GA                         | NO                           | 2/10/25-12/31/25            |
| Pollard,Cynthia R  | 26363 County Road 8   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Jones,Cyndal M     | 649 County Road 511   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Cox,Michael D      | 60516 Mt Zion Rd An   | 12 Months          | MS                         | NO                           | 01/01/25-12/31/25           |
| Kirby,Robert M     | 2217 County Road 17   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Redman,Courtney M  | 66 Village Pass Newn  | 10 Months, 7 Days  | GA                         | NO                           | 2/24/25-12/31/25            |
| Jackson,Carey C    | 1630 County Road 48   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Traywick,Kellye K  | 499 Lazybrook Lane C  | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Maxwell,Michelle A | 1175 County Road 45   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Taylor,Jacinda D   | Po Box 203 Bremen, G  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Brown,Latrisha V   | 314 Hawks Ridge Vill  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Wilkerson,Tameka N | 130 S. Walker Lake Dr | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Plagemann,Ashleigh | 27737 County Road 4   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Landmon,Ashley B   | 5455 County Road 64   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Tucker,Timothy P   | 1183 Asbury Road Te   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Dabbs,Leah N       | 11365 County Road 6   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Graves,Brittany D  | 793 Consolation Chu   | 10 Months, 21 Days | GA                         | NO                           | 2/10/25-12/31/25            |
| Huey,Olivia P      | 3134 County Road 64   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Lipscomb,Bethany E | 814 Apache Pass Ann   | 2 Months, 11 Days  | AL                         | NO                           | 10/20/25-12/31/25           |
| Quarles,Amanda D   | 1576 N Hwy 16A Whi    | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Lovvorn,Lauren P   | 839 County Road 102   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Bell,Ashley H      | 3463 County Road 37   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Barron,Emilee C    | 779 County Road 615   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Cameron Stewart,Ca | 3124 Harmony Rd Te    | 11 Months, 25 Days | GA                         | NO                           | 1/6/25-12/31/25             |
| Benefield,Alisha D | 544 Bernard Couch D   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Mahieu,Katie L     | 288 Freedom Way Ar    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Cardon,Brittney N  | 15 Cobblestone Ct. D  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |

| Full Name           | Work Address           | Duration           | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---------------------|------------------------|--------------------|----------------------------|------------------------------|-----------------------------|
| Bagwell,Susan M     | 5691 Hwy 46 Heflin, AL | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Phillips,Morgan E   | 167 Katie Drive Wedd   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Cole,Kimberly E     | 11120 County Rd 10     | 2 Months, 11 Days  | AL                         | NO                           | 10/20/25-12/31/25           |
| Jones,Janice A      | 437 Youngs Mill Road   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Crook,Robin S       | 2079 County Road 24    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Mohr,Lisa M         | 50 Duke Path Rockma    | 4 Months, 13 Days  | GA                         | NO                           | 8/18/25-12/31/25            |
| Grimes,Cassandra R  | 17530 County Road 5    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Cole,Lauren A       | 860 County Road 92     | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Sutton,Caroline C   | 652 McCready Dr Da     | 6 Months, 15 Days  | GA                         | NO                           | 06/16/2025-12/31/25         |
| Warren,Christina S  | 21780 County Road 8    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Young,Kristin N     | 1023 County Road 77    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Stephens,Linda A    | 465 Sandhill Hickory   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Clifton,Kaci S      | 1679 County Road 45    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Reeves,Quijuna M    | 7 Carriagelight Way N  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Miller,Scott        | 137 High Bluff Trail C | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Earl,Austin L       | 2682 County Road 11    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Kelley,Lindy R      | 26296 County Road 8    | 8 Months, 24 Days  | AL                         | NO                           | 4/7/2025-12/31/25           |
| Pollard,Kendra P    | 395 River Road Ranb    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Hill,Haley R        | 416 County Rd 537 W    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Worthy,Brianna A    | 1905 Riverside Parkw   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Copeland,Michelle B | 16333 US Hwy 27 Fra    | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Thomasson,Brandon   | 14 Mill Trace Carrollt | 10 Months, 28 Days | GA                         | NO                           | 2/3/2025-12/31/25           |
| Stephens,Chris      | 5132 Jones Road Aus    | 4 Months, 11 Days  | GA                         | NO                           | 8/20/25-12/31/25            |
| Bittle,Kasey L      | 7515 US Highway 78     | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Jerrell,Lolita C    | 4183 Leola Rd Dougl    | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Laminack,Tiffany N  | 1029 County Road 69    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Bluck,Lisa M        | 1003 Scott Ave Weav    | 7 Months, 12 Days  | AL                         | NO                           | 5/9/25-12/31/25             |
| Floyd,Laykin C      | 6415 AL Highway 9 A    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Dunson,Resha M      | 1164 Eagles Nest Cir   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Cole,Julie M        | 11255 Hwy 46 Heflin,   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Bailey,Kristina J   | 1710 County Road 39    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Parrott,Kyle A      | 109 ASHER DR Carrol    | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |

| Full Name             | Work Address          | Duration           | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|-----------------------|-----------------------|--------------------|----------------------------|------------------------------|-----------------------------|
| Goss,Tiffany P        | 469 Pine Brook Dr Br  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Lewis,Abbey C         | 3683 Lovvorn Rd Car   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Seegars,Taylor C      | 431 Stone Ridge Circ  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Eason,Kayla L         | 4415 County Road 64   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Champion,Mary A       | 83 Freedom Way Anr    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Danieley,Rachael A    | 4405 Mayfair Road A   | 9 Months, 21 Days  | AL                         | NO                           | 3/10/25-12/31/25            |
| Butterworth,Kristie L | 181 Sewell Road Brer  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Milford,Tammy M       | 190 Burns RoadApt. F  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Mcclure,Morgan A      | 380 Duke Drive Heflin | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Helton,Hether M       | 6548 Harrington Plac  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Warren,Christina S    | 21780 County Road 8   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Mcmanus,Holli H       | 20729 County Road 8   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Ayers,Kathryn H       | 535 Garrett Creek Ro  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Hernandez,Ryanne E    | 4789 West Hwy 5 Boy   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Price,Vicki J         | 474 Boulder Crest Tra | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Robinson,Alyssa G     | 24555 Highway 48 W    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Haynes,Tyler O        | 3614 Dale Hollow Ro   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Wrenn,Victoria L      | 3649 Business 27Buc   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Salazar,Sarah E       | 695 Kurtz Road Marie  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Codner,Sashana P      | 4175 Wild Country C   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Abernathy,Ashley C    | 1215 Perryman Bridg   | 10 Months, 28 Days | AL                         | NO                           | 2/3/2025-12/31/25           |
| Stavely,Cheyenne K    | 10477 Hwy 46 Heflin,  | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Copeland,Robert W     | 16333 US Highway 21   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| New,Kaitlyn B         | 224 Hazel Creek Trail | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Chambers,Madison F    | 101 Scarlett Place Dr | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Richardson,Dale G     | 5516 County Road 56   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Addison,Hayley S      | 8694 St Andrews Pkw   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Mills,Heather A       | 4132 Southbury Lane   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Waits,Raegan M        | 105 Freedom Way Ar    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Meade,Melinda L       | 9492 River Chase Cou  | 3 Months, 16 Days  | GA                         | NO                           | 9-15-25-12/31/25            |
| Rudeseal,Andrew H     | 226 Lakeview Drive C  | 11 Months, 17 Days | GA                         | NO                           | 1/14/25-12/31/25            |
| Yearta,Jaycee C       | 1255 County Road 10   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |

| Full Name           | Work Address           | Duration           | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|---------------------|------------------------|--------------------|----------------------------|------------------------------|-----------------------------|
| Ashworth,Chandler E | 114 Lisa Lane Carrollt | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Walters,Angela R    | 4422 Hutcheson Fern    | 9 Months, 14 Days  | GA                         | NO                           | 3/17/25-12/31/25            |
| Pintar,Laura M      | 112 Morningside Dr.    | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Mcmillan,Taylor D   | 4423 Franklin Parkwa   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Peavy,Kimberly E    | 76 Vista Lane Alexand  | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Buchanan,Alexis B   | 128 Janice Place Carr  | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Hix,Lacey E         | 969 Five Points Road   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Mccormick,Susan L   | 63 Pine Hill Drive Rar | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Morgan,Stephanie M  | 532 County Road 37     | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Davidson,Jeffery B  | 610 Main Street Nort   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Aiken,Jerrika M     | 178 Rolling Green Dr   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Dailey,Kenda P      | 780 County Road 112    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Baines,Carly H      | 1005 Timuquana Lan     | 10 Months, 21 Days | AL                         | NO                           | 2/10/25-12/31/25            |
| Dean,Dana M         | 1106 Grace Street SE   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Hodges,Shannon D    | 7320 County Road 26    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Grantham,Jennifer L | 98 Kapco Drive Annis   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Price,Amanda N      | 4924 Alpine Court W    | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Price,Cassandra R   | 6952 County Road 13    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Morgan,Stephanie M  | 532 County Road 37     | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Jones,Jennifer A    | 320 W Broad Street V   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Stewart,Katie N     | 400 Country Breeze C   | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Porter,Matthew L    | 1362 County Road 45    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Raines,Alexis J     | 5644 Redland Rd Fra    | 11 Months, 25 Days | GA                         | NO                           | 1/6/25-12/31/25             |
| Toombs,Whitney T    | 212 Arbor Creek Dr D   | 3 Months, 29 Days  | GA                         | NO                           | 9/2/25-12/31/25             |
| Cox,Joni M          | 2538 County Road 45    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Gay,Mallory C       | 11422 County Road 6    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Guerrier,Yves       | 12508 Fingest Ct Orla  | 12 Months          | FL                         | NO                           | 01/01/25-12/31/25           |
| Johnson,Carla J     | 982 County Road 507    | 12 Months          | AL                         | NO                           | 01/01/25-12/31/25           |
| Comeans,Connor J    | 140 Pegasus Trace Ne   | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Benton,Samantha J   | 133 Thomas Overby I    | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |
| Dryden,Robin K      | 825 Needmore Rd Rd     | 6 Months, 22 Days  | GA                         | NO                           | 06/09/25-12/31/25           |
| Tant,Brandi N       | 456 CLEMATIS COUR      | 12 Months          | GA                         | NO                           | 01/01/25-12/31/25           |

| Full Name            | Work Address           | Duration          | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|----------------------|------------------------|-------------------|----------------------------|------------------------------|-----------------------------|
| Shaw,Atleigh B       | 53 Right Fork Lane O   | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Prince,Karlie N      | 438 Perryman Bridge    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Clark,Lela D         | 285 Freedom Way Ar     | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Megorden,Paden B     | 431 N Lakeshore Dr C   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Bowman,Mylee N       | 1516 Baxter Road Bre   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Lopez,Jessica S      | 6771 County Road 10    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Magsino,Vimie M      | 206 Clarion Drive Car  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Mcmanus,Emily A      | 19665 County Road 8    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Queen,Jessica S      | 91 Davis Road Breme    | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Christensen,Kaylin A | 29 Riviera Drive Carr  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Harmon,Kerrie E      | 105 Cascade DriveNo    | 12 Months         | SC                         | NO                           | 01/01/25-12/31/25           |
| Hannah,Hannah M      | 1875 N Highway 100     | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Mason,Emily C        | 4055 Crabapple Road    | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Crumpton,Margaret    | 587 Blake St Heflin, A | 6 Months, 29 Days | AL                         | NO                           | 6/2/25-12/31/25             |
| Mckinley,Savannah T  | 211 Kramer Street Ca   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Pope,Samantha E      | 97 Mountain Brooke     | 1 Months, 28 Days | GA                         | NO                           | 11/3/25-12/31/25            |
| Shoemake,Kristin S   | 2575 Center Point Ro   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Young,Brooklyn G     | 1704 County Road 28    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Gibson,David E       | 201 Emma Gilley Dr C   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Dorroh,Micah A       | 325 County Road 13     | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Daniel,Casey C       | 1705 County Road 47    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Barr,MaKenzie C      | 1274 Stoney Point Rd   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| James,Trinton M      | 1754 Taylorsville Roa  | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Edwards,Ariel M      | 358 Daffodil Drive Te  | 5 Months, 10 Days | GA                         | NO                           | 7/21/25-12/31/25            |
| Coker,Sara G         | 429 Brookwater Way     | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Brooks,Kelli A       | 45 Plantation Ave Ca   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Thomas,Emily M       | 2490 Tyus Carrollton   | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |
| Knight,Alexandria H  | 201 Piedmont CT Ten    | 6 Months, 15 Days | GA                         | NO                           | 06/16/2025-12/31/25         |
| Lane,LaDarius K      | 2701 County Road 45    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Sanderson,Miranda    | 148 Bernard Couch D    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Perez,Rhonda R       | 610 County Road 642    | 12 Months         | AL                         | NO                           | 01/01/25-12/31/25           |
| Morris,Morgan J      | 2612 3 Wood Drive V    | 12 Months         | GA                         | NO                           | 01/01/25-12/31/25           |

| Full Name          | Work Address          | Duration  | Primary State of Residency | Employed by Agency? (Yes/No) | Primary Dates of Employment |
|--------------------|-----------------------|-----------|----------------------------|------------------------------|-----------------------------|
| Turner,Shelby M    | 309 Dean Ct. Temple,  | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |
| Holbrook,Raven N   | 62 Rooks Lane Bowd    | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |
| Benefield,Jaycie M | 11 Avery Road Roopy   | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |
| West,Elizabeth H   | 37 Old Antioch Road   | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |
| Livingston,Shaneil | 3342 Willow.Meadow    | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |
| Duffie,Clair D     | 101 County Road 695   | 12 Months | AL                         | NO                           | 01/01/25-12/31/25           |
| Reedy,Taylor C     | 4784 Whites Gap Roa   | 12 Months | AL                         | NO                           | 01/01/25-12/31/25           |
| Bates,Ansley T     | 47 Bryson Cr Ringgol  | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |
| Moore,Kayla B      | 1057 Eagles Nest Cir  | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |
| Minor,Amy S        | 4205 Sturbridge Drive | 12 Months | GA                         | NO                           | 01/01/25-12/31/25           |

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 throw the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Carol S Crews

Date

03/12/2026

Title

EVP

Comments

| Response Errors |          |       |
|-----------------|----------|-------|
| TAB             | QUESTION | ERROR |