



HOSP304 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP304

1. Identification

Facility Name:

Higgins General Hospital

County:

Haralson

Street Address:

705 Dixie Street

City:

Carrollton

Zip:

30117

Mailing Address:

705 Dixie Street

Mailing City:

Carrollton

Mailing Zip:

30117

Medicaid Provider Number:

00954A

Medicare Provider Number:

11-1320

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:

c crews@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)

Hosp Auth City of Bremen and County of Haralson

Organization Type

Hospital Authority

Effective Date

10/01/1951

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

10/01/1999

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

Georgia

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

Georgia

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

Georgia

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☐

Preferred Provider Organization(PPO) ☒

Physician Hospital Organization(PHO) ☒

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☐

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	0	0	0	0	0
Intensive Care	0	0	0	0	0
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	23	556	5,588	553	5,677
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	23	556	5,588	553	5,677

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	0	0	0	0	0
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity

Please report admissions and inpatient days for the hospital by the following race and ethnicity categories. Exclude newborn and neonatal

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	34	686
Hispanic/Latino	6	44
Pacific Islander/Hawaiian	0	0
White	514	4,842
Multi-Racial	2	16
Total	556	5,588

3. Gender

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

Gender	Admissions	Inpatient Days
Male	192	2,030
Female	364	3,558
Total	556	5,588

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	449	4,635
Medicaid	9	36
Peachare	0	0
Third-Party	68	522
Self-Pay	19	361
Other	11	34
Total	556	5,588

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	1,865
Semi-Private Room Rate	1,859
Operating Room: Average Charge for the First Hour	11,747
Average Total Charge for an Inpatient Day	3,821

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	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	11	18,417
	0	0
	0	0
	0	0
	0	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

233

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

650

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	3	4
ESWL	2	1
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	3	4
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	3	3
Chemotherapy	3	4
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	3	4
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

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

Category	Total
Number of Podiatric Patients	0
Number of Dialysis Treatments	0
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	10,516
Number of CTS Units (machines)	1
Number of CTS Procedures	8,604
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	0
Number of Number of MRI Procedures	0
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	5,668
Number of Occupational Therapy Treatments	9,673
Number of Physical Therapy Treatments	19,884
Number of Speech Pathology Patients	1,171
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	26
Number of HIV/AIDS Patients	26
Number of Ambulance Trips	0
Number of Hospice Patients	9
Number of Respite care Patients	0

Number of Ultrasound/Medical Sonography Units	2
Number of Ultrasound/Medical Sonography Procedures	3,582
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)

4

3. Robotic Surgery System

Units

0

Procedures

0

Type of Unit(s)

n/a

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	6	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	55	1	0
Licensed Practical Nurses (LPNs)	12	1	0
Pharmacists	6	0	0
Other Health Services Professionals*	95	2	15
Administration and Support	36	1	0
All Other Hospital Personnel (not included in above)	30	1	1

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	Not Applicable
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	1
Asian	56
Black/African American	90
Hispanic/Latino	16
Pacific Islander/Hawaiian	0
White	293
Multi-Racial	168
Total	624

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 Plan 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	44	☒	28	28
General Internal Medicine	93	☒	25	25
Pediatricians	20	☐	5	5
Other Medical Specialties	119	☒	37	37

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	0	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	0	☐	0	0
Ophthalmology Surgery	5	☐	3	3
Orthopedic Surgery	10	☐	9	9
Plastic Surgery	1	☐	1	1
General Surgery	16	☐	15	15
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	51	☐	31	31

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	17	☒	16	16
Dermatology	1	☐	0	0
Emergency Medicine	28	☒	14	14
Nuclear Medicine	1	☐	1	1
Pathology	34	☐	7	7
Psychiatry	21	☐	18	18
Radiology	61	☐	40	40
	0	☐	0	0
	0	☐	0	0
	0	☐	0	0

5a. Non-Physicians

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

Profession	Number
Dentists (include oral surgeons) with Admitting Privileges	2
Podiatrists	3
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	208

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, Anot, 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

Full Name	License Number
Allred, Lindsay N., NP	RN187253
Amoah, Priscilla, MD	82516
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

Full Name	License Number
Bedley, Amber N., NP	RN177590
Bentley, Gail, MD	70532
Bentley, Gail, MD	MD. 32888
Berard, Adrienne S., MD	39288
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

Full Name	License Number
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
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

Full Name	License Number
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
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

Full Name	License Number
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
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

Full Name	License Number
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
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.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Barrow ▾	1	4	0	0	0	0	0	0	0	0	0	0	0
Butts ▾	0	3	0	0	0	0	0	0	0	0	0	0	0
Calhou ▾	1	0	0	0	0	0	0	0	0	0	0	0	0
Carroll ▾	291	870	0	0	0	0	0	0	0	0	0	0	0
Cherok ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Cobb ▾	1	8	0	0	0	0	0	0	0	0	0	0	0
Colquit ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Coweta ▾	1	34	0	0	0	0	0	0	0	0	0	0	0
Dawsor ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
DeKalb ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Dougla ▾	16	52	0	0	0	0	0	0	0	0	0	0	0
Fayette ▾	0	2	0	0	0	0	0	0	0	0	0	0	0
Florida ▾	1	7	0	0	0	0	0	0	0	0	0	0	0
Floyd ▾	2	6	0	0	0	0	0	0	0	0	0	0	0
Fulton ▾	0	6	0	0	0	0	0	0	0	0	0	0	0
Greene ▾	1	0	0	0	0	0	0	0	0	0	0	0	0
Haralsc ▾	188	321	0	0	0	0	0	0	0	0	0	0	0
Heard ▾	6	45	0	0	0	0	0	0	0	0	0	0	0
Henry ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
North C ▾	1	0	0	0	0	0	0	0	0	0	0	0	0
Other C ▾	1	2	0	0	0	0	0	0	0	0	0	0	0
Pauldin ▾	12	34	0	0	0	0	0	0	0	0	0	0	0
Polk ▾	2	4	0	0	0	0	0	0	0	0	0	0	0
Spaldin ▾	0	2	0	0	0	0	0	0	0	0	0	0	0
Troup ▾	0	8	0	0	0	0	0	0	0	0	0	0	0
Whitfie ▾	2	1	0	0	0	0	0	0	0	0	0	0	0
Alabam ▾	29	173	0	0	0	0	0	0	0	0	0	0	0
Totals	556	1,587	0	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	0	0	3	3
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	1	1
	0	0	0	0
Total	0	0	4	4

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	0	1,196	1,196
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	882	882
	0	0	0	0	0
Total	0	0	0	2,078	2,078

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	0	805	805
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	782	782
	0	0	0	0	0
Total	0	0	0	1,587	1,587

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	11
Asian	2
Black/African American	180
Hispanic/Latino	25
Pacific Islander/Hawaiian	1
White	1,365
Multi-Racial	3
Total	1,587

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	0
Ages 15-64	915
Ages 65-74	420
Ages 75-85	233
Ages 85 and Up	19
Total	1,587

3. Gender

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

Gender	Number of Ambulatory Patients
Male	555
Female	1,032
Total	1,587

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	749
Medicaid	114
Third-Party	601
Self-Pay	123
Total	1,587

Georgia Minority Health Advisory Council Addendum

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

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

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

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

Bilingual hospital staff member ☒

Community Volunteer Interpreter ☒

Refer patient to outside agency ☐

Bilingual member of patient's family ☒

Telephone interpreter service ☒

Other ☐

Please describe

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

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	1	0	0	0
	0	0	0	0
	0	0	0	0

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

All staff are trained in these areas in orientation and again in annual in-service.

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, Alpha Clinic, Your 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
Cobb,Jessie M	1686 Hutcheson Fe	12 Months	GA	NO	1/1/25-12/31/25
Whitmarsh,Megan	18995 Highway 78	12 Months	AL	NO	1/1/25-12/31/25
Moore,Heather H	145 County Road 20	12 Months	AL	NO	1/1/25-12/31/25
Hicks,Jenna M	909 Steadman Rd. T	12 Months	GA	NO	1/1/25-12/31/25
Monroe,Becca R	626 Hurst Mill Road	12 Months	GA	NO	1/1/25-12/31/25
Sides,Jason A	2418 South Highwa	12 Months	AL	NO	1/1/25-12/31/25
Gunter,Caitlyn D	425 Avalon Lane An	12 Months	AL	NO	1/1/25-12/31/25
Alewine,Marlie M	1518 County Road 6	12 Months	AL	NO	1/1/25-12/31/25
Smith,Sarah A	87 Evans Avenue Lir	12 Months	AL	NO	1/1/25-12/31/25
Bruns,Nancy C	196 Leisure Lane Br	7 Months, 26 Days	GA	NO	5/5/25-12/31/25

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/CFO

Comments

Response Errors

TAB

QUESTION

ERROR