



HOSP244 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP244

1. Identification

Facility Name:

Tanner Medical Center Villa Rica

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:

2032A

Medicare Provider Number:

11-0015

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:

7708128282

Fax:

7708128888

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)

Carrol 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 Applicable

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	☐	☐	☐	☐
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	38	4,395	21,523	4,394	21,405
Intensive Care	8	381	1,970	380	1,926
Psychiatry	88	3,305	24,188	3,302	24,363
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	134	8,081	47,681	8,076	47,694

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	8	381	1,970	380	1,926
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	21	121
Asian	37	225
Black/African American	1,992	13,077
Hispanic/Latino	270	1,453
Pacific Islander/Hawaiian	1	7
White	5,305	31,145
Multi-Racial	455	1,653
Total	8,081	47,681

3. Gender

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

Gender	Admissions	Inpatient Days
Male	3,449	21,622
Female	4,632	26,059
Total	8,081	47,681

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	2,696	16,854
Medicaid	1,732	11,198
Peachare	0	0
Third-Party	2,672	14,077
Self-Pay	538	2,604
Other	443	2,948
Total	8,081	47,681

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	13,682
Average Total Charge for an Inpatient Day	4,436

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	34	48,633
	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

2,627

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

0

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	2	1
Renal Dialysis	2	1
ESWL	2	1
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	1
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	1	1
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
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	81
Number of Dialysis Treatments	1,287
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	27,841
Number of CTS Units (machines)	2
Number of CTS Procedures	21,089
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	1
Number of Number of MRI Procedures	3,596
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	28,389
Number of Occupational Therapy Treatments	4,963
Number of Physical Therapy Treatments	10,550
Number of Speech Pathology Patients	1,427
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	194
Number of HIV/AIDS Patients	194
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	7

Number of Ultrasound/Medical Sonography Procedures	16,421
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)

15

3. Robotic Surgery System

Units

2

Procedures

389

Type of Unit(s)

XI

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	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	327	14	5
Licensed Practical Nurses (LPNs)	3	3	0
Pharmacists	1	3	2
Other Health Services Professionals*	312	14	7
Administration and Support	76	2	17
All Other Hospital Personnel (not included in above)	164	2	13

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	61-90 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	57
Black/African American	91
Hispanic/Latino	14
Pacific Islander/Hawaiian	0
White	309
Multi-Racial	227
Total	699

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	46	☒	33	33
General Internal Medicine	126	☒	33	33
Pediatricians	40	☒	16	16
Other Medical Specialties	188	☒	72	72

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	25	☐	1	1
Non-OB Physicians Providing OB Services	1	☐	1	1
Gynecology	22	☐	1	1
Ophthalmology Surgery	4	☐	4	4
Orthopedic Surgery	12	☐	11	11
Plastic Surgery	1	☐	0	0
General Surgery	16	☒	1	1
Thoracic Surgery	0	☐	0	0
Other Surgical Specialties	56	☐	27	27

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	30	☒	20	20
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	240

5b. Name of Other Professions

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

CRNA, NP, PA, 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

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

Full Name	License Number
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
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

Full Name	License Number
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
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

Full Name	License Number
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
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

Full Name	License Number
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
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

Full Name	License Number
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.

[illegible]

[illegible]

Schley ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Screver ▾	1	0	0	0	1	0	0	0	0	0	0	0	0
Semino ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
South C ▾	7	3	0	2	1	0	0	0	0	0	0	0	0
Spaldin ▾	4	0	0	2	1	0	0	0	0	0	0	0	0
Stepher ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Stewart ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Sumter ▾	2	0	0	1	1	0	0	0	0	0	0	0	0
Talbot ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Taliafer ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Tattnall ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Taylor ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Telfair ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Tennes ▾	7	1	0	6	1	0	0	0	0	0	0	0	0
Terrell ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Thoma ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Tift ▾	1	0	0	0	1	0	0	0	0	0	0	0	0
Toomb ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Towns ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Treutler ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Troup ▾	222	2	0	187	30	0	0	0	0	0	0	0	0
Turner ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Twiggs ▾	1	0	0	1	0	0	0	0	0	0	0	0	0
Union ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Upson ▾	4	0	0	3	1	0	0	0	0	0	0	0	0
Walker ▾	4	0	0	2	2	0	0	0	0	0	0	0	0
Walton ▾	6	0	0	5	1	0	0	0	0	0	0	0	0
Ware ▾	3	1	0	1	0	0	0	0	0	0	0	0	0
Warren ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Washin ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Wayne ▾	0	0	0	0	0	0	0	0	0	0	0	0	0
Webste ▾	0	0	0	0	0	0	0	0	0	0	0	0	0

Wheele	0	0	0	0	0	0	0	0	0	0	0	0	0
White	0	0	0	0	0	0	0	0	0	0	0	0	0
Whitfie	8	0	0	5	2	0	0	0	0	0	0	0	0
Wilcox	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes	0	0	0	0	0	0	0	0	0	0	0	0	0
Wilkins	3	0	0	3	0	0	0	0	0	0	0	0	0
Worth	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	8,081	4,180	779	2,485	677	201	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	4	4
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	2	2
	0	0	0	0
Total	0	0	6	6

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	581	2,507	3,088
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	499	1,674	2,173
	0	0	0	0	0
Total	0	0	1,080	4,181	5,261

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	519	1,915	2,434
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	401	1,345	1,746
	0	0	0	0	0
Total	0	0	920	3,260	4,180

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	20
Asian	13
Black/African American	818
Hispanic/Latino	151
Pacific Islander/Hawaiian	5
White	3,173
Multi-Racial	0
Total	4,180

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	67
Ages 15-64	2,697
Ages 65-74	821
Ages 75-85	535
Ages 85 and Up	60
Total	4,180

3. Gender

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

Gender	Number of Ambulatory Patients
Male	1,632
Female	2,548
Total	4,180

4. Payment Source

Please report the total number of ambulatory patients by payment source. Report Peachcare for Kids as Third-Party.

Primary Payment Source	Number of Ambulatory Patients
Medicare	1,562
Medicaid	414
Third-Party	2,016
Self-Pay	188
Total	4,180

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)	5	779	1,687	0
Specialty Care (Intermediate Neonatal Care)	0	0	0	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	5	779	1,687	0

Part C: Obstetrical Charges and Utilization by Mother's Race/Ethnicity and Age

1. Race/Ethnicity.

Please provide the number of admissions and inpatient days for mothers by the mother's race using race/ethnicity classifications.

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	1	3
Asian	5	13
Black/African American	161	433
Hispanic/Latino	60	145
Pacific Islander/Hawaiian	1	2
White	496	962
Multi-Racial	55	129
Total	779	1,687

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	779	1,687
Ages 45 and Up	0	0
Total	779	1,687

3. Average Charge for an Uncomplicated Delivery.

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

4. Average Charge for an Premature Delivery.

Please report the average hospital charge for a premature delivery.

17,091

Psychiatric/Substance Abuse Services Addendum

Part A: Psychiatric and Substance Abuse Data by Program

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

Patient Type	Distribution of CON-Authorized Beds	Set-Up and Staffed Beds
A- General Acute Psychiatric Adults 18 and over	72	68
B- General Acute Psychiatric Adolescents 13-17	8	8
C- General Acute Psychiatric Children 12 and under	12	12
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F- Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

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

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	2,485	18,468	2,442	18,346	1,995	☒
General Acute Psychiatric Adolescents 13-17	677	4,707	661	4,612	1,955	☒
General Acute Psychiatric Children 12 and Under	201	1,407	199	1,405	1,992	☒
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	11	79
Asian	12	75
Black/African American	1,020	7,769
Hispanic/Latino	84	622
Pacific Islander/Hawaiian	3	18
White	2,091	15,077
Multi-Racial	142	952
Total	3,363	24,592

2. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	1,559	11,349
Female	1,804	13,243
Total	3,363	24,592

Total Psych Admissions from Patient Origin Table

3,363

3. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	366	3,222
Medicaid	1,149	8,793
Third-Party	1,659	11,406
Self-Pay	189	1,171
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

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

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

If you checked yes, how many? (FTEs)

1

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
Spanish	2	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?

Orientation training upon hire for all employees and again in annual updates.

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?

Ralpha Clinic, Latinos of Carroll County, 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
Dukes,Katie L	705 Dallas Highway,\	3 months 12 days	GA	No	0
Leonard,Tangela N	705 Dallas Highway,\	12 Months	AL	No	0
McDonald,Raven S	705 Dallas Highway,\	12 Months	GA	No	0
Gause,Amanda K	705 Dallas Highway,\	12 Months	GA	No	0
Mitchem,Loren N	705 Dallas Highway,\	12 Months	AL	No	0
Cole,Kayla J	705 Dallas Highway,\	12 Months	GA	No	0
Beam,Diane E	705 Dallas Highway,\	4 months 20 days	GA	No	0
Langley,Morgan W	705 Dallas Highway,\	7 months 12 days	AL	No	0
Cox,Suzanne	705 Dallas Highway,\	12 Months	AL	No	0
Cox,Suzanne	705 Dallas Highway,\	12 Months	AL	No	0
Huston,Thamu E	705 Dallas Highway,\	12 Months	GA	No	0
Dobbs,Karena J	705 Dallas Highway,\	12 Months	GA	No	0
Jones,Daisy M	705 Dallas Highway,\	12 Months	GA	No	0
Grundy,Erin B	705 Dallas Highway,\	12 Months	GA	No	0
Rinehart,Maron M	705 Dallas Highway,\	12 Months	GA	No	0
Wilson,Mandy S	705 Dallas Highway,\	12 Months	GA	No	0
Feliciano,Steven T	705 Dallas Highway,\	12 Months	GA	No	0
Hughes,Jeannie M	705 Dallas Highway,\	12 Months	GA	No	0
Benson,Jenna M	705 Dallas Highway,\	12 Months	AL	No	0
Herren,April L	705 Dallas Highway,\	12 Months	GA	No	0
Ragland,Loventrice	705 Dallas Highway,\	12 Months	GA	No	0
Feliciano,Heather P	705 Dallas Highway,\	12 Months	GA	No	0
Mills,Morgan L	705 Dallas Highway,\	12 Months	AL	No	0
Vinson,Jacob R	705 Dallas Highway,\	12 Months	GA	No	0
Wadley,Brooklyn K	705 Dallas Highway,\	12 Months	GA	No	0
LaBonte,Zoey A	705 Dallas Highway,\	12 Months	GA	No	0
Williams,McCurith L	705 Dallas Highway,\	12 Months	GA	No	0
Jones,Alisha W	705 Dallas Highway,\	12 Months	AL	No	0
Otwell,Logan J	705 Dallas Highway,\	12 Months	AL	No	0
Innocent,Flory O	705 Dallas Highway,\	12 Months	GA	No	0

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Bullock,Candis N	705 Dallas Highway,\	12 Months	GA	No	0
Loveless,Jessica Y	705 Dallas Highway,\	12 Months	GA	No	0
Witcher,Darby D	705 Dallas Highway,\	12 Months	GA	No	0
Leahey,Allison K	705 Dallas Highway,\	12 Months	GA	No	0
Jennings,Taylor A	705 Dallas Highway,\	12 Months	AL	No	0
Robinson,Andrea M	705 Dallas Highway,\	12 Months	GA	No	0
Poole,Stephanie D	705 Dallas Highway,\	12 Months	GA	No	0
Ervin,Kay L	705 Dallas Highway,\	12 Months	GA	No	0
Thomason,Madison	705 Dallas Highway,\	12 Months	GA	No	0
Cowart,Bobianne S	705 Dallas Highway,\	12 Months	GA	No	0
Edge,Brittany A	705 Dallas Highway,\	12 Months	GA	No	0
Nti-Ababio,Valeidia	705 Dallas Highway,\	12 Months	GA	No	0
Leprone,Kimberly E	705 Dallas Highway,\	12 Months	GA	No	0
Phillips,Mary K	705 Dallas Highway,\	12 Months	GA	No	0
Osby,Arin S	705 Dallas Highway,\	12 Months	GA	No	0
Thompson,Connie S	705 Dallas Highway,\	12 Months	AL	No	0
Puckett,Stacy J	705 Dallas Highway,\	12 Months	GA	No	0
Dodd,Kylee M	705 Dallas Highway,\	12 Months	GA	No	0
Menix,Tyler R	705 Dallas Highway,\	12 Months	AL	No	0
Smith,Grayson N	705 Dallas Highway,\	12 Months	GA	No	0
Friedl,Jessica N	705 Dallas Highway,\	12 Months	GA	No	0
Potter,Erika L	705 Dallas Highway,\	12 Months	GA	No	0
Garcia,Colita F	705 Dallas Highway,\	12 Months	GA	No	0
Alexander,Jada M	705 Dallas Highway,\	12 Months	GA	No	0
Denney,Kaitlyn I	705 Dallas Highway,\	12 Months	GA	No	0
Hoskins,Tessa S	705 Dallas Highway,\	12 Months	GA	No	0
Garrett,Conswala	705 Dallas Highway,\	12 Months	GA	No	0
Wilbanks,Sasha D	705 Dallas Highway,\	12 Months	GA	No	0
Benefield,Amy V	705 Dallas Highway,\	12 Months	GA	No	0
Moore,Jennifer R	705 Dallas Highway,\	12 Months	AL	No	0
Esume,Nichole A	705 Dallas Highway,\	12 Months	GA	No	0
Atkins-Foster,Annec	705 Dallas Highway,\	12 Months	GA	No	0

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Acree,Ashlie M	705 Dallas Highway,\	12 Months	GA	No	0
Weiss,Sarah E	705 Dallas Highway,\	12 Months	AL	No	0
Nolan,Jasmine L	705 Dallas Highway,\	12 Months	AL	No	0
Aguilar,Erika H	705 Dallas Highway,\	12 Months	GA	No	0
Bice,Breanna E	705 Dallas Highway,\	12 Months	GA	No	0
Chambers,Latiffah N	705 Dallas Highway,\	12 Months	GA	No	0
Sims,Nadja M	705 Dallas Highway,\	12 Months	GA	No	0
Hellwege,David a	705 Dallas Highway,\	12 Months	AL	No	0
Bates,Jennifer S	705 Dallas Highway,\	12 Months	GA	No	0
Bannister,Graci S	705 Dallas Highway,\	12 Months	AL	No	0
Carter,Alexia P	705 Dallas Highway,\	12 Months	GA	No	0
Boyd,Fallon K	705 Dallas Highway,\	12 Months	GA	No	0
Benitez,Izabella	705 Dallas Highway,\	12 Months	GA	No	0
Wilson,Victoria H	705 Dallas Highway,\	12 Months	GA	No	0
Abebe,Ambachew	705 Dallas Highway,\	12 Months	GA	No	0
Jackson,Kayla D	705 Dallas Highway,\	12 Months	GA	No	0
Hargis,Chloe E	705 Dallas Highway,\	11 Months 18 days	GA	No	0
Milian,Magali I	705 Dallas Highway,\	11 Months 18 days	GA	No	0
Harvey,April N	705 Dallas Highway,\	10 months 7 days	GA	No	0
Benoit,Rita H	705 Dallas Highway,\	9 months 28 days	GA	No	0
Gaines,Emma K	705 Dallas Highway,\	9 months 14 days	GA	No	0
Daniel,Shelby A	705 Dallas Highway,\	8 months 24 days	GA	No	0
Johnson,Kendahl J	705 Dallas Highway,\	8 months 10 days	GA	No	0
Bilbo,Natalie B	705 Dallas Highway,\	7 months 12 days	AL	No	0
Pope,Laura B	705 Dallas Highway,\	7 months 12 days	GA	No	0
Wilson,Alicia M	705 Dallas Highway,\	6 months 29 days	GA	No	0
Miller,Abigail L	705 Dallas Highway,\	6 months 15 days	GA	No	0
Eagle,Haley P	705 Dallas Highway,\	4 months 28 days	GA	No	0
Adesanya,Olukemi E	705 Dallas Highway,\	4 months 28 days	GA	No	0
Jean,Beatrice	705 Dallas Highway,\	3 months 29 days	GA	No	0
Sabol,Patricia D	705 Dallas Highway,\	3 months 29 days	GA	No	0
Pierre-Louis,Fabiola	705 Dallas Highway,\	3 months 29 days	GA	No	0

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Williams,Mallory F	705 Dallas Highway,\	2 months 25 days	GA	No	0
Matalbert,Marie Flo	705 Dallas Highway,\	1 month 28 days	GA	No	0
Amedogbe,Solace S	705 Dallas Highway,\	0 months 30 days	GA	No	0
Pierre,Kayla A	705 Dallas Highway,\	0 months 15 days	GA	No	0
Phillips,Laura A	705 Dallas Highway,\	12 Months	GA	No	0
Froehlich,Gena M	705 Dallas Highway,\	12 Months	GA	No	0
Graham,Bernice	705 Dallas Highway,\	3 Months 16 days	GA	No	0
Beasley,Ayesha S	705 Dallas Highway,\	2 Months 11 days	GA	No	0
Harris,Tiffany Y	705 Dallas Highway,\	12 Months	AL	No	0
Medina,Misty A	705 Dallas Highway,\	12 Months	AL	No	0
Pollard,Sherri D	705 Dallas Highway,\	12 Months	AL	No	0
Wallace,Darvon P	705 Dallas Highway,\	12 Months	AL	No	0
Davenport,Christian	705 Dallas Highway,\	12 Months	AL	No	0
Morrow,Michelle L	705 Dallas Highway,\	12 Months	AL	No	0
Latimer,Taliesha M	20 Herrel Rd, Villa Ri	12 Months	GA	No	0
Gray,Andria	20 Herrel Rd, Villa Ri	12 Months	GA	No	0
Stovall,Wanda W	20 Herrel Rd, Villa Ri	12 Months	AL	No	0
Debolt,Davina H	20 Herrel Rd, Villa Ri	12 Months	GA	No	0
McCabe,Brooke A	20 Herrel Rd, Villa Ri	12 Months	GA	No	0
Saferight,Kristen L	20 Herrel Rd, Villa Ri	10months,19days	GA	No	0
Viel,Kathleen I	20 Herrel Rd, Villa Ri	5months,30days	GA	No	0
Saintvil,Giovana R	20 Herrel Rd, Villa Ri	3months,1days	GA	No	0
Hunt-Jacobs,Bobbie	20 Herrel Rd, Villa Ri	12 Months	GA	No	0

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 _____

03/13/2026

Title

EVP/CFO

Comments

Response Errors

TAB

QUESTION

ERROR