



HOSP545 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP545

1. Identification

Facility Name:

Stephens County Hospital

County:

Stephens

Street Address:

163 Hospital Drive

City:

Toccoa

Zip:

30577

Mailing Address:

163 Hospital Drive

Mailing City:

Toccoa

Mailing Zip:

30577

Medicaid Provider Number:

00001834A

Medicare Provider Number:

110032

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:

Jesus F Ruiz

Contact Title:

Reimbursement Consultant

Phone:

4047884861

Fax:

678-823-6919

Email:

jesus.ruiz@rsgga.com

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)

Stephens County Hospital Authority

Organization Type

Hospital Authority

Effective Date

09/01/1949

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)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

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

City

State

4.

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

Name

City

State

5.

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

Name

City

State

6.

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

Name

City

State

7.

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

Name

City

State

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☒

Preferred Provider Organization(PPO) ☒

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☒

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	32	655	2,259	660	2,286
Intensive Care	6	78	151	78	151
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)	11	54	677	53	672
Long Term Care Hospital (LTCH)	0	0	0	0	0
Hospice	0	5	8	5	8
	0	0	0	0	0
	0	0	0	0	0
Total	49	792	3,095	796	3,117

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	6	78	151	78	151
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	1	5
Black/African American	72	260
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	716	2,819
Multi-Racial	3	11
Total	792	3,095

3. Gender

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

Gender	Admissions	Inpatient Days
Male	368	1,409
Female	424	1,686
Total	792	3,095

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	547	2,357
Medicaid	45	143
Peachare	0	0
Third-Party	138	424
Self-Pay	62	171
Other	0	0
Total	792	3,095

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	790
Semi-Private Room Rate	725
Operating Room: Average Charge for the First Hour	13,020
Average Total Charge for an Inpatient Day	5,800

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	1	51
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	1	235
General Beds	14	12,513
	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

19,874

7. Observation Visits/Cases

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

913

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

212

Part F: Services and Facilities

1a. Services and Facilities

Please report services offered onsite for in-house and contract services as requested. Please reflect the status of the service during the report period. (Use the blank lines to specify other services.)

Site Codes

- 1 = In-House - Provided by the Hospital
- 2 = Contract - Provided by a contractor but onsite
- 3 = Not Applicable

Service Status Codes

- 1 = On-Going
- 2 = Newly Initiated
- 3 = Discontinued
- 4 = Not Applicable

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

1b. Report Period Workload Totals

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

Category	Total
Number of Podiatric Patients	5
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	4,817
Number of CTS Units (machines)	1
Number of CTS Procedures	7,352
Number of Diagnostic Radioisotope Procedures	636
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	932
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	5,954
Number of Occupational Therapy Treatments	8,961
Number of Physical Therapy Treatments	12,618
Number of Speech Pathology Patients	0
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	1
Number of HIV/AIDS Patients	1
Number of Ambulance Trips	3,451
Number of Hospice Patients	5
Number of Respite care Patients	0

Number of Ultrasound/Medical Sonography Units	2
Number of Ultrasound/Medical Sonography Procedures	1,424
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	8	2	0
Physician Assistants Only (not including Licensed Physicians)	5	0	0
Registered Nurses (RNs Advanced Practice*)	84	5	0
Licensed Practical Nurses (LPNs)	24	2	0
Pharmacists	0	0	3
Other Health Services Professionals*	142	20	0
Administration and Support	100	4	0
All Other Hospital Personnel (not included in above)	75	3	0

2. Filling Vacancies

Using the drop-down menus, please select the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	61-90 Days
Registered Nurses (RNs-Advance Practice)	31-60 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	Not Applicable
Other Health Services Professionals	31-60 Days
All Other Hospital Personnel (not included above)	31-60 Days

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	3
Black/African American	3
Hispanic/Latino	1
Pacific Islander/Hawaiian	0
White	10
Multi-Racial	0
Total	17

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	0	☐	0	0
General Internal Medicine	4	☒	4	4
Pediatricians	0	☐	0	0
Other Medical Specialties	0	☐	0	0

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

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	0	☐	0	0
Dermatology	0	☐	0	0
Emergency Medicine	0	☐	0	0
Nuclear Medicine	0	☐	0	0
Pathology	0	☐	0	0
Psychiatry	0	☐	0	0
Radiology	0	☐	0	0
	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	0
Podiatrists	0
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	0

5b. Name of Other Professions

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

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

Please report the full name and license number of each physician on staff. You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain two columns, with the full name and the left and the license number on the right. If you include column headings, they must match those provided in our template

Full Name	License Number
Abbie Caudell - PA	11745
Anthony Iwelunmor MD	80531
Badar Kashlan DO	83276
Brian Hamon - OPA	799
Cecil Brown Jr MD	71213
Christopher Vaughn MD	45999
Chrstine Sykalo DO	91189
Daniel D'amore MD	59628
David Hatmaker	26300
David Stern DO	54942
Eric Williams MD	52654
Erik Trosclair MD	69991
Getachew Iyasi MD	74871
Hersh Mathur MD	87900
James Reid MD	85780
Jason Blasenak	70346
Jason Wells MD	81174
Jennifer Utley MD	65429
Jim Wade MD	22664
John Krowicki MD	25880
Jorge Margiela MD	90500
Kalpesh Mistery MD	77653
Lei Liu MD	97805
Lindsey Carswell DO	88751
Mahsheed Khajavi MD	40119
Mark Benak MD	48976
Nirav Patel MD	84322
Pramod Kakarala MD	72312
Qiaochu Gu MD	94998

Full Name	License Number
Rachael Springer MD	75906
Robert Cornateanu MD	88988
Robert Quick MD	86418
Scott Chewning MD	94625
Semere Tesfamariam MD	92791
Shrinath Nadig MD	61302
Viju Varghese MD	81507
William Mills MD	50901
Zachery Balest MD	80039
Tameka Scott, DO	102984
Ritvu Patel, DO	101182
Joshua Linebaugh, DO	95509
Matthew Forte, MD	101247
Charles Richart, MD	38595
Jeffrey Matthews, MD	48442
John Viechweg, DO	110650

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]

[illegible]

[illegible]

[illegible]

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	1	1
	0	0	0	0
Total	0	0	5	5

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	170	983	1,153
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	15	577	592
	0	0	0	0	0
Total	0	0	185	1,560	1,745

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	131	748	879
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	11	413	424
	0	0	0	0	0
Total	0	0	142	1,161	1,303

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	0
Asian	2
Black/African American	84
Hispanic/Latino	0
Pacific Islander/Hawaiian	2
White	1,070
Multi-Racial	3
Total	1,161

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	2
Ages 15-64	633
Ages 65-74	354
Ages 75-85	160
Ages 85 and Up	12
Total	1,161

3. Gender

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

Gender	Number of Ambulatory Patients
Male	534
Female	627
Total	1,161

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	562
Medicaid	55
Third-Party	509
Self-Pay	35
Total	1,161

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	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
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	0	0	0	0	0	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
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	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

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	0	0
Female	0	0
Total	0	0

Total Psych Admissions from Patient Origin Table
0

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	0	0
Medicaid	0	0
Third-Party	0	0
Self-Pay	0	0
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)

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	1
	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?

None

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?

No urgent need

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?

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
LAURA ALCORN	163 Hospital Drive,	213	GA	No	01/01/2025 - 08/01/2025
KAYLA ALLEN TAYL	163 Hospital Drive,	280	GA	No	01/01/2025 - 10/07/2025
MELESSA ALLEY	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JEANNIE AUSBURN	163 Hospital Drive,	206	GA	No	06/09/2025 - 12/31/2025
DALE AUSTIN	163 Hospital Drive,	114	GA	No	01/01/2025 - 04/24/2025
COREY BARRON	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
TAYLOR BATSON H	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
EMERALD BAXTER	163 Hospital Drive,	218	GA	No	01/01/2025 - 08/06/2025
HILLIARY BENTLEY	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
BETHANY BLACKM	163 Hospital Drive,	276	SC	No	03/31/2025 - 12/31/2025
THOMAS BLACKW	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
DEBORAH BLOCK	163 Hospital Drive,	281	GA	No	01/01/2025 - 10/08/2025
JAMI BOLMAN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JOSIE BRABSON	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
CANDACE BRADSH	163 Hospital Drive,	164	GA	No	07/21/2025 - 12/31/2025
MARGARET BRINK	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
MISTI BROOKS	163 Hospital Drive,	234	SC	No	05/12/2025 - 12/31/2025
KATHERINE BURRE	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SONDRA CANBERG	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
BRISTOL CARTER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
HALLIE CARTER	163 Hospital Drive,	164	GA	No	07/21/2025 - 12/31/2025
DIANA CARTWRIG	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SYDNEY CAUDELL	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
KELLY CHAMBERS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ANGELA CHASE	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
CARRIE CLARK	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JOEL COBB	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
TANYA COKER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JALEN CONNER	163 Hospital Drive,	174	GA	No	01/01/2025 - 06/23/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
CATHERINE CORLE	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
KAY COX	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
LENORE CULLEN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
DEBORAH DAVENP	163 Hospital Drive,	46	SC	No	01/01/2025 - 02/15/2025
ARIELLE DAVIS	163 Hospital Drive,	52	GA	No	11/10/2025 - 12/31/2025
SHELIA DODD	163 Hospital Drive,	135	GA	No	01/01/2025 - 05/15/2025
SONDRA DODD	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
BRIAN DUNCAN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
AMY DURDEN	163 Hospital Drive,	322	GA	No	01/01/2025 - 11/18/2025
KALA FARMER	163 Hospital Drive,	169	SC	No	01/01/2025 - 06/18/2025
STACY FOGLE	163 Hospital Drive,	179	GA	No	01/01/2025 - 06/28/2025
NADJA FONTAINE	163 Hospital Drive,	213	GA	No	01/01/2025 - 08/01/2025
SHANIQUE GARDN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
TIMOTHY GILL	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
BETH GLOVER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
RITA GOSS	163 Hospital Drive,	233	GA	No	01/01/2025 - 08/21/2025
CHARLOTTE GRIFF	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JOLIE HICKS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
MARY ANN HILL	163 Hospital Drive,	66	GA	No	10/27/2025 - 12/31/2025
WINDY HILL	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ELIZABETH HUGHE	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ANN HULSEY	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SHARON JALOVICK	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SOMER JONES	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
LINDA KEEGAN	163 Hospital Drive,	72	GA	No	07/21/2025 - 09/30/2025
KELLIE KEENER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
TANYA KEITH	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JASON KELLAR	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ASHLEY KENNEDY	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
DEBORAH KNICKER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
TINA KNIGHT	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
LACEY KOPPIN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JESSICA LATIMER	163 Hospital Drive,	261	SC	No	04/14/2025 - 12/30/2025
KIANA LAYTON	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
CASSIDY LEDFORD	163 Hospital Drive,	150	GA	No	08/04/2025 - 12/31/2025
RAVEN LEEDY	163 Hospital Drive,	319	GA	No	01/01/2025 - 11/15/2025
KIONA LEVERETTE	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
LAUREN LEVERETT	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SHERRY LOGGINS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
BRITTANY LONDON	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ELIZABETH MARIO	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
DIXIE MCALLISTER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
TARA MCCLOSKEY	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
AMY MCCOLLUM	163 Hospital Drive,	185	GA	No	03/17/2025 - 09/17/2025
MARY MCCOLLUM	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ASHLYN MCENTYRE	163 Hospital Drive,	360	GA	No	01/06/2025 - 12/31/2025
MARY MCGOWAN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
WANDA MCMULLEN	163 Hospital Drive,	186	GA	No	05/12/2025 - 11/13/2025
REBECCA MILES	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JENNIFER MOORE	163 Hospital Drive,	239	SC	No	01/01/2025 - 08/27/2025
KYLEIGH MOSS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
MATTHEW MUDGE	163 Hospital Drive,	210	GA	No	03/31/2025 - 10/26/2025
ECHO NELSON	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
JENNIFER NICHOLS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
HANNA NIX	163 Hospital Drive,	111	GA	No	01/01/2025 - 04/21/2025
ROBERT OWENBY	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
NANCY PADGETT	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
GREGG PAGELS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SCHYLER PALMER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
BREAUNA PATTERSON	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
LINDA PAUK	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
CARLEY PAYNE	163 Hospital Drive,	126	GA	No	08/28/2025 - 12/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
DEBORAH PAYNE	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ALYSON PENLAND	163 Hospital Drive,	136	GA	No	01/01/2025 - 05/16/2025
LESLIE POPHAM	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
LEIGH PRUITT	163 Hospital Drive,	150	GA	No	08/04/2025 - 12/31/2025
STACEY PRUITT	163 Hospital Drive,	365	TN	No	01/01/2025 - 12/31/25
KIMBERLY RANDAL	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
PAIGE RANDALL	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
CYNTHIA REED	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JESSICA RHODES	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JAELLEN RICKS	163 Hospital Drive,	66	GA	No	10/27/2025 - 12/31/2025
RONALD RIDER	163 Hospital Drive,	152	GA	No	01/01/2025 - 06/01/2025
ROWLAND RIPPY	163 Hospital Drive,	150	GA	No	08/04/2025 - 12/31/2025
ASHLEY ROACH	163 Hospital Drive,	360	GA	No	01/06/2025 - 12/31/2025
TERESA SAULS	163 Hospital Drive,	288	GA	No	01/01/2025 - 10/15/2025
STACY SAWYER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
GEORGIA SEYMOU	163 Hospital Drive,	150	GA	No	08/04/2025 - 12/31/2025
KARINE SHEARON	163 Hospital Drive,	38	GA	No	11/24/2025 - 12/31/2025
MELANIE SHELTON	163 Hospital Drive,	223	GA	No	01/01/2025 - 08/11/2025
MICHELLE SHERIFF	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
MARGARET SINGE	163 Hospital Drive,	304	GA	No	03/03/2025 - 12/31/2025
TAMMY SINGLETA	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
STEPHEN SMALL	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
CALLIE SMITH	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
JULIET SMITH	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
TERESA SMITH	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
LEAH STEPHENS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
VIRGINIA STEWART	163 Hospital Drive,	91	GA	No	01/01/2025 - 04/01/2025
CHRISTY STRICKLA	163 Hospital Drive,	365	SC	No	01/01/2025 - 12/31/2025
MELANIE STRUBLE	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SHANNA STUTZMA	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
GLORIA SWANSON	163 Hospital Drive,	365	NC	No	01/01/2025 - 12/31/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
JADE TAYLOR	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
WHITNEY TAYLOR	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SANDRA TEFFAULT	163 Hospital Drive,	150	GA	No	08/04/2025 - 12/31/2025
MADISON TREMBL	163 Hospital Drive,	306	GA	No	01/01/2025 - 11/02/2025
WHITNEY TURNER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
ANGELA VANDIVER	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
EMERALD WALLIS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/25
HEATHER WECKES	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
MELISSA WESTMO	163 Hospital Drive,	318	GA	No	01/01/2025 - 11/14/2025
MARLEE WHITEN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
TALESHA WHITMIR	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
SUSAN WILBURN	163 Hospital Drive,	318	SC	No	02/17/2025 - 12/31/2025
ANGELINA WILKIN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
MARGARET WILKIN	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
TIFFNEY WILKINSO	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
CHRISTI WILLIAMS	163 Hospital Drive,	175	SC	No	01/01/2025 - 06/24/2025
JAMIE WILLIAMS	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025
LINDLEY WORROC	163 Hospital Drive,	365	GA	No	01/01/2025 - 12/31/2025

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

Date

01/01/1970

Title

Comments

Response Errors

TAB

QUESTION

ERROR