

HOSP626 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP626

1. Identificication

Facility Name:

Candler Hospital

County:

Chatham

Street Address:

5353 Reynolds Street

City:

Savannah

Zip:

31405

Mailing Address:

5353 Reynolds Street

Mailing City:

Savannah

Mailing Zip:

31405

Medicaid Provider Number:

32700000

Medicare Provider Number:

110024

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:

Laurie Walker

Contact Title:

Controller, Director of Finance

Phone:

912-819-7158

Fax:

912-819-8664

Email:

finance_sjchs@sjchs.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)

Candler Hospital, Inc.

Organization Type

Not For Profit

Effective Date

07/26/1934

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

St. Joseph's/Candler Health System, Inc.

Organization Type

Not For Profit

Effective Date

04/01/1997

C. Facility Operator

Full Legal Name (Or Not Applicable)

Candler Hospital, Inc.

Organization Type

Not For Profit

Effective Date

07/26/1934

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

St. Joseph's/Candler Health System, Inc.

Organization Type

Not For Profit

Effective Date

04/01/1997

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

St. Joseph's/Candler Health System, Inc.

City

Savannah

State

GA

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

The Care Network

City

Savannah

State

GA

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO)

Preferred Provider Organization(PPO)

Physician Hospital Organization(PHO)

Provider Service Organization(PSO)

Other Managed Care or Prepaid Plan

10b. Manage Care Information: Insurance Products

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

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	42	3,056	8,673	3,034	8,607
Pediatrics (Non ICU)	20	77	233	75	211
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	215	6,939	41,552	6,815	40,143
Intensive Care	20	878	11,716	839	10,717
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	23	335	4,976	320	4,704
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	320	11,285	67,150	11,083	64,382

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	20	878	11,716	839	10,717
Rehab Totals	23	335	4,976	320	4,704

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	19	100
Asian	159	718
Black/African American	4,518	28,858
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	26	95
White	6,563	37,379
Multi-Racial	0	0
Total	11,285	67,150

3. Gender

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

Gender	Admissions	Inpatient Days
Male	<input type="text" value="3,872"/>	<input type="text" value="28,485"/>
Female	<input type="text" value="7,413"/>	<input type="text" value="38,665"/>
Total	11,285	67,150

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	<input type="text" value="4,571"/>	<input type="text" value="35,606"/>
Medicaid	<input type="text" value="1,445"/>	<input type="text" value="6,872"/>
Peachare	<input type="text" value="0"/>	<input type="text" value="0"/>
Third-Party	<input type="text" value="4,656"/>	<input type="text" value="20,981"/>
Self-Pay	<input type="text" value="598"/>	<input type="text" value="3,530"/>
Other	<input type="text" value="15"/>	<input type="text" value="161"/>
Total	11,285	67,150

5. Discharges to Death

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

237

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	1,320
Semi-Private Room Rate	1,320
Operating Room: Average Charge for the First Hour	6,625
Average Total Charge for an Inpatient Day	8,052

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

49,395

2. Inpatient Admissions from ER

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

6,477

3. Beds Available

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

43

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	43	49,395
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

851

6. Non-Emergency Visits

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

238,049

7. Observation Visits/Cases

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

1,606

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

2,703

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	1
Renal Dialysis	2	1
ESWL	2	1
Biliary 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, Diagnostic	1	1
Positron Emission Tomography (PET)	1	1
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	1	1
Respiratory Therapy	1	1
Occupational Therapy	2	1
Physical Therapy	2	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4

Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
Ototneurology	1	1
	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	168
Number of Dialysis Treatments	2,963
Number of ESWL Patients	93
Number of ESWL Procedures	97
Number of ESWL Units	1
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	59,643
Number of CTS Units (machines)	5
Number of CTS Procedures	54,039
Number of Diagnostic Radioisotope Procedures	2,516
Number of PET Units (machines)	2
Number of PET Procedures	3,207
Number of Therapeutic Radioisotope Procedures	52
Number of Number of MRI Units	3
Number of Number of MRI Procedures	8,824

Number of Chemotherapy Treatments	20,248
Number of Respiratory Therapy Treatments	356,951
Number of Occupational Therapy Treatments	57,408
Number of Physical Therapy Treatments	111,244
Number of Speech Pathology Patients	6,351
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	6,591
Number of HIV/AIDS Patients	5,350
Number of Ambulance Trips	0
Number of Hospice Patients	107
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	9
Number of Ultrasound/Medical Sonography Procedures	20,529
Number of Treatments, Procedures, or Patients (Other 1)	476
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)

41

3. Robotic Surgery System

Units

4

Procedures

1,619

Type of Unit(s)

DaVinci

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	17	1	0
Physician Assistants Only (not including Licensed Physicians)	24	1	0
Registered Nurses (RNs Advanced Practice*)	582	35	0
Licensed Practical Nurses (LPNs)	46	0	0
Pharmacists	24	0	0
Other Health Services Professionals*	806	41	27
Administration and Support	204	1	0
All Other Hospital Personnel (not included in above)	492	40	6

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)	More than 90 Days 
Licensed Practical Nurses (LPNs)	61-90 Days 
Pharmacists	61-90 Days 
Other Health Services Professionals	61-90 Days 
All Other Hospital Personnel (not included above)	61-90 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	30
Black/African American	42
Hispanic/Latino	18
Pacific Islander/Hawaiian	0
White	467
Multi-Racial	41
Total	598

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	<input type="text" value="33"/>	<input checked="" type="checkbox"/>	<input type="text" value="31"/>	<input type="text" value="0"/>
General Internal Medicine	<input type="text" value="55"/>	<input checked="" type="checkbox"/>	<input type="text" value="46"/>	<input type="text" value="0"/>
Pediatricians	<input type="text" value="49"/>	<input type="checkbox"/>	<input type="text" value="46"/>	<input type="text" value="0"/>
Other Medical Specialties	<input type="text" value="131"/>	<input type="checkbox"/>	<input type="text" value="125"/>	<input type="text" value="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	51	<input type="checkbox"/>	49	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	4	<input type="checkbox"/>	3	0
Ophthalmology Surgery	19	<input type="checkbox"/>	17	0
Orthopedic Surgery	48	<input type="checkbox"/>	40	0
Plastic Surgery	16	<input type="checkbox"/>	13	0
General Surgery	23	<input type="checkbox"/>	16	0
Thoracic Surgery	5	<input type="checkbox"/>	5	0
Other Surgical Specialties	47	<input type="checkbox"/>	47	0

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	26	<input checked="" type="checkbox"/>	26	0
Dermatology	5	<input type="checkbox"/>	3	0
Emergency Medicine	32	<input checked="" type="checkbox"/>	32	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	6	<input checked="" type="checkbox"/>	6	0
Psychiatry	2	<input type="checkbox"/>	0	0
Radiology	42	<input checked="" type="checkbox"/>	42	0
Radiation Oncology	4	<input checked="" type="checkbox"/>	4	0
	0	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	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	<input type="text" value="17"/>
Podiatrists	<input type="text" value="7"/>
Certified Nurse Midwives with Clinical Privileges in the Hospital	<input type="text" value="0"/>
All Other Staff Affiliates with Clinical Privileges in the Hospital	<input type="text" value="2"/>

5b. Name of Other Professions

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

Psychologist

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
Aaron, Don, MD	59353
Abbott, Matthew, MD	100874
Abhyankar, Archana, MD	85958
Abisogun, Akinniran, MD	79938
Acker, Brent, MD	77511
Adeniyi, Abdul-Razaq, MD	88670
Adoff, Spencer, MD	74589
Ahmed, Masood, MD	31689
Ahmed, Rafay, MD	101084
Ajibade, Olufemi, MD	95419
Alexander, Kelsey, MD	74388
Alexander, Thomas, MD	68094
Ali, Hamid, MD	104970
Ali, Mahmoud, MD	98814
Almeida, Joenie, MD	45694

Full Name	License Number
Ambrose, Stephanie, MD	75594
Ammar, Kevin, MD	60035
Anderson, Scott, MD	20649
Anderson, Suzanne, MD	57922
Angelidis, Alexander, DO	76766
Antonio, Lerissa, MD	70521
Anum, Tooba, MD	96368
Aragon, George, MD	65079
Armstrong, Katharine, MD	105289
Arthur, Lauren, MD	95239
Avino, Anthony, MD	47185
Avramovski, Nenad, MD	54785
Ayewa, Obayode, MD	55657
Aziz, Madiha, MD	88507
Babcock, Michael, MD	72228
Babici, Denis, MD	103866
Bah, Tonjeh, MD	110263
Bailey, Brian, MD	57930

Full Name	License Number
Baisden, Beth, MD	52883
Baker, Bradley, MD	84805
Bannout, Firas, MD	55176
Banon, Shawn, MD	92846
Barbier, Gregory, MD	79780
Barker, Joshua, MD	84149
Barnett, Grant, MD	87538
Bazemore, James, MD	37953
Bebeau, Katherine, MD	89621
Bedenbaugh, Kyle, MD	85081
Behm, Melissa, MD	64764
Behta, Ryan, DO	69762
Benjamin, Onecia, MD	92191
Berman, Kasey, MD	55095
Bernstein, Erik, MD	58851
Bieneman, Bruce, MD	85235
Bishop, Pauline, MD	102428
Bishop, Randolph, MD	41516

Full Name	License Number
Blahove, Mark, MD	35817
Blankenship, Mark, MD	43557
Blanton, Chelsea, MD	100246
Blohm, Patrick, MD	48485
Boaen, Joseph, MD	83004
Boland, Ryan, MD	30958
Bolch, Sidney, MD	16876
Borak, Gregory, MD	56025
Bosch, Ortelio, MD	51119
Bowden, Walter, MD	74943
Bowers, Howard, MD	92007
Bowers, Willie, MD	42188
Boyd, Buffi, MD	53104
Bradley, Paul, MD	30016
Bragg, Julian, MD, PHD	60801
Brock, Mitchell, MD	51407
Broderick, Patrick, MD	65999
Brody, Daniel, DO	83446

Full Name	License Number
Bromley, Jennifer, MD	64514
Brown, Justin, MD	79787
Bruker, Charles, MD	74012
Bruno, Askiel, MD	61708
Bruzzini, Daniel, MD	86701
Bryant, Vernon, MD	18278
Buchanan, Patrick, MD	80503
Buevas, Raul, MD	43882
Bulbul, Mohmad, MD	87015
Burch, Kenneth, MD	25590
Burch, Zachary, MD	85961
Burke, John, MD	100013
Burns, Sean, MD	85653
Caldwell-Sachar, Haven, DO	88714
Callan, Richard, MD	80272
Campbell, William, MD	77235
Campen, Rebecca, MD	31202
Cangiano-Heath, Aileen, MD	87615

Full Name	License Number
Carpenter, Steven, MD	34555
Carr, Felicia, MD	28190
Carr, James, MD	28949
Casper, Raymond, MD	81604
Castro, Ana, DO	89053
Chahin, Michael, DO	97404
Chen, Allen, MD	100093
Cheng, David, MD	38199
Chisner, Michael, MD	29426
Christy, Jonathan, MD	71328
Ciszak, Tadeusz, MD	102240
Clemente, Marc, MD	85798
Close, Brian, MD	88694
Cobb, Daniel, MD	79111
Coffey, Janet, MD	50788
Coffey, Mark, MD	51450
Cohen, Michael, DO	65646
Cohn, Edward, MD	52664

Full Name	License Number
Colucci, Mylene, MD	102233
Conduah, Daisy, MD	72895
Conlon, Kristy, DO	78850
Cook, Jay, MD	73258
Cossio, Roberto, MD	36357
Cox, Michael, MD	64525
Craig, Elizabeth, DO	104418
Crenshaw, Melissa, MD	53440
Croll, Stephanie, MD	26247
Crosland, Kimberly, MD	73501
Crosland, William, MD	74269
Crute, Kimberly, MD	50954
Curtsinger, Luke, MD	45759
Dahn, Michael, MD, PHD	74240
Daly, James, MD	36358
Daly, Susan, MD	37983
Dammeyer, Merritt, MD	85519
Dampier, Leland, MD	71062

Full Name	License Number
Dandy, Regina, DO	57286
Dandy, Ronald, MD	46074
Daniel, William, MD	79532
Darden, William, MD	23937
Dascombe, William, MD	38726
Davies, Barbara, MD	34126
Davis, Drew, MD	78013
Davis-Jenkins, Petrenia, MD	76812
Dawood, Hasan, MD	95466
Day, Matthew, MD	84151
Deano, Eileen, MD	87859
DeBlieux, Tyler, MD	82337
Decker, Thomas, MD	35851
Dees, Aariel, MD	100843
Deich, Matthew, MD	47888
Demauro, Michael, MD	32546
Demicco, John, MD	16855
Deshpande, Chetan, MD	63314

Full Name	License Number
Devaro, John, MD	43595
Devaro, Josepha, MD	43567
Dixon, Scott, DO	86002
Docu, Eduard, MD	56426
Dodd, Richard, MD	38471
Donohue, Thomas, MD	48889
Donovan, Andrew, MD	84105
Dotson, Elizabeth, DO	104472
Downey, Erica, MD	78120
Drake, Charles, MD	21678
Dremonas, Ariana, DO	87925
Drwiega, Joseph, MD	82066
Drylewicz, Monica, MD	88701
Duckworth, Charles, MD	41780
Dueno, Francisco, MD	31238
Dunlap, Robert, MD	88128
Dyke, Lisa, MD	99517
Edokpayi, Oluwakemi, MD	91742

Full Name	License Number
Edwards, Andrew, MD	35042
Elam, Larry, MD	53491
Elkin, Gary, MD	52714
Ellison, Gregory, MD	78538
Eskandar, Nizar, MD	47425
Eugene, Kenneth, MD	35866
Faircloth, Hunter, MD	78030
Fakhre, Edward, MD	104440
Farless, Laura, MD	67414
Farmer, Travis, MD	85073
Fathy, Noha, MD	78585
Faust, Richard, DO	92776
Finkel, Bruce, MD	40378
Finn, Mary, DO	47137
Finnegan, Timothy, MD	91798
Fitzsimmons, Thomas, MD	56566
Fleckenstein, Katarina, MD	104449
Fleming, Marianne, MD	35180

Full Name	License Number
Flood, Roy, MD	76076
Foley, Anthony, MD	47082
Fram, Brandon, MD	103005
Fuqua, William, MD	33083
Gainty, Michelle, DO	95621
Gaskin, Daniel, MD	28117
Gaskin, David, MD	32736
George, John, MD	27815
Gheesling, Brandy, MD	60584
Gill, James, MD	77337
Gill, Sarah, MD	77743
Giurgiutiu, Dan-Victor, MD	80733
Glass, Daniel, MD	89101
Glawson, Keylon, MD	90390
Glenn, Robert, MD	38775
Gogel, Kaci, MD	72161
Gold, John, MD	66038
Goldberg, Jeffrey, MD	75626

Full Name	License Number
Goldberg, Ronald, MD	20433
Goodman, Brad, MD	38780
Goyal, Deepak, MD	102413
Graham, Ayana, MD	100743
Greco, Richard, MD	36762
Green, Christine, MD	38500
Greenfield, David, MD	54567
Griffin, Joe, MD	38501
Griffith, Matthew, MD	77010
Gussler, Joseph, MD	38788
Haas, Zachary, DO	87277
Haidemenos, Gregory, MD	89646
Halpern, Brooke, MD	81590
Hameed, Yusuf, MD	43952
Hanna, Karen, MD	36538
Harold, Katherine, DO	79921
Harris, Charles, MD	46302
Harrison, Hannah, MD	103029

Full Name	License Number
Hartnett-Goodman, Margaret, MD	34606
Hegarty, Joseph, MD	49900
Heiges, Bradley, MD	50479
Heller, Randall, MD	TM253
Helton, Matthew, MD	98434
Hendricks, Amanda, MD	57639
Hendrix, Harley, MD	82114
Henry, Leonard, MD	92824
Henson, Michele, MD	73306
Herran, Francisco, MD	57179
Hightower, Richard, MD	39367
Hillenkamp, John, MD	84403
Hipp, Lily, MD	96659
Hmielowski, Sara, MD	162
Hobby, John, MD	51663
Hoffman, Edward, MD	56565
Hoffman, Robert, MD	52440
Holladay, Christopher, DO	82637

Full Name	License Number
Holland, Wallace, MD	24438
Holtzclaw, James, MD	35906
Hope, Charles, MD	43962
Horesh, Larry, MD	57481
Horn, Louis, MD	45502
Horn, Thomas, MD	52444
Howington, Corinne, MD	55599
Howington, Jay, MD	52445
Hunsuck, Ashley, MD	82473
Hunt, Peter, MD	84089
Hunter, Branden, MD	56081
Hurtig, Carl, MD	84776
Hussong, Richard, MD	101505
Huyette, David, MD	87743
Hyatt, Karen, MD	85915
Ibrahim, Saman, MD	88795
Ifti, Ana, MD	92565
Ifti, Ornela, MD	76890

Full Name	License Number
Iwuchukwu, Nicole, MD	90670
Jaakkola, Juha, MD	42065
Jackson, Michael, MD	38019
Jackson, Nkenge, MD	58969
James, Nicholas, MD	103606
Jarrell, Sarah, MD	78046
Jenkins, Mark, DO	50027
Jenks, Adam, MD	99291
Johnson, Anita, MD	53464
Johnson, William, MD	64997
Jones, Mark, MD	56575
Jones, Robert, MD	32925
Judd, Jeffrey, MD	85746
Juncaj, Anton, DO	105339
Kamaleson, Sunderraj, MD	42622
Kamara, Sorna, MD	90874
Kandiah, Jonathan, MD	92138
Kandl, Thomas, MD	80958

Full Name	License Number
Kane, Dennis, MD	88922
Kasturirangan, Srinivasan, MD	75219
Kenney, Jeffrey, MD	51487
Kenney, Monica, MD	54929
Khalil, Suhare, MD	91324
Khan, Wasil, MD	56116
Kim, Christian, MD	104106
Kim, David, MD	47336
Kim, Karen, MD	47470
Kimmel, Robert, MD	99347
King, Robert, MD	32337
Kirkman, Jennifer, MD	89490
Kirkpatrick, William, MD	78113
Kirks, Russell, MD	79298
Knight, William, MD	80451
Knopf, David, MD	25199
Knopf, John, MD	103721
Kohls, Christopher, MD	78062

Full Name	License Number
Kolovich, Gregory, MD	74286
Krieger, Andrew, MD	85935
Kumar, Anand, MD	91877
Kumjian, Dana, MD	35673
Kwarteng, Francis, MD	61792
Laffitte, Moses, MD	72288
Landry, Scott, MD	89188
Lane, Grant, MD	75579
Lanham, Jonathan, MD	76390
Lapinsky, Joseph, DO	91833
Lawhorne, Thomas, MD	62383
Lee, Jun, MD	90837
Lee, Laurance, MD	43684
Leewood, Charles, DO	61117
Levit, Ronald, MD	59268
Lewis, Grant, MD	57719
Lindley, James, MD	33138
Lingo, Patrick, MD	80471

Full Name	License Number
Liu, James, MD	95354
Llauget-Angelidis, Renee, DO	76060
Lofters-Jones, Enid, MD	46884
Loftus, Tiffany, MD	105221
Logan, James, MD	10024
London, Jeremy, MD	50403
Love, Miles, MD	88021
Lucas, Jerry, MD	90992
Luskey, Barry, MD	48537
Maclang, Guy, MD	57534
Mainor, Byron, MD	52282
Manalo, Rolando, MD	42347
Mandel, Jeffrey, MD	54646
Manocha, Markesh, MD	40475
Manocha, Monica, MD	42348
Mansour, William, MD	88465
Marira, Douglas, MD	29284
Marshall, Michael, MD	71714

Full Name	License Number
Mascolo, Maria, MD	52469
Masroor, Mohammad, MD	17705
Matheson, Michael, MD	63097
Mathews, Anne, MD	100783
Mbonde, Amir, MD	100571
McCarley, Saudia, MD	96463
McCormack, Margaret, DO	74505
McCormick, John, MD	67503
McCullough, Rebecca, MD	104112
McGovern, Meghan, MD	51685
McIncrow, Richard, DO	59099
McIntosh, Helen, MD	51350
McKenzie, Joshua, MD	63928
McLean, Josef, MD	82688
McLeod, Matthew, MD	79975
Meesala, Yasoda, MD	72345
Mehard, William, MD	85497
Melroy, Christopher, MD	57397

Full Name	License Number
Merrell, Desiree, MD	88906
Michigan, Andrew, MD	75432
Mikell, John, MD	73346
Miles, Jennifer, MD	85909
Miller, Marcia, MD	69822
Minton, Timothy, MD	72876
Mishoe, Matthew, DO	109628
Mishu, Husham, MD	40740
Mok, Ji, DO	101191
Mondy, Joseph, MD	44546
Montes, Andres, MD	89593
Moody, Ryan, MD	59284
Moon, Davis, MD	74207
Moore, Omar, MD	92255
Moore-Hill, Debra, MD	66150
Moreira, Joseph, MD	74008
Moreno-Ponte, Oscar, MD	96203
Moretz, William, MD	60222

Full Name	License Number
Moriarity, Thomas, DO	58080
Moses, Cara, MD	99899
Most, Daniel, MD	56148
Mrugala, Andrew, MD	86158
Mueller, Taylor, MD	97530
Mullady, Daniel, MD	91385
Mullins, Michael, MD	50226
Muraveika, Liudmila, MD	105594
Murphy, Mark, MD	38565
Murphy, Troy, DO	53290
Musto, Michele, MD	59790
Myers, Robert, MD	55687
Najamuddin, Sadia, DO	98167
Nakhaima, Selasi, MD	102659
Nash, Larry, MD	68078
Nath, Priti, MD	96448
Nave, Paul, MD	37310
Negron, Wilfredo, MD	70292

Full Name	License Number
Nelson, Carolyn, MD	86026
Nelson, Kirstin, MD	58121
Nepute, Jordan, MD	85068
Newton, Bradley, MD	85507
Newton, Lisanne, MD	76917
Nichols, Fenwick, MD	20585
Nicholson, Christopher, MD	57734
Niederwanger, Markus, MD	54817
Niemeier, Thomas, MD	83160
Noonburg, Greer, MD	49519
Northup, John, MD	16651
Novack, Adam, MD	66231
Nowacki, Rebecca, MD	102943
Nyce, Mark, MD	57407
Oberle, Steven, DO	74928
Ochsner, Mims, MD	84500
Odom, John, MD	33661
Odom, L., MD	71127

Full Name	License Number
Oguntunmibi, Adewumi, MD	49393
Ojeda, Francisco, MD	39648
Oldfield, Christopher, MD	46195
Oliver, David, MD	38323
O'Mara, Daniel, MD	80020
Ormsby, Christine, MD	102658
Osimani, Daniel, MD	79064
Osteen, Christopher, MD	27099
Ott, Karen, MD	55503
Ott, Kristin, MD	69835
Pablo, John, MD	42102
Paletta, John, MD	54310
Palmer, David, MD	44980
Pandey, Ashutosh, MD	101198
Pandya, Andrew, MD	55323
Parker, Olivia, MD	99824
Pastorek, John, MD	52802
Patel, Bhavesh, MD	53356

Full Name	License Number
Patel, Chintak, MD	72392
Patel, Chirag, MD	58715
Patel, Dil, MD	88501
Patel, Hardik, MD	75273
Patel, Krushikkumar, DO	89111
Patel, Misal, MD	83110
Patel, Ruchi, MD	76146
Paynter, Jordan, MD	85055
Pearl, Carl, MD	53307
Pearson, Thomas, MD	26011
Perala, Matt, MD	84263
Perdue, Hayda, MD	80488
Perkins, Michael, MD	73245
Perry, Douglas, MD	40753
Perry, Isaac, DO	79361
Petrov-Kondratov, Vadim, MD	88065
Pettigrew, Carmela, MD	43109
Pettigrew, Francis, MD	39904

Full Name	License Number
Petty, Carlton, MD	80329
Piros, Judith, MD	34444
Pittman, Sholah, MD	53315
Piya, Anil, MD	73134
Porter, Douglas, MD	73629
Porter, Mary, MD	32635
Portzer, James, DO	58095
Poston, James, MD	73369
Powell, Charles, MD	102503
Prastein, Deyanira, MD	182
Prather, John, MD	65877
Pritzker, Adam, MD	48454
Psomiadis, Nicolas, MD	53022
Pugh, Charles, MD	19089
Raj, Brian, MD	72091
Rashleigh, Stephen, MD	39910
Rathbun, John, MD	23665
Rawlings, Brad, MD	65881

Full Name	License Number
Ray, Robin, MD	62421
Reames, Davis, MD	72096
Reddy, Narra, MD	87535
Reeves, Joseph, MD	38340
Rehman, Obaid, MD	44990
Rendon-Garcia, Jose, MD	37655
Rice, Candice, MD	88036
Richmond, Christopher, MD	93781
Rico, Ivette, MD	37450
Riegner, Micah, MD	47991
Rivera, Carlos, MD	34456
Robertson, Lester, MD	39666
Robinson, Kelsey, DO	103284
Rogers, Christopher, MD	80080
Rogers, Jocelyn, MD	58000
Romano, Joseph, MD	99044
Ronaghan, Catherine, MD	90886
Rosinia, Giselle, MD	40216

Full Name	License Number
Ross, Priscilla, MD	58635
Rowlett, John, MD	35747
Russell Petty, Ericka, MD	47258
Ryan, Carly, MD	85217
Saler, Mihaela, MD	66316
Saling, Christopher, MD	109724
Samaddar, Ted, MD	88556
Sanders, Vanessa, MD	85677
Sarkar, Aishawarya, MD	86708
Saucedo Baza, Areli, MD	101103
Savage-Pedigo, Diane, MD	32043
Scanlon, Jami, DO	66638
Scarborough, Glen, MD	44329
Schlafstein, Barry, MD	40992
Schulze, Richard, MD	38949
Schyberg, Jeffrey, MD	36278
Sedory, David, MD	64731
Seibert, Keith, MD	51733

Full Name	License Number
Sejour, Claire, DO	104977
Sellers, Rebecca, MD	78826
Semple, Lisa, DO	51284
Sentman, Rebecca, MD	53160
Shah, Manan, MD	79019
Shahien, Amir, MD	92741
Shelley, Robert, MD	87543
Shook, Thomas, MD	31831
Shover, Carolyn, MD	94940
Shults, Jonathan, MD	75377
Siegall, Evan, MD	67787
Sims, Kathryn, MD	104342
Singh, Dilip, MD	84369
Sites, Ronald, MD	57325
Skinner, Sarah, MD	102999
Skinner, William, MD	103283
Sliker, Russell, MD	46250
Small, James, MD	72690

Full Name	License Number
Smith, Alan, MD	36294
Smith, Edward, DDS	DN122890
Smith, James, MD	65312
Smith, Sidney, MD	38615
Smurda, Paul, MD	42947
Sofianos, Dmitri, MD	71168
Sosa, Christopher, MD	76820
Spellman, Alison, MD	70092
Spellman, Gregory, MD	69715
Spitalnick, Benjamin, MD	46910
Stack, Corey, MD	99012
Stadnyk, Michael, MD	86524
Stephens, John, MD	TM130
Stern, Gary, MD	72453
Stevens, Keith, MD	73282
Stone, Dudley, MD	51088
Stroud, Wesley, MD	94702
Stubbs, Joseph, MD	41008

Full Name	License Number
Suh, Daniel, MD	42125
Sullivan, Daniel, DO	62784
Sun, Eugene, MD	62170
Sussman, Anthony, MD	30388
Sutherland, Ashley, MD	63225
Sutherland, George, MD	62612
Suzuki, Mark, MD	82117
Swavely, Natalie, MD	88486
Sweeney, Joanne, MD	75379
Switzer, Jeffrey, DO	53184
Sykora, Raymond, MD	81379
Tantisook, Tyler, MD	86971
Taylor, Mark, MD	45130
Terrill, Christopher, MD	TM267
Tharpe, Ansley, MD	66089
Thomas, Erik, DO	89792
Thomas, Gary, MD	33470
Thomas, George, MD	91956

Full Name	License Number
Thomas, Gregory, MD	100487
Thompson, Willard, MD	54682
Tiley, Stephen, DO	69988
Tobin, Joseph, MD	48733
Tolley McLendon, Jessica, MD	75387
Trumble, Jill, MD	67821
Tucker, Andrew, MD	55706
Turner, Karen, DO	25681
Updegraff, Kristen, MD	52871
Van Peurse, Evan, MD	82674
Vanags, Jonas, MD	71579
Vann, Scott, MD	19802
Victor, Jules, MD	18122
Villiotte, Philip, MD	84661
Waldron, Rachel, MD	74427
Walker, Christopher, MD	105333
Walker, Emma, DO	81327
Wallace, Austin, MD	101390

Full Name	License Number
Wallace, William, MD	60513
Walls, Christopher, MD	31854
Wanamaker, Ryan, MD	57335
Watanabe Ballarta, Dora, MD	94612
Watson, Archibald, MD	104577
Watson, Benjamin, MD	29118
Weeks, Robert, MD	46007
Weis, Matthew, MD	86410
Weiser, Kirsten, MD	99004
Welgraven, Shanna, DO	93801
Weller, Clayton, MD	97231
Wessell, Jeffrey, DO	99139
Westberry, Cynthia, MD	62089
Weston, Steven, MD	103924
Wheeler, Spencer, MD	33752
White, Garrett, MD	69669
White, Stephen, MD	75951
Wiggins, Travis, MD	65917

Full Name	License Number
Wildes, Tyler, MD	101421
Wilkes, Adria, MD	58197
Williams, Carlene, MD	94947
Williams, Jason, DO	90053
Williams-Hernandez, Ashley, MD	89004
Williamson, Joanne, MD	63604
Wilson, Candace, MD	93465
Wilson, James, MD	46013
Winders, Linda, MD	42146
Wolf, Maria, MD	66299
Wolf, Thomas, MD	66440
Wolverton, Michael, MD	100792
Womack, Beverly, MD	46915
Wong, David, MD	85268
Woo, Kent, MD	49123
Wynn, Melissa, MD	56940
Wynn, R., MD	56939
Yannucci, Jennifer, MD	57342

Full Name	License Number
Yates, Norman, MD	50761
Yeckley, James, MD	82490
Zaer, Fariborz, MD	45679
Zhong, Le, MD	85725
Zoller, Michael, MD	18570
Zottoli Jr, Lawrence, MD	36639
Zucker, Adam, MD	97990

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.

Surgical Services Addendum

1. Surgery Rooms in the OR Suite

Please report the Number of Surgery Rooms, (as of the end of the report period). Report only the rooms in CON-Approved Operating Room Suites pursuant to Rule 111-2-2-.40 and 111-8-48-.28

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="17"/>	17
Cystoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2"/>	2
Endoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	19	19

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2,480"/>	<input type="text" value="12,306"/>	14,786
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	2,480	12,306	14,786

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="2,146"/>	<input type="text" value="12,283"/>	14,429
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
Total	0	0	2,146	12,283	14,429

Part B: Ambulatory Patient Race/Ethnicity, Age, Gender and Payment Source

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of ambulatory patients for both dedicated outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	<input type="text" value="33"/>
Asian	<input type="text" value="170"/>
Black/African American	<input type="text" value="3,159"/>
Hispanic/Latino	<input type="text" value="0"/>
Pacific Islander/Hawaiian	<input type="text" value="23"/>
White	<input type="text" value="8,898"/>
Multi-Racial	<input type="text" value="0"/>
Total	12,283

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	1,789
Ages 15-64	6,717
Ages 65-74	2,212
Ages 75-85	1,325
Ages 85 and Up	240
Total	12,283

3. Gender

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

Gender	Number of Ambulatory Patients
Male	4,425
Female	7,858
Total	12,283

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	3,746
Medicaid	1,352
Third-Party	6,905
Self-Pay	280
Total	12,283

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:

0

Number of Birthing Rooms:

0

Number of LDR Rooms:

0

Number of LDRP Rooms:

16

Number of Cesarean Sections:

1,202

Total Live Births:

2,982

Total Live Births (Live and Late Fetal Deaths):

3,001

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

3,140

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)	26	2,346	5,486	0
Specialty Care (Intermediate Neonatal Care)	18	215	2,388	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	44	2,561	7,874	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	4	12
Asian	85	246
Black/African American	1,101	3,362
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	20	78
White	1,846	4,975
Multi-Racial	0	0
Total	3,056	8,673

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	<input type="text" value="1"/>	<input type="text" value="2"/>
Ages 15-44	<input type="text" value="3,049"/>	<input type="text" value="8,651"/>
Ages 45 and Up	<input type="text" value="6"/>	<input type="text" value="20"/>
Total	3,056	8,673

3. Average Charge for an Uncomplicated Delivery.

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

17,426

4. Average Charge for an Premature Delivery.

Please report the average hospital charge for a premature delivery.

23,877

LTCH Addendum

Part A: General Information

1a Accreditation Check the box to the right if your Long Term Care Hospital is accredited

If you checked the box for yes, please specify the agency that accredits your facility in the space below

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation

Number of Licensed LTCH Beds:

Permit Effective Date:

Permit Designation:

Number CON Beds:

Number SUS Beds:

Total Patient Days:

Total Discharges:

Total LTCH Admissions:

County:

Part B: Utilization by Race, Age, 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	<input type="text" value="0"/>	<input type="text" value="0"/>
Asian	<input type="text" value="0"/>	<input type="text" value="0"/>
Black/African American	<input type="text" value="0"/>	<input type="text" value="0"/>
Hispanic/Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
Pacific Islander/Hawaiian	<input type="text" value="0"/>	<input type="text" value="0"/>
White	<input type="text" value="0"/>	<input type="text" value="0"/>
Multi-Racial	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	0	0

2. Age of LTCH Patient

Please provide the number of admissions by the following age groupings.

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-64	<input type="text" value="0"/>	<input type="text" value="0"/>
Ages 65-74	<input type="text" value="0"/>	<input type="text" value="0"/>
Ages 75-84	<input type="text" value="0"/>	<input type="text" value="0"/>
Ages 85 and Up	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	0	0

3. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	<input type="text" value="0"/>	<input type="text" value="0"/>
Female	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	0	0

4. 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	<input type="text" value="0"/>	<input type="text" value="0"/>
Third-Party	<input type="text" value="0"/>	<input type="text" value="0"/>
Self-Pay	<input type="text" value="0"/>	<input type="text" value="0"/>
Other	<input type="text" value="0"/>	<input type="text" value="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
<input type="text" value="Spanish"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="Haitian Creole"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text" value="Vietnamese"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="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?

- 1) Computer based learning (CBL) required for all clinical and non-clinical personnel annually.
- 2) Cultural Competency website on internal intranet. Any co-worker can access documents on care, customs, health and dietary interest of any non-English speaking patient. Site also includes external internet site links for further reading and more information.

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?

Cultural competency education fair, seminars and learning events.

In what languages are the signs written that direct patients within your facility?

Language One:

English

Language Two:

Universal Symbol

Language Three:

Braille

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?

Affiliated - St. Joseph's/Candler's St. Mary's Community Health Center 1302 Drayton Street Savannah, GA 31401 - St. Jo

Comprehensive Inpatient Physical Rehabilitation Addendum

1. Admissions and Days of Care by Race

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	4	60
Black/African American	119	1,980
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	212	2,936
Multi-Racial	0	0
Total	335	4,976

2. Admissions and Days of Care by Gender

Please provide the number of admissions and inpatient days by gender

Gender of Patient	Number of Admissions	Inpatient Days
Male	172	2,677
Female	163	2,299
Total	335	4,976

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort

Age Cohort	Number of Admissions	Inpatient Days
0-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="97"/>	<input type="text" value="1,446"/>
65-84	<input type="text" value="181"/>	<input type="text" value="2,600"/>
85 Up	<input type="text" value="57"/>	<input type="text" value="930"/>
Total	335	4,976

Part B: Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	<input type="text" value="334"/>
Long Term Care Hospital	<input type="text" value="0"/>
Skilled Nursing Facility	<input type="text" value="1"/>
Traumatic Brain Injury Facility	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>
Total	335

Part C: Payers

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	<input type="text" value="235"/>
Third-Party/Commercial	<input type="text" value="81"/>
Self-Pay	<input type="text" value="14"/>
Other	<input type="text" value="5"/>
Total	335

2. Uncompensated Indigent and Charity Care

Please report the number of inpatient physical rehabilitation patients qualifying as uncompensated indigent or charity care

Part D: Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1 Stroke	<input type="text" value="73"/>
2 Brain Injury	<input type="text" value="35"/>
3 Amputation	<input type="text" value="8"/>
4 Spinal Cord	<input type="text" value="35"/>
5 Fracture of the femur	<input type="text" value="33"/>
6 Neurological disorders	<input type="text" value="24"/>
7 Multiple Trauma	<input type="text" value="3"/>
8 Congenital deformity	<input type="text" value="0"/>
9 Burns	<input type="text" value="0"/>
10 Osteoarthritis	<input type="text" value="1"/>
11 Rheumatoid arthritis	<input type="text" value="0"/>
12 Systemic vasculidities	<input type="text" value="0"/>
13 Joint replacement	<input type="text" value="10"/>
All Other	<input type="text" value="113"/>
Total	335

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
Ahmed Ree	5353 Reynold	2032	FL	no	06/08/2020-
Alaan Dean	5353 Reynold	58	GA	no	11/03/2025-
Aldrich Bria	5353 Reynold	184	GA	no	06/30/2025-
Alfini Julian	5353 Reynold	1600	SC	no	07/06/2021-11/22/2025
Allen Ashley	5353 Reynold	534	GA	no	07/15/2024-01/11/2026
Alonso Just	5353 Reynold	1626	GA	no	07/19/2021-
Anderson T	5353 Reynold	3712	GA	no	11/02/2015-
Archer Brita	5353 Reynold	1290	GA	no	06/20/2022-
Armstrong	5353 Reynold	240	GA	no	05/05/2025-
Badger Mal	5353 Reynold	324	SC	no	02/10/2025-
Baniya Binit	5353 Reynold	1962	GA	no	08/17/2020-
Barnhouse	5353 Reynold	1696	SC	no	05/10/2021-
Baugh Cher	5353 Reynold	2515	SC	no	01/07/2019-11/26/2025
Bennett Em	5353 Reynold	646	SC	no	03/25/2024-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Benniefield	5353 Reynold	772	GA	no	11/20/2023-03/10/2026
Berni Ilaria	5353 Reynold	2508	GA	no	02/18/2019-
Bickley Cam	5353 Reynold	100	SC	no	09/22/2025-
Black Stacy	5353 Reynold	394	SC	no	12/02/2024-
Blaney Jasm	5353 Reynold	492	GA	no	08/26/2024-
Blas Liza Co	5353 Reynold	282	FL	no	03/24/2025-
Blossman R	5353 Reynold	2493	GA	no	11/12/2018-09/09/2025
Borders Ma	5353 Reynold	646	GA	no	03/25/2024-
Bostick Lute	5353 Reynold	15520	SC	no	07/05/1983-
Brady Kimb	5353 Reynold	86	SC	no	10/06/2025-
Brice Corali	5353 Reynold	184	GA	no	06/30/2025-
Bridges Tiff	5353 Reynold	1948	SC	no	08/31/2020-
Brown Felic	5353 Reynold	2032	GA	no	06/08/2020-
Brown Lynn	5353 Reynold	206	GA	no	08/26/2024-03/20/2025
Bruce Elizab	5353 Reynold	142	GA	no	08/11/2025-
Butler Ranie	5353 Reynold	884	FL	no	07/31/2023-
Callahan Ha	5353 Reynold	906	GA	no	10/10/2022-04/03/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Carboney N	5353 Reynold	1275	GA	no	07/05/2022-
Carrier-Stoc	5353 Reynold	1598	TN	no	08/16/2021-
Cheeks Fait	5353 Reynold	58	GA	no	11/03/2025-
Chico Teres	5353 Reynold	58	GA	no	11/03/2025-
Clark Devor	5353 Reynold	2340	GA	no	08/05/2019-
Coleman D	5353 Reynold	9235	GA	no	09/18/2000-
Colvard Ma	5353 Reynold	1262	TX	no	07/18/2022-
Connor Dar	5353 Reynold	9081	GA	no	02/19/2001-
Conroy Bet	5353 Reynold	2374	GA	no	07/02/2019-
Cook Carly	5353 Reynold	2186	GA	no	01/06/2020-03/06/2026
Cook Kelly	5353 Reynold	2370	GA	no	04/15/2019-10/10/2025
Costley Nic	5353 Reynold	1710	GA	no	04/26/2021-
Crawford C	5353 Reynold	436	GA	no	10/21/2024-02/26/2026
Cummings	5353 Reynold	741	FL	no	11/06/2023-11/16/2025
Curkovic Bd	5353 Reynold	961	GA	no	05/15/2023-
Damron Ma	5353 Reynold	898	SC	no	07/17/2023-
Dasher Eliza	5353 Reynold	753	GA	no	07/31/2023-08/22/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Davallou M	5353 Reynold	814	GA	no	10/09/2023-
Davis Desti	5353 Reynold	562	GA	no	06/17/2024-
Dejarnette J	5353 Reynold	1120	GA	no	08/29/2022-09/22/2025
Dillon Qahr	5353 Reynold	2116	GA	no	03/16/2020-
Dobson Bh	5353 Reynold	982	GA	no	04/24/2023-
Doherty Jac	5353 Reynold	940	GA	no	06/05/2023-
Dolle Mary	5353 Reynold	1948	GA	no	08/31/2020-
Douglas Av	5353 Reynold	548	GA	no	07/01/2024-
Ducheine G	5353 Reynold	544	GA	no	05/20/2024-11/15/2025
Duffy Claire	5353 Reynold	3775	GA	no	08/31/2015-
Ellis Una Fa	5353 Reynold	2452	GA	no	04/15/2019-
Engelman N	5353 Reynold	2409	GA	no	05/28/2019-
Fagan Andr	5353 Reynold	6057	GA	no	06/01/2009-
Farnsworth	5353 Reynold	156	GA	no	07/28/2025-
Felli Michael	5353 Reynold	618	FL	no	04/22/2024-01/11/2026
Flaherty The	5353 Reynold	1808	SC	no	01/18/2021-
Forsythe Jay	5353 Reynold	114	GA	no	09/08/2025-01/11/2026

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Fox Kaylee	5353 Reynold	765	KS	no	02/13/2023-03/19/2025
Fulcher Am	5353 Reynold	1262	GA	no	07/18/2022-
Genova Rer	5353 Reynold	1822	SC	no	01/04/2021-
German Lav	5353 Reynold	100	GA	no	09/22/2025-
Gerstner Sa	5353 Reynold	8745	SC	no	01/03/2002-12/13/2025
Giddens Bra	5353 Reynold	1283	GA	no	06/27/2022-
Gilliam Cay	5353 Reynold	44	GA	no	11/17/2025-
Glaveskas D	5353 Reynold	2228	GA	no	11/25/2019-
Gongloff Sa	5353 Reynold	1283	SC	no	06/27/2022-
Gonzalez Yv	5353 Reynold	1570	GA	no	09/13/2021-
Goodman C	5353 Reynold	86	GA	no	10/06/2025-
Greenwood	5353 Reynold	114	GA	no	09/08/2025-
Griffin Jr Bri	5353 Reynold	2550	GA	no	01/07/2019-
Ha Uyen M	5353 Reynold	44	GA	no	11/17/2025-
Hall Brian L	5353 Reynold	7028	GA	no	10/04/2006-
Hamrick Ka	5353 Reynold	870	GA	no	08/14/2023-
Hamrick Tay	5353 Reynold	1093	GA	no	01/03/2023-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Hargrove M	5353 Reynold	2382	GA	no	06/24/2019-
Harrell Allis	5353 Reynold	310	FL	no	02/24/2025-
Hartshorn J	5353 Reynold	1752	SC	no	03/15/2021-
Havens Oliv	5353 Reynold	156	OH	no	07/28/2025-
Hays Amy J	5353 Reynold	505	GA	no	01/02/2024-05/21/2025
Hayward Sr	5353 Reynold	4853	SC	no	09/17/2012-
Hearn Brad	5353 Reynold	716	NC	no	01/15/2024-
Hearns Rac	5353 Reynold	548	GA	no	07/01/2024-
Hedgecoth	5353 Reynold	996	GA	no	04/10/2023-
Hein Jessica	5353 Reynold	1024	GA	no	03/13/2023-
Heino Emily	5353 Reynold	1010	GA	no	03/27/2023-
Hess Cecilia	5353 Reynold	2466	SC	no	04/01/2019-01/17/2026
Hickman M	5353 Reynold	940	GA	no	06/05/2023-
Hickson Bri	5353 Reynold	2368	GA	no	07/08/2019-
Hopkins Ca	5353 Reynold	128	WA	no	08/25/2025-
Hotz Lisa D	5353 Reynold	828	GA	no	09/25/2023-
Houston Ch	5353 Reynold	1262	GA	no	07/18/2022-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Illman April	5353 Reynold	923	GA	no	11/07/2022-05/18/2025
Isola Samar	5353 Reynold	1402	GA	no	02/28/2022-
Ivory Emily	5353 Reynold	268	GA	no	04/07/2025-
Jenkins Mar	5353 Reynold	4853	SC	no	09/17/2012-
Jones Amy	5353 Reynold	9766	GA	no	12/14/1998-09/09/2025
Jones Meag	5353 Reynold	3478	GA	no	02/01/2016-08/10/2025
Jones-Webb	5353 Reynold	898	GA	no	07/17/2023-
Kegley Lesli	5353 Reynold	1564	GA	no	05/24/2021-09/04/2025
Kendrick Cy	5353 Reynold	2130	GA	no	03/02/2020-
Kraft Deborah	5353 Reynold	1457	FL	no	01/04/2022-
Krajewski C	5353 Reynold	1486	GA	no	12/06/2021-
Kramer Mel	5353 Reynold	226	GA	no	05/19/2025-
Kuebler Abi	5353 Reynold	170	SC	no	07/14/2025-
Lamb Cathel	5353 Reynold	828	GA	no	09/25/2023-
Landry Sop	5353 Reynold	380	GA	no	12/16/2024-
Lewis Amar	5353 Reynold	1556	GA	no	09/27/2021-
Lisicia Emily	5353 Reynold	1682	GA	no	05/24/2021-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Lopez Yoan	5353 Reynold	747	FL	no	10/09/2023-10/25/2025
Lovett Darr	5353 Reynold	1542	GA	no	10/11/2021-
Loyek Carol	5353 Reynold	170	AL	no	07/14/2025-
Luna Grecia	5353 Reynold	2550	SC	no	01/07/2019-
Lynes Alliso	5353 Reynold	2045	GA	no	05/26/2020-
Lynn Zacha	5353 Reynold	47	GA	no	10/06/2025-11/22/2025
Maciorowski	5353 Reynold	72	SC	no	10/20/2025-
Mack Ja'Kay	5353 Reynold	1262	GA	no	07/18/2022-
Macklunis M	5353 Reynold	2801	GA	no	05/01/2018-
Malloy Sara	5353 Reynold	436	WV	no	10/21/2024-
Manderfield	5353 Reynold	156	TX	no	07/28/2025-
Markwell M	5353 Reynold	674	FL	no	02/26/2024-
Mason Gize	5353 Reynold	814	SC	no	10/09/2023-
Matthews C	5353 Reynold	338	GA	no	01/27/2025-
Matthews N	5353 Reynold	548	GA	no	07/01/2024-
Matthews S	5353 Reynold	884	GA	no	07/31/2023-
Maxwell Ro	5353 Reynold	226	SC	no	05/19/2025-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
May Justin	5353 Reynold	5889	GA	no	11/16/2009-
McBride Jo	5353 Reynold	2864	GA	no	02/27/2018-
Mccann Ca	5353 Reynold	1388	GA	no	03/14/2022-
Mcconnell J	5353 Reynold	72	MS	no	10/20/2025-
McCorvey M	5353 Reynold	1290	GA	no	06/20/2022-
Mccracken	5353 Reynold	1626	GA	no	07/19/2021-
McCreery K	5353 Reynold	1962	GA	no	08/17/2020-
McCullough	5353 Reynold	1556	SC	no	09/27/2021-
Mcdonald M	5353 Reynold	142	MO	no	08/11/2025-
Mendonca	5353 Reynold	2550	GA	no	01/07/2019-
Miles Kathe	5353 Reynold	338	GA	no	01/27/2025-
Milien Brith	5353 Reynold	212	GA	no	06/02/2025-
Miller Ashle	5353 Reynold	1696	GA	no	05/10/2021-
Miller Aubr	5353 Reynold	311	GA	no	02/10/2025-12/18/2025
Miller Chery	5353 Reynold	1566	FL	no	12/21/2020-04/05/2025
Miller Troy	5353 Reynold	9508	GA	no	12/20/1999-
Moore Dam	5353 Reynold	940	SC	no	06/05/2023-02/27/2026

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Mosher Kat	5353 Reynold	1402	SC	no	02/28/2022-
Mraz Erin A	5353 Reynold	737	FL	no	02/13/2023-02/19/2025
Murray Car	5353 Reynold	1360	GA	no	04/11/2022-
Murtha Lau	5353 Reynold	93	GA	no	09/29/2025-
Mwangi Ha	5353 Reynold	674	GA	no	02/26/2024-
Myers Tiana	5353 Reynold	86	GA	no	10/06/2025-
Nguyen Hie	5353 Reynold	1528	GA	no	10/25/2021-
Nguyen Lar	5353 Reynold	3558	GA	no	04/04/2016-
Nixon Lliyal	5353 Reynold	394	GA	no	12/02/2024-
Oliver Laure	5353 Reynold	1248	SC	no	08/01/2022-
Olsen Marg	5353 Reynold	4722	GA	no	12/07/2012-11/11/2025
Olson Aubr	5353 Reynold	1850	GA	no	12/07/2020-
O'Neal Cha	5353 Reynold	1976	GA	no	08/03/2020-
Ortiz Miche	5353 Reynold	1164	GA	no	10/24/2022-
Padilla Dom	5353 Reynold	58	SC	no	11/03/2025-
Patel Chand	5353 Reynold	1136	GA	no	11/21/2022-
Patel China	5353 Reynold	349	GA	no	02/12/2024-01/26/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Paytoe Shay	5353 Reynold	808	GA	no	02/13/2023-05/01/2025
Perez Lilian	5353 Reynold	65	SC	no	10/27/2025-
Peters Bren	5353 Reynold	2088	SC	no	04/13/2020-
Pfau Madis	5353 Reynold	844	SC	no	07/31/2023-11/21/2025
Powell Olivi	5353 Reynold	58	GA	no	11/03/2025-
Prosser Emi	5353 Reynold	1948	GA	no	08/31/2020-
Rahn Jennif	5353 Reynold	1948	GA	no	08/31/2020-
Rains Tracy	5353 Reynold	772	SC	no	11/20/2023-
Ray Zoe Ale	5353 Reynold	1612	GA	no	08/02/2021-
Reed Stefan	5353 Reynold	1528	GA	no	10/25/2021-
Rey Hailey	5353 Reynold	1682	GA	no	05/24/2021-
Reynhout T	5353 Reynold	3908	SC	no	04/20/2015-
Rhatican Ch	5353 Reynold	2178	SC	no	01/06/2020-12/23/2025
Rhoden Tay	5353 Reynold	1036	GA	no	05/23/2022-03/24/2025
Richey Rho	5353 Reynold	352	GA	no	03/25/2024-03/12/2025
Ridge Janet	5353 Reynold	8	SC	no	10/27/2025-11/04/2025
Rockett Mid	5353 Reynold	2508	SC	no	02/18/2019-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Rogers And	5353 Reynold	859	FL	no	09/12/2022-01/18/2025
Ruckdesche	5353 Reynold	324	FL	no	02/10/2025-
Rutledge N	5353 Reynold	17	TX	no	07/28/2025-08/14/2025
Ryals Christ	5353 Reynold	1696	GA	no	05/10/2021-
Ryals James	5353 Reynold	660	GA	no	03/11/2024-
Santos Beve	5353 Reynold	814	SC	no	07/10/2023-10/01/2025
Saza Levesc	5353 Reynold	996	GA	no	04/10/2023-
Scholl Jorda	5353 Reynold	114	NC	no	07/14/2025-11/05/2025
Schrade Qu	5353 Reynold	978	TX	no	03/13/2023-11/15/2025
Schultz Ma	5353 Reynold	128	OH	no	08/25/2025-
Schwoob M	5353 Reynold	1119	GA	no	06/20/2022-07/13/2025
Sells Elizabe	5353 Reynold	2214	GA	no	12/09/2019-
Seronka Lin	5353 Reynold	800	SC	no	10/23/2023-
Sheffield Ce	5353 Reynold	5672	GA	no	06/21/2010-
Shurling Sh	5353 Reynold	2004	GA	no	07/06/2020-
Singletary S	5353 Reynold	1752	GA	no	03/15/2021-
Sisco Rileig	5353 Reynold	1290	GA	no	06/20/2022-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Sloan Emily	5353 Reynold	884	GA	no	07/31/2023-
Smith Haley	5353 Reynold	156	GA	no	07/28/2025-
Smith Hillar	5353 Reynold	1245	GA	no	10/11/2021-03/09/2025
Smith Mary	5353 Reynold	4961	SC	no	06/01/2012-
Southerland	5353 Reynold	1556	GA	no	09/27/2021-02/22/2026
Speed Jame	5353 Reynold	58	GA	no	11/03/2025-
Spigner Jad	5353 Reynold	86	SC	no	10/06/2025-
Stricklin Ha	5353 Reynold	688	GA	no	02/12/2024-
Swarr Judy	5353 Reynold	7557	SC	no	12/13/2004-08/22/2025
Sweat Anne	5353 Reynold	1609	GA	no	07/19/2021-12/14/2025
Tabakian M	5353 Reynold	1542	GA	no	10/11/2021-
Talusig Yajra	5353 Reynold	114	GA	no	09/08/2025-
Tate Louise	5353 Reynold	2354	GA	no	07/22/2019-
Tennant Ro	5353 Reynold	2536	GA	no	01/21/2019-
Thomas Cia	5353 Reynold	240	GA	no	05/05/2025-
Thomas Kaf	5353 Reynold	2045	GA	no	05/26/2020-
Thompson	5353 Reynold	2298	GA	no	09/16/2019-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Thompson	5353 Reynold	2802	NC	no	04/30/2018-03/03/2026
Thornburg	5353 Reynold	100	SC	no	09/22/2025-
Tomberlin M	5353 Reynold	261	GA	no	04/14/2025-
Tosi Andrea	5353 Reynold	44	AZ	no	11/17/2025-
Trotter Ann	5353 Reynold	128	GA	no	08/25/2025-
Tulenko Lin	5353 Reynold	115	GA	no	09/07/2025-
Veal Kristen	5353 Reynold	4580	GA	no	06/17/2013-
Wagner Aliy	5353 Reynold	1385	GA	no	08/16/2021-06/01/2025
Walker Cha	5353 Reynold	3234	GA	no	02/22/2017-
Walker Mad	5353 Reynold	506	GA	no	08/12/2024-
Ward Victor	5353 Reynold	2340	GA	no	08/05/2019-
Ware Virgin	5353 Reynold	100	GA	no	09/22/2025-
Watson Alli	5353 Reynold	618	GA	no	04/22/2024-
Watson Che	5353 Reynold	1066	GA	no	01/30/2023-
Wearrien M	5353 Reynold	2620	GA	no	10/29/2018-
Wilder Daw	5353 Reynold	3150	SC	no	05/17/2017-
Wiley Jessic	5353 Reynold	688	FL	no	02/12/2024-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Wiley Shard	5353 Reynold	1598	GA	no	08/16/2021-
Wilkins The	5353 Reynold	1822	GA	no	01/04/2021-
Wilkinson L	5353 Reynold	2270	GA	no	10/14/2019-
Williams Els	5353 Reynold	1038	FL	no	02/27/2023-
Williams Jar	5353 Reynold	1371	SC	no	05/24/2021-02/23/2025
Williams Ol	5353 Reynold	72	FL	no	10/20/2025-
Wood Ashle	5353 Reynold	825	FL	no	02/27/2023-06/01/2025
Woods Kim	5353 Reynold	1283	GA	no	06/27/2022-
Wooten Kir	5353 Reynold	1864	SC	no	11/23/2020-
Workman N	5353 Reynold	1395	SC	no	03/07/2022-
Woster Taff	5353 Reynold	791	SC	no	10/30/2023-12/29/2025
Yanner Amb	5353 Reynold	733	GA	no	07/31/2023-08/02/2025
Zahler Tori	5353 Reynold	576	WA	no	06/03/2024-

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

Paul P. Hinchey

Date

03/06/2026

Title

President & CEO

Comments

Part D-1: SUS beds reflect all of the hospital's licensed, CON-authorized beds.

Part D-1: On October 1, 2025, CH's sister hospital, SJH, transferred 24 CON-authorized comprehensive inpatient rehabilitation beds to CH. See DET 2025-035. As of October 1, 2025, CH has 47 CON-authorized CIPR beds and a

Response Errors

TAB

QUESTION

ERROR