

# HOSP621 2025 Annual Hospital Questionnaire

## Part A: General Information

UID: HOSP621

### 1. Identification

Facility Name:

Saint Joseph's Hospital

County:

Chatham

Street Address:

11705 Mercy Boulevard

City:

Savannah

Zip:

31419

Mailing Address:

11705 Mercy Boulevard

Mailing City:

Savannah

Mailing Zip:

31419

Medicaid Provider Number:

18010000

Medicare Provider Number:

110043

### **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)

St. Joseph's Hospital, Inc

Organization Type

Not For Profit

Effective Date

08/30/1946

#### 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)**

St. Joseph's Hospital, Inc.

**Organization Type**

Not For Profit

**Effective Date**

08/30/1946

**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)	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	232	9,059	46,232	8,911	44,649
Intensive Care	38	1,990	18,933	1,933	17,823
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	24	244	3,961	242	3,961
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

<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<b>294</b>	<b>11,293</b>	<b>69,126</b>	<b>11,086</b>	<b>66,433</b>

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
<b>Intensive Care Totals</b>	38	1,990	18,933	1,933	17,823
<b>Rehab Totals</b>	24	244	3,961	242	3,961

## 2. Race/Ethnicity.

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	<input type="text" value="19"/>	<input type="text" value="88"/>
Asian	<input type="text" value="115"/>	<input type="text" value="621"/>
Black/African American	<input type="text" value="3,426"/>	<input type="text" value="24,051"/>
Hispanic/Latino	<input type="text" value="0"/>	<input type="text" value="0"/>
Pacific Islander/Hawaiian	<input type="text" value="13"/>	<input type="text" value="77"/>
White	<input type="text" value="7,720"/>	<input type="text" value="44,289"/>
Multi-Racial	<input type="text" value="0"/>	<input type="text" value="0"/>
<b>Total</b>	<b>11,293</b>	<b>69,126</b>

### **3. Gender**

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

Gender	Admissions	Inpatient Days
Male	<input type="text" value="5,528"/>	<input type="text" value="34,374"/>
Female	<input type="text" value="5,765"/>	<input type="text" value="34,752"/>
Total	11,293	69,126

### **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="7,349"/>	<input type="text" value="47,411"/>
Medicaid	<input type="text" value="410"/>	<input type="text" value="2,505"/>
Peachare	<input type="text" value="0"/>	<input type="text" value="0"/>
Third-Party	<input type="text" value="2,934"/>	<input type="text" value="16,179"/>
Self-Pay	<input type="text" value="544"/>	<input type="text" value="2,787"/>
Other	<input type="text" value="56"/>	<input type="text" value="244"/>
Total	11,293	69,126

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

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

367

## **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	11,787

## **Part E: Emergency Department and Outpatient Services**

### **1. Emergency Visits**

Please report the number of emergency visits only

47,942

### **2. Inpatient Admissions from ER**

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

8,324

### **3. Beds Available**

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

33

### **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	33	47,942
	0	0
	0	0
	0	0
	0	0

### **5. Transfers**

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

911

### **6. Non-Emergency Visits**

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

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

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

## **8. Diverted Cases**

Please provide the number of cases your ED diverted while on Ambulance Diversion for the entire report period

## **9. Ambulance Diversion Hours**

Please provide the total number of Ambulance Diversion hours for your ED for the entire report period

## **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

## **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	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	1	1
Positron Emission Tomography (PET)	3	4
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	397
Number of Dialysis Treatments	3,550
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	63,497
Number of CTS Units (machines)	4
Number of CTS Procedures	50,593
Number of Diagnostic Radioisotope Procedures	6,054
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeutic Radioisotope Procedures	3
Number of Number of MRI Units	2
Number of Number of MRI Procedures	2,000

Number of Number of MRI Procedures	9,086
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	320,210
Number of Occupational Therapy Treatments	32,730
Number of Physical Therapy Treatments	143,901
Number of Speech Pathology Patients	7,589
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	2,336
Number of HIV/AIDS Patients	2,080
Number of Ambulance Trips	0
Number of Hospice Patients	113
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	5
Number of Ultrasound/Medical Sonography Procedures	21,763
Number of Treatments, Procedures, or Patients (Other 1)	5,797
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)

31

## **3. Robotic Surgery System**

# Units

3

# Procedures

681

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	9	1	0
Physician Assistants Only (not including Licensed Physicians)	18	2	0
Registered Nurses (RNs Advanced Practice*)	515	14	0
Licensed Practical Nurses (LPNs)	3	0	0
Pharmacists	13	0	0
Other Health Services Professionals*	672	42	38
Administration and Support	132	1	0
All Other Hospital Personnel (not included in above)	454	36	4

## 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 <input type="button" value="v"/>
Registered Nurses (RNs-Advance Practice)	More than 90 Days <input type="button" value="v"/>
Licensed Practical Nurses (LPNs)	61-90 Days <input type="button" value="v"/>
Pharmacists	61-90 Days <input type="button" value="v"/>
Other Health Services Professionals	61-90 Days <input type="button" value="v"/>
All Other Hospital Personnel (not included above)	61-90 Days <input type="button" value="v"/>

### **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	464
Multi-Racial	41
Total	595

#### **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	33	<input checked="" type="checkbox"/>	31	0
General Internal Medicine	55	<input checked="" type="checkbox"/>	46	0
Pediatricians	49	<input type="checkbox"/>	46	0
Other Medical Specialties	131	<input type="checkbox"/>	125	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	20	<input type="checkbox"/>	15	0
Thoracic Surgery	5	<input type="checkbox"/>	5	0
Other Surgical Specialties	47	<input type="checkbox"/>	4	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
Bruzzi, 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, Ariel, 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
Huyette, David, MD	87743
Hyatt, Karen, MD	85915
Ibrahim, Saman, MD	88795
Ifti, Ana, MD	92565
Ifti, Ornela, MD	76890
Iwuchukwu, Nicole, MD	90670

Full Name	License Number
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
Kane, Dennis, MD	88922

Full Name	License Number
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
Kolovich, Gregory, MD	74286

Full Name	License Number
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
Liu, James, MD	95354

Full Name	License Number
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
Mascolo, Maria, MD	52469

Full Name	License Number
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
Merrell, Desiree, MD	88906

Full Name	License Number
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
Moriarity, Thomas, DO	58080

Full Name	License Number
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
Nelson, Carolyn, MD	86026

Full Name	License Number
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
Oguntunmibi, Adewumi, MD	49393

Full Name	License Number
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
Patel, Chintak, MD	72392

Full Name	License Number
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
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
Petty, Carlton, MD	80329
Piros, Judith, MD	34444
Pittman, Sholah, MD	53315

Full Name	License Number
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
Ray, Robin, MD	62421
Reames, Davis, MD	72096
Reddy, Narra, MD	87535

Full Name	License Number
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
Ross, Priscilla, MD	58635
Rowlett, John, MD	35747
Russell Petty, Ericka, MD	47258

Full Name	License Number
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
Sejour, Claire, DO	104977
Sellers, Rebecca, MD	78826
Semple, Lisa, DO	51284

Full Name	License Number
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
Smith, Alan, MD	36294
Smith, Edward, DDS	DN122890
Smith, James, MD	65312

Full Name	License Number
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
Suh, Daniel, MD	42125
Sullivan, Daniel, DO	62784
Sun, Eugene, MD	62170

Full Name	License Number
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
Sykola, 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
Thomas, Gregory, MD	100487
Thompson, Willard, MD	54682
Tiley, Stephen, DO	69988

Full Name	License Number
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
Wallace, William, MD	60513
Walls, Christopher, MD	31854
Wanamaker, Ryan, MD	57335

Full Name	License Number
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
Wheeler, Spencer, MD	33752
White, Garrett, MD	69669
White, Stephen, MD	75951
Wiggins, Travis, MD	65917
Wildes, Tyler, MD	101421
Wilkes, Adria, MD	58197
Williams, Carlene, MD	94947
Williams, Jason, DO	90053

Full Name	License Number
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
Yates, Norman, MD	50761
Yeckley, James, MD	82490
Zaer, Fariborz, MD	45679
Zhong, Le, MD	85725

Full Name	License Number
Zoller, Michael, MD	18570
Zottoli Jr, Lawrence, MD	36639
Zucker, Adam, MD	97990
Pettigrew, Francis, MD	039904

*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="5"/>	<input type="text" value="19"/>	24
Cystoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
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	5	19	24

## 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="4,275"/>	<input type="text" value="3,478"/>	<input type="text" value="5,855"/>	13,608
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
<b>Total</b>	<b>0</b>	<b>4,275</b>	<b>3,478</b>	<b>5,855</b>	<b>13,608</b>

### **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="4,274"/>	<input type="text" value="3,085"/>	<input type="text" value="5,841"/>	13,200
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
<b>Total</b>	<b>0</b>	<b>4,274</b>	<b>3,085</b>	<b>5,841</b>	<b>13,200</b>

## 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	21
Asian	143
Black/African American	3,048
Hispanic/Latino	0
Pacific Islander/Hawaiian	17
White	6,886
Multi-Racial	0
Total	10,115

### 2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	<input type="text" value="1,383"/>
Ages 15-64	<input type="text" value="4,726"/>
Ages 65-74	<input type="text" value="2,511"/>
Ages 75-85	<input type="text" value="1,286"/>
Ages 85 and Up	<input type="text" value="209"/>
Total	10,115

### **3. Gender**

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

Gender	Number of Ambulatory Patients
Male	<input type="text" value="4,741"/>
Female	<input type="text" value="5,374"/>
Total	10,115

### **4. Payment Source**

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

Primary Payment Source	Number of Ambulatory Patients
Medicare	<input type="text" value="4,066"/>
Medicaid	<input type="text" value="1,356"/>
Third-Party	<input type="text" value="4,546"/>
Self-Pay	<input type="text" value="147"/>
Total	10,115

## 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="Vietnamese"/>	<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"/>

**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. J

## 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	1	9
Black/African American	58	965
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	185	2,987
Multi-Racial	0	0
<b>Total</b>	<b>244</b>	<b>3,961</b>

## **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	<input type="text" value="140"/>	<input type="text" value="2,255"/>
Female	<input type="text" value="104"/>	<input type="text" value="1,706"/>
Total	244	3,961

## **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="48"/>	<input type="text" value="769"/>
65-84	<input type="text" value="147"/>	<input type="text" value="2,377"/>
85 Up	<input type="text" value="49"/>	<input type="text" value="815"/>
Total	244	3,961

## **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="244"/>
Long Term Care Hospital	<input type="text" value="0"/>
Skilled Nursing Facility	<input type="text" value="0"/>
Traumatic Brain Injury Facility	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>
<b>Total</b>	<b>244</b>

## **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="194"/>
Third-Party/Commercial	<input type="text" value="42"/>
Self-Pay	<input type="text" value="6"/>
Other	<input type="text" value="2"/>
<b>Total</b>	<b>244</b>

## **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="56"/>
2 Brain Injury	<input type="text" value="22"/>
3 Amputation	<input type="text" value="8"/>
4 Spinal Cord	<input type="text" value="29"/>
5 Fracture of the femur	<input type="text" value="34"/>
6 Neurological disorders	<input type="text" value="7"/>
7 Multiple Trauma	<input type="text" value="1"/>
8 Congenital deformity	<input type="text" value="0"/>
9 Burns	<input type="text" value="1"/>
10 Osteoarthritis	<input type="text" value="1"/>
11 Rheumatoid arthritis	<input type="text" value="1"/>
12 Systemic vasculidities	<input type="text" value="0"/>
13 Joint replacement	<input type="text" value="8"/>
All Other	<input type="text" value="76"/>
<b>Total</b>	<b>244</b>

## 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
Agonsi Gra	11705 Mercy	3605	GA	no	02/17/2016-
Akangbe E	11705 Mercy	506	GA	no	08/12/2024-
Anderson A	11705 Mercy	590	GA	no	05/20/2024-01/11/2026
Andrychow	11705 Mercy	828	GA	no	09/25/2023-
Antalek Sa	11705 Mercy	968	SC	no	05/08/2023-
Azarian As	11705 Mercy	324	SC	no	02/10/2025-
Bacay Dior	11705 Mercy	828	GA	no	09/25/2023-
Baez Renee	11705 Mercy	1808	GA	no	01/18/2021-
Bailey Tam	11705 Mercy	884	GA	no	07/31/2023-
Balsamo Si	11705 Mercy	44	SC	no	11/17/2025-
Barker Mad	11705 Mercy	346	OH	no	02/26/2024-02/06/2025
Barnes Lily	11705 Mercy	1000	FL	no	08/15/2022-05/11/2025
Barnum La	11705 Mercy	2858	GA	no	03/05/2018-
Beaty Wille	11705 Mercy	13172	SC	no	12/08/1989-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Behler Mck	11705 Mercy	100	MT	no	09/22/2025-
Bell Ashley	11705 Mercy	100	SC	no	02/10/2025-05/21/2025
Bell Stepha	11705 Mercy	1010	GA	no	03/27/2023-
Bell Veroni	11705 Mercy	1738	GA	no	03/29/2021-
Bentley Ny	11705 Mercy	1220	SC	no	08/29/2022-
Berrian Sha	11705 Mercy	478	GA	no	09/09/2024-
Blake Sene	11705 Mercy	1668	GA	no	06/07/2021-
Blount Cam	11705 Mercy	58	FL	no	11/03/2025-
Bock Jessic	11705 Mercy	1427	FL	no	09/27/2021-08/24/2025
Bradley Sar	11705 Mercy	768	OH	no	03/13/2023-04/19/2025
Bridwell M	11705 Mercy	2326	GA	no	08/19/2019-
Brim Micha	11705 Mercy	688	SC	no	02/12/2024-
Bryant Nikl	11705 Mercy	590	GA	no	05/20/2024-
Bullock Mid	11705 Mercy	1031	GA	no	11/21/2022-09/17/2025
Calvert Kat	11705 Mercy	1388	GA	no	03/14/2022-
Cannick As	11705 Mercy	1206	SC	no	09/12/2022-
Carter Shar	11705 Mercy	562	GA	no	06/17/2024-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Castillo Mic	11705 Merc	184	FL	no	06/30/2025-
Chavis Des	11705 Merc	880	GA	no	12/19/2022-05/17/2025
Coakley Ke	11705 Merc	142	GA	no	08/11/2025-
Coggins Ta	11705 Merc	2396	GA	no	06/10/2019-
Cole Nevill	11705 Merc	455	MD	no	10/09/2023-01/06/2025
Connolly M	11705 Merc	3054	SC	no	08/21/2017-
Cook Victo	11705 Merc	1093	GA	no	01/03/2023-
Cook Zolin	11705 Merc	324	SC	no	02/10/2025-
Cox Tiffany	11705 Merc	534	TX	no	07/15/2024-
Crafton Ga	11705 Merc	1990	TN	no	07/20/2020-
Czarkowski	11705 Merc	2004	GA	no	07/06/2020-
Dasher Har	11705 Merc	1206	GA	no	09/12/2022-
Davis Alexa	11705 Merc	1220	SC	no	08/29/2022-
Degoto Sa	11705 Merc	2168	GA	no	01/24/2020-
Dekhtyar A	11705 Merc	1150	GA	no	11/07/2022-
DeLeon Iris	11705 Merc	758	GA	no	12/04/2023-
Depremio	11705 Merc	2158	GA	no	02/03/2020-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Devilbiss V	11705 Mercy	1416	VA	no	02/14/2022-
Deya Schrd	11705 Mercy	926	GA	no	03/13/2023-09/24/2025
Duarte Syd	11705 Mercy	2872	GA	no	02/19/2018-
DuBois Lind	11705 Mercy	1010	GA	no	03/27/2023-03/11/2026
Dugan Erin	11705 Mercy	870	SC	no	08/14/2023-
Earl Erika D	11705 Mercy	58	WA	no	11/03/2025-
Edouard-Lu	11705 Mercy	1949	GA	no	02/17/2020-06/19/2025
Eisenberg Il	11705 Mercy	1374	SC	no	03/28/2022-
Ellis Cher E	11705 Mercy	1080	VA	no	01/16/2023-
Entenmanr	11705 Mercy	1024	GA	no	03/13/2023-
Erotopould	11705 Mercy	254	GA	no	04/21/2025-
Fain-Acuna	11705 Mercy	968	GA	no	05/08/2023-
Fauth Ariar	11705 Mercy	738	GA	no	07/31/2023-08/07/2025
Feathers W	11705 Mercy	2452	GA	no	04/15/2019-
Fiamma Ca	11705 Mercy	41	NC	no	04/21/2025-06/01/2025
Fisher Briar	11705 Mercy	777	GA	no	05/08/2023-06/23/2025
Fletcher Ev	11705 Mercy	530	FL	no	09/11/2023-02/22/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Follo Nicol	11705 Merc	520	GA	no	07/29/2024-
Fowler Oliv	11705 Merc	800	GA	no	10/23/2023-
Fox Denesa	11705 Merc	245	GA	no	05/20/2024-01/20/2025
Frazier Rya	11705 Merc	72	GA	no	04/21/2025-07/02/2025
Freeland C	11705 Merc	9800	SC	no	03/03/1999-
Friday Laur	11705 Merc	1486	GA	no	12/06/2021-
Frink Shear	11705 Merc	58	GA	no	11/03/2025-
Gadson Wh	11705 Merc	2718	FL	no	07/23/2018-
Geiger Gra	11705 Merc	177	GA	no	07/07/2025-
Geraghty D	11705 Merc	1906	GA	no	10/12/2020-
Gibson Mir	11705 Merc	604	GA	no	05/06/2024-
Gilbert Jan	11705 Merc	100	GA	no	09/22/2025-
Golden Rel	11705 Merc	3549	GA	no	04/13/2016-
Goldhill Da	11705 Merc	1108	GA	no	12/19/2022-
Grant Shau	11705 Merc	1374	GA	no	03/28/2022-
Grovenor A	11705 Merc	1318	GA	no	05/23/2022-
Guthrie Am	11705 Merc	684	AZ	no	01/08/2024-11/22/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Hailer Han	11705 Merc	399	TN	no	11/04/2024-12/08/2025
Hair Hunte	11705 Merc	1038	FL	no	02/27/2023-
Hall Ethan	11705 Merc	41	GA	no	09/22/2025-11/02/2025
Hall Samar	11705 Merc	884	GA	no	07/31/2023-
Harbaugh	11705 Merc	85	KS	no	04/21/2025-07/15/2025
Harden Am	11705 Merc	447	OH	no	12/18/2023-03/09/2025
Harrington	11705 Merc	1038	GA	no	02/27/2023-
Harris Vict	11705 Merc	254	FL	no	04/21/2025-
Harsha Kal	11705 Merc	359	GA	no	01/06/2025-
Hedgecoth	11705 Merc	1052	GA	no	02/13/2023-
Hoke Cassi	11705 Merc	282	GA	no	03/24/2025-
Howell Ash	11705 Merc	1682	GA	no	05/24/2021-
Howell Rad	11705 Merc	380	GA	no	12/16/2024-
Howlett Da	11705 Merc	1010	GA	no	03/27/2023-
Hughes Co	11705 Merc	1674	SC	no	12/07/2020-07/08/2025
Hundley M	11705 Merc	464	NC	no	09/23/2024-
Hunt Amar	11705 Merc	4219	GA	no	07/29/2013-02/15/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Hunt Laury	11705 Mercy	996	GA	no	04/10/2023-
Hutton Set	11705 Mercy	44	GA	no	11/17/2025-
Huynh Tina	11705 Mercy	1108	GA	no	12/19/2022-
Jackson Pa	11705 Mercy	621	GA	no	08/07/2023-04/19/2025
Jaremka Ce	11705 Mercy	36	GA	no	06/30/2025-08/05/2025
Javier II Ro	11705 Mercy	1108	GA	no	12/19/2022-
Johnson Ar	11705 Mercy	436	FL	no	10/21/2024-
Jones Chris	11705 Mercy	898	GA	no	07/17/2023-
Jones Vivia	11705 Mercy	254	GA	no	04/21/2025-
Juliano Ava	11705 Mercy	324	SC	no	02/10/2025-
Kearnes Ar	11705 Mercy	338	GA	no	01/27/2025-
Keiser Sam	11705 Mercy	660	SC	no	03/11/2024-
Kellam Am	11705 Mercy	2634	GA	no	10/15/2018-
Kennedy C	11705 Mercy	2396	GA	no	06/10/2019-
Kirk Cassar	11705 Mercy	1093	FL	no	01/03/2023-
Landin Ger	11705 Mercy	8282	GA	no	04/29/2003-
Lawley Lisa	11705 Mercy	464	GA	no	09/23/2024-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Legrier Phi	11705 Mercy	646	GA	no	03/25/2024-
Lessman Je	11705 Mercy	1542	GA	no	10/11/2021-
Lestino Tre	11705 Mercy	506	GA	no	08/12/2024-
Lewis Harp	11705 Mercy	1654	GA	no	06/21/2021-
Ligersu Na	11705 Mercy	2466	GA	no	04/01/2019-
Linley Flora	11705 Mercy	842	TN	no	09/11/2023-
Longino M	11705 Mercy	1183	GA	no	12/06/2021-03/03/2025
Malalis Bar	11705 Mercy	530	GA	no	02/26/2024-08/09/2025
Mang Allis	11705 Mercy	233	GA	no	05/12/2025-
Mankin Sar	11705 Mercy	2277	GA	no	05/28/2019-08/21/2025
Mansell Ela	11705 Mercy	814	SC	no	10/09/2023-
Martin Cas	11705 Mercy	324	GA	no	02/10/2025-02/27/2026
Martin Kels	11705 Mercy	978	VA	no	01/30/2023-10/04/2025
McCartney	11705 Mercy	2732	GA	no	07/09/2018-
McClellan B	11705 Mercy	1310	GA	no	05/31/2022-
McKeever S	11705 Mercy	212	GA	no	06/02/2025-
Mcqueen J	11705 Mercy	1038	GA	no	02/27/2023-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Mejia Cam	11705 Mercy	2321	GA	no	08/19/2019-12/26/2025
Menefee N	11705 Mercy	165	GA	no	07/14/2025-12/26/2025
Merritt Ma	11705 Mercy	1654	GA	no	06/21/2021-
Miller Shau	11705 Mercy	548	GA	no	07/01/2024-
Miramonte	11705 Mercy	86	GA	no	10/06/2025-
Mobley Jer	11705 Mercy	940	GA	no	06/05/2023-
Mock Kate	11705 Mercy	898	GA	no	07/17/2023-
Moku-Olu	11705 Mercy	408	GA	no	11/18/2024-
Morris Frar	11705 Mercy	3082	GA	no	07/24/2017-
Moughton	11705 Mercy	4181	GA	no	07/21/2014-
Murray Lay	11705 Mercy	324	GA	no	02/10/2025-
Naquin Asl	11705 Mercy	1514	GA	no	11/08/2021-
Nemeck Ku	11705 Mercy	2746	GA	no	06/25/2018-
Newberry I	11705 Mercy	1639	GA	no	07/06/2021-
Norman Eli	11705 Mercy	11287	GA	no	02/05/1995-
Nygaard D	11705 Mercy	1570	SC	no	09/13/2021-
Onderko C	11705 Mercy	520	SC	no	07/29/2024-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Osier Carol	11705 Mercy	1976	GA	no	08/03/2020-
Otero Cath	11705 Mercy	1738	GA	no	03/29/2021-
Owens Cal	11705 Mercy	100	GA	no	09/22/2025-
Palmer Aur	11705 Mercy	898	GA	no	07/17/2023-
Patel Heem	11705 Mercy	86	GA	no	10/06/2025-
Patel Nishr	11705 Mercy	1402	GA	no	02/28/2022-
Patterson H	11705 Mercy	86	GA	no	10/06/2025-
Peagler Tel	11705 Mercy	1275	GA	no	07/05/2022-
Petrillo Jen	11705 Mercy	58	NH	no	11/03/2025-
Phillips Pat	11705 Mercy	940	MO	no	06/05/2023-
Pigman Jul	11705 Mercy	716	GA	no	01/15/2024-
Piper Maril	11705 Mercy	1388	GA	no	03/14/2022-
Powell Nat	11705 Mercy	1248	GA	no	08/01/2022-
Price Sophi	11705 Mercy	53	GA	no	08/11/2025-10/03/2025
Rampersau	11705 Mercy	632	GA	no	04/08/2024-
Ries Kelsey	11705 Mercy	142	GA	no	08/11/2025-
Robbins To	11705 Mercy	723	GA	no	01/08/2024-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Robertson	11705 Mercy	1010	GA	no	03/27/2023-
Rock Justin	11705 Mercy	786	GA	no	11/06/2023-01/06/2026
Romero Ja	11705 Mercy	562	GA	no	06/17/2024-
Romero-Ch	11705 Mercy	422	AZ	no	11/04/2024-
Rooney Sh	11705 Mercy	842	SC	no	09/11/2023-02/14/2026
Roundy Tir	11705 Mercy	1024	GA	no	03/13/2023-
Rowe Kristi	11705 Mercy	884	GA	no	07/31/2023-
Sapp Steffa	11705 Mercy	7135	GA	no	06/19/2006-
Saxon Meli	11705 Mercy	898	SC	no	07/17/2023-
Schuett Vid	11705 Mercy	1486	SC	no	12/06/2021-
Shabazz Ni	11705 Mercy	716	GA	no	01/15/2024-
Sheppard C	11705 Mercy	2760	GA	no	06/11/2018-
Siddel Meg	11705 Mercy	1066	GA	no	01/30/2023-
Silva Krysti	11705 Mercy	436	GA	no	10/21/2024-
Silvers Bria	11705 Mercy	2382	GA	no	06/24/2019-01/25/2026
Singleton J	11705 Mercy	1038	GA	no	02/27/2023-
Smalls Kim	11705 Mercy	3068	SC	no	08/07/2017-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Smith Dela	11705 Merc	884	GA	no	07/31/2023-
Snow Lilli L	11705 Merc	212	GA	no	06/02/2025-
Sotello Reb	11705 Merc	786	GA	no	11/06/2023-
Stills Mary	11705 Merc	506	GA	no	08/12/2024-
Stone Thor	11705 Merc	1657	GA	no	10/12/2020-04/26/2025
Tertychny A	11705 Merc	1300	NC	no	02/14/2022-09/06/2025
Thaw Claris	11705 Merc	110	GA	no	06/16/2025-10/04/2025
Thomas La	11705 Merc	86	GA	no	10/06/2025-
Thomas Pri	11705 Merc	1010	GA	no	03/27/2023-
Thompson	11705 Merc	387	GA	no	12/09/2024-
Thornton A	11705 Merc	856	GA	no	08/28/2023-
Todd Mich	11705 Merc	11222	GA	no	04/11/1995-
Tranchon H	11705 Merc	198	TX	no	06/16/2025-
Tripp Sham	11705 Merc	508	GA	no	02/12/2024-07/04/2025
Turlington	11705 Merc	912	GA	no	07/03/2023-
Van Dyke J	11705 Merc	3250	SC	no	02/06/2017-
Vo Tam Mi	11705 Merc	1024	GA	no	03/13/2023-

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Weatherby	11705 Mercy	170	FL	no	07/14/2025-
Welser Dar	11705 Mercy	9207	GA	no	10/16/2000-
Williams Cl	11705 Mercy	996	FL	no	04/10/2023-
Williams Fa	11705 Mercy	604	GA	no	05/06/2024-
Williams Le	11705 Mercy	1248	GA	no	08/01/2022-
Wilson Jess	11705 Mercy	156	SC	no	07/28/2025-
Wilson Ma	11705 Mercy	2550	GA	no	01/07/2019-
Workman M	11705 Mercy	4964	GA	no	05/29/2012-
Wyatt Robi	11705 Mercy	2718	GA	no	07/23/2018-
Yagel Sarah	11705 Mercy	1010	GA	no	03/27/2023-
Yamagiwa	11705 Mercy	436	SC	no	10/21/2024-
Yohn Tamn	11705 Mercy	772	GA	no	11/20/2023-

*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 through 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 May 1, 2025, DCH issued a DET to SJH increasing its CON-authorized bed capacity from 294 beds to 348 beds. See DET 2025-017. On October 1, 2025, SJH transferred its 24 CON-authorized comprehensive inpatient

# Response Errors

TAB

QUESTION

ERROR