

HOSP616 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP616

1. Identification

Facility Name:

Phoebe Putney Memorial Hospital

County:

Dougherty

Street Address:

P O Box 3770

City:

Albany

Zip:

31706

Mailing Address:

P O Box 3770

Mailing City:

Albany

Mailing Zip:

31706

Medicaid Provider Number:

000001482A

Medicare Provider Number:

110007

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:

Chris M. Kane

Contact Title:

Senior Vice President & Chief Strategy Officer

Phone:

229-312-4100

Fax:

229-312-4105

Email:

ckane@phoebehealth.com

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. Using the drop-down menus, select the organization type. If the category is not applicable, the form requires you only to enter Not Applicable in the legal name field. You must enter something for each category.

A. Facility Owner

Full Legal Name (Or Not Applicable)

Hospital Authority of Albany - Dougherty County

Organization Type

Hospital Authority

Effective Date

07/01/1941

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

Phoebe Putney Memorial Hospital, Inc.

Organization Type

Not For Profit

Effective Date

09/01/1991

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Phoebe Putney Health System, Inc

Organization Type

Not Applicable

Effective Date

09/01/1991

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

Phoebe Putney Health System, Inc.

City

Albany

State

Georgia

4.

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

Name

City

State

5.

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

Name

City

State

6.

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

Name

City

State

7.

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

Name

City

State

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

- Health Maintenance Organization(HMO)
- Preferred Provider Organization(PPO)
- Physician Hospital Organization(PHO)
- Provider Service Organization(PSO)
- Other Managed Care or Prepaid Plan

10b. Manage Care Information: Insurance Products

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

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<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)	28	2,144	6,699	2,150	6,612
Pediatrics (Non ICU)	10	218	467	285	1,901
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	286	12,189	69,684	13,247	79,835
Intensive Care	44	1,847	17,067	778	5,773
Psychiatry	18	478	2,845	477	2,770
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	15	268	3,727	266	3,707
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	401	17,144	100,489	17,203	100,598

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	44	1,847	17,067	778	5,773
Rehab Totals	15	268	3,727	266	3,707

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	37	236
Asian	69	361
Black/African American	9,699	58,138
Hispanic/Latino	419	2,047
Pacific Islander/Hawaiian	13	60
White	6,467	37,049
Multi-Racial	440	2,598
Total	17,144	100,489

3. Gender

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

Gender	Admissions	Inpatient Days
Male	7,315	47,849
Female	9,829	52,640
Total	17,144	100,489

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	8,583	56,843
Medicaid	2,658	12,564
Peachare	0	0
Third-Party	4,451	22,449
Self-Pay	1,247	7,209
Other	205	1,424
Total	17,144	100,489

5. Discharges to Death

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

490

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	1,248
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	8,002
Average Total Charge for an Inpatient Day	9,706

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

68,450

2. Inpatient Admissions from ER

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

12,356

3. Beds Available

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

53

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	4	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	4	0
General Beds	26	0
Provider First Beds	4	0
Provider First Chairs	15	0
	0	0
	0	0

5. Transfers

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

797

6. Non-Emergency Visits

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

1,055,282

7. Observation Visits/Cases

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

5,185

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

505

Part F: Services and Facilities

1a. Services and Facilities

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

Site Codes

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

Service Status Codes

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

Services/Facilities	Site Code	Service Status
Podiatric Services	3	4
Renal Dialysis	1	1
ESWL	2	1
Biliary Lithotripter	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	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1
Gamma Ray Knife	3	4
Audiology Services	1	1
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	1	1
Respite Care Services	3	4
Ultrasound/Medical Sonography	1	1
	0	0
	0	0
	0	0

1b. Report Period Workload Totals

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

Category	Total
Number of Podiatric Patients	0
Number of Dialysis Treatments	5,101
Number of ESWL Patients	28
Number of ESWL Procedures	28
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	87,015
Number of CTS Units (machines)	6
Number of CTS Procedures	54,692
Number of Diagnostic Radioisotope Procedures	3,887
Number of PET Units (machines)	1
Number of PET Procedures	1,740
Number of Therapeutic Radioisotope Procedures	25
Number of Number of MRI Units	4
Number of Number of MRI Procedures	12,336
Number of Chemotherapy Treatments	86,719
Number of Respiratory Therapy Treatments	186,741
Number of Occupational Therapy Treatments	49,842
Number of Physical Therapy Treatments	114,577
Number of Speech Pathology Patients	2,745
Number of Gamma Ray Knife Procedures	0
Number of Gamma Ray Knife Units	0
Number of Audiology Patients	2,245
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	0
Number of Hospice Patients	649
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	9
Number of Ultrasound/Medical Sonography Procedures	15,001

Number of Ultrasound/Medical Sonography Procedures	10,324
Number of Treatments, Procedures, or Patients (Other 1)	0
Number of Treatments, Procedures, or Patients (Other 2)	0
Number of Treatments, Procedures, or Patients (Other 3)	0

2. Medical Ventilators

Provide the number of computerized/mechanical Ventilator Machines that were in use or available for immediate use as of the last day of the report period (12/31)

97

3. Robotic Surgery System

Units

2

Procedures

700

Type of Unit(s)

da Vinci Surgical Systems

Part G: Facility Workforce Informaton

1. Budgeted Staff

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2025. Also, include the number of contract or temporary staff (eg. agency nurses) filling budgeted vacancies as of 12-31-2025

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	0	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	976	206	156
Licensed Practical Nurses (LPNs)	62	17	0
Pharmacists	41	1	0
Other Health Services Professionals*	794	104	130
Administration and Support	300	46	62
All Other Hospital Personnel (not included in above)	737	83	0

2. Filling Vacancies

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

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

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

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

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	35	<input checked="" type="checkbox"/>	35	35
General Internal Medicine	44	<input checked="" type="checkbox"/>	44	44
Pediatricians	24	<input checked="" type="checkbox"/>	24	24
Other Medical Specialties	55	<input checked="" type="checkbox"/>	55	55

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	22	<input type="checkbox"/>	22	22
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	27	<input type="checkbox"/>	27	27
Ophthalmology Surgery	9	<input type="checkbox"/>	9	9
Orthopedic Surgery	10	<input checked="" type="checkbox"/>	10	10
Plastic Surgery	10	<input checked="" type="checkbox"/>	10	10
General Surgery	10	<input checked="" type="checkbox"/>	10	10
Thoracic Surgery	4	<input checked="" type="checkbox"/>	4	4
Other Surgical Specialties	55	<input checked="" type="checkbox"/>	55	55

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	11	<input checked="" type="checkbox"/>	11	11
Dermatology	1	<input checked="" type="checkbox"/>	1	1
Emergency Medicine	43	<input checked="" type="checkbox"/>	43	43
Nuclear Medicine	21	<input checked="" type="checkbox"/>	21	21
Pathology	6	<input checked="" type="checkbox"/>	6	6
Psychiatry	4	<input checked="" type="checkbox"/>	4	4
Radiology	21	<input checked="" type="checkbox"/>	21	21
Hem/Onc	16	<input checked="" type="checkbox"/>	16	16
Rad Onc	2	<input checked="" type="checkbox"/>	2	2
Neonatology	3	<input checked="" type="checkbox"/>	3	3

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	9
Podiatrists	4
Certified Nurse Midwives with Clinical Privileges in the Hospital	11
All Other Staff Affiliates with Clinical Privileges in the Hospital	219

5b. Name of Other Professions

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

Physician Assistants, Surgical Technologists, Orthopedic Technologists, Dental Assistants, Ophthalmic Technologists, Nurse Practitioners

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
Abdullah Kutlar	34751
Abieyuwa Eweka	87278
Adam Hamawy	110136
Aedan McDonough	95980
Ahtesham Sabir	100751
Ajay Jani	86723
Akansha Chowdhary	93404
Alexandru Barabas	83982
Alfred Woodard	40592
Ali Alavi	100501
Alka Wells	51193
Alyssa Humphrey	93758
Amber Peterson	95694
Ameer AlWafai	104677
Amina Farooq	102121
Andre McCollough	77876
Andrew Nicholson	103249
Andrew Michas	49065
Andrew Diamond	36368
Andrew Cross	70616
Andrew Carlson	34554
Andrew Agbi	96688
Angela Fusaro	70110
Angela Downes	104191
A'ngelique Edwards	89261
Anthony Jones	61789
Anthony Hoots	33114
Anthony Adams	23255
Antonio Granda	87029
Anup Lahiry	45527
Anupriya Rao	92205

Full Name	License Number
Ariyana Bozzorg	105660
Ashleigh Felpel	88104
Ashley Tapscott	104464
Aubrey Evans	103738
Aurora Vincent	90218
Ayodeji Olarewaju	77861
Ayodeji Akadiri	99243
Babatunde Edun	66482
Barnwell Calhoun	66934
Benjamin Toole	63744
Benjamin Franklin	93072
Bernard Scoggins	20605
Beverly Walker	20395
Blake Sanders	105368
Blessing Aroh	96955
Bobby Prince	35735
Brad Harris	DN012915
Brandon-Luke Seagle	81091
Brent Deem	37523
Brett Scott	DN013194
Brian Cardis	51629
Brian Bruggeman	100039
Bruce Houston	33116
Bryan Lucenta	102717
Calmour Henry	97251
Carissa San Juan	66417
Carla LoPinto-Khoury	102370
Carlo Lee	41455
Carlos Drago-Ludowieg	81127
Carolina Garcia Rodriguez	103829
Cathy Xu	98322
Celeste Nagy	88656
Chadalavada Kishore	27846

Full Name	License Number
Chadwick Stouffer	74786
Charity Wilson	60895
Charles Stoudenmire	79906
Charles Newell	55627
Charles Kemp	69302
Cherise James	51591
Chimezie Nlewem	78699
Chimeziri Ahuruonye	102856
Chinyelu Ofodile	67859
Chirag Jani	52354
Christian Repollet Otero	101843
Christine Braud	72246
Christopher Schild	93314
Christopher Mann	31285
Christopher Leiker	100951
Christopher Koch	92549
Christopher Goltz	98119
Cinna Attar	92665
Clarence Paine	22171
Claudia Martin	104911
Clay Thomas	61362
Clifford Dunn	71489
Clifton Fay	78032
Collins Kwarteng	75378
Colville Ferdinand	53439
Craig Hughes	67473
Craig Barkley	98491
Crystal Leach	95216
Curtis Jamison	70823
Dana Johnson	103669
Danice Roberts	69945
Daniel McDevitt	37025
Daniel Martin	62255

Full Name	License Number
Daniel Ketterer	70952
Daniel Jones	65156
Daniel Carlon	DN010009
Daniel Ballow	104008
Daniel Anderson	75910
Dare Adewumi	71661
Daren Wooten	62177
David Somers	104130
David Skutt	103615
David Price	64447
David Meir-Levi	105131
David Kashmer	78779
David Adcock	52405
Deborah Trammell	34729
Deborah Marks-Jones	68670
Deborah Akadiri	99245
Deepak Reddy	65050
Deirdre Lawson	36649
Dennis Twedt	63038
Derek Heard	49575
Derrick Taylor	53043
Desiree Catalan	62483
Devell Young	28675
Dewitt Pittman	74756
Dominic Suma	82938
Donna Young	98859
Donna Graf	45806
Donna Connors	39075
Donnie McMickle	39176
Douglas Appleby	94335
Earl Stephenson	45975
Edan Shapiro	73486
Eddie Powell	91847

Full Name	License Number
Eddie Fields	DN014813
Edward Oleen	28198
Edward Cameron	22521
Elisa Faulk	POD001349
Elisabeth Ferlic	110562
Emantavius Williams	75715
Enrique Lopez	76310
Eric Eskioglu	67295
Erica Venable	99707
Erin Mattocks	104980
Erin Heitman	105628
Erinne Graham	61590
Erwinson Bassig	67532
Estelle Rutledge	97381
Estuardo Figueroa	68894
Ezra Fraser	86867
Farid Thanawalla	79558
Ferdous Barlaskar	104662
Francis Kwarteng	61792
Frank Jones	32924
Franklin Goldwire	85817
Franklin Catrett	POD001194
Frederick Chu	109850
Gabriel Duhancioglu	104027
Garrett Collins	83025
Garrett Collins	83025
Gaurav Thakur	103666
Georgiana Miksis	48803
Ginger Bryant	104042
Gloria Esoimeme	89437
Gonzalo Villalobos	43143
Grace Davis	39770
Grady Thompson	32315

Full Name	License Number
Gregory Gersten	103285
Gretchen Anderson	76269
Gurinder Doad	62199
H. Brooks	36347
Ha Truong	70807
Haitham Alabsi	105632
Hani Habal	99177
Haroon Afridi	102541
Harry Vildibill	45654
Harvey Schonwald	102886
Hatim Attar	103255
Hedwige Saint Louis	57835
Henry Pridgen	48294
Henry Barnard	27961
Hoang Nguyen	156
Ian Munro	66226
Ifechukwude Nwadei	69829
Ignatius Ohamadike	67370
Ildiko Babka	51618
Indrani Acosta	103012
Ivana Okor	103852
J. McLendon	38556
J. Corr, Jr.	23442
J. Berg	21643
Jack Kotlarz	100572
Jacob Rice	103978
Jacqueline McLatchy	90768
James Sirleaf	67036
James Ragazino	79479
James Palazzolo	37637
James Lin	103317
James Hotz	18908
James Crosby	99336

Full Name	License Number
James Coman	91908
James Black	57777
James Bise	54062
Jason Williams	47869
Jason Unger	98457
Jason Langer	76001
Jason Korenblit	103517
Jason Barnhart	79047
Jawaid Ahsan	61937
Jeannette Pope-Ozimba	DN011610
Jeffrey Lowery	67819
Jeffrey Anglen	75287
Jessica Grant	93745
Jewel Grant	66496
Jinne Richards	72428
Jitendra Gandhi	22408
Joana Dorwuona-Tetty	76705
John Vance	53383
John Tatman	48730
John Ryzenman	126
John Phillips IV	56909
John Newton	55867
John Inman	26564
John Dymond	103892
John Davis	26497
John Bennett	57581
Jon Durham	POD000522
Jonathan Williams	59237
Jonathan Shank	70775
Jonathan Payne	63938
Jonathan DeShields	110524
Jordan Simmons	95985
Jose Tongol	38386

Full Name	License Number
Jose Rebeil De La Rosa	78647
Joseph Watson	98196
Joseph Stubbs	24105
Joseph Mariano	79153
Joseph Jackson	39374
Joshua Calvert	104018
Josiah Matthews	41615
Joyce Shoemaker	29357
Judy Yeh	81958
Justin Sauter	109636
Jyotir Mehta	45887
Kalpesh Patel	59106
Kalvin Nathaniel	72290
Karen Kinsell	42630
Karl Valcourt	58025
Katelyn Sanders	105369
Kayla Suma	101216
Kelly Albrecht	98774
Kenneth Son	43782
Kenneth Sellers	DN015000
Kenneth Cook	42550
Kesha Allen	57920
Khaled Ajib	87603
Kikelomo Olaosebikan	99204
Kimberly Brown	45179
Kofi Seffah	12630
Kofi Seffah	95669
Kolawole Olugbade	104621
Koosh Desai	83954
Kristianna Singh	93291
Kyle Johnson	97073
Laith Al dahabreh	91278
Lamar Moree	22844

Full Name	License Number
Lanette Rickborn	101113
Larry Medley	73584
Larry Davis	DN122431
Latifat Agbeja	62304
Laura Fay	77733
Laura De Simone	83483
Lauren Giacobbe	99790
Lawrence Crimmins	33062
Layth Saymeh	67436
Lee Syler	99415
Leighton Elliott	105217
Lemuel Dent	45766
Linda Hudson	47771
Lorenzo Carson	46057
Malcolm Jefferson	105686
Mana Kasongo	57753
Maria Mortel	95636
Maria Jasinskas	93386
Mark Pankonin	65293
Mark Komorowski	98981
Mark Ignatz	57375
Mark Cohen	62107
Marla Morgan	64610
Marsha Glover	34750
Matthew Shelnutt	93958
Matthew Bolinger	80181
Mboh Elango	60826
Megan Harris	75335
Mfon Inyang	73684
Mia Ozimba-Mbuya	DN122668
Michael Yates	67103
Michael Sein	47151
Michael Satchell	49593

Full Name	License Number
Michael Pruitt	73374
Michael Kelley	50193
Michael Coleman	43349
Michael Aquadro	28491
Milica Radonjic	99391
Mitchell Wilson	61188
Moemen Etlbany	102695
Monae Cost	95477
Monica Pajdak	86152
Monique Adu	72282
Muneeruddin Mohammed	72375
Myron Jones	52076
Nada Megally	86089
Nalini Patel	55489
Nand Patel	91653
Nathaniel Spencer	97049
Nellie Crawford	66471
Nicholas Nesbitt	104093
Nicholas Farber	80129
Nicolas Psomiadis	53022
Nikunj Karsan	83567
Nilam Vaughan	72841
Niral Shah	88448
Nouman Tanveer	92738
Nurulhusein Nurbhai	66984
Olamide Oladipo	89596
Olanrewaju Ladipo	67791
Olatomide Familusi	93753
Olumayowa Abiodun	82403
Olutayo Odusanwo	DN123030
Oluwaseun Adetayo	98819
Oluwatobi Ogunfowora	95481
Oluwatomiwa Babade	98615

Full Name	License Number
Osemelu Aburime	83427
Padma Natarajan	89817
Patrick McGann	61132
Patrick Danaher	93992
Paul Steinberger	64280
Paul Michas	41172
Paul Daraei	84724
Peggy Bergrab	64330
Pelbreton Balfour	105600
Phillip Poulos	22622
Priscilla Egyir-Biney	81832
Pujan Patel	86053
Pushpal Banerjee	81748
Queendaleen Chukwurah	99576
Rachana Mendpara	89412
Rachel Harris	66117
Rajeev Chauhan	53587
Rakesh Patel	62589
Ramana Rao	37052
Rami Bahloul	82406
Randal Shipley	61343
Randall Raziano	49498
Raveen Suga	104847
Regina Williams	98010
Rheketah Berwick	105627
Richard Bowe	30961
Robert Swift	43790
Robert Steinmetz	36618
Robert Krywicki	40445
Robert Klafter	45519
Robert Giles	95337
Robert Cella	58336
Robert Aderhold	58941

Full Name	License Number
Robin Dillard	84366
Robyn Johnson	50973
Roman Kernitsky	104664
Ronald Cucina	39317
Ronnie Hendrix	24690
Rosa Turcios	86369
Roslyn Banks-Jackson	51865
Rowland Chigbu	63642
Rupert Dyer	51314
Russell Jones	68177
Russell Ford	103466
Ryan Bucknam	94486
Ryann Beaumont	85234
Sailaja Gadde	49015
Salim Bou Slaiman	84382
Samuel Ojewale	101013
Samvel Charukhchian	51918
Sanjay Munireddy	70318
Santosh Shanmuga	103003
Sarah Stamper	85662
Sarah Kantharia	104516
Sarah Friend	76025
Saurabh Sheel	73071
Scott Johnson	92997
Scott Holt	88999
Sejalben Patel	90784
Shailaja Sappati	58819
Shankar Perumal	102131
Shanti Akers	80858
Shaun Franklin	40663
Shaw Tang	93954
Sheena Favors	82800
Shiny Teja Kolli	103408

Full Name	License Number
Shontreal Cooper	90462
Sreelatha Diviti	82586
Srinivas Guptha Gunturu	81794
St. Claire Sumaili	74538
Stacia Dzikunu	80812
Stacy Evans	51934
Stanley Moye	35959
Stephane Conte	65533
Stephanie Williams	44382
Stephen Russ	73805
Steve Balian	103876
Stuart Goldsmith	35424
Sunanda Sadanandan	63126
Sydney McNeely	DN122347
Taj Shorter	109832
Tamorie Smith	62776
Tania Smith	51602
Taylor Barnett	105216
Tejumade Adalore	82811
Temidayo Abe	91023
Temidayo Abe	91023
Terence Johnson	97589
Thanh Huynh	99052
Theodore Rothman	98090
Thomas Ungarino	43799
Thomas Neal	35963
Thomas Darden	35846
Thomas Bailey	78997
Thomas Aquisto	51205
ThucAnh Multerer	95550
Tibor Gyorfi	51585
Tiera Barron	75954
Tiffany McCalla	62143

Full Name	License Number
Timothy Jones	98795
Todd Vermeer	49505
Todd Smith	40794
Tonny Orach	105187
Tracy Rosenbaum	47145
Tracy McGee	48063
Tracy Bridges	38186
Troy Skidmore	55705
Troy Kimsey	46876
Tyler Brown	93434
Varoon Thavapalan	102675
Vishal Bejugam	99321
Vivek Huilgol	82149
Wael Azer	73935
Wendy Willis	POD001174
Wesley Garland	85114
William Spears	103004
William Sewell	36452
William McPeters	28835
William McAfee	64150
William George	12125
William Garrett	43373
William DaVanzo	50009
Yousef Sweidan	91198
Yvrose Valcourt	58526
Zimatu Chukumerije	96841

Only use commas to separate values

Part I: Patient Origin Table

1. Patient Origin

- Inpat=Inpatient Services
- Surg=Outpatient Surgical
- OB=Obstetric
- P18+=Acute psychiatric adult 18 and over
- P13-17=Acute psychiatric adolescent 13-17
- P0-12=Acute psychiatric children 12 and under
- S18+=Substance abuse adult 18 and over
- S13-17=Substance abuse adolescent 13-17
- E18+=Extended care adult 18 and over
- E13-17=Extended care adolescent 13-17
- E0-12=Extended care children 0-12
- LTCH=Long Term Care Hospital
- Rehab=Inpatient Physical Rehabilitation

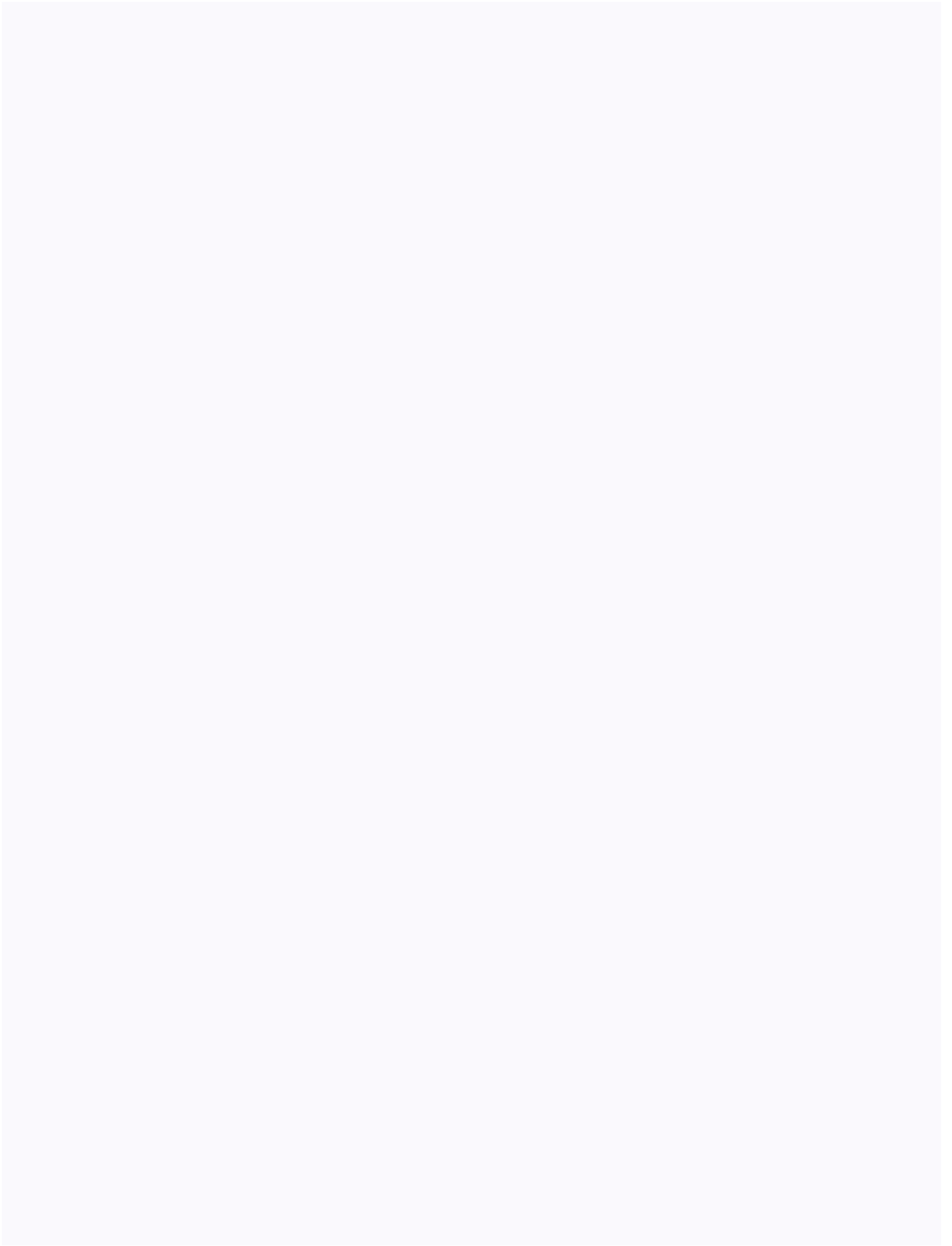
Please report the county of origin for the inpatient admissions or discharges excluding newborns (except surgical services should include outpatients only). You may enter the data on the web form or upload the data to the web form using a .csv file that matches our downloadable template. The .csv file must contain the same column headings as shown in our template, in exactly the same order. You do not need to include every county, but the county names, state names, and other out of state category must match those in our template.

County	Inpat	Surg	OB	P18+	P13-17	P0-12	S18+	S13-17	E18+	E13-17	E0-12	LTCH	Rehab
Alabam	23	11	1	0	0	0	0	0	0	0	0	0	0
Atkinso	5	6	1	0	0	0	0	0	0	0	0	0	0
Baker	216	81	12	3	0	0	0	0	0	0	0	0	5
Barrow	1	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	2	0	0	0	0	0	0	0	0	0	0	0	0
Ben Hil	73	27	14	1	0	0	0	0	0	0	0	0	0
Berrien	34	13	6	0	0	0	0	0	0	0	0	0	0
Bibb	14	5	0	1	0	0	0	0	0	0	0	0	0
Bleckle	5	2	0	0	0	0	0	0	0	0	0	0	0
Brooks	13	5	7	0	0	0	0	0	0	0	0	0	0
Bryan	3	0	0	0	0	0	0	0	0	0	0	0	0
Butts	2	0	0	0	0	0	0	0	0	0	0	0	0
Calhou	436	190	51	6	0	0	0	0	0	0	0	0	6
Candle	1	0	0	0	0	0	0	0	0	0	0	0	0
Chatha	2	1	1	0	0	0	0	0	0	0	0	0	0
Chatto	1	0	0	0	0	0	0	0	0	0	0	0	0
Clarke	4	2	0	0	0	0	0	0	0	0	0	0	0
Clay	49	35	15	1	0	0	0	0	0	0	0	0	1
Clayton	11	4	0	2	0	0	0	0	0	0	0	0	0
Cobb	4	1	0	2	0	0	0	0	0	0	0	0	0
Coffee	25	14	3	1	0	0	0	0	0	0	0	0	0
Colquit	133	147	23	4	0	0	0	0	0	0	0	0	3
Cook	40	20	15	0	0	0	0	0	0	0	0	0	0
Crawfo	1	0	0	0	0	0	0	0	0	0	0	0	0
Crisp	247	190	22	9	0	0	0	0	0	0	0	0	7
Decatu	138	118	36	1	0	0	0	0	0	0	0	0	2
DeKalb	8	1	0	0	0	0	0	0	0	0	0	0	0
Dodge	7	12	0	0	0	0	0	0	0	0	0	0	0
Dooly	64	56	2	0	0	0	0	0	0	0	0	0	2
Doughr	8,646	3,682	1,063	228	0	0	0	0	0	0	0	0	145
Dougl	4	0	0	0	0	0	0	0	0	0	0	0	0

Early	143	115	24	1	0	0	0	0	0	0	0	0	3
Fayette	1	0	1	0	0	0	0	0	0	0	0	0	0
Florida	74	42	2	4	0	0	0	0	0	0	0	0	4
Floyd	1	0	0	0	0	0	0	0	0	0	0	0	0
Forsyth	1	1	0	0	0	0	0	0	0	0	0	0	0
Fulton	7	3	0	1	0	0	0	0	0	0	0	0	1
Glynn	1	0	0	0	0	0	0	0	0	0	0	0	0
Grady	75	34	35	3	0	0	0	0	0	0	0	0	0
Greene	3	0	0	0	0	0	0	0	0	0	0	0	0
Gwinne	6	4	0	0	0	0	0	0	0	0	0	0	0
Hancoc	1	0	0	0	0	0	0	0	0	0	0	0	0
Heard	1	0	1	0	0	0	0	0	0	0	0	0	0
Henry	7	5	0	0	0	0	0	0	0	0	0	0	0
Housto	35	24	3	0	0	0	0	0	0	0	0	0	0
Irwin	20	8	1	0	0	0	0	0	0	0	0	0	0
Jacksor	3	1	0	0	0	0	0	0	0	0	0	0	0
Jeff Dav	3	1	1	0	0	0	0	0	0	0	0	0	0
Johnso	1	0	0	0	0	0	0	0	0	0	0	0	0
Lamar	2	1	0	0	0	0	0	0	0	0	0	0	0
Lanier	3	2	2	0	0	0	0	0	0	0	0	0	0
Lauren	2	2	0	0	0	0	0	0	0	0	0	0	0
Lee	1,798	1,103	285	40	0	0	0	0	0	0	0	0	33
Liberty	1	1	0	0	0	0	0	0	0	0	0	0	0
Lownd	69	49	46	5	0	0	0	0	0	0	0	0	0
Macon	100	32	3	11	0	0	0	0	0	0	0	0	1
Madiso	1	0	0	0	0	0	0	0	0	0	0	0	0
Marion	29	29	1	1	0	0	0	0	0	0	0	0	0
Miller	122	54	10	1	0	0	0	0	0	0	0	0	0
Mitchel	692	390	86	7	0	0	0	0	0	0	0	0	8
Monro	1	0	0	0	0	0	0	0	0	0	0	0	0
Morgar	1	0	1	0	0	0	0	0	0	0	0	0	0
Musco	13	3	0	0	0	0	0	0	0	0	0	0	0

North	4	0	1	0	0	0	0	0	0	0	0	0	0
Other	51	12	1	3	0	0	0	0	0	0	0	0	3
Pauldin	1	1	0	0	0	0	0	0	0	0	0	0	0
Peach	19	2	0	1	0	0	0	0	0	0	0	0	0
Pierce	1	1	0	0	0	0	0	0	0	0	0	0	0
Pulaski	3	6	0	0	0	0	0	0	0	0	0	0	0
Quitma	16	15	3	0	0	0	0	0	0	0	0	0	0
Randol	487	187	35	2	0	0	0	0	0	0	0	0	4
Richmc	4	0	1	0	0	0	0	0	0	0	0	0	0
Schley	88	85	7	6	0	0	0	0	0	0	0	0	0
Seminc	24	53	4	2	0	0	0	0	0	0	0	0	0
South	7	3	0	0	0	0	0	0	0	0	0	0	0
Stephe	1	0	0	0	0	0	0	0	0	0	0	0	0
Stewart	44	16	1	0	0	0	0	0	0	0	0	0	0
Sumter	844	561	47	84	0	0	0	0	0	0	0	0	17
Tennes	6	2	0	0	0	0	0	0	0	0	0	0	0
Talbot	1	0	0	0	0	0	0	0	0	0	0	0	0
Tattnal	1	0	0	0	0	0	0	0	0	0	0	0	0
Taylor	11	6	1	2	0	0	0	0	0	0	0	0	0
Telfair	3	2	0	0	0	0	0	0	0	0	0	0	0
Terrell	733	358	72	17	0	0	0	0	0	0	0	0	8
Thoma	72	91	45	2	0	0	0	0	0	0	0	0	0
Tift	197	98	44	2	0	0	0	0	0	0	0	0	2
Troup	3	0	1	1	0	0	0	0	0	0	0	0	0
Turner	64	56	3	0	0	0	0	0	0	0	0	0	2
Twiggs	1	0	0	0	0	0	0	0	0	0	0	0	0
Upson	3	0	0	0	0	0	0	0	0	0	0	0	0
Walton	2	1	0	0	0	0	0	0	0	0	0	0	0
Washin	2	2	0	0	0	0	0	0	0	0	0	0	1
Wayne	1	1	0	1	0	0	0	0	0	0	0	0	0
Webste	32	19	2	1	0	0	0	0	0	0	0	0	0
Wilcox	49	18	4	1	0	0	0	0	0	0	0	0	1

Worth ▾	936	484	98	20	0	0	0	0	0	0	0	0	9
Cherok ▾	3	0	0	0	0	0	0	0	0	0	0	0	0
Jeffersc ▾	1	0	0	0	0	0	0	0	0	0	0	0	0
Bacon ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Clinch ▾	0	2	0	0	0	0	0	0	0	0	0	0	0
Columk ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Long ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Newtor ▾	0	3	0	0	0	0	0	0	0	0	0	0	0
Pike ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Putnar ▾	0	1	0	0	0	0	0	0	0	0	0	0	0
Ware ▾	0	2	0	0	0	0	0	0	0	0	0	0	0
Totals	17,144	8,619	2,144	478	0	0	0	0	0	0	0	0	268



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="8"/>	<input type="text" value="19"/>	27
Cystoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="3"/>	3
Endoscopy (OR Suite)	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	0
<input type="text" value="Open Heart"/>	<input type="text" value="1"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	1
Total	1	8	22	31

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="3,109"/>	<input type="text" value="8,075"/>	11,184
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="143"/>	<input type="text" value="542"/>	685
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="32"/>	<input type="text" value="9"/>	41
<input type="text" value="Open Heart"/>	<input type="text" value="105"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	105
Total	105	0	3,284	8,626	12,015

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="2,490"/>	<input type="text" value="8,068"/>	10,558
Cystoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="142"/>	<input type="text" value="542"/>	684
Endoscopy	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="32"/>	<input type="text" value="9"/>	41
<input type="text" value="Open Heart"/>	<input type="text" value="94"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>	94
Total	94	0	2,664	8,619	11,377

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	13
Asian	51
Black/African American	4,206
Hispanic/Latino	262
Pacific Islander/Hawaiian	3
White	3,912
Multi-Racial	172
Total	8,619

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	1,221
Ages 15-64	4,635
Ages 65-74	1,747
Ages 75-85	920
Ages 85 and Up	96
Total	8,619

3. Gender

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

Gender	Number of Ambulatory Patients
Male	3,662
Female	4,957
Total	8,619

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	3,046
Medicaid	1,595
Third-Party	3,654
Self-Pay	324
Total	8,619

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:

2

Number of Birthing Rooms:

0

Number of LDR Rooms:

12

Number of LDRP Rooms:

0

Number of Cesarean Sections:

724

Total Live Births:

1,931

Total Live Births (Live and Late Fetal Deaths):

1,955

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

1,981

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)	4	1,555	3,388	67
Specialty Care (Intermediate Neonatal Care)	19	57	7,640	288
Subspecialty Care (Intensive Neonatal Care)	29	453	5,563	47
Total	52	2,065	16,591	402

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	3	10
Asian	14	28
Black/African American	1,248	4,014
Hispanic/Latino	122	353
Pacific Islander/Hawaiian	0	0
White	691	2,080
Multi-Racial	66	214
Total	2,144	6,699

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	2	4
Ages 15-44	2,138	6,683
Ages 45 and Up	4	12
Total	2,144	6,699

3. Average Charge for an Uncomplicated Delivery.

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

19,270

4. Average Charge for an Premature Delivery.

Please report the average hospital charge for a premature delivery.

35,111

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

N/A

Number of Licensed LTCH Beds:

0

Permit Effective Date:

01/01/0001

Permit Designation:

N/A

Number CON Beds:

0

Number SUS Beds:

0

Total Patient Days:

0

Total Discharges:

0

Total LTCH Admissions:

0

County:

Dougherty

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"/>

Psychiatric/Substance Abuse Services Addendum

Part A: Psychiatric and Substance Abuse Data by Program

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

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

2. Admissions, Days, Discharges, Accreditation

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

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	478	2,845	477	2,770	4,009	<input type="checkbox"/>
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adults 18 and over	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 13-17	0	0	0	0	0	<input type="checkbox"/>
Extended Care Adolescents 0-12	0	0	0	0	0	<input type="checkbox"/>

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	1	4
Asian	3	13
Black/African American	252	1,542
Hispanic/Latino	13	58
Pacific Islander/Hawaiian	2	5
White	191	1,054
Multi-Racial	16	169
Total	478	2,845

2. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	207	1,258
Female	271	1,587
Total	478	2,845

Total Psych Admissions from Patient Origin Table
478

3. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	76	428
Medicaid	119	726
Third-Party	165	927
Self-Pay	118	764
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

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

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

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

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

Bilingual hospital staff member

Community Volunteer Interpreter

Refer patient to outside agency

Bilingual member of patient's family

Telephone interpreter service

Other

Please describe

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

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

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

Cultural diversity module included in annual employee update and new employee orientation.

What is the most urgent tool or resource you need in order to increase your ability to provide Culturally and Linguistically Appropriate Services (CLAS) to your patients?

N/A

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

Language One:

English

Language Two:

Spanish

Language Three:

Language Four:

If an uninsured patient visits your emergency department, is there a community health center, federally-qualified health center, free clinic, or other reduced-fee safety net clinic nearby to which you could refer that patient in order to provide him or her an affordable primary care medical home regardless of ability to pay? (Check the box, if yes)

If you checked yes, what is the name and location of that health care center or clinic?

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	<input type="text" value="0"/>	<input type="text" value="0"/>
Asian	<input type="text" value="2"/>	<input type="text" value="17"/>
Black/African American	<input type="text" value="126"/>	<input type="text" value="1,861"/>
Hispanic/Latino	<input type="text" value="3"/>	<input type="text" value="38"/>
Pacific Islander/Hawaiian	<input type="text" value="0"/>	<input type="text" value="0"/>
White	<input type="text" value="133"/>	<input type="text" value="1,749"/>
Multi-Racial	<input type="text" value="4"/>	<input type="text" value="62"/>
Total	268	3,727

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="126"/>	<input type="text" value="1,858"/>
Female	<input type="text" value="142"/>	<input type="text" value="1,869"/>
Total	268	3,727

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="94"/>	<input type="text" value="1,391"/>
65-84	<input type="text" value="140"/>	<input type="text" value="1,875"/>
85 Up	<input type="text" value="34"/>	<input type="text" value="461"/>
Total	268	3,727

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="268"/>
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"/>
Total	268

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="186"/>
Third-Party/Commercial	<input type="text" value="54"/>
Self-Pay	<input type="text" value="12"/>
Other	<input type="text" value="16"/>
Total	268

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	100
2 Brain Injury	7
3 Amputation	25
4 Spinal Cord	18
5 Fracture of the femur	6
6 Neurological disorders	4
7 Multiple Trauma	24
8 Congenital deformity	0
9 Burns	0
10 Osteoarthritis	0
11 Rheumatoid arthritis	0
12 Systemic vasculidities	0
13 Joint replacement	0
All Other	84
Total	268

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
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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

Deborah M. Angerami

Date

03/06/2026

Title

CEO

Comments

Data reported is for all beds/services/ other categories for both Phoebe Main and North Campus.
 D.1. PPMH's total CON-Authorized inpatient bed complements remain 691 beds.
 D.1. PPMH's CON-Authorized complement of OB Beds remains 42. In 2022 PPMH had 29 of 42 beds SUS. Reported OB inpatient days include obstetric, labor and delivery, ante-and post-partum

Response Errors

TAB

QUESTION

ERROR