



Part A: General Information

UID: HOSP524

1. Identification

Facility Name:

Colquitt Regional Health Systems

County:

Colquitt

Street Address:

P.O. Box 40

City:

Moultrie

Zip:

31776

Mailing Address:

P.O. Box 40

Mailing City:

Moultrie

Mailing Zip:

31776-0040

Medicaid Provider Number:

00002021

Medicare Provider Number:

110105

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:

Julie Bhavnani

Contact Title:

Vice President Finance

Phone:

229-890-3566

Fax:

229-891-2117

Email:

Scausbey@colquittregional.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 Colquitt County

Organization Type

Hospital Authority

Effective Date

12/06/1948

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

Check the box to the right if there were any changes in the ownership, operation, or management of the facility during the report period or since the last day of the report period

If you checked the box for yes, please explain in the box below and include effective dates

3.

Check the box to the right if your facility is part of a health care system

Name

City

State

4.

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

Name

City

State

5.

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

Name

Colquitt Regional Health, Inc

City

Moultrie

State

Georgia

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input checked="" 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)	10	808	1,943	797	1,917
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	79	6,519	27,810	6,564	28,002
Intensive Care	10	354	3,045	329	2,830
Psychiatry	10	322	2,758	326	2,792
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	0	0	0	0	0
Long Term Care Hospital (LTCH)	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	109	8,003	35,556	8,016	35,541

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	10	354	3,045	329	2,830
Rehab Totals	0	0	0	0	0

2. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	8	64
Asian	38	363
Black/African American	2,048	9,235
Hispanic/Latino	839	3,970
Pacific Islander/Hawaiian	7	15
White	4,967	21,686
Multi-Racial	96	223
Total	8,003	35,556

3. Gender

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

Gender	Admissions	Inpatient Days
Male	3,272	15,306
Female	4,731	20,250
Total	8,003	35,556

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	4,123	19,669
Medicaid	1,309	6,518
Peachare	0	0
Third-Party	1,935	7,232
Self-Pay	636	2,137
Other	0	0
Total	8,003	35,556

5. Discharges to Death

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

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (to the nearest whole dollar)

Service	Charge
Private Room Rate	856
Semi-Private Room Rate	825
Operating Room: Average Charge for the First Hour	4,606
Average Total Charge for an Inpatient Day	8,241

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

2. Inpatient Admissions from ER

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

3. Beds Available

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

4. Utilization by Specific type of ER bed or room for the report period

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	<input type="text" value="0"/>	<input type="text" value="0"/>
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	<input type="text" value="0"/>	<input type="text" value="0"/>
General Beds	<input type="text" value="24"/>	<input type="text" value="39,201"/>
<input type="text"/>	<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"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

5. Transfers

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

6. Non-Emergency Visits

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

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	1	1
ESWL	1	1
Biliary Lithotripter	0	0
Kidney Transplants	0	0
Heart Transplants	0	0
Other-Organ/Tissues Transplants	0	0
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	0	0
HIV/AIDS Diagnostic Treatment/Services	0	0
Ambulance Services	1	1
Hospice	1	1
Respite Care Services	1	1
Ultrasound/Medical Sonography	0	0
	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	284
Number of Dialysis Treatments	12,797
Number of ESWL Patients	6
Number of ESWL Procedures	6
Number of ESWL Units	1
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	36,981
Number of CTS Units (machines)	2
Number of CTS Procedures	33,256
Number of Diagnostic Radioisotope Procedures	799
Number of PET Units (machines)	1
Number of PET Procedures	324
Number of Therapeutic Radioisotope Procedures	3
Number of Number of MRI Units	1
Number of Number of MRI Procedures	3,553
Number of Chemotherapy Treatments	2,114
Number of Respiratory Therapy Treatments	245,482
Number of Occupational Therapy Treatments	17,254
Number of Physical Therapy Treatments	66,121
Number of Speech Pathology Patients	33,653
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	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	9,193
Number of Hospice Patients	213
Number of Respite care Patients	13
Number of Ultrasound/Medical Sonography Units	5
Number of Ultrasound/Medical Sonography Procedures	9,716
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)

3. Robotic Surgery System

Units

Procedures

Type of Unit(s)

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	<input type="text" value="75"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Physician Assistants Only (not including Licensed Physicians)	<input type="text" value="8"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Registered Nurses (RNs Advanced Practice*)	<input type="text" value="371"/>	<input type="text" value="14"/>	<input type="text" value="0"/>
Licensed Practical Nurses (LPNs)	<input type="text" value="58"/>	<input type="text" value="2"/>	<input type="text" value="0"/>
Pharmacists	<input type="text" value="12"/>	<input type="text" value="1"/>	<input type="text" value="0"/>
Other Health Services Professionals*	<input type="text" value="241"/>	<input type="text" value="11"/>	<input type="text" value="0"/>
Administration and Support	<input type="text" value="478"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
All Other Hospital Personnel (not included in above)	<input type="text" value="366"/>	<input type="text" value="23"/>	<input type="text" value="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)	31-60 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	30 Days or Less
Other Health Services Professionals	30 Days or Less
All Other Hospital Personnel (not included above)	30 Days or Less

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	3
Black/African American	21
Hispanic/Latino	0
Pacific Islander/Hawaiian	1
White	80
Multi-Racial	14
Total	119

4. Medical Staff

Please report the number of active and associate/provisional medical staff for the following specialty categories. Keep in mind that physicians may be counted in more than one specialty. Please indicate whether the specialty group(s) is hospital-based. Also, indicate how many of each medical specialty are enrolled as providers in Georgia Medicaid/PeachCare for Kids and/or the Public Employee Health Benefit Plans (PEHB-State Health Benefit Plan and/or Board of Regents Benefit Plan)

Medical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
General and Family Practice	12	<input type="checkbox"/>	0	0
General Internal Medicine	4	<input type="checkbox"/>	0	0
Pediatricians	3	<input type="checkbox"/>	0	0
Other Medical Specialties	22	<input type="checkbox"/>	0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	4	<input type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	2	<input type="checkbox"/>	0	0
Gynecology	1	<input type="checkbox"/>	0	0
Ophthalmology Surgery	2	<input type="checkbox"/>	0	0
Orthopedic Surgery	3	<input type="checkbox"/>	0	0
Plastic Surgery	1	<input type="checkbox"/>	0	0
General Surgery	4	<input type="checkbox"/>	0	0
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	10	<input type="checkbox"/>	0	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	5	<input type="checkbox"/>	0	0
Dermatology	1	<input type="checkbox"/>	0	0
Emergency Medicine	7	<input type="checkbox"/>	0	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	1	<input type="checkbox"/>	0	0
Psychiatry	4	<input type="checkbox"/>	0	0
Radiology	3	<input type="checkbox"/>	0	0
	0	<input type="checkbox"/>	0	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	0
Podiatrists	2
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	60

5b. Name of Other Professions

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

Nurse practitioners, physician assistants, CRNA, and C-AA

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
Simon Adames	45155
Anthony Adetomiwa	92799
Justin Baker	60434
Tracey Bastiaans	89284
Kayla Batchelor	83956
Christopher Bazal	49562
Joseph Beavers	77351
Joseph Berger	28722
Eliran Bracha	87659
Catherine Brown	74715
Michael Brown	67394
Jessica Mitchum	83656
Jared Cardwell	75755
Melissa Cardwell	77336
David Carle	87489
Hunter Collins	101876
Garrett Cook	104048
Andrew Cordista	51451
Catherine Cravey	100257
Daryl Crenshaw	56036
Terrance Croyle	34324
Tre'Cherie Crumbs	96378
Scott Daly	86858
Christopher Daniels	71484
Franklin Davis	88301
Michael Dawson	34811
Bernadette Dazzo	100538
Michael Delk	92964
Pranav Diwan	73982
Nicholas Dodson	POD001131
Erin Dodson	POD001132
James Drury	48891
Mary Catherine Duskin	84235
Buford Edwards	28160
Margarett Ellison	62837
Thomas Estes	20697
Henry Eugenio	32379
Jonathan Fairley	74820
Ruben Font	67933

Full Name	License Number
Frank Glover	34521
Jeremy Goodman	101115
Matthew Graham	76722
Emerson Harrison	30316
Sanford Hawkins	44229
Waters M Hicks	38251
Amber Holt	72441
William Huffman	65007
James Hunt	67131
Maria Jasinkas	93386
Tamara Johnson	78141
Frederick Johnson	84342
Jerry Steven Johnson	30487
Shelby Jones	96079
Witemba Kabange	71985
James Keith	33372
Michael Kelley	50193
Charles Klar	82456
Betty Koukis	66134
Brett Krummert	65976
Francis Kundi	45525
James Clyde Lamon	21172
Justin Lee Loy	81773
Samantha Leggio	105580
Dexter Love	79989
Christine Lurie	97039
Pallavi Luthra	80837
Venu Madhipatla	65559
Michael Magat	83973
Adam Marler	82420
Ethan McBrayer	87094
Randall McGill	66534
Howard Melton	35697
Brandon Merrill	80016
Daphne Mlachila	100980
Erick Myrttil	78853
Joshua Newton	62578
Sarah Nuzzo	86220
Jaymal Patel	50984
Marian Patterson	42035
Cory Porteus	82976

Full Name	License Number
Kent Posey	70410
Frederick Powell	77893
Don Roberts	21582
Jermaine Robinson	92652
Lisa Rudolph Watson	42414
Michael Saiyasombat	91860
Raul Santos	41662
David Saunders	39226
Qiheng Jim Shen	74908
Byron Sizemore	63959
Kirby Smith	39676
Dresden Soderstrom	96693
Robert Spruill	59026
Robert Stark	45632
Carroll Starling	40847
William Stembridge	80936
Darryl Stinson	96399
Gary Swartzentruber	63965
Christopher Taranto	73854
Clifton Thomas	74921
Robert Tokhunts	100918
Gary Trewick	73411
Lawrence Ukpog	71293
Wendy Vandemark	57511
Govindarajan Venkatesh	63143
Woodwin Weeks	68866
Cheau Williams	68340
Stephen Yarbrough	87657
Craig Yarbrough	61450
Daniel York	71437
Wenhui Zhu	83460
Matthew Smith	68311
Jared Davis	95298
Shelby Flowers	102775
Billy Ray Price	30856
Carol Medina	104428
Paul Ndunda	100414

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	0	0	8	8
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	2	2
	0	0	0	0
Total	0	0	10	10

2. Procedures by Type of Room

Please report the number of procedures by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	0	5,808	5,808
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	3,370	3,370
	0	0	0	0	0
Total	0	0	0	9,178	9,178

3. Patients by Type of Room

Please report the number of patients by type of room.

Room Type	Dedicated Inpatient Rooms	Dedicated Outpatient Rooms	Shared Inpatient Rooms	Shared Outpatient Rooms	Total
General Operating	0	0	0	5,808	5,808
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	3,370	3,370
	0	0	0	0	0
Total	0	0	0	9,178	9,178

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	4
Asian	21
Black/African American	1,150
Hispanic/Latino	268
Pacific Islander/Hawaiian	6
White	4,990
Multi-Racial	80
Total	6,519

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	303
Ages 15-64	4,217
Ages 65-74	1,375
Ages 75-85	575
Ages 85 and Up	49
Total	6,519

3. Gender

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

Gender	Number of Ambulatory Patients
Male	2,415
Female	4,104
Total	6,519

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	2,610
Medicaid	357
Third-Party	3,397
Self-Pay	155
Total	6,519

Perinatal Services Addendum

Please report the following obstetrical services information for the report period. Include all deliveries and births in any unit of the hospital or anywhere on its grounds.

Number of Delivery Rooms:

Number of Birthing Rooms:

Number of LDR Rooms:

Number of LDRP Rooms:

Number of Cesarean Sections:

Total Live Births:

Total Live Births (Live and Late Fetal Deaths):

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

Part B: Newborn and Neonatal Nursery Services

1. Nursery Services

Please Report the following newborn and neonatal nursery information for the report period.

Type of Nursery	Set-Up and Staffed Beds/Station	Neonatal Admissions	Inpatient Days	Transfers within Hospital
Normal Newborn (Basic)	10	713	1,394	0
Specialty Care (Intermediate Neonatal Care)	2	59	168	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	12	772	1,562	0

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

1. Race/Ethnicity

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

Race/Ethnicity	Admission by Mother's Race	Inpatient Days
American Indian/Alaska Native	8	7
Asian	7	20
Black/African American	201	492
Hispanic/Latino	251	574
Pacific Islander/Hawaiian	3	7
White	327	820
Multi-Racial	11	23
Total	808	1,943

2. Age Grouping

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

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-14	0	0
Ages 15-44	797	1,917
Ages 45 and Up	11	26
Total	808	1,943

3. Average Charge for an Uncomplicated Delivery

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

8,593

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

12,328

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	10	10
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	322	2,758	326	2,792	1,622	<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	0	0
Asian	0	0
Black/African American	87	729
Hispanic/Latino	9	107
Pacific Islander/Hawaiian	0	0
White	209	1,775
Multi-Racial	17	147
Total	322	2,758

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	161	1,398
Female	161	1,360
Total	322	2,758

Total Psych Admissions from Patient Origin Table
322

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	204	1,735
Medicaid	47	507
Third-Party	56	413
Self-Pay	15	103
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	6	0	0	0
Vietnamese	0	0	0	0
ASL	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?

Healthstream Courses

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?

None

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

Language One:

English

Language Two:

Spanish

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?

Care Connect, Moultrie, Georgia

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.)

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
Propst, Caitlin C.	3131 South Main Stré	10 years, 10 months,	GA	No	04/09/2015 t
Hollingsworth, Sarah	3131 South Main Stré	4 years, 2 months, 11	GA	No	12/13/2021 t
Stripling, Diana D.	3131 South Main Stré	7 years, 9 months, 14	GA	No	05/10/2018 t
Arenas, Michael I.	3131 South Main Stré	6 years, 1 months, 25	GA	No	12/30/2019 t
Bearden, Colby	3131 South Main Stré	2 years, 1 months, 21	GA	No	01/03/2024 t
Garcia, Maria D.	3131 South Main Stré	7 years, 9 months, 11	GA	No	05/13/2018 t
Harlan, Anna M.	3131 South Main Stré	0 years, 6 months, 24	GA	No	07/31/2025 t
Kane, Kaycee	3131 South Main Stré	4 years, 0 months, 16	GA	No	02/08/2022 t
Nunes, Brandi S.	3131 South Main Stré	0 years, 2 months, 16	GA	No	12/08/2025 t
Stripling, Corey	3131 South Main Stré	2 years, 6 months, 26	GA	No	07/27/2023 t
Brown, Henry T.	3131 South Main Stré	0 years, 10 months, 2	GA	No	03/27/2025 t
Maxwell, Haley M.	3131 South Main Stré	4 years, 8 months, 17	GA	No	06/07/2021 t
WAIRAGU, HANNAH	3131 South Main Stré	1 years, 1 months, 18	GA	No	01/06/2025 t
Richardson, Danielle	3131 South Main Stré	8 years, 9 months, 13	GA	No	05/11/2017 t
Brady, Donna S.	3131 South Main Stré	11 years, 4 months, 2	GA	No	10/22/2014 t
Walls, Sarah	3131 South Main Stré	11 years, 8 months, 1	GA	No	06/11/2014 t
Losser, Chelsi T.	3131 South Main Stré	7 years, 4 months, 12	GA	No	10/12/2018 t
Sanderson, Melinda	3131 South Main Stré	8 years, 11 months, 7	GA	No	03/17/2017 t
Wilson, Jessica S.	3131 South Main Stré	7 years, 9 months, 8	GA	No	05/16/2018 t
Miller, Terra	3131 South Main Stré	2 years, 7 months, 18	GA	No	07/06/2023 t
Attebury, Mackenzie	3131 South Main Stré	3 years, 6 months, 16	GA	No	08/08/2022 t
Barajas, Lorena	3131 South Main Stré	4 years, 2 months, 8	GA	No	12/16/2021 t
Barron, Jasmine	3131 South Main Stré	0 years, 11 months, 2	GA	No	03/03/2025 t
Boyd, Alexis J.	3131 South Main Stré	0 years, 7 months, 21	GA	No	07/03/2025 t
Carter, Demetria	3131 South Main Stré	0 years, 7 months, 30	GA	No	06/25/2025 t
Clark, Amanda	3131 South Main Stré	3 years, 8 months, 0	GA	No	06/24/2022 t
Dauphin, Marilyn	3131 South Main Stré	2 years, 10 months, 1	GA	No	04/13/2023 t
Davis Cole, Nakatia	3131 South Main Stré	0 years, 4 months, 22	GA	No	10/02/2025 t
Davis, Sasha	3131 South Main Stré	3 years, 11 months, 8	GA	No	03/16/2022 t
Drew, Amber	3131 South Main Stré	0 years, 6 months, 4	GA	No	08/20/2025 t
Edwards III, John W.	3131 South Main Stré	0 years, 8 months, 5	GA	No	06/19/2025 t
English, Metesha	3131 South Main Stré	1 years, 0 months, 18	GA	No	02/06/2025 t
Gaiss, Jacey C.	3131 South Main Stré	1 years, 10 months, 1	GA	No	04/11/2024 t
Gantt, Jordan V.	3131 South Main Stré	7 years, 8 months, 1	GA	No	06/23/2018 t
Godwin, Amber	3131 South Main Stré	5 years, 3 months, 10	GA	No	11/14/2020 t
Hart, Mora B.	3131 South Main Stré	1 years, 11 months, 2	GA	No	02/29/2024 t
Hernandez Romulo, J	3131 South Main Stré	0 years, 6 months, 3	GA	No	08/21/2025 t
Hurst, Jadyn H.	3131 South Main Stré	3 years, 4 months, 10	GA	No	10/14/2022 t

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Johnson, Chelsea	3131 South Main Street	4 years, 5 months, 9 days	GA	No	09/15/2021 to 09/15/2025
Linder, Jasmine	3131 South Main Street	2 years, 11 months, 1 day	GA	No	03/23/2023 to 03/23/2025
Lott, Savanna	3131 South Main Street	5 years, 0 months, 21 days	GA	No	02/03/2021 to 02/03/2026
Lovelace, Alexander	3131 South Main Street	3 years, 5 months, 30 days	GA	No	08/25/2022 to 08/25/2025
Maldonado, Cristal	3131 South Main Street	3 years, 2 months, 16 days	GA	No	12/08/2022 to 12/08/2025
Mathis, Tamizah	3131 South Main Street	2 years, 11 months, 2 days	GA	No	03/03/2023 to 03/03/2025
McClelland, Mary T.	3131 South Main Street	0 years, 9 months, 30 days	GA	No	04/25/2025 to 04/25/2025
Mclaughlin, Shayla	3131 South Main Street	6 years, 0 months, 20 days	GA	No	02/04/2020 to 02/04/2026
Meeks, Kendall E.	3131 South Main Street	0 years, 8 months, 25 days	GA	No	05/30/2025 to 05/30/2025
Nolen, Carlie M.	3131 South Main Street	5 years, 2 months, 21 days	GA	No	12/22/2020 to 12/22/2025
Nowland, Destiny	3131 South Main Street	2 years, 3 months, 29 days	GA	No	10/26/2023 to 10/26/2025
Palmer, Shari	3131 South Main Street	2 years, 7 months, 6 days	GA	No	07/18/2023 to 07/18/2025
Pearson, Hannah	3131 South Main Street	3 years, 7 months, 21 days	GA	No	07/22/2022 to 07/22/2025
Resendiz-Rubio, Jocelyn	3131 South Main Street	4 years, 9 months, 23 days	GA	No	05/01/2021 to 05/01/2025
Simon, Vania	3131 South Main Street	2 years, 7 months, 26 days	GA	No	06/29/2023 to 06/29/2025
Spires, Tiffanie	3131 South Main Street	2 years, 0 months, 30 days	GA	No	01/25/2024 to 01/25/2026
Stanaland, Victoria	3131 South Main Street	3 years, 1 months, 19 days	GA	No	01/05/2023 to 01/05/2026
Sumlin, Telisa T.	3131 South Main Street	1 years, 0 months, 14 days	GA	No	02/10/2025 to 02/10/2026
Teal, Sheletha	3131 South Main Street	0 years, 2 months, 7 days	GA	No	12/17/2025 to 12/17/2025
Vasquez, Ana H.	3131 South Main Street	1 years, 5 months, 4 days	GA	No	09/20/2024 to 09/20/2025
Yearby, Leah	3131 South Main Street	0 years, 8 months, 26 days	GA	No	05/29/2025 to 05/29/2025
Zamora, Diana S.	3131 South Main Street	2 years, 0 months, 22 days	GA	No	02/02/2024 to 02/02/2026
Zarinana-Ortega, Lynn	3131 South Main Street	1 years, 1 months, 18 days	GA	No	01/06/2025 to 01/06/2026
Teal, Sheletha	3131 South Main Street	0 years, 2 months, 7 days	GA	No	12/17/2025 to 12/17/2025
Blalock, Ashley L.	3131 South Main Street	9 years, 2 months, 31 days	GA	No	12/21/2016 to 12/21/2025
Lambert, Parker	3131 South Main Street	2 years, 0 months, 19 days	GA	No	02/05/2024 to 02/05/2026
Lee, Christina A.	3131 South Main Street	13 years, 3 months, 31 days	GA	No	11/21/2012 to 11/21/2025
Mathis, Tyrhonda	3131 South Main Street	4 years, 8 months, 15 days	GA	No	06/09/2021 to 06/09/2025
Mobley, Rebecca	3131 South Main Street	10 years, 8 months, 2 days	GA	No	05/28/2015 to 05/28/2025
Hurst, Angela D.	3131 South Main Street	17 years, 2 months, 2 days	GA	No	12/01/2008 to 12/01/2025
Thomas, Marqueal	3131 South Main Street	0 years, 3 months, 11 days	GA	No	11/13/2025 to 11/13/2025
Demott, Elizah	3131 South Main Street	4 years, 8 months, 30 days	GA	No	05/25/2021 to 05/25/2025
Newell, Courtney B.	3131 South Main Street	6 years, 0 months, 14 days	GA	No	02/10/2020 to 02/10/2026
Keithley, Chelsey	3131 South Main Street	1 years, 9 months, 1 day	GA	No	05/23/2024 to 05/23/2025
Pena, Kerri E.	3131 South Main Street	1 years, 0 months, 18 days	GA	No	02/06/2025 to 02/06/2025
Barnes, Bradyn	3131 South Main Street	0 years, 4 months, 22 days	GA	No	10/02/2025 to 10/02/2025
Boatright, Gregory S.	3131 South Main Street	0 years, 7 months, 31 days	GA	No	07/21/2025 to 07/21/2025
Brinson, Kaitlyn	3131 South Main Street	2 years, 6 months, 21 days	GA	No	08/03/2023 to 08/03/2025
Burley, Holli	3131 South Main Street	2 years, 0 months, 30 days	GA	No	01/25/2024 to 01/25/2026
Cooper, Allee	3131 South Main Street	0 years, 9 months, 30 days	GA	No	04/25/2025 to 04/25/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Donalson, Timothy N	3131 South Main Str	3 years, 5 months, 30	GA	No	08/25/2022 t
Exum, Tallon R.	3131 South Main Str	0 years, 9 months, 22	GA	No	05/02/2025 t
Felkel, Brooke J.	3131 South Main Str	0 years, 10 months, 2	GA	No	04/03/2025 t
Fuller, Meredith R.	3131 South Main Str	5 years, 2 months, 3	GA	No	12/21/2020 t
Gachuz, Sugeili D.	3131 South Main Str	5 years, 11 months, 1	GA	No	03/23/2020 t
Galphin, Katie A.	3131 South Main Str	1 years, 2 months, 19	GA	No	12/05/2024 t
Gomez-Cardenas, Es	3131 South Main Str	0 years, 9 months, 22	GA	No	05/02/2025 t
Gonzalez, Jennifer	3131 South Main Str	3 years, 2 months, 23	GA	No	12/01/2022 t
Gordon, Brittany	3131 South Main Str	2 years, 9 months, 20	GA	No	05/04/2023 t
Graham, Kaylee G.	3131 South Main Str	1 years, 3 months, 17	GA	No	11/07/2024 t
Grant, Ashley	3131 South Main Str	6 years, 1 months, 1	GA	No	01/23/2020 t
Haralson, Madison A	3131 South Main Str	1 years, 6 months, 9	GA	No	08/15/2024 t
Haskins, Kinsey	3131 South Main Str	0 years, 6 months, 20	GA	No	08/4/2025 to
Horne, Carly	3131 South Main Str	2 years, 8 months, 2	GA	No	06/22/2023 t
Howard, Ashlynn	3131 South Main Str	2 years, 6 months, 21	GA	No	08/03/2023 t
Jack, Emma	3131 South Main Str	3 years, 5 months, 2	GA	No	09/22/2022 t
Jarrell, Hali	3131 South Main Str	4 years, 9 months, 9	GA	No	05/15/2021 t
Johnson, Mattie	3131 South Main Str	3 years, 9 months, 22	GA	No	05/02/2022 t
Klaus, Jacey	3131 South Main Str	2 years, 9 months, 13	GA	No	05/11/2023 t
Livingston, Haley L.	3131 South Main Str	3 years, 11 months, 2	GA	No	03/01/2022 t
Massey, Benjamin H.	3131 South Main Str	4 years, 4 months, 28	GA	No	09/27/2021 t
Mejia, Jacqueline	3131 South Main Str	0 years, 10 months, 1	GA	No	04/11/2025 t
Nieves, Leah D.	3131 South Main Str	5 years, 3 months, 6	GA	No	11/18/2020 t
Payne, Emily	3131 South Main Str	4 years, 0 months, 20	GA	No	02/04/2022 t
Phillips, Aylisa	3131 South Main Str	2 years, 0 months, 29	GA	No	01/26/2024 t
Powell, Laigan	3131 South Main Str	3 years, 1 months, 26	GA	No	12/29/2022 t
Ramos Alvarez, Citla	3131 South Main Str	2 years, 6 months, 21	GA	No	08/03/2023 t
Rangel Maldonado, C	3131 South Main Str	2 years, 5 months, 30	GA	No	08/25/2023 t
Richardson, Pearline	3131 South Main Str	4 years, 5 months, 11	GA	No	09/13/2021 t
Richardson, Sean	3131 South Main Str	3 years, 2 months, 23	GA	No	12/01/2022 t
Rodriguez, Jybriel E.	3131 South Main Str	4 years, 5 months, 7	GA	No	09/17/2021 t
Rosatti, Caden M.	3131 South Main Str	4 years, 7 months, 25	GA	No	06/30/2021 t
Sanchez, Noelia	3131 South Main Str	1 years, 8 months, 25	GA	No	05/30/2024 t
Schwarz, Sydney M.	3131 South Main Str	6 years, 9 months, 1	GA	No	05/23/2019 t
Shaw, Bayley M.	3131 South Main Str	2 years, 3 months, 3	GA	No	11/21/2023 t
Stanton, Ariel	3131 South Main Str	14 years, 0 months, 1	GA	No	02/23/2012 t
Stephens, Asha	3131 South Main Str	5 years, 0 months, 15	GA	No	02/09/2021 t
Thrift, Lauren G.	3131 South Main Str	2 years, 1 months, 20	GA	No	01/04/2024 t
Turner, Anna	3131 South Main Str	0 years, 8 months, 13	GA	No	06/11/2025 t
Webb, Lacey E.	3131 South Main Str	5 years, 9 months, 17	GA	No	05/07/2020 t

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Whigham, Taylor	3131 South Main Street	2 years, 6 months, 21 days	GA	No	08/03/2023 to 08/03/2025
Wilcox, April	3131 South Main Street	2 years, 6 months, 16 days	GA	No	08/08/2023 to 08/08/2025
Williamson, Sarah	3131 South Main Street	4 years, 0 months, 17 days	GA	No	02/07/2022 to 02/07/2026
Winter, Perrin G.	3131 South Main Street	0 years, 10 months, 20 days	GA	No	03/27/2025 to 03/27/2026
Winter, Vivian	3131 South Main Street	1 years, 3 months, 23 days	GA	No	11/01/2024 to 11/01/2025
Woodall, Nicole	3131 South Main Street	4 years, 7 months, 26 days	GA	No	06/29/2021 to 06/29/2025
Howard, Ashlynn	3131 South Main Street	2 years, 6 months, 21 days	GA	No	08/03/2023 to 08/03/2025
Rangel Maldonado, Carolina	3131 South Main Street	2 years, 5 months, 30 days	GA	No	8/25/2023 to 8/25/2025
Richardson, Pearlina	3131 South Main Street	4 years, 5 months, 11 days	GA	No	09/13/2021 to 09/13/2025
Shaw, Bayley M.	3131 South Main Street	2 years, 3 months, 31 days	GA	No	11/21/2023 to 11/21/2025
Johnson, Larissa	3131 South Main Street	1 years, 6 months, 21 days	GA	No	08/22/2024 to 08/22/2025
Moye, Christina	3131 South Main Street	0 years, 7 months, 9 days	FL	No	07/15/2025 to 07/15/2026
Abbott, Lisa	3131 South Main Street	2 years, 0 months, 16 days	GA	No	02/08/2024 to 02/08/2026
Bartolo, Ana M.	3131 South Main Street	2 years, 1 months, 13 days	GA	No	01/11/2024 to 01/11/2026
Blanchett, Kelsey L.	3131 South Main Street	3 years, 0 months, 7 days	GA	No	02/17/2023 to 02/17/2026
Brigman, Delana J.	3131 South Main Street	4 years, 3 months, 30 days	GA	No	10/25/2021 to 10/25/2025
Brown, Sara A.	3131 South Main Street	3 years, 6 months, 6 days	GA	No	08/18/2022 to 08/18/2025
Childers, Julie	3131 South Main Street	3 years, 6 months, 26 days	GA	No	07/29/2022 to 07/29/2025
Edwards, Micah L.	3131 South Main Street	3 years, 6 months, 11 days	GA	No	08/23/2022 to 08/23/2025
Glass, Abigail	3131 South Main Street	2 years, 8 months, 8 days	GA	No	06/16/2023 to 06/16/2025
Gossett, Crystal	3131 South Main Street	4 years, 1 months, 14 days	GA	No	01/10/2022 to 01/10/2026
Griffin, Lakyn	3131 South Main Street	3 years, 1 months, 26 days	GA	No	12/29/2022 to 12/29/2025
Healey, Caleb P.	3131 South Main Street	0 years, 10 months, 20 days	GA	No	03/31/2025 to 03/31/2026
Hernandez, Jobanna	3131 South Main Street	6 years, 8 months, 14 days	GA	No	06/10/2019 to 06/10/2025
Hillmon, Amelia	3131 South Main Street	2 years, 7 months, 18 days	GA	No	07/06/2023 to 07/06/2025
Hunnicutt, Kilby E.	3131 South Main Street	1 years, 8 months, 25 days	GA	No	05/30/2024 to 05/30/2025
Knight, Jasmine M.	3131 South Main Street	17 years, 4 months, 20 days	GA	No	10/02/2008 to 10/02/2025
Latmore, Cassie	3131 South Main Street	3 years, 7 months, 17 days	GA	No	07/07/2022 to 07/07/2025
Lyons, Jessica B.	3131 South Main Street	2 years, 6 months, 0 days	GA	No	08/24/2023 to 08/24/2025
Martinez, Karina	3131 South Main Street	2 years, 8 months, 12 days	GA	No	06/12/2023 to 06/12/2025
McDaniel, Megan	3131 South Main Street	2 years, 1 months, 27 days	GA	No	12/28/2023 to 12/28/2025
Mercer, Alana A.	3131 South Main Street	1 years, 6 months, 23 days	GA	No	08/01/2024 to 08/01/2025
Newsome, Chelsea	3131 South Main Street	2 years, 5 months, 31 days	GA	No	09/21/2023 to 09/21/2025
Ousley, De'Siree	3131 South Main Street	2 years, 4 months, 5 days	GA	No	10/19/2023 to 10/19/2025
Patel, Deep	3131 South Main Street	0 years, 10 months, 11 days	GA	No	04/11/2025 to 04/11/2026
Patterson, Anna	3131 South Main Street	3 years, 1 months, 26 days	GA	No	12/29/2022 to 12/29/2025
Phillips, Kelsey	3131 South Main Street	3 years, 5 months, 23 days	GA	No	09/01/2022 to 09/01/2025
Pickett, Paige M.	3131 South Main Street	2 years, 1 months, 27 days	GA	No	12/28/2023 to 12/28/2025
Powell, Hallie	3131 South Main Street	4 years, 7 months, 19 days	GA	No	07/05/2021 to 07/05/2025
Qualls, Rebekah C.	3131 South Main Street	1 years, 4 months, 7 days	GA	No	10/17/2024 to 10/17/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Reyes, Noemi	3131 South Main Street	2 years, 1 months, 27	GA	No	12/28/2023 to
Roberts, Brianna	3131 South Main Street	1 years, 9 months, 1	GA	No	05/23/2024 to
Scites, Katelyn N.	3131 South Main Street	4 years, 8 months, 22	GA	No	06/02/2021 to
Sellers, Josie L.	3131 South Main Street	8 years, 9 months, 28	GA	No	04/27/2017 to
Sharp, Qu'Sanna L.	3131 South Main Street	7 years, 5 months, 28	GA	No	08/27/2018 to
Sheffield, Kristal M.	3131 South Main Street	8 years, 1 months, 14	GA	No	01/10/2018 to
Suarez, Mailyn	3131 South Main Street	4 years, 8 months, 16	GA	No	06/08/2021 to
Torres, Orasio	3131 South Main Street	4 years, 0 months, 9	GA	No	02/15/2022 to
Walden, Casidy	3131 South Main Street	5 years, 4 months, 11	GA	No	10/13/2020 to
Walls, Brianne	3131 South Main Street	3 years, 11 months, 2	GA	No	03/01/2022 to
Williams, Kenzie	3131 South Main Street	4 years, 10 months, 1	GA	No	04/09/2021 to
Wright, Kaitlyn L.	3131 South Main Street	4 years, 7 months, 11	GA	No	07/13/2021 to
Zeigler, Lacey	3131 South Main Street	14 years, 0 months, 3	GA	No	01/25/2012 to
Wright, Victoria A.	3131 South Main Street	4 years, 3 months, 12	GA	No	11/12/2021 to
Pendleton, Sydney E	3131 South Main Street	4 years, 3 months, 16	GA	No	11/8/2021 to
Wilson, Samantha	3131 South Main Street	14 years, 6 months, 2	GA	No	07/29/2011 to
Hall, Taylor K.	3131 South Main Street	6 years, 6 months, 12	GA	No	08/12/2019 to
Swain, Jason E.	3131 South Main Street	3 years, 9 months, 8	GA	No	05/16/2022 to
Galloway, Taylor	3131 South Main Street	1 years, 5 months, 19	GA	No	09/05/2024 to
Malone, Shelley M.	3131 South Main Street	0 years, 7 months, 21	GA	No	07/03/2025 to
Parrish, Julianne	3131 South Main Street	0 years, 3 months, 7	GA	No	11/17/2025 to
Baker, Christy	3131 South Main Street	3 years, 2 months, 19	GA	No	12/5/2022 to
Balderas, Monica	3131 South Main Street	1 years, 8 months, 24	GA	No	05/31/2024 to
Bennett, Harley G.	3131 South Main Street	7 years, 1 months, 20	GA	No	01/04/2019 to
Blakely, Kambria	3131 South Main Street	3 years, 4 months, 18	GA	No	10/06/2022 to
Bodiford, Alisha	3131 South Main Street	2 years, 6 months, 28	GA	No	07/27/2023 to
Bozeman, Beylee	3131 South Main Street	4 years, 9 months, 7	GA	No	05/17/2021 to
Bruttomesso, Franklin	3131 South Main Street	19 years, 5 months, 3	GA	No	08/25/2006 to
Buckner, Lakyn	3131 South Main Street	4 years, 5 months, 1	GA	No	09/23/2021 to
Burgess, Matthew	3131 South Main Street	17 years, 6 months, 1	GA	No	08/11/2008 to
Clark, Casey M.	3131 South Main Street	0 years, 8 months, 0	GA	No	06/24/2025 to
Copeland, Katie	3131 South Main Street	10 years, 10 months, 1	GA	No	04/01/2015 to
Cox, Lauren F.	3131 South Main Street	10 years, 5 months, 1	GA	No	09/10/2015 to
Crossett, Erin	3131 South Main Street	3 years, 0 months, 15	GA	No	02/09/2023 to
Dixon, Brenda T.	3131 South Main Street	1 years, 5 months, 18	GA	No	09/06/2024 to
Dupree, Cassidy	3131 South Main Street	1 years, 7 months, 6	GA	No	07/18/2024 to
Fernandez, Mariana	3131 South Main Street	0 years, 4 months, 22	GA	No	10/02/2025 to
Fernandez, Marithza	3131 South Main Street	0 years, 10 months, 2	GA	No	04/04/2025 to
Fernandez, Martin	3131 South Main Street	3 years, 4 months, 26	GA	No	09/29/2022 to
Folsom, Lori	3131 South Main Street	14 years, 9 months, 7	GA	No	05/17/2011 to

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
Gibbs, Melinda	3131 South Main Str	4 years, 11 months, 7	GA	No	03/17/2021 t
Goodrum, Alexis M.	3131 South Main Str	2 years, 1 months, 5	GA	No	01/19/2024 t

Only use commas to separate values

Example Entry: Dean Venture, 1234 Street Name Atlanta GA 30033, 1 year 3 months 12 days, GA, Yes, January 2025 - Present

Note: This is an example and there is no unit requirement for Duration

Please note that the survey WILL NOT BE ACCEPTED without the authorized signature of the Chief Executive Officer or Executive Director (principal officer) of the facility. The signature can be completed only AFTER all survey data has been finalized. By law, the signatory is attesting under penalty of law that the information is accurate and complete. I state, certify and attest that to the best of my knowledge upon conducting due diligence to assure the accuracy and completeness of all data, and based upon my affirmative review of the entire completed survey, this completed survey contains no untrue statement, or inaccurate data, nor omits requested material information or data. I further state, certify and attest that I have reviewed the entire contents of the completed survey with all appropriate staff of the facility. I further understand that inaccurate, incomplete or omitted data could lead to sanctions against me or my facility. I further understand that a typed version of my name is being accepted as my original signature pursuant to the Georgia Electronic Records and Signature Act. **Do not sign until you are ready to submit. Signed surveys will be locked to prevent post-validation revisions that could throw the survey out of balance. If you sign the survey, you will need to contact us to unlock it for revision.**

Authorized Signature

Caleb Morris

Date

03/04/2026



Title

Controller

Comments