GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HOSP229 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP229

1. Identifcication

Facility Name:

Chatuge Regional Hospital

County:

Towns

Street Address:

110 South Main Street

City:

Hiawassee

Zip:

30546

Mailing Address:

PO Box 509

Mailing City:

Hiawassee

Mailing Zip:

30546-0509

Medicaid Provider Number:

0000001933A

Medicare Provider Number:

111324

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:

Debbie Self

Contact Title:

ACFO

Phone:

706-439-6812

Fax:

706-745-7644

Email:

DEBBIESELF@UNIONGENERAL.ORG

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)

Union County Hospital Authority

Organization Type

Hospital Authority

Effective Date

11/01/1999

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not For Profit

Effective Date

11/01/1999

C. Facility Operator

Full Legal Name (Or Not Applicable)

Chatuge Regional Hospital

Organization Type

Not For Profit

Effective Date

11/01/1999

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Union General Hospital

Organization Type

Not For Profit

Effective Date

11/01/1999

E. Management Contractor

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not For Profit

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not For Profit

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

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

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

3.

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

Name

City

State

4.

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

Name

City

State

5.

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

Name

City

State

6.

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

Name

City

State

7.

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

Name

City

State

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO) ☐

Preferred Provider Organization(PPO) ☑

Physician Hospital Organization(PHO) ☐

Provider Service Organization(PSO) ☐

Other Managed Care or Prepaid Plan ☐

10b. Manage Care Information: Insurance Products

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

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

11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	0	0	0	0	0
Pediatrics (Non ICU)	0	0	0	0	0
Pediatric ICU	0	0	0	0	0
Gynecology (No OB)	0	0	0	0	0
General Medicine	0	0	0	0	0
General Surgery	0	0	0	0	0
Medical/Surgical	15	295	959	298	980
Intensive Care	0	0	0	0	0
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	10	244	4,296	256	4,670
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	**25**	**539**	**5,255**	**554**	**5,650**

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	**0**	**0**	**0**	**0**	**0**
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	3	4
Asian	0	0
Black/African American	0	0
Hispanic/Latino	10	119
Pacific Islander/Hawaiian	0	0
White	526	5,132
Multi-Racial	0	0
Total	539	5,255

3. Gender

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

Gender	Admissions	Inpatient Days
Male	218	2,023
Female	321	3,232
Total	539	5,255

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	471	4,979
Medicaid	10	21
Peachare	0	0
Third-Party	40	194
Self-Pay	11	41
Other	7	20
Total	539	5,255

5. Discharges to Death

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

11

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	1,100
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	0
Average Total Charge for an Inpatient Day	0

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

5,921

2. Inpatient Admissions from ER

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

711

3. Beds Available

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

6

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

Type of ER Bed or Room	Beds	Visits
Beds dedicated for Trauma	0	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	0	0
General Beds	6	5,921
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

355

6. Non-Emergency Visits

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

16,908

7. Observation Visits/Cases

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

362

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

20

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
Podatric Services	3	4
Renal Dialysis	3	4
ESWL	3	4
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	3	4
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	3	4
Respiratory Therapy	1	1
Occupational Therapy	1	1
Physical Therapy	1	1
Speech Pathology Therapy	1	1

Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	3	4
Ambulance Services	3	4
Hospice	3	4
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	0
Number of ESWL Patients	0
Number of ESWL Procedures	0
Number of ESWL Units	0
Number of Biliary Lithotripter Procedures	0
Number of Biliary Lithotripter Units	0
Number of Kidney Transplants	0
Number of Heart Transplants	0
Number of Other-Organ/Tissues Treatments	0
Number of Diagnostic X-Ray Procedures	4,410
Number of CTS Units (machines)	1
Number of CTS Procedures	4,537
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	1

Number of Number of MRI Procedures	1,339
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	3,700
Number of Occupational Therapy Treatments	11,808
Number of Physical Therapy Treatments	32,347
Number of Speech Pathology Patients	1,081
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	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	1
Number of Ultrasound/Medical Sonography Procedures	563
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

3. Robotic Surgery System

 # Units

0

 # Procedures

0

Type of Unit(s)

Not Applicable

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	1	0	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	38	0	0
Licensed Practical Nurses (LPNs)	24	0	0
Pharmacists	1	0	0
Other Health Services Professionals*	79	0	0
Administration and Support	30	0	0
All Other Hospital Personnel (not included in above)	29	0	0

2. Filling Vacancies

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

Type of Vacancy	Average Time Need To Fill Vacancies
Physician's Assistants	61-90 Days
Registered Nurses (RNs-Advance Practice)	61-90 Days
Licensed Practical Nurses (LPNs)	31-60 Days
Pharmacists	61-90 Days
Other Health Services Professionals	31-60 Days
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	1
Black/African American	0
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	0
Multi-Racial	23
Total	24

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	23	☐	23	0
General Internal Medicine	5	☐	5	0
Pediatricians	1	☐	1	0
Other Medical Specialties	77	☐	77	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	3	☑	3	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	3	☑	3	0
Ophthalmology Surgery	0	☐	0	0
Orthopedic Surgery	3	☑	3	0
Plastic Surgery	0	☐	0	0
General Surgery	3	☑	3	0
Thoracic Surgery	1	☐	1	0
Other Surgical Specialties	2	☑	2	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	0	☐	0	0
Dermatology	0	☐	0	0
Emergency Medicine	17	☐	17	0
Nuclear Medicine	0	☐	0	0
Pathology	3	☐	3	0
Psychiatry	1	☐	1	0
Radiology	30	☐	30	0
CRNA	15	☐	15	0
NP	29	☐	29	0
PA	11	☐	11	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 surgeions) with Admitting Privleges	0
Podiatrists	0
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	0

5b. Name of Other Professions

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

Comments and Suggestions

Part H: Physician Name and License Number

1. Physicians on Staff

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

Full Name	License Number
Ainsworth, Scott W., MD	35799
Alder, Timothy L., MD	61198
Andrews, Robert S., MD	60788
Bell, Benjamin S., DO	97630
Blocker, Kathryn P., MD	50497
Boyle, Paula J., MD	55928
Brown Sr., Charles M., MD	77094
Brown, Charles W., MD	28509
Bruker, Charles T., MD	74012
Buchwalter, Cheryl L., MD	10401
Campbell, Charles L., MD	82064
Cannington III, Royce M., MD	60708
Carbajal, Scott A., MD	60565
Church, Samuel L., MD	48990

Full Name	License Number
Conrad, Paul C., MD	41761
Cupolo, Erin J., DPM	POD001163
Davidson, Brent W., MD	29622
Deem, Brent S., DO	37523
Dent, Gary H., MD	55937
Doroodchi, Hamidreza, MD	66480
Duello, Katherine M., MD	76520
Edwards, Tracy L., MD	44207
Efird, Steven N., MD	35408
Fort, Peter L., MD	90203
Franklin, Anna S., MD	63776
Franklin, Benjamin T., MD	93072
Gaskins, Johnathan E., MD	56836
Gibson, Mark A., MD	75625
Goodwin Jr., Burton D., MD	10795
Graber, Rodney C., MD	103899
Harple, Chad D., MD	88106

Full Name	License Number
Harris, Benjamin J., MD	58761
Hayes, Laneau, MD	23366
Head, Wesley D., MD	40404
Henderson, Travis T., MD	56717
Hill, Jeremy R., MD	60381
Holcombe, Michael P., MD	67130
Jarrard, Stephen W., MD	62897
Joelson, Dean W., MD	57662
Johnson, Troy E., MD	45256
Jones, Jay J., MD	60389
Jones, Jennifer L., MD	55166
Jordan, Brent S., MD	86646
Kestin, Sharon L., MD	34990
Kirson, Joel I., MD	40125
Kizziah, Michael K., MD	65694
Koh, Bryant K., MD	72011
Langberg, Jonathan J., MD	37264

Full Name	License Number
Lawrence, Jonathan A., MD	72789
Lee, M. Allen, MD	59451
Lundberg, Gina P., MD	32458
MacBeth Jr., Ronald A., MD	49310
Maner, Robert D., DO	89123
Marquess, Joel S., MD	81971
Martin Sr., Michael L., MD	100493
Massad, Christopher S., MD	84895
McAllister, Ashford S., MD	43702
McGorisk, Gerard M., MD	39866
Meisamy, Sina, MD	65842
Mercer, Cynthia C., MD	67400
Mikhail Wassef, Maha B., MD	76909
Moody III, Willis E., MD, FACS	58708
Moore, Rodney E., MD	28827
Mudrey, Michael D., DO	38564
Mugharbil, Ziyad H., MD	31640

Full Name	License Number
Mullinax, Jennifer R., MD	103563
Myers, Laci J., MD	91077
Nader, Mathieu W., MD	76037
Nasr, Youssef, MD	93371
Neely, Philip E., MD	59316
Pattisapu, Varun K., MD	100161
Phillips, Kevin D., MD	59312
Ray, Andrew J., DO	89192
Roberts, Dayne K., MD	85038
Robertson, Gregory C., MD	52203
Robertson, James V., MD	16544
Rockmore, Jesse C., DO	102653
Schoeffler, Andre' C., MD	39463
Schueneman, Aaron J., MD	75888
Schwartz, Jacob D., MD	58501
Scott, Mathew J., DO	99342
Serbanescu, Andrei I., MD	43281

Full Name	License Number
Shah, Anand D., MD	74096
Sheyin, Olusegun A., MD	82611
Shirazi, Farheen A., MD	59020
Shvarts, Anita, MD	68304
Smith, Kilee R., DO	63815
Smith, Shanon D., MD	54513
Stahlkuppe Jr., Robert F., MD	17089
Steinfeld, Laurence A., MD	34253
Stirton, Jacob B., MD	83204
Strimel, William J., DO	48393
Sun, Dazhong, MD	91168
Sutton, Michael R., MD	102052
Tanner, Marshall G., MD	56658
Thombley Jr., Bruce S., MD	57257
Turner, Suzanne H., MD	46682
Van Tuyl Jr., Ronald A., MD	30684
Watkins, Jeremiah R., MD	59231

Full Name	License Number
Webb, Anderson H., MD	100794
Wells, Bryan J., MD	62630
Williams Jr., Byron R., MD	18974
Williams, Jonathan S., DO	59237
Willoughby, William A., MD	38407
Wrightson, William R., MD	97472
Xia, Tian, MD	64310

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
Alak	0	0	0	0	0	0	0	0	0	0	0	0	0
App	0	0	0	0	0	0	0	0	0	0	0	0	0
Atki	0	0	0	0	0	0	0	0	0	0	0	0	0
Bac	0	0	0	0	0	0	0	0	0	0	0	0	0
Bak	0	0	0	0	0	0	0	0	0	0	0	0	0
Balc	0	0	0	0	0	0	0	0	0	0	0	0	0
Ban	0	0	0	0	0	0	0	0	0	0	0	0	0
Barı	0	0	0	0	0	0	0	0	0	0	0	0	0
Bart	0	0	0	0	0	0	0	0	0	0	0	0	0
Ben	0	0	0	0	0	0	0	0	0	0	0	0	0
Berı	0	0	0	0	0	0	0	0	0	0	0	0	0
Bibl	1	0	0	0	0	0	0	0	0	0	0	0	0
Blec	0	0	0	0	0	0	0	0	0	0	0	0	0
Brar	0	0	0	0	0	0	0	0	0	0	0	0	0
Bro	0	0	0	0	0	0	0	0	0	0	0	0	0
Brya	0	0	0	0	0	0	0	0	0	0	0	0	0
Bull	0	0	0	0	0	0	0	0	0	0	0	0	0

Burl	0	0	0	0	0	0	0	0	0	0	0	0	0
Buti	0	0	0	0	0	0	0	0	0	0	0	0	0
Calh	0	0	0	0	0	0	0	0	0	0	0	0	0
Can	0	0	0	0	0	0	0	0	0	0	0	0	0
Can	0	0	0	0	0	0	0	0	0	0	0	0	0
Carı	0	0	0	0	0	0	0	0	0	0	0	0	0
Cat	0	0	0	0	0	0	0	0	0	0	0	0	0
Cha	0	0	0	0	0	0	0	0	0	0	0	0	0
Cha	0	0	0	0	0	0	0	0	0	0	0	0	0
Cha	0	0	0	0	0	0	0	0	0	0	0	0	0
Cha	0	0	0	0	0	0	0	0	0	0	0	0	0
Che	0	0	0	0	0	0	0	0	0	0	0	0	0
Clar	0	0	0	0	0	0	0	0	0	0	0	0	0
Clay	0	0	0	0	0	0	0	0	0	0	0	0	0
Clay	0	0	0	0	0	0	0	0	0	0	0	0	0
Clin	0	0	0	0	0	0	0	0	0	0	0	0	0
Cob	1	0	0	0	0	0	0	0	0	0	0	0	0

Cof	0	0	0	0	0	0	0	0	0	0	0	0	0
Col	0	0	0	0	0	0	0	0	0	0	0	0	0
Col	0	0	0	0	0	0	0	0	0	0	0	0	0
Coc	0	0	0	0	0	0	0	0	0	0	0	0	0
Cov	0	0	0	0	0	0	0	0	0	0	0	0	0
Cra	0	0	0	0	0	0	0	0	0	0	0	0	0
Cris	0	0	0	0	0	0	0	0	0	0	0	0	0
Dac	0	0	0	0	0	0	0	0	0	0	0	0	0
Dav	0	0	0	0	0	0	0	0	0	0	0	0	0
Dec	0	0	0	0	0	0	0	0	0	0	0	0	0
Dek	0	0	0	0	0	0	0	0	0	0	0	0	0
Doc	0	0	0	0	0	0	0	0	0	0	0	0	0
Doc	0	0	0	0	0	0	0	0	0	0	0	0	0
Dou	0	0	0	0	0	0	0	0	0	0	0	0	0
Dou	0	0	0	0	0	0	0	0	0	0	0	0	0
Earl	0	0	0	0	0	0	0	0	0	0	0	0	0
Ech	0	0	0	0	0	0	0	0	0	0	0	0	0
Effir	0	0	0	0	0	0	0	0	0	0	0	0	0

Elbe	0	0	0	0	0	0	0	0	0	0	0	0	0
Ema	0	0	0	0	0	0	0	0	0	0	0	0	0
Eva	0	0	0	0	0	0	0	0	0	0	0	0	0
Fan	30	0	0	0	0	0	0	0	0	0	0	0	0
Fay	0	0	0	0	0	0	0	0	0	0	0	0	0
Flor	16	0	0	0	0	0	0	0	0	0	0	0	0
Floy	0	0	0	0	0	0	0	0	0	0	0	0	0
Fors	0	0	0	0	0	0	0	0	0	0	0	0	0
Frar	0	0	0	0	0	0	0	0	0	0	0	0	0
Fult	1	0	0	0	0	0	0	0	0	0	0	0	0
Giln	1	0	0	0	0	0	0	0	0	0	0	0	0
Glas	0	0	0	0	0	0	0	0	0	0	0	0	0
Glyn	0	0	0	0	0	0	0	0	0	0	0	0	0
Gor	0	0	0	0	0	0	0	0	0	0	0	0	0
Gra	0	0	0	0	0	0	0	0	0	0	0	0	0
Gre	0	0	0	0	0	0	0	0	0	0	0	0	0
Gwi	0	0	0	0	0	0	0	0	0	0	0	0	0

Hab	0	0	0	0	0	0	0	0	0	0	0	0	0
Hall	0	0	0	0	0	0	0	0	0	0	0	0	0
Har	0	0	0	0	0	0	0	0	0	0	0	0	0
Har	0	0	0	0	0	0	0	0	0	0	0	0	0
Har	0	0	0	0	0	0	0	0	0	0	0	0	0
Har	0	0	0	0	0	0	0	0	0	0	0	0	0
Hea	0	0	0	0	0	0	0	0	0	0	0	0	0
Her	0	0	0	0	0	0	0	0	0	0	0	0	0
Hou	0	0	0	0	0	0	0	0	0	0	0	0	0
Irwi	0	0	0	0	0	0	0	0	0	0	0	0	0
Jack	1	0	0	0	0	0	0	0	0	0	0	0	0
Jasp	0	0	0	0	0	0	0	0	0	0	0	0	0
Jeff	0	0	0	0	0	0	0	0	0	0	0	0	0
Jeff	0	0	0	0	0	0	0	0	0	0	0	0	0
Jenk	0	0	0	0	0	0	0	0	0	0	0	0	0
John	0	0	0	0	0	0	0	0	0	0	0	0	0
Jone	0	0	0	0	0	0	0	0	0	0	0	0	0
Lam	0	0	0	0	0	0	0	0	0	0	0	0	0

Lan	0	0	0	0	0	0	0	0	0	0	0	0	0
Lau	0	0	0	0	0	0	0	0	0	0	0	0	0
Lee	0	0	0	0	0	0	0	0	0	0	0	0	0
Libe	0	0	0	0	0	0	0	0	0	0	0	0	0
Linc	0	0	0	0	0	0	0	0	0	0	0	0	0
Lon	0	0	0	0	0	0	0	0	0	0	0	0	0
Low	0	0	0	0	0	0	0	0	0	0	0	0	0
Lum	0	0	0	0	0	0	0	0	0	0	0	0	0
Mac	0	0	0	0	0	0	0	0	0	0	0	0	0
Mac	0	0	0	0	0	0	0	0	0	0	0	0	0
Mar	0	0	0	0	0	0	0	0	0	0	0	0	0
McI	0	0	0	0	0	0	0	0	0	0	0	0	0
McI	0	0	0	0	0	0	0	0	0	0	0	0	0
Mer	0	0	0	0	0	0	0	0	0	0	0	0	0
Mill	0	0	0	0	0	0	0	0	0	0	0	0	0
Mit	0	0	0	0	0	0	0	0	0	0	0	0	0
Mor	0	0	0	0	0	0	0	0	0	0	0	0	0
Mor	0	0	0	0	0	0	0	0	0	0	0	0	0

Mor	0	0	0	0	0	0	0	0	0	0	0	0	0
Mur	0	0	0	0	0	0	0	0	0	0	0	0	0
Mus	0	0	0	0	0	0	0	0	0	0	0	0	0
Nev	0	0	0	0	0	0	0	0	0	0	0	0	0
Nor	122	0	0	0	0	0	0	0	0	0	0	0	0
Occ	0	0	0	0	0	0	0	0	0	0	0	0	0
Oth	6	0	0	0	0	0	0	0	0	0	0	0	0
Ogl	0	0	0	0	0	0	0	0	0	0	0	0	0
Pau	2	0	0	0	0	0	0	0	0	0	0	0	0
Pea	0	0	0	0	0	0	0	0	0	0	0	0	0
Pick	3	0	0	0	0	0	0	0	0	0	0	0	0
Pier	0	0	0	0	0	0	0	0	0	0	0	0	0
Pike	0	0	0	0	0	0	0	0	0	0	0	0	0
Polk	0	0	0	0	0	0	0	0	0	0	0	0	0
Pula	0	0	0	0	0	0	0	0	0	0	0	0	0
Putn	0	0	0	0	0	0	0	0	0	0	0	0	0
Quit	0	0	0	0	0	0	0	0	0	0	0	0	0

Rab	0	0	0	0	0	0	0	0	0	0	0	0	0
Ran	0	0	0	0	0	0	0	0	0	0	0	0	0
Rich	0	0	0	0	0	0	0	0	0	0	0	0	0
Roc	0	0	0	0	0	0	0	0	0	0	0	0	0
Sch	0	0	0	0	0	0	0	0	0	0	0	0	0
Scre	0	0	0	0	0	0	0	0	0	0	0	0	0
Sem	0	0	0	0	0	0	0	0	0	0	0	0	0
Spa	0	0	0	0	0	0	0	0	0	0	0	0	0
Sou	1	0	0	0	0	0	0	0	0	0	0	0	0
Step	0	0	0	0	0	0	0	0	0	0	0	0	0
Stev	0	0	0	0	0	0	0	0	0	0	0	0	0
Sum	0	0	0	0	0	0	0	0	0	0	0	0	0
Ten	2	0	0	0	0	0	0	0	0	0	0	0	0
Talb	0	0	0	0	0	0	0	0	0	0	0	0	0
Talia	0	0	0	0	0	0	0	0	0	0	0	0	0
Tatt	0	0	0	0	0	0	0	0	0	0	0	0	0
Tayl	0	0	0	0	0	0	0	0	0	0	0	0	0
Telf	0	0	0	0	0	0	0	0	0	0	0	0	0

Terr	0	0	0	0	0	0	0	0	0	0	0	0	0
Tho	0	0	0	0	0	0	0	0	0	0	0	0	0
Tift	0	0	0	0	0	0	0	0	0	0	0	0	0
Too	0	0	0	0	0	0	0	0	0	0	0	0	0
Tow	266	0	0	0	0	0	0	0	0	0	0	0	0
Treu	0	0	0	0	0	0	0	0	0	0	0	0	0
Trou	0	0	0	0	0	0	0	0	0	0	0	0	0
Turr	0	0	0	0	0	0	0	0	0	0	0	0	0
Twi	0	0	0	0	0	0	0	0	0	0	0	0	0
Uni	81	0	0	0	0	0	0	0	0	0	0	0	0
Ups	0	0	0	0	0	0	0	0	0	0	0	0	0
Wal	0	0	0	0	0	0	0	0	0	0	0	0	0
Wal	0	0	0	0	0	0	0	0	0	0	0	0	0
War	0	0	0	0	0	0	0	0	0	0	0	0	0
War	0	0	0	0	0	0	0	0	0	0	0	0	0
Was	0	0	0	0	0	0	0	0	0	0	0	0	0
Way	0	0	0	0	0	0	0	0	0	0	0	0	0
Wel	0	0	0	0	0	0	0	0	0	0	0	0	0

Wh	0	0	0	0	0	0	0	0	0	0	0	0	0
Whi	3	0	0	0	0	0	0	0	0	0	0	0	0
Whi	2	0	0	0	0	0	0	0	0	0	0	0	0
Wil	0	0	0	0	0	0	0	0	0	0	0	0	0
Will	0	0	0	0	0	0	0	0	0	0	0	0	0
Will	0	0	0	0	0	0	0	0	0	0	0	0	0
Wo	0	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**539**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**

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	0	0
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	0	0
	0	0	0	0
Total	**0**	**0**	**0**	**0**

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	0	0
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	**0**	**0**	**0**	**0**	**0**

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	0	0
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	0	0	0
	0	0	0	0	0
Total	0	0	0	0	0

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

1. Race/Ethnicity of Ambulatory Patients

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

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

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	0
Ages 15-64	0
Ages 65-74	0
Ages 75-85	0
Ages 85 and Up	0
Total	0

3. Gender

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

Gender	Number of Ambulatory Patients
Male	0
Female	0
Total	0

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	0
Medicaid	0
Third-Party	0
Self-Pay	0
Total	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	0	0
B- General Acute Psychiatric Adolescents 13-17	0	0
C- General Acute Psychiatric Children 12 and under	0	0
D- Acute Substance Abuse Adults 18 and over	0	0
E- Acute Substance Abuse Adolescents 13-17	0	0
F- Extended Care Adults 18 and over	0	0
G- Extended Care Adolescents 13-17	0	0
H- Extended Care Adolescents 0-12	0	0
	0	0

2. Admissions, Days, Discharges, Accreditation

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

Program Type	Admissions	Inpatient Days	Discharges	Discharge Days	Average Charge Per Patient Day	Check if the Program is JCAHO Accredited
General Acute Psychiatric Adults 18 and over	0	0	0	0	0	☐
General Acute Psychiatric Adolescents 13-17	0	0	0	0	0	☐
General Acute Psychiatric Children 12 and Under	0	0	0	0	0	☐
Acute Substance Abuse Adults 18 and over	0	0	0	0	0	☐
Acute Substance Abuse Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adults 18 and over	0	0	0	0	0	☐
Extended Care Adolescents 13-17	0	0	0	0	0	☐
Extended Care Adolescents 0-12	0	0	0	0	0	☐

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

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	0	0
Female	0	0
Total	0	0

Total Psych Admissions from Patient Origin Table
0

3. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	0	0
Medicaid	0	0
Third-Party	0	0
Self-Pay	0	0
PeachCare	0	0

Georgia Minority Health Advisory Council Addendum

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

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

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

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

Bilingual hospital staff member ☐

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☐

Telephone interpreter service ☑

Other ☐

Please describe

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

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

We conduct annual education.

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?

We use an interpreter service.

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

Language One:

Language Two:

Language Three:

Language Four:

If an unisured 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?

Union General Family Medicine

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

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 incaccurate 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

Nick Townsend

Date

03/17/2026

Title

CFO

Comments

Response Errors

TAB	QUESTION	ERROR