GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP614

1. Identifcication

Facility Name:

John D. Archbold Memorial Hospital

County:

Thomas

Street Address:

915 Gordon Ave

City:

Thomasville

Zip:

31799

Mailing Address:

PO Box 1018

Mailing City:

Thomasville

Mailing Zip:

31799

Medicaid Provider Number:

0000063

Medicare Provider Number:

110038

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:

Loren J. Rials

Contact Title:

Senior Vice President/CFO

Phone:

[redacted]

Fax:

229-551-8741

Email:

[redacted]

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)

John D. Archbold Memorial Hospital, Inc.

Organization Type

Not For Profit

Effective Date

01/01/1925

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Archbold Medical Center, Inc.

Organization Type

Not For Profit

Effective Date

05/01/1993

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

Greg Hembree, CFO retired, Loren J. Rials, CFO. James Carter, COO retired, Joseph C. Newman, COO

3.

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

Name

Archbold Medical Center, Inc.

City

Thomasville

State

GA

4.

Check the t the r ht f y ur h sp tal s a d v s n r su s d ary f a h ld n c mpany ☐

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

Vizient Southern States

City

Atlanta

State

GA

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)	11	434	1,171	484	1,168
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	126	7,077	33,112	6,877	35,710
Intensive Care	14	77	4,075	417	664
Psychiatry	40	1,490	9,610	1,492	9,439
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	20	175	1,948	174	1,946
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	211	9,253	49,916	9,444	48,927

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	14	77	4,075	417	664
Rehab Totals	20	175	1,948	174	1,946

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	21	103
Asian	35	126
Black/African American	3,945	22,193
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	21	89
White	5,320	27,006
Multi-Racial	86	399
Total	9,428	49,916

3. Gender

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

Gender	Admissions	Inpatient Days
Male	4,501	24,248
Female	4,927	25,668
Total	9,428	49,916

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	5,354	30,533
Medicaid	1,310	7,177
Peachare	0	0
Third-Party	2,306	10,052
Self-Pay	458	2,154
Other	0	0
Total	9,428	49,916

5. Discharges to Death

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

250

6. Charges for Selected Services

Please report the hospital's average charges as of 12-31-2025 (he neares wh le d llar)

Service	Charge
Private Room Rate	1,142
Semi-Private Room Rate	1,499
Operating Room: Average Charge for the First Hour	9,024
Average Total Charge for an Inpatient Day	7,327

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

32,248

2. Inpatient Admissions from ER

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

8,630

3. Beds Available

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

24

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	2	0
Beds or Rooms dedicated for Psychiatric /Substance Abuse cases	2	0
General Beds	20	0
Vertical Low Activity	4	0
	0	0
	0	0
	0	0

5. Transfers

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

1,428

6. Non-Emergency Visits

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

237,547

7. Observation Visits/Cases

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

4,224

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

1,620

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

357

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	2	1
ESWL	1	1
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	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	1	1
Audiology Services	1	1
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	38
Number of Dialysis Treatments	5,087
Number of ESWL Patients	32
Number of ESWL Procedures	34
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	41,290
Number of CTS Units (machines)	5
Number of CTS Procedures	32,586
Number of Diagnostic Radioisotope Procedures	2,672
Number of PET Units (machines)	1
Number of PET Procedures	977
Number of Therapeautic Radioisotope Procedures	643
Number of Number of MRI Units	2
Number of Number of MRI Procedures	10,203
Number of Chemotherapy Treatments	23,222
Number of Respiratory Therapy Treatments	438,935
Number of Occupational Therapy Treatments	7,539
Number of Physical Therapy Treatments	3,307
Number of Speech Pathology Patients	960
Number of Gamma Ray Knife Procedures	35
Number of Gamma Ray Knife Units	1
Number of Audiology Patients	0
Number of HIV/AIDS Diagnostic Procedures	0
Number of HIV/AIDS Patients	0
Number of Ambulance Trips	6,563
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	21
Number of Ultrasound/Medical Sonography Procedures	6,637
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

3

Procedures

717

Type of Unit(s)

Davinci

Part G: Facility Workforce Informaton

1. Budgeted Staff

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

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Licensed Physicians	54	0	2
Physician Assistants Only (not including Licensed Physicians)	14	2	0
Registered Nurses (RNs Advanced Practice*)	319	31	53
Licensed Practical Nurses (LPNs)	50	3	0
Pharmacists	25	5	0
Other Health Services Professionals*	695	43	7
Administration and Support	919	54	0
All Other Hospital Personnel (not included in above)	0	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	More than 90 Days
Other Health Services Professionals	61-90 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	22
Black/African American	11
Hispanic/Latino	7
Pacific Islander/Hawaiian	0
White	86
Multi-Racial	0
Total	126

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	5	☐	4	0
General Internal Medicine	33	☑	16	0
Pediatricians	6	☐	0	0
Other Medical Specialties	29	☑	11	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	5	☐	0	0
Non-OB Physicians Providing OB Services	0	☐	0	0
Gynecology	5	☐	0	0
Ophthalmology Surgery	0	☐	0	0
Orthopedic Surgery	2	☐	0	0
Plastic Surgery	0	☐	0	0
General Surgery	7	☐	7	0
Thoracic Surgery	7	☐	0	0
Other Surgical Specialties	9	☐	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	0	☐	0	0
Dermatology	0	☐	0	0
Emergency Medicine	0	☐	0	0
Nuclear Medicine	8	☑	0	0
Pathology	1	☑	0	0
Psychiatry	1	☑	1	0
Radiology	0	☐	0	0
Interventional Radiology	2	☑	1	0
	0	☐	0	0
	0	☐	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 surgeions) with Admitting Privleges	0
Podiatrists	1
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	127

5b. Name of Other Professions

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

Physician Assistant, Anesthesia Assistant, Nurse Practitioner, Certified Registered Nurse Anesthetist

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
A. Kenneth Fuller, M.D.	28165
Abieyuwa Eweka, M.D.	87278
Adam Albadawi, D.O.	105661
Adam Marler, M.D.	82420
Akash Anrude, D.O.	96500
Albert Isaac Richardson, M.D.	55328
Almatmed Abdelsalam, M.D.	77419
Amanda D. May, M.D.	46082
Amy Elizabeth Cooper, M.D.	47071
Anthony Goei, M.D.	77040
Anthony Iluymade, M.D.	80455
Anthony S. Otekeiwebia, M.D.	88462
Bradley N. Walter, M.D.	47550
Brandi Warren, D.O.	61681
Brandon Richard Bergan, M.D.	72536
Breanna Walters, M.D.	92714
Brian Dawson, M.D.	62198
Brian J. Szwarc, M.D.	44119
Brian K. Russell, M.D.	76453
Byron Clay Sizemore, M.D.	63959
Calvin J. Reams, M.D.	19585
Carlos Cebollero, M.D.	104964
Chisom Onuoha, M.D.	82773
Christian Trujillo, M.D.	94182
Christopher L. Daniels, M.D.	71484
Cianna Pender, M.D.	76648
Craig Allen Yokley, M.D.	61540
Dale L. Wing, M.D.	68022
Daryl O. Crenshaw, M.D.	56036
David A. Saunders, M.D.	39226
David I. Mederos, D.O.	73031
David C. Whitehead, M.D.	50852

Full Name	License Number
Edward Lee Hall, M.D.	20724
Elving Colon, M.D.	67205
Eric Webb, MD	88137
Esther Tan, M.D.	73159
Eugene Yo-Jen Sun, M.D.	62170
Frederick Johnson, M.D.	84342
Geoffrey S. Deutsch, M.D.	45061
Geri E. Justice, M.D.	68649
Gregory K. Patterson, M.D.	45106
Hussain Alhamza, M.D.	91157
Ivelisse Lopez, D.O.	98246
J. Steven Johnson, M.D.	30487
Jackson E. Hatfield, MD	76616
James M. Hunt, D.O.	67131
James S. Karas, M.D.	37248
James Wilson Falconer, III, M.D.	44213
Jaqueline O'Kane, D.O.	85496
Jared Davis, M.D.	95298
Jasmine Mutti, M.D.	100435
Jason O. Burnette, M.D.	69097
Jason E. Griffin, M.D.	47325
Jason Mark NeSmith, M.D.	66725
Jennifer Pugliesse, M.D.	63796
Jeremy W. Poole, D.O.	33433
John Pham, M.D.	64243
John E. Whalen, Jr., M.D.	98921
Jose B. Morel, M.D.	66873
Jose M. Grave de Peralta, M.D.	38238
Joseph S. Novak, M.D.	46464
Joseph Berger, M.D.	28722
Josh David Simmons, M.D.	64969
Joshua S. Newton, M.D.	62578
Justin Lee Loy, M.D.	81773
Kash Choksi, M.D.	76320

Full Name	License Number
Kristopher M. Palmer, D.O.	75974
Lauren Donnangelo, M.D.	96222
Lisa Fowlkes, M.D.	48289
Lorraine M. Williams, M.D.	69670
Luis Wulff, M.D.	95790
Mahesh Cheryala M.D.	102043
Marco Hallerbach, M.D.	66499
Mark Lee Catterson, M.D.	84868
Martha S. Ward, M.D.	20360
Mary K. Hanisee, M.D.	78665
Matthew Adam Graham, MD	76722
Maximillian S. Shokat, DO	60192
Melissa S. Bruhn, M.D.	43565
Michael J. Magbalon, M.D.	58984
Misty Gangar, M.D.	93399
Morgan Lane, MD	89612
Muhammad Aliniaz Khan, M.D.	63080
Muhammad Tahir, M.D.	93523
Nicholas S. Richardson, M.D.	79907
Orlando Thomas, M.D.	88860
Pallavi Luthra, MD	80837
Patrick B. Fenlon, M.D.	27373
Paul M. Ndunda, M.D.	100414
Phillip Paine, M.D.	101829
Pranav M. Diwan, M.D.	73982
Prashant Baliga, M.D.	34756
Rachel P. Anderson, D.O.	84325
Ragin Alex, M.D.	104883
Ranjith Wijeratne, M.D.	109909
Raul G. Santos, M.D.	41662
Raymond Alvarez, D.O.	100084
Richard W. Murphy, Jr., M.D.	49927
Robert Donald Miles, M.D.	56202
Ronald Batin, M.D.	92373

Full Name	License Number
Saleem Basha Sheikh, D.O.	74588
Salli Chism Lehman, M.D.	64044
Sarah Bouck, MD	86294
Sarah R. Chason, M.D.	101005
Sarah L. Vocelle, D.O.	77056
Shaun Hoenstine, M.D.	82417
Sheetal Higbee, M.D.	101151
Shelley Persaud, M.D.	103348
Stacey W. Johnson, M.D.	41324
Stephanie S. Fennell, M.D.	41552
Steven Mark Brewer, M.D.	35386
Tabitha M. Muutu, M.D.	101067
Thomas Eugene Edwards, III, M.D.	67559
Timothy Byron Daniel, M.D.	591539
Timothy G. Grayson, M.D.	48050
Timothy O. Thomson, M.D.	46526
Viet A. Vu, DPM	POD001189
W. Merrill Hicks, M.D.	38251
Weiping Wang, M.D.	74432
W. Kendall Wyatt, M.D.	102312
William Lewis Cooper, M.D.	45191
William Lee, M.D.	92056

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
Aiken	0	1	0	2	0	0	0	0	0	0	0	0	0
Appling	6	1	0	1	0	0	0	0	0	0	0	0	0
Atkinson	3	0	0	1	0	0	0	0	0	0	0	0	0
Bacon	1	1	0	0	0	0	0	0	0	0	0	0	0
Baker	30	26	4	3	0	0	0	0	0	0	0	0	1
Baldwin	4	0	0	0	0	0	0	0	0	0	0	0	1
Barrow	2	0	0	0	0	0	0	0	0	0	0	0	0
Bartow	14	0	1	11	0	0	0	0	0	0	0	0	0
Ben Hill	2	7	0	1	0	0	0	0	0	0	0	0	0
Berrien	11	18	1	5	0	0	0	0	0	0	0	0	0
Bibb	33	1	0	29	0	0	0	0	0	0	0	0	0
Brantley	5	0	0	3	0	0	0	0	0	0	0	0	0
Brooks	493	255	15	41	0	0	0	0	0	0	0	0	10
Bryan	3	0	0	2	0	0	0	0	0	0	0	0	0
Bulloch	1	0	0	1	0	0	0	0	0	0	0	0	0
Butts	1	0	0	1	0	0	0	0	0	0	0	0	0
Calhoun	5	4	0	3	0	0	0	0	0	0	0	0	0
Camden	2	0	0	2	0	0	0	0	0	0	0	0	0
Carroll	3	0	0	3	0	0	0	0	0	0	0	0	0
Catoosa	2	0	0	1	0	0	0	0	0	0	0	0	0
Chatham	20	0	0	20	0	0	0	0	0	0	0	0	0
Chattahoochee	0	0	0	0	0	0	0	0	0	0	0	0	0
Cherokee	4	2	0	3	0	0	0	0	0	0	0	0	0
Clarke	8	0	0	6	0	0	0	0	0	0	0	0	0
Clayton	17	0	0	14	0	0	0	0	0	0	0	0	0
Cleborne	3	0	0	1	0	0	0	0	0	0	0	0	0
Clinch	0	10	0	0	0	0	0	0	0	0	0	0	1
Cobb	21	0	0	18	0	0	0	0	0	0	0	0	0
Coffee	1	3	0	0	0	0	0	0	0	0	0	0	0
Colquitt	410	215	23	47	0	0	0	0	0	0	0	0	5
Columbia	7	0	0	2	0	0	0	0	0	0	0	0	0
Cook	15	19	1	3	0	0	0	0	0	0	0	0	1
Coweta	3	2	0	2	0	0	0	0	0	0	0	0	1

Crisp	3	1	0	2	0	0	0	0	0	0	0	0	0
Dade	2	0	0	0	0	0	0	0	0	0	0	0	0
Dallas	0	0	0	2	0	0	0	0	0	0	0	0	0
Decatur	715	481	12	32	0	0	0	0	0	0	0	0	11
DeKalb	26	0	0	24	0	0	0	0	0	0	0	0	0
Dodge	0	0	0	1	0	0	0	0	0	0	0	0	0
Dougherty	45	28	1	11	0	0	0	0	0	0	0	0	1
Douglas	7	0	0	5	0	0	0	0	0	0	0	0	0
Early	9	15	1	0	0	0	0	0	0	0	0	0	0
Echols	2	7	0	0	0	0	0	0	0	0	0	0	0
Effingham	2	0	0	1	0	0	0	0	0	0	0	0	0
Emanuel	5	1	0	5	0	0	0	0	0	0	0	0	0
Evans	1	0	0	1	0	0	0	0	0	0	0	0	0
Fayette	2	0	0	1	0	0	0	0	0	0	0	0	0
Florida	56	87	6	16	0	0	0	0	0	0	0	0	0
Floyd	2	0	0	1	0	0	0	0	0	0	0	0	0
Forsyth	1	0	0	2	0	0	0	0	0	0	0	0	0
Franklin	1	2	0	0	0	0	0	0	0	0	0	0	0
Fulton	51	0	0	50	0	0	0	0	0	0	0	0	0
Garland	0	0	0	3	0	0	0	0	0	0	0	0	0
Gilmer	2	0	0	9	0	0	0	0	0	0	0	0	0
Glascock	13	0	0	0	0	0	0	0	0	0	0	0	0
Glynn	10	1	0	2	0	0	0	0	0	0	0	0	0
Grady	1,219	722	37	110	0	0	0	0	0	0	0	0	18
Greene	7	0	0	5	0	0	0	0	0	0	0	0	0
Gwinnett	34	0	0	33	0	0	0	0	0	0	0	0	0
Guilford	0	0	0	1	0	0	0	0	0	0	0	0	0
Hall	0	0	0	1	0	0	0	0	0	0	0	0	0
Hamilton	0	0	0	1	0	0	0	0	0	0	0	0	0
Hancock	4	0	0	0	0	0	0	0	0	0	0	0	0
Haralson	2	0	0	2	0	0	0	0	0	0	0	0	0
Harris	2	1	0	0	0	0	0	0	0	0	0	0	0
Heard	1	0	0	1	0	0	0	0	0	0	0	0	0
Henry	7	0	0	1	0	0	0	0	0	0	0	0	0

Houston	12	5	0	8	0	0	0	0	0	0	0	0	0
Irwin	5	6	0	1	0	0	0	0	0	0	0	0	0
Jeff Davis	1	0	0	1	0	0	0	0	0	0	0	0	0
Jefferson	53	29	2	5	0	0	0	0	0	0	0	0	1
Jenkins	0	0	0	0	0	0	0	0	0	0	0	0	0
Johnson	2	0	0	1	0	0	0	0	0	0	0	0	0
Lake	0	0	0	0	0	0	0	0	0	0	0	0	2
Lamar	5	0	0	0	0	0	0	0	0	0	0	0	0
Lanier	8	11	0	2	0	0	0	0	0	0	0	0	0
Laurens	7	0	0	7	0	0	0	0	0	0	0	0	0
Lee	9	12	0	1	0	0	0	0	0	0	0	0	0
Liberty	4	0	0	4	0	0	0	0	0	0	0	0	0
Lincoln	9	0	0	8	0	0	0	0	0	0	0	0	0
Long	1	0	0	1	0	0	0	0	0	0	0	0	0
Lowndes	164	290	9	27	0	0	0	0	0	0	0	0	2
Macon	1	0	0	1	0	0	0	0	0	0	0	0	0
Madison	15	18	0	3	0	0	0	0	0	0	0	0	0
Marion	0	0	0	2	0	0	0	0	0	0	0	0	0
McDuffie	7	0	0	0	0	0	0	0	0	0	0	0	0
Miller	0	23	1	0	0	0	0	0	0	0	0	0	1
Mitchell	1,011	481	38	89	0	0	0	0	0	0	0	0	10
Monroe	2	0	0	1	0	0	0	0	0	0	0	0	0
Montgomery	2	0	0	0	0	0	0	0	0	0	0	0	0
Morgan	3	0	0	2	0	0	0	0	0	0	0	0	0
Murray	2	0	0	2	0	0	0	0	0	0	0	0	0
Muscogee	14	1	0	11	0	0	0	0	0	0	0	0	0
Newton	14	0	0	9	0	0	0	0	0	0	0	0	0
Norfolk City	0	0	0	1	0	0	0	0	0	0	0	0	0
Oglethorpe	5	0	0	1	0	0	0	0	0	0	0	0	0
Paulding	5	0	0	5	0	0	0	0	0	0	0	0	0
Peach	2	0	0	2	0	0	0	0	0	0	0	0	0
Pickens	1	0	0	1	0	0	0	0	0	0	0	0	0
Pierce	2	0	0	2	0	0	0	0	0	0	0	0	0
Polk	4	0	0	2	0	0	0	0	0	0	0	0	0

Putnam	2	0	0	1	0	0	0	0	0	0	0	0	0
Randolph	2	0	0	1	0	0	0	0	0	0	0	0	0
Richmond	30	0	0	30	0	0	0	0	0	0	0	0	0
Rockdale	3	0	0	2	0	0	0	0	0	0	0	0	0
Schley	1	0	0	1	0	0	0	0	0	0	0	0	0
Seminole	72	58	0	2	0	0	0	0	0	0	0	0	1
Spalding	9	0	0	9	0	0	0	0	0	0	0	0	0
Stephens	2	0	0	2	0	0	0	0	0	0	0	0	0
Sumter	19	0	0	19	0	0	0	0	0	0	0	0	0
Taylor	3	4	0	2	0	0	0	0	0	0	0	0	0
Terrell	3	5	0	3	0	0	0	0	0	0	0	0	0
Thomas	4,465	1,743	266	635	0	0	0	0	0	0	0	0	103
Tift	32	29	1	6	0	0	0	0	0	0	0	0	2
Toombs	4	1	0	3	0	0	0	0	0	0	0	0	0
Troup	3	0	0	3	0	0	0	0	0	0	0	0	0
Turner	2	3	1	0	0	0	0	0	0	0	0	0	0
Twiggs	2	0	0	2	0	0	0	0	0	0	0	0	0
Upson	7	0	0	6	0	0	0	0	0	0	0	0	0
Walker	5	0	0	0	0	0	0	0	0	0	0	0	0
Walton	4	0	0	4	0	0	0	0	0	0	0	0	0
Ware	2	0	0	1	0	0	0	0	0	0	0	0	0
Warren	2	0	0	2	0	0	0	0	0	0	0	0	0
Wayne	1	0	0	1	0	0	0	0	0	0	0	0	0
Wheeler	1	0	0	1	0	0	0	0	0	0	0	0	0
Whitfield	1	0	0	1	0	0	0	0	0	0	0	0	0
Wilcox	2	0	0	1	0	0	0	0	0	0	0	0	0
Worth	17	11	0	3	0	0	0	0	0	0	0	0	1
York	1	0	0	0	0	0	0	0	0	0	0	0	0
Clay	0	1	0	0	0	0	0	0	0	0	0	0	0
Gordon	0	1	0	0	0	0	0	0	0	0	0	0	0
Jackson	0	2	0	0	0	0	0	0	0	0	0	0	0
Oconee	0	1	0	0	0	0	0	0	0	0	0	0	0
Other Out of State	0	2	0	0	0	0	0	0	0	0	0	0	0
Pulaski	0	2	0	0	0	0	0	0	0	0	0	0	0

Union	0	1	0	0	0	0	0	0	0	0	0	0	0
Totals	**9,428**	**4,651**	**420**	**1,490**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**0**	**173**

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	9	9
Cystoscopy (OR Suite)	0	0	2	2
Endoscopy (OR Suite)	0	3	3	6
	0	0	0	0
Total	0	3	14	17

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	1,475	3,961	5,436
Cystoscopy	0	0	150	1,204	1,354
Endoscopy	0	931	626	4,576	6,133
	0	0	0	0	0
Total	0	931	2,251	9,741	12,923

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	1,317	3,508	4,825
Cystoscopy	0	0	142	1,143	1,285
Endoscopy	0	802	497	3,852	5,151
	0	0	0	0	0
Total	0	802	1,956	8,503	11,261

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

1. Race/Ethnicity of Ambulatory Patients

Please report the total number of amb latory patients for b h dedica ed outpatient and shared room environment.

Race/Ethnicity	Number of Ambulatory Patients
American Indian/Alaska Native	19
Asian	23
Black/African American	916
Hispanic/Latino	126
Pacific Islander/Hawaiian	9
White	2,871
Multi-Racial	687
Total	4,651

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	389
Ages 15-64	2,498
Ages 65-74	1,005
Ages 75-85	655
Ages 85 and Up	104
Total	4,651

3. Gender

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

Gender	Number of Ambulatory Patients
Male	2,379
Female	2,272
Total	4,651

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	773
Medicaid	502
Third-Party	3,184
Self-Pay	192
Total	4,651

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:

5

Number of Birthing Rooms:

0

Number of LDR Rooms:

0

Number of LDRP Rooms:

0

Number of Cesarean Sections:

156

Total Live Births:

447

Total Live Births (Live and Late Fetal Deaths):

452

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

448

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)	24	432	865	327
Specialty Care (Intermediate Neonatal Care)	4	14	40	0
Subspecialty Care (Intensive Neonatal Care)	0	0	0	0
Total	28	446	905	327

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	2	4
Asian	5	15
Black/African American	157	421
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	1	0
White	234	635
Multi-Racial	21	49
Total	420	1,124

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	418	1,123
Ages 45 and Up	2	1
Total	420	1,124

3. Average Charge for an Uncomplicated Delivery

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

11,771

4. Average Charge for an Premature Delivery

Please report the average hospital charge for a premature delivery.

11,149

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	40	40
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	1,490	9,610	1,492	9,439	2,383	☐
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 a missions and inpatien days using the following race/ethnicity classifications.

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	1	5
Asian	6	46
Black/African American	782	5,236
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	696	4,293
Multi-Racial	5	30
Total	1,490	9,610

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	807	4,989
Female	683	4,621
Total	1,490	9,610

Total Psych Admissions from Patient Origin Table
1,490

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	427	3,346
Medicaid	683	4,399
Third-Party	330	1,610
Self-Pay	50	255
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

John D. Archbold Memorial Hospital utilizes LSA (Language Services Associates) Interpretrac telephonic interpretation, GLOBO Language Services for supplemental telep

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	1	0	0	0
Other	97	0	0	0
Unknown	6	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?

During new employee orientation, new hires are introduced to resources available within the health system to communicate with patients with Limited English Proficiency or who have vision, speech, or hearing impairments. The hospital utilizes a Healthstream online educational course, "SQ Acute: Care Delivery, Culturally Competent," for additional training, and this course is assigned to new hires upon employment. All employees are required to complete this course on an annual basis along with attend in-person classes that include education on cultural competency and CLAS for our patients. This course is based on our patient populations

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?

Directional signage is currently available only in English and Braille; it would be helpful to add Spanish for patients and visitors and have maps of the campus in Spanish. Additionally, adding functionality of on-line interpreter services to bedside charting within the electronic health record would be much more user friendly to patients and more time efficient for staff.

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

Language One:

English Directional Language

Language Two:

Braille room identification signage and elevator signage

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?

JDAMH Emergency Department serves citizens of Thomas County and surrounding counties. We are able to refer patients to the Thomas County Health Department ai

Comprehensive Inpatient Physical Rehabilitation Addendum

1. Admissions and Days of Care by Race

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	0	0
Asian	0	0
Black/African American	41	459
Hispanic/Latino	1	14
Pacific Islander/Hawaiian	0	0
White	131	1,471
Multi-Racial	0	0
Total	173	1,944

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	79	896
Female	94	1,048
Total	173	1,944

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	0	0
18-64	46	489
65-84	90	1,010
85 Up	37	445
Total	173	1,944

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	163
Long Term Care Hospital	0
Skilled Nursing Facility	0
Traumatic Brain Injury Facility	0
	0
Total	163

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	133
Third-Party/Commercial	38
Self-Pay	2
Other	0
Total	173

2. Uncompensated Indigent and Charity Care

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

2

Part D: Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the n mber of in atient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

Diagnosis	Admissions
1 Stroke	30
2 Brain Injury	8
3 Amputation	2
4 Spinal Cord	4
5 Fracture of the femur	20
6 Neurological disorders	92
7 Multiple Trauma	1
8 Congenital deformity	0
9 Burns	0
10 Osteoarthritis	0
11 Rheumatoid arthritis	0
12 Systemic vasculidities	0
13 Joint replacement	1
All Other	15
Total	173

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
ILENE LINDQUIST-CLAF		17	GA	No	5/26/2008
SANDY JOHNSON		15	GA	No	5/1/2010
TAMMY MITCHELL		2	GA	No	8/28/2023
LAURA COPELAND		1	GA	No	1/13/2025
ROGER PIERCE		19	GA	No	3/5/2006
TANIA ROYAL		2	GA	No	9/25/2023
JESSICA CHAMBLESS		2	GA	No	2/27/2023
DEBORAH COOPER		11	GA	No	1/26/2015
SARAH CREAGER		2	GA	No	12/18/2023
APRIL THOMPSON		0	GA	No	11/24/2025
AMANDA SAUNDERS		1	GA	No	12/16/2024
DAWN CONNELL		2	GA	No	11/13/2023
JILLIAN ABGOTT		1	GA	No	10/28/2024
RACHEL DREW		0	GA	No	12/8/2025
MAE COPELAND		51	GA	No	9/3/1974
ANGELA ESTHER		23	GA	No	4/9/2002
KATHRYN UPTON		14	GA	No	1/23/2012
KELLY BASS		8	GA	No	10/23/2017
BRENDA NICHOLSON		20	GA	No	5/23/2005
STEPHANIE WOOD		18	GA	No	10/22/2007
LINDSEY NEWSOM		8	GA	No	4/24/2017
KIMBERLY HILL		13	GA	No	5/28/2012
ERIN STONE		0	GA	No	11/24/2025
STEFANIE WHEELER		11	GA	No	2/9/2015
DANIELLE PITTS		10	GA	No	4/13/2015
KAITLYN PALMER		7	GA	No	5/21/2018
TARA DAMPIER		1	GA	No	10/28/2024
LYNN MARTIN		41	GA	No	10/8/1984
SHIRLEY SAMPSON		43	GA	No	10/18/1982
SHEILA KNAPP		41	GA	No	9/5/1984
GLORIA GREENE		34	GA	No	1/20/1992
DEBORAH MENG		38	GA	No	6/15/1987

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
EMILY FUNK		20	GA	No	8/29/2005
MYONG OWENS		38	GA	No	10/22/1987
EARTHA DAVIS		35	GA	No	10/1/1990
BARBARA GANTT		34	GA	No	6/15/1991
KRIS GRINER		33	GA	No	3/30/1992
MESHELE BASS		33	GA	No	12/14/1992
SHEILA RICHARDSON		33	GA	No	9/25/1992
TERESA PHILLIPS		31	GA	No	1/1/1995
KAREN BURNS		32	GA	No	6/21/1993
TAMARA DAVIS		32	GA	No	1/4/1994
MARY YOUNG		15	GA	No	9/13/2010
CHRISTINA PLYMALE		9	GA	No	5/9/2016
GAIL WILSON		7	GA	No	10/15/2018
DAVID OSGATHARP		29	GA	No	11/21/1996
DANYALE COCHRAN		2	GA	No	11/13/2023
DAQUISHA JACKSON		3	GA	No	3/13/2022
TERESA SHOUP		27	GA	No	11/3/1998
DONNA VICKERS		25	GA	No	3/5/2000
LARK BENTON		26	GA	No	5/26/1999
RHONDA ELLIS		26	GA	No	7/1/1999
JUDITH BADGER		23	GA	No	6/1/2002
LESLIE DRURY		3	GA	No	1/23/2023
MARY HALL		25	GA	No	1/20/2001
GINGER GRIER		11	GA	No	4/14/2014
COURTNEY HOUSTON		17	GA	No	2/9/2009
AUDRA HICKS		3	GA	No	1/9/2023
CARLA CASTLEBERRY		6	GA	No	1/13/2020
LESLIE WATERS		24	GA	No	8/27/2001
AMY HUMPHRIES		23	GA	No	5/20/2002
JAMES WALKER		22	GA	No	11/12/2003
NATANYA JONES		23	GA	No	8/6/2002
DAWN JOHNSON		17	GA	No	6/8/2008
JESSICA MANN		23	GA	No	12/23/2002
CARLISSIA GAINES		0	GA	No	7/14/2025

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
JENNIFER SEARCY		22	GA	No	1/12/2004
KATHRYN SINGLETARY		22	GA	No	2/16/2004
SHALANDRICK DOUGL		1	GA	No	4/8/2024
NATALIE BRADY		21	GA	No	4/26/2004
AMY WEBB		11	GA	No	7/14/2014
LISA CHAPLIN		14	GA	No	10/10/2011
VERONICA BOZEMAN		4	GA	No	1/24/2022
MISTY BROWN		20	GA	No	11/3/2005
SHANA CROSBY		2	GA	No	4/10/2023
REBECCA BROOKS		2	FL	No	7/24/2023
MICHELLE WHIGHAM		19	GA	No	6/20/2006
KIMBERLY RICHARDSO		4	GA	No	1/10/2022
WHITNEY RICHARDSOI		19	GA	No	9/18/2006
HEATHER TATE		19	GA	No	1/2/2007
SUSAN CARLTON		19	GA	No	1/22/2007
CHRISTY BRADLEY		7	GA	No	8/13/2018
KIMBERLY LOVETT		3	GA	No	9/12/2022
LINDA SURLES		10	GA	No	5/25/2015
LUCRETIA STEPHENS		2	GA	No	6/12/2023
MONIQUE ADAMS		5	GA	No	1/11/2021
ASHLEY GLASS		0	GA	No	4/21/2025
KATIE SADLER		18	GA	No	10/8/2007
SYLVIA GUIDRY		1	FL	No	12/16/2024
KAYLA MILLER		17	GA	No	5/12/2008
GLENDA COX		17	GA	No	5/26/2008
SUMMER CLARK		17	GA	No	6/23/2008
MARTY JENKINS		17	GA	No	8/11/2008
DENISE HARRISON		17	GA	No	12/8/2008
KELICIA WADE		17	GA	No	1/26/2009
KACEY MORALES		13	GA	No	8/27/2012
SABRA LESTER		13	GA	No	7/23/2012
JOELLE ROGERS		11	GA	No	12/15/2014
CRYSTAL HATCHER		6	GA	No	3/11/2019
MELYNEE RIVERS		16	GA	No	1/25/2010

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
COURTNEY HARRELL		15	GA	No	4/26/2010
COURTNEY DAVIS		2	GA	No	11/13/2023
JUSTIN CARNEY		0	GA	No	6/9/2025
TIFFANY BUTLER		15	GA	No	8/23/2010
AMBER BUTLER		15	GA	No	1/10/2011
JANICE BROWN		3	GA	No	7/11/2022
DOUGLAS MANGINI		14	GA	No	6/13/2011
CHRISTINE ELLIS		0	GA	No	5/5/2025
JOSEPH SHIVER		14	GA	No	12/19/2011
LAJUANNA TEMPLES		14	GA	No	2/13/2012
RACHEL SANDERS		14	GA	No	2/13/2012
JOCELYN ARMSTER		13	GA	No	6/25/2012
AMANDA MURPHY		13	GA	No	7/9/2012
EMMAREE WHIGHAM		13	GA	No	8/13/2012
HOLLI COPPOCK		13	GA	No	8/13/2012
MEGAN LONG		2	GA	No	5/8/2023
HALEY RAMHOFER		4	GA	No	8/10/2021
JENNIFER PIERCE		13	GA	No	2/11/2013
SHERYL COURTNEY		13	GA	No	2/11/2013
SCOTT MEDDERS		12	GA	No	3/11/2013
BRANDON BRENTS		12	GA	No	3/11/2013
MARY COOPER		2	GA	No	12/18/2023
ASHLI RESTA		0	GA	No	10/27/2025
MELANIE GREEN		12	GA	No	7/8/2013
HOLLY WINCHESTER		1	GA	No	3/11/2024
LASHUNDA JOHNSON		12	GA	No	7/8/2013
TERESA KELLEY		12	GA	No	9/9/2013
JENNIFER CARROLL		6	GA	No	4/22/2019
MELISSA STEWART		12	GA	No	1/27/2014
MEGAN SPENCE		12	GA	No	2/10/2014
TONI HORNSBY		2	GA	No	5/8/2023
JILLIAN WARREN		12	GA	No	2/24/2014
KATIE OWENS		11	GA	No	3/10/2014
YOLANDA ADAMS		11	GA	No	4/14/2014

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
NEAL TAYLOR		2	GA	No	8/28/2023
MELINDA RUSHNOCK		11	GA	No	6/23/2014
JULIE MARTIN		11	GA	No	6/23/2014
TERRI TAYLOR		11	GA	No	7/14/2014
CHERYL SUMNER		11	GA	No	7/14/2014
AMANDA KINES		1	GA	No	5/7/2024
TIMIA BROWN		3	GA	No	1/10/2023
LAURA HILL		9	GA	No	12/19/2016
LINDSAY SINCLAIR		11	FL	No	12/15/2014
AMBER DUDLEY		7	GA	No	10/22/2018
ROBERT DAWS		11	FL	No	2/23/2015
APRIL DEROCCO		10	GA	No	4/27/2015
LAYA PETERSON		10	GA	No	5/11/2015
SAMANTHA BEARD		10	FL	No	6/8/2015
LORI YERKES		10	GA	No	6/22/2015
OCTAVIA NIXON		2	GA	No	12/18/2023
GRACE CAMPBELL		10	GA	No	7/27/2015
JOSEPH HARPER		10	GA	No	8/10/2015
COURTNEY OLIVA		10	GA	No	11/9/2015
KIRSTEN MORRIS		9	GA	No	3/28/2016
ABBIE WILLIAMSON		10	GA	No	1/25/2016
ERIN PANNELL		10	GA	No	1/25/2016
STEFANIQUE WILSON		10	GA	No	2/8/2016
LAURA MAXWELL		5	GA	No	4/6/2020
ASHLEY GROVES		10	GA	No	2/22/2016
MARY BRACEY		10	GA	No	2/22/2016
JEFFERY LAYFIELD		9	GA	No	4/25/2016
KENDALL FOWLER		6	GA	No	7/22/2019
JODIE MCDONALD		9	GA	No	6/27/2016
KELLEY POITEVINT		3	GA	No	5/23/2022
CANDACE DONALDSOI		9	GA	No	6/27/2016
LARK HOUSE		9	GA	No	7/11/2016
JANEYSIA YELLOCK		1	GA	No	10/28/2024
SHAMEKA COLE		9	GA	No	7/25/2016

Full Name	Work Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
TORI CAULDER		9	GA	No	8/8/2016
HOPE BENTLEY		9	GA	No	8/22/2016
PEYTON BARRETT		0	GA	No	7/28/2025
ASHLYNN BRYAN		9	GA	No	9/26/2016
TONI GUERRERO		3	GA	No	9/26/2022
KARLIE MATHIS		9	GA	No	1/23/2017
BRIANNA QUEEN		4	GA	No	10/25/2021
MARK CUEVAS		8	GA	No	4/24/2017
ANGIE ADKINS		3	GA	No	8/8/2022
AUNDRIA COLLINS		8	GA	No	6/12/2017
BRITTANY COCHRAN		1	GA	No	4/8/2024
ASHLEY WILLIAMS		4	GA	No	10/12/2021
ERICA WILSON		2	GA	No	5/8/2023
SUSANNE MERRITT		4	GA	No	6/14/2021
JAMAYIA HAYES		0	GA	No	6/9/2025
MIRANDA ALLEN		8	GA	No	1/8/2018
NY'TEEFA HOPKINS		8	GA	No	1/22/2018
KELCI REGISTER		1	GA	No	1/13/2025
JASE COLLINS		4	GA	No	11/23/2021
VICKI CRAWFORD		7	GA	No	5/7/2018
ANNA SHIVER		7	GA	No	5/21/2018
LORNA TREUDEN		4	GA	No	5/24/2021
JENNIFER BOND		7	GA	No	6/11/2018
EMILI MCMILLAN		7	GA	No	6/11/2018
MEGAN BERGOZZA		7	GA	No	6/25/2018
DONNA WILSON		7	GA	No	6/25/2018
DALYNN DELL		4	GA	No	1/25/2022
AMANDA ROGERS		7	GA	No	8/13/2018
MEGAN WILLIAMS		7	GA	No	8/27/2018
AMANDA ALLEN		7	GA	No	9/24/2018
KATIE WILLIS		4	GA	No	1/20/2022
CORTNEY POPE		7	GA	No	1/21/2019

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

Darcy Craven

Date

03/06/2026

Title

CEO

Comments