

HOSP228 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP228

1. Identification

Facility Name:

Shepherd Center

County:

Fulton

Street Address:

2020 Peachtree Rd NW

City:

Atlanta

Zip:

30309

Mailing Address:

2020 Peachtree Rd NW

Mailing City:

Atlanta

Mailing Zip:

30309

Medicaid Provider Number:

000248069A

Medicare Provider Number:

112003

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:

Contact Title:

Phone:

Fax:

Email:

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)

Organization Type

Effective Date

04/21/1975

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

Shepherd Center, Inc.

Organization Type

Not For Profit

Effective Date

04/21/1975

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

Not Applicable

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

Not Applicable

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

City

State

6.

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

Name

City

State

7.

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

Name

City

State

8. Peer Review Process Related to Medical Errors

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

9. Primary Care Physician Group Practice

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

10a. Managed Care Information: Formal Written Contract

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

Health Maintenance Organization(HMO)

Preferred Provider Organization(PPO)

Physician Hospital Organization(PHO)

Provider Service Organization(PSO)

Other Managed Care or Prepaid Plan

10b. Manage Care Information: Insurance Products

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

Type of Insurance Product	Hospital	Health Care System	Network	Joint Venture with Insurer
Health Maintenance Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Provider Organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Indemnity Fee-for-Service Plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Another Insurance Product Not Listed Above	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



11. Owner or Owner Parent Based in Another State

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

Part D: Inpatient Services

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

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

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Obstetrics (no GYN, include LDRP)	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	0	0	0	0	0
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)	0	0	0	0	0
Long Term Care Hospital (LTCH)	135	918	49,347	924	49,657
	0	0	0	0	0
	0	0	0	0	0
	0	0	0	0	0
Total	135	918	49,347	924	49,657

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	2	71
Asian	15	727
Black/African American	246	13,393
Hispanic/Latino	47	3,220
Pacific Islander/Hawaiian	0	0
White	583	30,514
Multi-Racial	25	1,422
Total	918	49,347

3. Gender

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

Gender	Admissions	Inpatient Days
Male	662	37,194
Female	256	12,153
Total	918	49,347

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	73	4,254
Medicaid	30	1,915
Peachare	0	0
Third-Party	671	35,955
Self-Pay	62	2,996
Other	82	4,227
Total	918	49,347

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	2,703
Semi-Private Room Rate	2,703
Operating Room: Average Charge for the First Hour	0
Average Total Charge for an Inpatient Day	8,030

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="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"/>
<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	3	4
Renal Dialysis	2	1
ESWL	3	4
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	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	7,917
Number of CTS Units (machines)	1
Number of CTS Procedures	1,547
Number of Diagnostic Radioisotope Procedures	0
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeutic Radioisotope Procedures	0
Number of Number of MRI Units	2
Number of Number of MRI Procedures	3,819
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	176,201
Number of Occupational Therapy Treatments	217,480
Number of Physical Therapy Treatments	239,589
Number of Speech Pathology Patients	1,510
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	<input type="text" value="0"/>
Number of HIV/AIDS Patients	<input type="text" value="0"/>
Number of Ambulance Trips	<input type="text" value="0"/>
Number of Hospice Patients	<input type="text" value="0"/>
Number of Respite care Patients	<input type="text" value="0"/>
Number of Ultrasound/Medical Sonography Units	<input type="text" value="4"/>
Number of Ultrasound/Medical Sonography Procedures	<input type="text" value="1,722"/>
Number of Treatments, Procedures, or Patients (Other 1)	<input type="text" value="0"/>
Number of Treatments, Procedures, or Patients (Other 2)	<input type="text" value="0"/>
Number of Treatments, Procedures, or Patients (Other 3)	<input type="text" value="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	Cont Staff
Licensed Physicians	<input type="text" value="20"/>	<input type="text" value="1"/>	<input type="text" value="7"/>
Physician Assistants Only (not including Licensed Physicians)	<input type="text" value="18"/>	<input type="text" value="1"/>	<input type="text" value="15"/>
Registered Nurses (RNs Advanced Practice*)	<input type="text" value="209"/>	<input type="text" value="16"/>	<input type="text" value="5"/>
Licensed Practical Nurses (LPNs)	<input type="text" value="7"/>	<input type="text" value="0"/>	<input type="text" value="0"/>
Pharmacists	<input type="text" value="18"/>	<input type="text" value="0"/>	<input type="text" value="1"/>
Other Health Services Professionals*	<input type="text" value="572"/>	<input type="text" value="46"/>	<input type="text" value="100"/>
Administration and Support	<input type="text" value="168"/>	<input type="text" value="0"/>	<input type="text" value="48"/>
All Other Hospital Personnel (not included in above)	<input type="text" value="320"/>	<input type="text" value="7"/>	<input type="text" value="34"/>

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	<input type="text" value="61-90 Days"/> ▼
Registered Nurses (RNs-Advance Practice)	<input type="text" value="31-60 Days"/> ▼
Licensed Practical Nurses (LPNs)	<input type="text" value="31-60 Days"/> ▼
Pharmacists	<input type="text" value="61-90 Days"/> ▼
Other Health Services Professionals	<input type="text" value="31-60 Days"/> ▼
All Other Hospital Personnel (not included above)	<input type="text" value="31-60 Days"/> ▼

3. Race/Ethnicity of Physicians

Please report the number of physicians with admitting privileges by race

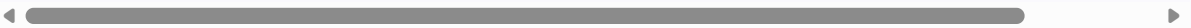
Race/Ethnicity	Number of Physicians
American Indian/Alaska Native	0
Asian	6
Black/African American	1
Hispanic/Latino	1
Pacific Islander/Hawaiian	0
White	15
Multi-Racial	0
Total	23

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	0	<input type="checkbox"/>	0	0
General Internal Medicine	1	<input type="checkbox"/>	0	0
Pediatricians	0	<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	N E a s P i n P
Obstetrics	0	<input type="checkbox"/>	0	0
Non-OB Physicians Providing OB Services	0	<input type="checkbox"/>	0	0
Gynecology	0	<input type="checkbox"/>	0	0
Ophthalmology Surgery	0	<input type="checkbox"/>	0	0
Orthopedic Surgery	1	<input type="checkbox"/>	0	0
Plastic Surgery	0	<input type="checkbox"/>	0	0
General Surgery	0	<input type="checkbox"/>	0	0
Thoracic Surgery	0	<input type="checkbox"/>	0	0
Other Surgical Specialties	1	<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	0	<input type="checkbox"/>	0	0
Dermatology	0	<input type="checkbox"/>	0	0
Emergency Medicine	0	<input type="checkbox"/>	0	0
Nuclear Medicine	0	<input type="checkbox"/>	0	0
Pathology	0	<input type="checkbox"/>	0	0
Psychiatry	0	<input type="checkbox"/>	0	0
Radiology	0	<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	3
Certified Nurse Midwives with Clinical Privileges in the Hospital	0
All Other Staff Affiliates with Clinical Privileges in the Hospital	109

5b. Name of Other Professions

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

Psychologists, Licensed Counselors, Optometrists, Athletic Trainers, Physical Assistants, Nurse Pra

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 on 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
Abana F. Azariah, MD	102553
Angela L. Beninga, DO	68481
Brock K. Bowman, MD	45177
Wesley Chay, MD	77574
Cole N. Crowson, MD	99149
Andrew C. Dennison, MD	62676
Anna C. Elmers, MD	60248
Payal M. Fadia, MD	61773
Russell K. Gore, MD	52072
Ashley M. Johnson, MD	85892
John L. Lin, MD	50208
Sherrill R. Loring, MD	25253
James W. Morgan, MD	96285
David A. Quintero Bustos, MD	61149
Jacqueline F. Rosenthal, MD	77302
Hayley M. Shade, MD	104769
Priyanca Shah, DO	109810
Erik T. Shaw, DO	58012
Michael D. Smith, DO	91408
Ben W. Thrower, MD	50311
Ford B. Vox, MD	68016
Philip J. Wexler, MD	86374
Michael R. Yochelson, MD	78742

Only use commas to separate values

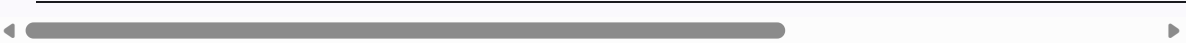
Part I: Patient Origin

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.

Wasi	1	0	0	0	0	0	0	0	0	0
Way	2	0	0	0	0	0	0	0	0	0
Web	0	0	0	0	0	0	0	0	0	0
Whe	0	0	0	0	0	0	0	0	0	0
Whit	3	0	0	0	0	0	0	0	0	0
Whit	2	0	0	0	0	0	0	0	0	0
Wilc	1	0	0	0	0	0	0	0	0	0
Wilki	0	0	0	0	0	0	0	0	0	0
Wilki	1	0	0	0	0	0	0	0	0	0
Wort	0	0	0	0	0	0	0	0	0	0
Alab	68	0	0	0	0	0	0	0	0	0
Totals	918	0	0	0	0	0	0	0	0	0



Part A: General Information

1a. Accreditation

Check the box to the right if your Long Term Care Hospital is accredited

If you checked the box for yes, please specify the agency that accredits your facility in the space below

JCAHO and deemed status with CMS, CARF

1b. Level/Status of Accreditation

Please provide your organization's level/status of accreditation

Full

Number of Licensed LTCH Beds:

152

Permit Effective Date:

01/14/2012

Permit Designation:

Long Term Acute Care Hospital

Number CON Beds:

152

Number SUS Beds:

135

Total Patient Days:

49,347

Total Discharges:

924

Total LTCH Admissions:

918

County:

Fulton

Part B: Utilization by Race, Age, Gender and Payment Source

1. Race/Ethnicity

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

Race/Ethnicity	Admissions	Inpatient Days
American Indian/Alaska Native	2	71
Asian	15	727
Black/African American	246	13,393
Hispanic/Latino	47	3,220
Pacific Islander/Hawaiian	0	0
White	583	30,514
Multi-Racial	25	1,422
Total	918	49,347

2. Age of LTCH Patient

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

Age of Patient	Number of Admissions	Inpatient Days
Ages 0-64	812	43,232
Ages 65-74	76	4,251
Ages 75-84	28	1,825
Ages 85 and Up	2	39
Total	918	49,347

3. Gender

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

Gender of Patient	Number of Admissions	Inpatient Days
Male	662	37,194
Female	256	12,153
Total	918	49,347

4. Payment Source

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

Primary Payment Source	Number of Patients	Inpatient Days
Medicare	73	4,254
Third-Party	671	35,955
Self-Pay	62	2,996
Other	112	6,142

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

Translation agency on-site as needed

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	2	0	0	0
Portugeuse	0	0	0	0
Korean	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?

Annual and booster education on Cultural Competency, Limited English Proficiency, as well as interpreter and translation background and significance, processes, and considerations are provided to all patient-facing staff.

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?

Video Remote Interpreters (VRI) are needed to optimize access and availability to interpreter services during nights and weekends, and for less common languages.

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?

Part A: Comprehensive Inpatient Physical Rehabilitation Utilization

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	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Total	0	0

2. Admissions and Days of Care by Gender

Please provide the number of admissions and inpatient days by gender

Gender of Patient	Number of Admissions	Inpatient Days
Male	<input type="text" value="0"/>	<input type="text" value="0"/>
Female	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	0	0

3. Admissions and Days of Care by Age Cohort

Please report the number of inpatient physical rehabilitation admissions and inpatient days by age cohort

Age Cohort	Number of Admissions	Inpatient Days
0-17	<input type="text" value="0"/>	<input type="text" value="0"/>
18-64	<input type="text" value="0"/>	<input type="text" value="0"/>
65-84	<input type="text" value="0"/>	<input type="text" value="0"/>
85 Up	<input type="text" value="0"/>	<input type="text" value="0"/>
Total	0	0

Part B: Referral Source

1. Referral Source

Please report the number of inpatient physical rehabilitation admissions during the report period from each of the following sources.

Referral Source	Admissions
Acute Care Hospital/General Hospital	<input type="text" value="0"/>
Long Term Care Hospital	<input type="text" value="0"/>
Skilled Nursing Facility	<input type="text" value="0"/>
Traumatic Brain Injury Facility	<input type="text" value="0"/>
<input type="text"/>	<input type="text" value="0"/>
Total	0

Part C: Payers

1. Payers

Please report the number of inpatient physical rehabilitation admissions by each of the following payer categories.

Primary Payment Source	Admissions
Medicare	<input type="text" value="0"/>
Third-Party/Commercial	<input type="text" value="0"/>
Self-Pay	<input type="text" value="0"/>
Other	<input type="text" value="0"/>
Total	0

2. Uncompensated Indigent and Charity Care

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

Part D: Admissions by Diagnosis Code

1. Admissions by Diagnosis Code

Please report the number of inpatient physical rehabilitation admissions by the "CMS 13" diagnosis of the patient listed below.

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

Part A: Nurse 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	Address	Duration	Primary State of Residency	Employed by Agency? (Yes/No)	Primary Dates of Employment
JENN	2020 Pe	5 year(s)	Georgia	No	5/18/2020 - current
MAXC	2020 Pe	2 year(s)	Georgia	No	7/10/2023 - current
ANNE	2020 Pe	2 year(s)	Georgia	No	4/17/2023 - current
SHAL	2020 Pe	1 year(s)	Georgia	No	9/23/2024 - current
ALYSS	2020 Pe	6 year(s)	Georgia	No	1/6/2020 - current
JULIA	2020 Pe	0 year(s)	Georgia	No	3/10/2025 - current
HANN	2020 Pe	2 year(s)	Georgia	No	1/22/2024 - current
MARC	2020 Pe	2 year(s)	Georgia	No	8/7/2023 - current
KEISA	2020 Pe	4 year(s)	Georgia	No	12/6/2021 - current
TIERR	2020 Pe	3 year(s)	Georgia	No	1/9/2023 - current
NATH	2020 Pe	0 year(s)	Georgia	No	7/7/2025 - current
DAYC	2020 Pe	10 year(s)	Georgia	No	12/7/2015 - current
ANGE	2020 Pe	0 year(s)	Georgia	No	11/3/2025 - current
KATH	2020 Pe	3 year(s)	Georgia	No	2/21/2022 - current
CHLO	2020 Pe	1 year(s)	Georgia	No	1/13/2025 - current
SHAL	2020 Pe	0 year(s)	Georgia	No	3/10/2025 - current
MARI	2020 Pe	5 year(s)	Georgia	No	5/18/2020 - current
ROSA	2020 Pe	0 year(s)	Georgia	No	3/10/2025 - current
AMY	2020 Pe	9 year(s)	Georgia	No	11/7/2016 - current
DOUC	2020 Pe	0 year(s)	Georgia	No	12/8/2025 - current
BREA	2020 Pe	0 year(s)	Georgia	No	7/7/2025 - current
DANI	2020 Pe	0 year(s)	Georgia	No	9/22/2025 - current
LOPH	2020 Pe	0 year(s)	Georgia	No	2/16/2026 - current
NEVA	2020 Pe	0 year(s)	Georgia	No	6/2/2025 - current
JULIE	2020 Pe	6 year(s)	Georgia	No	1/6/2020 - current

Example Entry: Dean Vulture	1234	Street Name	Atlanta	GA	30052	1 year 3 months
12 days, GA, Yes, January 2025	Present					
JOIC	2020 Pe	0 year(s)	Georgia	No		2/2/2026 - current
Note: This is an example and there is no unit requirement for Duration						
PLEASE note that the survey is NOT 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 certify and attest that I have reviewed the 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.						
MAG	2020 Pe	2 year(s)	Georgia	No		11/13/2023 - current
DENIS	2020 Pe	2 year(s)	Georgia	No		8/7/2023 - current
POETS	2020 Pe	1 year(s)	Georgia	No		1/27/2025 - current
RUSH	2020 Pe	8 year(s)	Georgia	No		1/22/2018 - current
RHET	2020 Pe	2 year(s)	Georgia	No		5/15/2023 - current
KUKIT	2020 Pe	0 year(s)	Georgia	No		12/8/2025 - current
CIERR	2020 Pe	0 year(s)	Georgia	No		1/5/2026 - current
EMM	2020 Pe	1 year(s)	Georgia	No		9/23/2024 - current
GCHV	2020 Pe	10 year(s)	Georgia	No		12/7/2015 - current
ANDR	2020 Pe	1 year(s)	Georgia	No		1/20/2025 - current
MATT	2020 Pe	2 year(s)	Georgia	No		6/19/2023 - current
Audited Signature		1 year(s)	Georgia	No		6/3/2024 - current
Jamie Shepherd						
Date						
WISLU	2020 Pe	0 year(s)	Georgia	No		6/16/2025 - current
02/27/2025						
INOU	2020 Pe	5 year(s)	Georgia	NO		6/22/2020 - current
Title						
President & Chief Executive Officer						
Comments	2020 Pe	17 year(s)	Georgia	No		8/13/2008 - current
RAHE	2020 Pe	0 year(s)	Georgia	No		9/8/2025 - current
SHAN	2020 Pe	1 year(s)	Georgia	No		11/4/2024 - current
Response Errors						
TAB						
QUESTION						
ERROR						
SELIN	2020 Pe	1 year(s)	Georgia	No		1/27/2025 - current
ZAKA	2020 Pe	2 year(s)	Georgia	No		12/4/2023 - current
CHAR	2020 Pe	1 year(s)	Georgia	No		11/11/2024 - current

SHELL	2020 Pe	0 year(s)	Georgia	No	1/5/2026 - current
SOPH	2020 Pe	6 year(s)	Georgia	No	11/4/2019 - current
KIM C	2020 Pe	5 year(s)	Georgia	No	11/9/2020 - current
HEAT	2020 Pe	0 year(s)	Georgia	No	2/24/2025 - current
RONI	2020 Pe	8 year(s)	Georgia	No	9/11/2017 - current
CARR	2020 Pe	2 year(s)	Georgia	No	7/10/2023 - current
ANGE	2020 Pe	0 year(s)	Georgia	No	2/24/2025 - current
ZACH	2020 Pe	0 year(s)	Georgia	No	7/7/2025 - current
TONY	2020 Pe	9 year(s)	Georgia	No	4/11/2016 - current
LOVIT	2020 Pe	7 year(s)	Georgia	No	4/23/2018 - current
THER	2020 Pe	1 year(s)	Georgia	No	7/8/2024 - current
HOLL	2020 Pe	11 year(s)	Georgia	No	11/3/2014 - current
JAME	2020 Pe	3 year(s)	Georgia	No	4/18/2022 - current
CARM	2020 Pe	3 year(s)	Georgia	No	8/22/2022 - current
DELPI	2020 Pe	1 year(s)	Georgia	No	2/10/2025 - current
SAMC	2020 Pe	1 year(s)	Georgia	No	10/21/2024 - current
KHAR	2020 Pe	0 year(s)	Georgia	No	6/16/2025 - current
SARA	2020 Pe	0 year(s)	Georgia	No	10/20/2025 - current
JAYDE	2020 Pe	1 year(s)	Georgia	No	12/16/2024 - current
SHER	2020 Pe	41 year(s)	Georgia	No	9/17/1984 - current
LECES	2020 Pe	0 year(s)	Georgia	No	3/10/2025 - current
MYES	2020 Pe	1 year(s)	Georgia	No	1/27/2025 - current
DUYE	2020 Pe	5 year(s)	Georgia	No	6/22/2020 - current
RAMC	2020 Pe	7 year(s)	Georgia	No	8/27/2018 - current
NANC	2020 Pe	0 year(s)	Georgia	No	8/18/2025 - current
ANAI	2020 Pe	1 year(s)	Georgia	No	5/20/2024 - current
THER	2020 Pe	18 year(s)	Georgia	No	10/15/1984 - current
A'YES	2020 Pe	0 year(s)	Georgia	No	4/21/2025 - current

AMY	2020 Pe	15 year(s)	Georgia	No	10/11/2010 - current
LAUR	2020 Pe	7 year(s)	Georgia	No	6/18/2018 - current
ROBI	2020 Pe	2 year(s)	Georgia	No	9/11/2023 - current
JAE J	2020 Pe	0 year(s)	Georgia	No	8/7/2025 - current
MERC	2020 Pe	3 year(s)	Georgia	No	9/12/2022 - current
RACH	2020 Pe	0 year(s)	Georgia	No	5/19/2025 - current
SAND	2020 Pe	4 year(s)	Georgia	No	10/4/2021 - current
BRAN	2020 Pe	0 year(s)	Georgia	No	2/16/2026 - current
HANI	2020 Pe	0 year(s)	Georgia	No	2/24/2025 - current
KATH	2020 Pe	5 year(s)	Georgia	No	1/11/2021 - current
KIMB	2020 Pe	19 year(s)	Georgia	No	6/5/2006 - current
JOHA	2020 Pe	13 year(s)	Georgia	No	7/10/2011 - current
NATA	2020 Pe	0 year(s)	Georgia	No	12/8/2025 - current
CHRIS	2020 Pe	9 year(s)	Georgia	No	1/23/2017 - current
JESSIC	2020 Pe	1 year(s)	Georgia	No	7/22/2024 - current
SHAN	2020 Pe	4 year(s)	Georgia	No	9/27/2021 - current
PAUL	2020 Pe	11 year(s)	Georgia	No	6/2/2014 - current
AMBE	2020 Pe	0 year(s)	Georgia	No	7/21/2025 - current
TRAE	2020 Pe	0 year(s)	Georgia	No	8/18/2025 - current
SUSA	2020 Pe	2 year(s)	Georgia	No	6/5/2023 - current
ADDI	2020 Pe	7 year(s)	Georgia	No	5/21/2018 - current
BEE M	2020 Pe	16 year(s)	Georgia	No	10/26/2009 - current
TAMA	2020 Pe	1 year(s)	Georgia	No	9/9/2024 - current
DEVC	2020 Pe	1 year(s)	Georgia	No	9/9/2024 - current
JACKY	2020 Pe	0 year(s)	Georgia	No	7/7/2025 - current
KALEE	2020 Pe	7 year(s)	Georgia	No	1/7/2019 - current
ALYSS	2020 Pe	5 year(s)	Georgia	No	6/22/2020 - current
OLIVI	2020 Pe	0 year(s)	Georgia	No	9/8/2025 - current

NELLY	2020 Pe	6 year(s)	Georgia	No	5/6/2019 - current
ALICE	2020 Pe	0 year(s)	Georgia	No	2/16/2026 - current
ELENA	2020 Pe	2 year(s)	Georgia	No	2/19/2024 - current
DAVID	2020 Pe	0 year(s)	Georgia	No	1/5/2026 - current
GINGER	2020 Pe	15 year(s)	Georgia	No	10/4/2010 - current
EMMA	2020 Pe	4 year(s)	Georgia	No	12/6/2021 - current
CHERYL	2020 Pe	2 year(s)	Georgia	No	1/8/2024 - current
EDWARD	2020 Pe	6 year(s)	Georgia	No	8/5/2019 - current
IFEONIA	2020 Pe	0 year(s)	Georgia	No	10/20/2025 - current
NANA	2020 Pe	1 year(s)	Georgia	No	10/21/2024 - current
ANNA	2020 Pe	3 year(s)	Georgia	No	5/16/2022 - current
JEFFREY	2020 Pe	4 year(s)	Georgia	No	6/7/2021 - current
PRISCILLA	2020 Pe	2 year(s)	Georgia	No	5/15/2023 - current
LYNDA	2020 Pe	0 year(s)	Georgia	No	4/7/2025 - current
ANTHONY	2020 Pe	3 year(s)	Georgia	No	9/12/2022 - current
CHAKRA	2020 Pe	5 year(s)	Georgia	No	8/17/2020 - current
ELIZABETH	2020 Pe	6 year(s)	Georgia	No	6/3/2019 - current
ASHLEY	2020 Pe	1 year(s)	Georgia	No	10/7/2024 - current
JANINE	2020 Pe	0 year(s)	Georgia	No	8/4/2025 - current
ANNETTE	2020 Pe	1 year(s)	Georgia	No	9/9/2024 - current
MATTIE	2020 Pe	4 year(s)	Georgia	No	5/17/2021 - current
TAMMY	2020 Pe	21 year(s)	Georgia	No	3/8/2004 - current
BRIDGET	2020 Pe	2 year(s)	Georgia	No	11/6/2023 - current
CHUCK	2020 Pe	7 year(s)	Georgia	No	1/28/2019 - current
CARMEL	2020 Pe	2 year(s)	Georgia	No	1/8/2024 - current
ESTHER	2020 Pe	0 year(s)	Georgia	No	5/19/2025 - current
ELIZABETH	2020 Pe	0 year(s)	Georgia	No	10/6/2025 - current
KIERA	2020 Pe	0 year(s)	Georgia	No	2/24/2025 - current

BONI	2020 Pe	6 year(s)	Georgia	No	6/3/2019 - current
MECH	2020 Pe	5 year(s)	Georgia	No	8/3/2020 - current
JADA	2020 Pe	0 year(s)	Georgia	No	1/19/2026 - current
SUCH	2020 Pe	2 year(s)	Georgia	No	2/19/2024 - current
ADRI	2020 Pe	2 year(s)	Georgia	No	2/5/2024 - current
YASM	2020 Pe	3 year(s)	Georgia	No	6/20/2022 - current
AMAI	2020 Pe	1 year(s)	Georgia	No	5/20/2024 - current
AMAI	2020 Pe	1 year(s)	Georgia	No	10/7/2024 - current
MARJ	2020 Pe	0 year(s)	Georgia	No	2/16/2026 - current
DANY	2020 Pe	5 year(s)	Georgia	No	1/11/2021 - current
COUF	2020 Pe	10 year(s)	Georgia	No	10/5/2015 - current
EMM	2020 Pe	0 year(s)	Georgia	No	9/8/2025 - current
RORI	2020 Pe	0 year(s)	Georgia	No	4/21/2025 - current
ANDR	2020 Pe	0 year(s)	Georgia	No	12/8/2025 - current
SREBI	2020 Pe	5 year(s)	Georgia	No	6/8/2020 - current
TANC	2020 Pe	0 year(s)	Georgia	No	8/4/2025 - current
JABA	2020 Pe	0 year(s)	Georgia	No	5/5/2025 - current
JULIE	2020 Pe	7 year(s)	Georgia	No	6/4/2018 - current
ANTO	2020 Pe	7 year(s)	Georgia	No	1/28/2019 - current
ROBE	2020 Pe	0 year(s)	Georgia	No	2/24/2025 - current
ALEXI	2020 Pe	3 year(s)	Georgia	No	2/6/2023 - current
KATI	2020 Pe	2 year(s)	Georgia	No	1/22/2024 - current
KELLY	2020 Pe	3 year(s)	Georgia	No	2/21/2022 - current
KYLE	2020 Pe	7 year(s)	Georgia	No	5/7/2018 - current
JOY U	2020 Pe	9 year(s)	Georgia	No	8/22/2016 - current
STELL	2020 Pe	0 year(s)	Georgia	No	2/16/2026 - current
REGIN	2020 Pe	9 year(s)	Georgia	No	9/12/2016 - current
JAY V	2020 Pe	1 year(s)	Georgia	No	1/13/2025 - current

MAIS	2020 Pe	1 year(s)	Georgia	No	11/4/2024 - current
CLAIR	2020 Pe	1 year(s)	Georgia	No	1/13/2025 - current
STACI	2020 Pe	0 year(s)	Georgia	No	4/21/2025 - current
VIVIE	2020 Pe	4 year(s)	Georgia	No	6/7/2021 - current
STACI	2020 Pe	3 year(s)	Georgia	No	7/11/2022 - current
AMBER	2020 Pe	9 year(s)	Georgia	No	6/20/2016 - current
GREG	2020 Pe	1 year(s)	Georgia	No	9/9/2024 - current
CHRIS	2020 Pe	2 year(s)	Georgia	No	6/5/2023 - current
CASS	2020 Pe	4 year(s)	Georgia	No	10/18/2021 - current
KRIST	2020 Pe	4 year(s)	Georgia	No	6/7/2021 - current
PATRI	2020 Pe	0 year(s)	Georgia	No	3/24/2025 - current
TANIS	2020 Pe	2 year(s)	Georgia	No	7/10/2023 - current
ERIKA	2020 Pe	2 year(s)	Georgia	No	4/17/2023 - current
CAMI	2020 Pe	1 year(s)	Georgia	No	7/8/2024 - current
MELA	2020 Pe	3 year(s)	Georgia	No	8/22/2022 - current
ELVA	2020 Pe	18 year(s)	Georgia	No	11/5/2007 - current
KYU	2020 Pe	0 year(s)	Georgia	No	9/8/2025 - current

Only use commas to separate values