

HOSP526 2025 Annual Hospital Questionnaire

Part A: General Information

UID: HOSP526

1. Identification

Facility Name:

Wills Memorial Hospital

County:

Wilkes

Street Address:

120 Gordon Street

City:

Washington

Zip:

30673

Mailing Address:

120 Gordon Street

Mailing City:

Washington

Mailing Zip:

30673

Medicaid Provider Number:

00002087A

Medicare Provider Number:

111325

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:

Tracie Haughey

Contact Title:

CEO

Phone:

706-678-9211

Fax:

706-678-1546

Email:

thaughey@willsmemorialhospital.com

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)

Hospital Authority of Wilkes County

Organization Type

Hospital Authority

Effective Date

01/01/1961

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

N/A

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

2. Changes in Ownership, Operation or Management

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

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

3.

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

Name

City

State

4.

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

Name

City

State

5.

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

Name

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	19	180	718	179	638
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)	19	105	1,521	103	1,523
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	38	285	2,239	282	2,161

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	0	0
Asian	0	0
Black/African American	106	1,093
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	177	1,697
Multi-Racial	2	5
Total	285	2,795

3. Gender

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

Gender	Admissions	Inpatient Days
Male	151	1,446
Female	134	1,349
Total	285	2,795

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	211	2,245
Medicaid	20	136
Peachare	0	0
Third-Party	34	179
Self-Pay	10	27
Other	10	28
Total	285	2,615

5. Discharges to Death

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

33

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	510
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	0
Average Total Charge for an Inpatient Day	1,596

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

6,384

2. Inpatient Admissions from ER

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

537

3. Beds Available

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

7

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	7	6,384
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

356

6. Non-Emergency Visits

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

18,405

7. Observation Visits/Cases

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

515

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

55

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	3	4
ESWL	3	4
Biliary Lithotripter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnostic	3	4
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	3	4
Magnetic Resonance Imaging (MRI)	3	4
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	3,609
Number of CTS Units (machines)	1
Number of CTS Procedures	4,948
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	0
Number of Number of MRI Procedures	0
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	15,729
Number of Occupational Therapy Treatments	3,694
Number of Physical Therapy Treatments	14,284
Number of Speech Pathology Patients	443
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

3/3/26, 4:43 PM

GA Health Planning Surveys

Number of Ultrasound/Medical Sonography Units	0
Number of Ultrasound/Medical Sonography Procedures	894
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)

7

3. Robotic Surgery System

Units

0

Procedures

0

Type of Unit(s)

N/A

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	3	1	0
Physician Assistants Only (not including Licensed Physicians)	1	0	0
Registered Nurses (RNs Advanced Practice*)	19	2	0
Licensed Practical Nurses (LPNs)	11	1	0
Pharmacists	0	0	1
Other Health Services Professionals*	50	1	0
Administration and Support	6	0	0
All Other Hospital Personnel (not included in above)	40	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	Not Applicable
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	Not Applicable
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	0
Black/African American	1
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	3
Multi-Racial	0
Total	4

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	4		4	0
General Internal Medicine	1		1	0
Pediatricians	1		1	0
Other Medical Specialties	0		0	0

Surgical Specialties	Number of Medical Staff	Check if Any are Hospital Based	Number Enrolled as Providers in Medicaid/PeachCare	Number Enrolled as Providers in PEHB Plan
Obstetrics	0		0	0
Non-OB Physicians Providing OB Services	0		0	0
Gynecology	0		0	0
Ophthalmology Surgery	0		0	0
Orthopedic Surgery	0		0	0
Plastic Surgery	0		0	0
General Surgery	0		0	0
Thoracic Surgery	0		0	0
Other Surgical Specialties	0		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	5		0	0
Nuclear Medicine	0		0	0
Pathology	1		0	0
Psychiatry	0		0	0
Radiology	0		0	0
Tele-Neurology	13		0	0
Tele-Health	19		0	0
Tele-Psych	1		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	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.

4 ER Physician Assistants, 3 ER Nurse Practitioners, 2 Rural Health Clinic Nurse Practitioners, 1 Rural Health Physician Assistant, 7 EM TeleHealth Physician .

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
Abbott, Matthew	100874
Adenikinju, Omosalewa	94275
Aljaroudi, Wael	86616
Allen, Kevin	75247
Allred, Jonathan	87754
Almehbash, Abdullah	77074
Alsheik, Nila	100967
Amerson, Brad	92399
Armstrong, Linda	82959
Ash, Deborah	69756
Aslam, Junaid	98894
Babici, Denis	74623
Baer-Ellington, Aimee	75918
Bagheri, Baharak	102407
Ballard, Jedidah	74216
Baptiste, Philip	48874
Beasley, Rebecca	67275
Benashvili, George	47396
Berger, Richard	93089
Bhavsar, Anil	81254
Brown, Daniel	156181
Bruno, Askiel	61708
Burgbacher, Todd	65527
Bursey, Michael	74211
Cahan, Ben	62102
Christie, Byron	93788
Coelho, Marlon	95861
Cole, Andrea	69568

Full Name	License Number
Coule, Lynne	36949
Crim, Jay	103417
Cunningham, James	74268
DeQuadros, Nishant	67875
Dibona, Alex	86623
Dinning, Lee	90529
Do, Daniel	89285
Elkabbani, Nader	92128
Endemano, Joseph	95924
Eweka, Abieyuwa	87278
Faircloth, Hunter	78030
Fappiano, Anthony	105588
Ferris, Jeremy	59637
Fiore, Marissa	43571
Foderingham, Kamau	94179
Forte, Matthew	101247
Friedman, Lee	77625
Fuller, Joseph	98951
Gerard, Roger	99607
Giuliano, Anne	82760
Giurgiutiu, Dan-Victor	80733
Goel, Atin	102077
Granchi, Philip	102077
Gross, Hartmut	32916
Hall, Gregory	69289
Hamilton, Heidi	73335
Hansen, Jacob	103836
Harewood, Anthony	97263
Harris, Matthew	74246
Hartz, William	82253
Haston, Tara	72300

Full Name	License Number
Hatmaker, David	26300
Hattaway, Aaron	101296
Hayden, Kyle	83700
Hodgeman, Ryan	101516
Holmes, John	101258
Holmes, Laila	61595
Hood, Preston	91841
Hsu, Georgia	74192
Huang, Deborah	72341
Hussain, Faheem	72032
Hutson, Rodney	80890
Hyun, Gina	102255
Ibrahim, Muaz A.	92925
Insko, Erik	93387
Irvine, Henry	76103
Japanwalla, Mahejabeen	59248
Javaheri, Sean	63872
Jhaveri, Ravi	53927
Johnston, Lester	55605
Jones, Christopher	68219
Jones, Jay	81188
Judge, Joseph	68220
Kaminstein, Daniel	64401
Kassin, Michael	102772
Kelman, Chad	93309
Knepper, Benjamin	77637
Kobrin, Craig	81631
Kotinsley, Benjamin	71824
Kumar, Virendra	67670
Kuyper, Sean	86912
Lahiji, Kian	87279

Full Name	License Number
Lambton, Matthew	103757
Lane, Natalie	44516
LaRavia, Lee	70671
Lee, Mark A.	59451
Lewis, William	63488
Lile, Robert	88024
Lin, Joel	85421
Lopez, Mark	49055
Lyon, Matthew	50972
Lyons, James	94020
MacGregor, Robert	67345
Mahan, Mark	93924
Marcadis, Philip	102271
Marlowe, Kimberly	87359
Mason-Woodard, Michelle	46168
Mazalewski, James	58286
Mbonde, Amir	100571
McCollum, Daniel	68672
McWilliams, Kyle	94790
Millare, Giovanni	82540
Mills, Andrew	92897
Moon, Brian	81210
Nguyen, Kha	67719
Nguyen, Khanh	103522
Nguyen, Khoa	53793
Norwood, Russel	67696
Ogbuchi, Ashmeer	89724
Oh, Eugene	84274
O'Horo, Susan	93575
Olson, Elizabeth	94679
Omodon, Melvin	91863

Full Name	License Number
Osei-Bonsu, Samuel	80846
Otto, Tara	69844
Overstreet-Providence, Tiffany	75202
Nichols, Fenwick	20585
Palasz, Daniel	91171
Pan, Jeffrey	75202
Pandey, Ashutosh	101198
Parikh, Pankit	81619
Patel, Sager	66793
Plett, Sara	94317
Pompey, Ra'Shead	92689
Puryear, Jerome	54407
Ramachandran, Parthiban	94886
Ratliff, David	82058
Reddick, Stephanie	76927
Reed, Rob	90363
Reese, Mark	89221
Richardson, Arlene	70757
Riesz, David	86738
Rittenhouse, Richase	87148
Ronchi, Mark	87345
Royer, Stanton	83937
Said, Binor	77411
Samuelson, David	48388
Scarborough, Charles	67317
Schaner, Morris	11077
Scheibal, Jacob	83894
Schoenmann, Nicholas	86762
Seeyave, Desiree	77310
Shah, Mahan	79019
Sileo, Daniel	43482

Full Name	License Number
Singh, Dilip	84369
Solis, Ricaurte	63816
Spencer, Homer	62005
Stearns, Cynthia	95033
Steinfeld, Laurence	34253
Stringfellow, Gregory	81550
Sturgis, LaShon	76581
Subramanian, Sendhil	49107
Sullivan, John P.	71422
Sulser, Daniel	94764
Swain, Freddie	57686
Swanson, Christopher	54130
Switzer, Jeffrey	53184
Takeuchi, Sean	72826
Taon, Matthew	95707
Taylor, Peter	61761
Thawait, Shrey	95688
Tran, Benson	79309
Tran, Nha	87406
Tsao, Benjamin	82321
Tucker, Jennifer	56233
Valenzuela, David	94318
Walkiewica-Shah, Rajvee	69956
Wallentin, Cynthia	84468
Weis-McNulty, Annette	77137
Wilde, James	46011
Williams, Jonathon	59237
Williams, Robert J.	29263
Wolberg, Adam	103619
Wulfeck, Dennis	49720
Wynn, William	96043

Full Name	License Number
Yi, Steven	96403
Yoon, Ilsup	95281
Zaidi, Syed	80223
Zevallos, Eric	69279
Zhang, Ziwei	83073
Zwick, Matthew	86769

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
Barrow ▼	1	0	0	0	0	0	0	0	0	0	0	0	0
Elbert ▼	2	0	0	0	0	0	0	0	0	0	0	0	0
Franklin ▼	2	0	0	0	0	0	0	0	0	0	0	0	0
Greene ▼	5	0	0	0	0	0	0	0	0	0	0	0	0
Habers ▼	2	0	0	0	0	0	0	0	0	0	0	0	0
Hart ▼	2	0	0	0	0	0	0	0	0	0	0	0	0
Jackson ▼	4	0	0	0	0	0	0	0	0	0	0	0	0
Lincoln ▼	35	0	0	0	0	0	0	0	0	0	0	0	0
Madison ▼	1	0	0	0	0	0	0	0	0	0	0	0	0
McDuff ▼	2	0	0	0	0	0	0	0	0	0	0	0	0
Murray ▼	2	0	0	0	0	0	0	0	0	0	0	0	0
Oglethorpe ▼	2	0	0	0	0	0	0	0	0	0	0	0	0
Putnam ▼	1	0	0	0	0	0	0	0	0	0	0	0	0
Richmond ▼	1	0	0	0	0	0	0	0	0	0	0	0	0
Taliaferro ▼	17	0	0	0	0	0	0	0	0	0	0	0	0
Walton ▼	1	0	0	0	0	0	0	0	0	0	0	0	0
Warren ▼	3	0	0	0	0	0	0	0	0	0	0	0	0
Wilkes ▼	202	0	0	0	0	0	0	0	0	0	0	0	0
Totals	285	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

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

Carmen Young - Contractor

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	1	2	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?

Annual Training Curriculum - HealthStream

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?

Family Members, Community Volunteers, and Ongoing Employee Training

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

Language One:

Language Two:

Language Three:

Language Four:

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



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

Wilkes County Public Health Department

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
April Cullars, LPN	1686 Lewis Crook R	1 Year, 10 Months, 1	Georgia	Yes	04/23/2024 - Present
Kayla Harris, LPN	165 Elam Ave. Linc	1 Year, 1 Month, 10	Georgia	Yes	01/24/2025 - Present
Laney Kennedy, LP	408 Hill Street. Was	1 Year, 4 Months, 25	Georgia	Yes	10/09/2024 - Present
Serena Mansion, L	2082 Lewis Family R	9 Years, 3 Months, 9	Georgia	Yes	11/25/2016 - Present
Mirna Perales, Alva	6149 Lexington Rd	2 Years, 6 Months, 1	Georgia	Yes	06/16/2023 - Present
Christi Price, LPN	2718 Crook Road. L	7 Years, 7 Months, 2	Georgia	Yes	07/09/2018 - Present
Allison Rogers, LPN	240 Long Road. Tig	3 Years, 8 Months, 1	Georgia	Yes	06/22/2022 - Present
Crystal Wade, LPN	1613 Broad Rd. Tig	18 Years, 0 Months,	Georgia	Yes	02/18/2008 - Present
Eric Bergeron, RN	12 Burning Tree Ct.	4 Months, 7 Days	Georgia	Yes	10/27/2025 - Present
Marie-Josée Bray,	P.O. Box 190. Crawf	10 Years, 11 Months	Georgia	Yes	03/25/2015 - Present
Tanner Bridges, RN	300 Upton Mill Roa	21 Years, 7 Months,	Georgia	Yes	07/12/2004 - Present
Cayla Chafin, RN	3498 Skull Shoals R	14 Years, 3 Months,	Georgia	Yes	12/05/2011 - Present
Lisa Clemmons, RN	606 Fairplay Rd NE	2 Years, 6 Months, 2	Georgia	Yes	08/10/2023 - Present
Christina Crookhar	1694 Deep Creek R	22 Years, 11 Months	Georgia	Yes	03/17/2003 - Present
Sommer Ellenburg	3363 Anderson Hw	9 Months, 19 Days	Georgia	Yes	05/15/2025 - Present
Rebekah Hubbard,	109 Old Thomson R	7 Months, 24 Days	Georgia	Yes	07/10/2025 - Present
Terry Levy, RN	251 Ward Ave. Linc	1 Year, 1 Month, 10	Georgia	Yes	02/05/2025 - Present
Jessica Moon, RN	499 Oak Grove Roa	8 Months, 7 Days	Georgia	Yes	06/27/2025 - Present
Beth Powell, RN	1233 Oak Lane. Tho	2 Years, 4 Months, 1	Georgia	Yes	10/16/2023 - Present
Sharae Stephens, R	2500 Crook Rd. Linc	2 Years, 6 Months, 2	Georgia	Yes	08/11/2023 - Present
Nicole Sullivan, RN	3498 Chamberlain	7 Years, 11 Months,	Georgia	Yes	03/21/2018 - Present

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

Date _____

01/01/1970

Title

Comments

Response Errors

TAB

QUESTION

ERROR