GEORGIA DEPARTMENT OF COMMUNITY HEALTH

Part A: General Information

UID: HOSP519

1. Identifcication

Facility Name:

Taylor Regional Hospital

County:

Pulaski

Street Address:

222 Perry Highway

City:

Hawkinsville

Zip:

31036

Mailing Address:

222 Perry Highway

Mailing City:

Hawkinsville

Mailing Zip:

31036

Medicaid Provider Number:

000001548A

Medicare Provider Number:

110256

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:

Dawn Warnock

Contact Title:

Executive Vice-President

Phone:

4787830200 ext 4241

Fax:

4787831153

Email:

dawn.warnock@taylorregional.org

Part C: Ownership, Operation, and Management

1. Ownership, Operation and Management

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

A. Facility Owner

Full Legal Name (Or Not Applicable)

Board of Trustees of Taylor Regional Hospital

Organization Type

Not For Profit

Effective Date

09/09/1937

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)

NA

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

C. Facility Operator

Full Legal Name (Or Not Applicable)

Baord of Trustees of Taylor Regional Hospital

Organization Type

Not For Profit

Effective Date

09/09/1937

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)

NA

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

E. Management Contractor

Full Legal Name (Or Not Applicable)

NA

Organization Type

Not Applicable

Effective Date

mm/dd/yyyy

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)

NA

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)	2	3	6	1	2
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	36	76	214	74	218
Intensive Care	1	1	1	1	1
Psychiatry	0	0	0	0	0
Substance Abuse	0	0	0	0	0
Adult Physical Rehabilitation (18 & Up)	0	0	0	0	0
Pediatric Physical Rehabilitation (0-17)	0	0	0	0	0
Burn Care	0	0	0	0	0
Swing Bed (Include All Utilization)	10	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	49	80	221	76	221

Category	SUS Beds	Admissions	Inpatient Days	Discharges	Discharge Days
Intensive Care Totals	1	1	1	1	1
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	23	64
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	57	157
Multi-Racial	0	0
Total	80	221

3. Gender

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

Gender	Admissions	Inpatient Days
Male	35	109
Female	45	112
Total	80	221

4. Payment Source

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

Primary Payment Source	Admissions	Inpatient Days
Medicare	43	121
Medicaid	4	12
Peachare	0	0
Third-Party	30	88
Self-Pay	3	0
Other	0	0
Total	80	221

5. Discharges to Death

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

0

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	0
Semi-Private Room Rate	0
Operating Room: Average Charge for the First Hour	1,800
Average Total Charge for an Inpatient Day	0

Part E: Emergency Department and Outpatient Services

1. Emergency Visits

Please report the number of emergency visits only

5,672

2. Inpatient Admissions from ER

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

0

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	5,672
	0	0
	0	0
	0	0
	0	0

5. Transfers

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

406

6. Non-Emergency Visits

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

2,224

7. Observation Visits/Cases

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

351

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

138

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	1	1
Renal Dialysis	3	4
ESWL	3	4
Billiary Lithotropter	3	4
Kidney Transplants	3	4
Heart Transplants	3	4
Other-Organ/Tissues Transplants	3	4
Diagnostic X-Ray	1	1
Computerized Tomography Scanner (CTS)	1	1
Radioisotope, Diagnositic	1	1
Positron Emission Tomography (PET)	3	4
Radioisotope, Therapeutic	1	1
Magnetic Resonance Imaging (MRI)	1	1
Chemotherapy	3	4
Respiratory Therapy	1	1
Occupational Therapy	2	1
Physical Therapy	2	1
Speech Pathology Therapy	2	1
Gamma Ray Knife	3	4
Audiology Services	3	4
HIV/AIDS Diagnostic Treatment/Services	1	1
Ambulance Services	3	4
Hospice	2	3
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	6,524
Number of CTS Units (machines)	1
Number of CTS Procedures	3,328
Number of Diagnostic Radioisotope Procedures	42
Number of PET Units (machines)	0
Number of PET Procedures	0
Number of Therapeautic Radioisotope Procedures	0
Number of Number of MRI Units	1
Number of Number of MRI Procedures	518
Number of Chemotherapy Treatments	0
Number of Respiratory Therapy Treatments	2,544
Number of Occupational Therapy Treatments	0
Number of Physical Therapy Treatments	16,289
Number of Speech Pathology Patients	0
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	18
Number of HIV/AIDS Patients	6
Number of Ambulance Trips	0
Number of Hospice Patients	0
Number of Respite care Patients	0
Number of Ultrasound/Medical Sonography Units	2
Number of Ultrasound/Medical Sonography Procedures	1,200
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)

8

3. Robotic Surgery System

Units

0

Procedures

0

Type of Unit(s)

x

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	5	2	0
Physician Assistants Only (not including Licensed Physicians)	0	0	0
Registered Nurses (RNs Advanced Practice*)	30	0	0
Licensed Practical Nurses (LPNs)	11	0	0
Pharmacists	2	1	0
Other Health Services Professionals*	45	0	0
Administration and Support	22	0	0
All Other Hospital Personnel (not included in above)	46	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	More than 90 Days
Registered Nurses (RNs-Advance Practice)	More than 90 Days
Licensed Practical Nurses (LPNs)	More than 90 Days
Pharmacists	More than 90 Days
Other Health Services Professionals	61-90 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	9
Hispanic/Latino	0
Pacific Islander/Hawaiian	0
White	16
Multi-Racial	0
Total	25

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	0	☐	0	0
General Internal Medicine	9	☐	0	0
Pediatricians	2	☐	2	0
Other Medical Specialties	16	☐	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	1	☐	0	0
Orthopedic Surgery	2	☐	0	0
Plastic Surgery	0	☐	0	0
General Surgery	2	☐	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	1	☐	0	0
Dermatology	0	☐	0	0
Emergency Medicine	42	☐	0	0
Nuclear Medicine	0	☐	0	0
Pathology	1	☐	0	0
Psychiatry	0	☐	0	0
Radiology	36	☐	0	0
	0	☐	0	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	32

5b. Name of Other Professions

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

Nurse Practitioners, CRNA

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
Abdalla, Adel, MD	55910
Aggarwal, Arvind K., M.D.	56400
Baggett, Martin A., M.D.	31198
Blackwood, Wesley L, M.D.	62657
Brar, Harinder, M.D.	33939
Campbell, Robert C., M.D.	32527
Cardis, Brian M., M.D.	51629
Carpenter, Kimberli E., M.D.	54474
Carrington, Helen E., M.D.	35221
Chang, Ted T., M.D.	71219
Chaudhuri, Deboki N., M.D.	92885
Chiou, Billy Y., M.D.	56274
Cornille, Christopher J., M.D.	52547
Cox, James B., DO	82547
Curtin, Jay L., M.D.	52264
Davis, Matthew L., M.D.	69571
Dickens, Catherine M., M.D.	35240
Dodgen, Andrew L., M.D.	82666
Easom, Jeffrey C., DO	52469
Easterling, Guy T., DO	41283
Elmore, Julius B., M.D.	78025
Enderson, Jessica L., D.O.	86067
Gaskins, Johnathan, M.D.	56836
Gayton, Johnny L., M.D.	21454
Gilliland IV, Charles A., M.D.	72264
Goetz, Bradley I., M.D.	82452
Gore, Andrew W., M.D.	75837
Harden, Brandon W., M.D.	63459
Hearn, Perry R., M.D.	28997
Hinds, Marshall K., M.D.	51662
Iguobadia, Omorogiuwa, M.D.	74772
Ireh, Ugo A., M.D.	55851
Jones, Michael T., M.D.	38264
Jones, Zoe J., M.D.	26314
Kashlan, Bader N., D.O.	83276
Kellett, Robert J., M.D.	78348
Kellum, Charles D., M.D.	29337
Kemme, Jordan H., M.D.	96653

Full Name	License Number
Key, Augustus, DO	102579
Key, Samuel R., M.D.	82933
Kingman, Amy D., M.D.	52761
Kisselburg, James R., M.D.	76594
Kopacz, Sandra Snow, M.D.	32179
Larios, Leo E., DO	99713
Latham, Harry, M.D.	32934
Law, Justin, M.D.	76754
Lee, Mark A., M.D.	59451
Lembo, Robert J., M.D.	94439
Lift, Carl, M.D.	50206
Lindsey, Clifford W., M.D.	59459
Mahathre, Vijay K., M.D.	41612
Malhotra, Premila, M.D.	55279
Martinez, Carlos O., M.D.	31793
McCullough, Ricky J., M.D.	65151
McDonald, Phillip B., MD	79212
McJenkin, Kirstopher K., MD	75471
Mueller, Terry L., D.O.	60223
Nurpeisov, Viktoria, M.D.	86338
Nwaobi, Ike A., M.D.	65038
Oderinde, Julius B., M.D.	36658
Ogbobe, Francis, D.O.	86796
Okoh, James I., M.D.	55137
Okwundu, Nwanneka, DO	101987
Omitowoju, Akinlolu A., M.D.	19313
Patel, Rakesh M., M.D.	84779
Peterson-Cornett, Pearlie, DO	59310
Rankine, Jr., William O, D.O.	55294
Roberts, Reuben S., M.D.	17944
Rosenbaum Jr., Donald, D.O.	46562
Salvia, Michael F., M.D.	38945
Sanghi, Amita k., DO	67315
Saunders, Linda J., M.D.	31118
Serna-Gonzalez, Juan S., DO	92489
Shah, Animesh C., MD	59191
Simmons, Neal B., M.D.	26649
Singh, Inder P., M.D.	40551
Sklyar, Tatyana Y., M.D.	77786
Spelts, Anna F., M.D.	88602
Spencer Jr., Dennis R., DO	47663

Full Name	License Number
Staner, Derek R., M.D.	110419
Stevenson, Kevin L., M.D.	52640
Tallon-Thompson, Donna K., DPM	POD000873
Tehrani, Nasser S., M.D.	53044
Thomas, Orlando W., D. O.	88860
Tharpe, Carter E., M.D.	56929
Toole, Benjamin J., M.D.	63744
Varghese, Benoy B., M.D.	83755
Washington, John H., M.D.	25398
Watkins, Dwayne L., M.D.	53054
Williams, Gary M., M.D.	42771
Williams, Jonathan S., D.O.	59237
Wooten, Daren K., M.D.	62177
Yarboro, Theodore L., M.D.	37929
Zanghi, Eric, M. D.	30248
Zervos, Aaron-Nickolaos P., DO	89415
Zhou, Qiao X., M.D.	80547

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
Atkinson	0	1	0	0	0	0	0	0	0	0	0	0	0
Baker	0	2	0	0	0	0	0	0	0	0	0	0	0
Bibb	0	2	0	0	0	0	0	0	0	0	0	0	0
Bleckley	8	193	0	0	0	0	0	0	0	0	0	0	0
Crisp	0	7	0	0	0	0	0	0	0	0	0	0	0
Dodge	4	77	0	0	0	0	0	0	0	0	0	0	0
Dooly	5	34	0	0	0	0	0	0	0	0	0	0	0
Houston	0	61	0	0	0	0	0	0	0	0	0	0	0
Laurens	0	4	0	0	0	0	0	0	0	0	0	0	0
Lee	0	1	0	0	0	0	0	0	0	0	0	0	0
Macon	0	3	0	0	0	0	0	0	0	0	0	0	0
Peach	0	3	0	0	0	0	0	0	0	0	0	0	0
Pulaski	49	214	0	0	0	0	0	0	0	0	0	0	0
Schley	0	2	0	0	0	0	0	0	0	0	0	0	0
Telfair	2	8	0	0	0	0	0	0	0	0	0	0	0
Turner	0	1	0	0	0	0	0	0	0	0	0	0	0
Twiggs	1	9	0	0	0	0	0	0	0	0	0	0	0
Upson	0	1	0	0	0	0	0	0	0	0	0	0	0
Wilcox	9	41	0	0	0	0	0	0	0	0	0	0	0
Wilkinson	0	5	0	0	0	0	0	0	0	0	0	0	0
Lowndes	1	0	0	0	0	0	0	0	0	0	0	0	0
Treutlen	1	0	0	0	0	0	0	0	0	0	0	0	0
Totals	**80**	**669**	**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	3	3
Cystoscopy (OR Suite)	0	0	0	0
Endoscopy (OR Suite)	0	0	1	1
	0	0	0	0
Total	0	0	4	4

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	21	378	399
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	4	869	873
	0	0	0	0	0
Total	0	0	25	1,247	1,272

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	16	256	272
Cystoscopy	0	0	0	0	0
Endoscopy	0	0	2	413	415
	0	0	0	0	0
Total	0	0	18	669	687

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	3
Black/African American	183
Hispanic/Latino	5
Pacific Islander/Hawaiian	0
White	478
Multi-Racial	0
Total	669

2. Age Grouping

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

Age of Patient	Number of Ambulatory Patients
Ages 0-14	3
Ages 15-64	424
Ages 65-74	173
Ages 75-85	68
Ages 85 and Up	1
Total	669

3. Gender

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

Gender	Number of Ambulatory Patients
Male	304
Female	365
Total	669

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	255
Medicaid	30
Third-Party	378
Self-Pay	6
Total	669

Georgia Minority Health Advisory Council Addendum

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

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

If you checked yes, how many? (FTEs)

What languages do they most often interpret?

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

Bilingual hospital staff member ☐

Community Volunteer Interpreter ☐

Refer patient to outside agency ☐

Bilingual member of patient's family ☐

Telephone interpreter service ☑

Other ☐

Please describe

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

Top 3 most common non-English languages spoken by your patients	Percent of patients for whom this is their preferred language	# of physicians on staff who speak this language	# of nurses on staff who speak this language	# of other employed staff who speak this language
Spanish	0	0	0	0
Vietnamese	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?

Every employee attends cultural diversity training upon hire and annually thereafter.

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?

Access to online translation tools

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

Language One:

English

Language Two:

Language Three:

Language Four:

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

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

Care Connect - Broad Street - Hawkinsville, GA 31036

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
BLACKERBY KIMBE		177	GA	No	7/7/2025
DURHAM PAMELA		736	GA	No	12/26/2023
DYKES CARRIE		1157	GA	No	10/31/2022
FLETCHER ANNIE		1787	GA	No	2/8/2021
HAMMOND SHANE		1745	GA	No	3/22/2021
HOLMES TERESA		3075	GA	No	7/31/2017
JOHNSON MARGA		736	GA	No	12/26/2023
JONES DEONNE		163	GA	No	7/21/2025
NEWBY JESSICA		4964	GA	No	5/29/2012
PERDUE CAITLYN		2585	GA	No	12/3/2018
RAWLS CASTIL'VIC		2165	GA	No	1/27/2020
SPARROW JENNIF		1423	GA	No	2/7/2022
SUMNER LILAINE		680	GA	No	2/20/2024
FIRKIN REBECCA		186	GA	No	12/09/2024 t
GALINDO FLORES		140	GA	No	3/031/2025 t
HESTLE SHERYL		15	GA	No	6/017/2025 t
HODGE JACQUITA		188	GA	No	6/017/2025 t
JOHNSON INDIA		155	GA	No	8/04/2025 to
KAUFMAN KYLE		1874	GA	No	11/018/2019
OLIVARES SHARO		2	GA	No	1/06/2025 to
ORMAN TABATHA		67	GA	No	12/022/2025
PARRISH TAMMY		48	GA	No	5/012/2025 t
PRYOR JAYDON		112	GA	No	10/014/2025
ROGERS MEGAN		44	GA	No	7/021/2025 t
SCOTT BRITANY		875	GA	No	8/07/2023 to
SMITH NECOLE		12	GA	No	8/018/2025 t
STEVENSON CIERI		203	GA	No	6/017/2025 t
TALLEY KIMBERLY		805	GA	No	12/012/2022
TAYLOR HALIE		51	GA	No	4/014/2025 t
WARNER BETHAN		2072	GA	No	12/030/2019
BAKER DAVID		55	GA	Yes	09/22/2025 t
BRANTLEY CHELSI		55	GA	Yes	010/27/2025
CUNNINGHAM SHA		54	GA	Yes	010/14/2025

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

Jonathon Green

Date

03/17/2026

Title

CEO

Comments

During 2025, Taylor Regional Hospital converted from REH (Rural Emergency Hospital) status to an Acute Care Hospital (PPS).