



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC009

Facility Name: Surgery Center at Mt. Zion d.b.a. Spivey Station Surgery Center

County: Clayton

Street Address: 7813 Spivey Station Blvd. Suite 100

City: Jonesboro

Zip: 30236

Mailing Address: 7813 Spivey Station Blvd. Suite 100

Mailing City: Jonesboro

Mailing Zip: 30236

2. Report Period

Report Data for the full twelve month period, January 1, 2008 - December 31, 2008 (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: Melody Mena

Contact Title: Administrator

Phone: 770-268-6000

Fax: 770-268-6001

E-mail: mmena@spiveystationsurgerycenter.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the name of the legal entities which own/operate the facility if applicable or the name of the physician(s) in ownership of the center. 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
Southlake Ambulatory Surgery Center, LLLP	For Profit	01/18/2000

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	Not Applicable	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	Not Applicable	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
NOT APPLICABLE	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Southern Regional Ambulatory Surgery, Inc.	Not for Profit	01/18/2000

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Southern Regional Health System	Not for Profit	01/18/2000

G. Physician Owner(s) (List all if owned jointly)

Full Name	License Number
Darrell J. Carmen	039749
Stephen Cohen	038448
Jon P. Finley	043936
Howard K. Herman	036777
Rajiv D. Pandya	033254
Shevin D. Pollydore	045588
Gregory C. Taylor	POD000640
Barry M. Zisholtz	030698

Gustavo A. Escalera	017798
Shikha Srivastava	038973
Srinivasa Gorjala	043378
Jeffrey A. Kunkes	021535
Young H. An	052050
Donald Lagenbeck	033620
Manohar Nallathambi	029356

Part D : Ambulatory Surgery Rooms, Procedures and Patients

1A. Rooms, Procedures and Patients in CON-Authorized or Licensed Operating Procedure Rooms

An operating procedure room is a procedure room or area of the ambulatory surgical treatment center in which surgical procedures are performed and that is licensed as a procedure room by the Department of Human Resources pursuant to Rule 290-5-33-01(u).

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	3	1,983	1,983

1B. Other Nonoperating/Procedure Rooms

If applicable, provide rooms, procedures and patients for other rooms at your facility where procedures are performed, but that are not licensed as operating rooms.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Endoscopy Procedure Rooms	0	0	0
Minor Procedure Rooms	1	2,273	2,273
Other Procedure Rooms	0	0	0

2. Ambulatory Surgery Patients Admitted to Hospital

How many patients if any, were admitted to a hospital before completion of or immediately following ambulatory surgery?

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3. Ambulatory Patients by Race/Ethnicity

Report the number of unduplicated patients who received ambulatory surgery by race/ethnicity category and provide the total number of ambulatory surgical procedures by race/ethnicity.

Race/Ethnicity	Number of Patients	Number of Procedures
American Indian/Alaska Native	0	0
Asian	19	19
Black/African American	746	746
Hispanic/Latino	75	75
Pacific Islander/Hawaiian	3	3
White	1,060	1,060
Multi-Racial	0	0
Unknown	80	80
Total	1,983	1,983

4. Ambulatory Patients by Gender

Report the number of patients by gender served during the report period along with the total number of procedures by gender.

Gender	Number of Patients	Number of Procedures
Male	980	980
Female	1,003	1,003
Total	1,983	1,983

Part E : Ambulatory Surgical Procedures, Licensed Specialty and Services

1. Top Ten Procedures

Of the total procedures reported in Part D, provide the top ten procedures (volume-wise) performed within your facility by CPT Code, Procedure Name, Number of Procedures and Average Charge for Procedure.

CPT Code	Procedure Name	Number of Procedures	Average Charge
64483	INJECTION ANESTHETIC AGENT	482	3,184.00
62310	INJECTION SINGLE	160	3,328.00
69436	TYMPANOSTOMY	152	3,862.00
64475	INJECTION ANESTHETIC	73	4,512.00
62311	INJECTION SINGLE	69	3,328.00
29881	ARTHROSCOPY KNEE	62	4,273.00
30520	SEPTOPLASTY OR SUBMUCOUS RESECTION	59	7,860.00
42820	TONSILLECTOMY AND ADENOIDECTOMY	55	2,721.00
45378	COLONOSCOPY, FLEXIBLE	47	2,024.00
46260	HEMORRHOIDECTOMY	42	3,850.00

2. Licensed Specialty and Services Provided

Report the licensed specialty of the ambulatory surgery center and the services provided.

Specialty(ies)(As indicated on the Office of Regulatory Services permit):

GENERAL SURGERY, PODIATRY, ORTHOPEDICS, OTOLARYNGOLOGY, PAIN MANAGEMENT, GASTROENTEROLOGY, UROLOGY, GYNECOLOGY, PLASTIC SURGERY, ORAL SURGERY

Services Provided:

OUTPATIENT MINOR PROCEDURES AND AMBULATORY SURGERY

Part F : Utilization & Revenue by Payer Source for Ambulatory Surgery Services

1. Utilization by Payer Source

Please report the number of patients and procedures, Gross Patient Revenue, and Net Patient Revenue during the report period according to Payer Source. Please note that the Total Gross and Net Revenue columns should balance to Gross and Net Revenue reported in Part G.

Payer Source	Patients	Procedures	Gross Revenue	Net Revenue
Medicare	1,029	1,029	1,967,672	320,388
Medicaid	234	234	832,499	147,915
PeachCare for Kids	0	0	0	0
Third Party	0	0	0	0
Self Pay	7	7	70,118	19,679
Other Payer	2,986	2,986	11,539,514	4,447,721
Total	4,256	4,256	14,409,803	4,935,703

2. Indigent/Charity Care

Provide the number of ambulatory surgery patients and procedures for patients who were income tested as indigent or charity care cases. Refer to the definitions of indigent and charity care in the instructions.

Category	Number of Patients	Number of Procedures
Indigent	62	62
Charity	1	1
Total	63	63

Part G : Financial Summary and Indigent and Charity Care Information

1. Indigent and/or Charity Care Policy

Check the box to the right if the agency had a formal written policy or written policies concerning the provision of indigent and/or charity care during 2008.

If you indicated yes above, please indicate the effective date of the policy or policies.

01/01/2005

2. Person Responsible

Please indicate the name and title or position held by the person most responsible for adherence to or interpretation of the policy or policies you will provide the department.

Melody Mena

3. Charity Care Provision

Check the box if the policy or policies included provision for the care that is defined as charity.

4. Financial Table

Please complete the following financial table for the 2008 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the web form) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	14,409,803
Medicare Contractual Adjustments	1,647,284
Medicaid Contractual Adjustments	684,584
Other Contractual Adjustments	6,530,099
Total Contractual Adjustments	8,861,967
Bad Debt	210,589
Indigent Care Gross Charges	397,982
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	397,982
Charity Care Gross Charges	2,850
Charity Care Compensation	712
Uncompensated Charity Care (Net)	2,138
Other Free Care	0
Total Net Patient Revenue	4,937,127
Other Revenue	0
Total Net Revenue	4,937,127
Total Expenses	4,035,915
Adjusted Gross Revenue	11,867,346
Total Uncompensated I/C Care	400,120
Percent Uncompensated Indigent/Charity Care	3.37%

Part H : Accreditation

Indicate below if your ambulatory surgery center is accredited and if so indicate for each agency as applicable.

- A) American Association of Ambulatory Care?
- B) American Association for Accreditation of Plastic Surgery Facilities?
- C) Joint Commission for Accreditation of Healthcare Organizations (JCAHO)?
- D) Accreditation Association for Ambulatory Health Care (AAAHC)?
- E) Accreditation Association for Ambulatory Health Care (AAAHC)?
- F) Other?

Specify other organizations that accredit your facility in the space below.

Part I : Patient Origin of Ambulatory Surgery Patients in the Surgical Center

1 Patient Origin

Please report the county of origin for the patients treated in the surgical center.

County	Patients
Bacon	1
Baldwin	1
Barrow	1
Bartow	1
Bibb	2
Bryan	1
Butts	56
Carroll	15
Clayton	640
Cobb	5
Coweta	35
DeKalb	34
Dougherty	2
Douglas	2
Fayette	92
Forsyth	3
Fulton	33
Gwinnett	3
Henry	921
Houston	5
Jasper	5
Lamar	5
Lumpkin	1
Meriwether	2
Monroe	5
Newton	2
Paulding	3
Peach	3
Pike	8
Richmond	3
Rockdale	12
Spalding	65
Stewart	1
Troup	1
Upson	9
Walton	5
Total	1,983

Part J : Ambulatory Surgery Center Workforce Information

1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2008.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	10.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	7.00	0.00	0.00
Allied Health Therapists	0.00	0.00	0.00

2. Filling Vacancies

Please enter the average time needed during the past six months to fill each type of vacant position.

Type of Vacancy	Average Time Needed to Fill Vacancies
Registered Nurse	31-60 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
Allied Health Therapists	Not Applicable

Electronic Signature

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.

Authorized Signature: Jim Crissey

Date: 6/23/2009

Title: President

Comments:

Unable to pull data by CON room for gender, nationality and zip code. Estimated numbers are % representatives of total volume for 2008. Unable to provide peachcare information as this data does not exist. This is reported in our system as Medicaid. There is a calculation error in the PDF version of the state survey. On the screen, financial table 4 Part G says 4,935,703. When you print the pdf...it says 4,937,127. If the right number is reported on the screen the survey errors and won't let you submit.