



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:LNRASC191

Facility Name: ENDOSCOPY CENTER, LLC, THE

County: Chatham

Street Address: 1139 LEXINGTON AVENUE, SUITE B

City: SAVANNAH

Zip: 31404

Mailing Address: 1139 LEXINGTON AVENUE, SUITE B

Mailing City: SAVANNAH

Mailing Zip: 31404

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: Trish Rotureau

Contact Title: Support Analyst

Phone: 912-790-2672

Fax: 912-790-2702

E-mail: trish@savannahgi.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
THE ENDOSCOPY CENTER LLC	For Profit	

B. Owner's Parent Organization

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

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
CHARLES DUCKWORTH	041780
STEVEN CARPENTER	034555
MARK MURPHY	038565
MARK NYCE	057407
EDWARD RYDZAK	038941
RYAN WANAMAKER	057335
JOSEPH HATHAWAY JR	049797

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	5,127	4,965

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	3	5,127	4,965
Minor Procedure Rooms	0	0	0
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?

0

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	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Unknown	4,965	5,127
Total	4,965	5,127

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	2,151	2,224
Female	2,814	2,903
Total	4,965	5,127

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
45385	colonoscopy flex w/removal	1,239	1,340.00
43239	UPPER GASTRO ENODOSCOPY	1,208	755.00
45378	COLONOSCOPY, FLEX, PROX TO	1,077	880.00
45380	COLON, FLEX, W/BIOPSY	793	960.00
43235	UPPER GASTRO ENDOSCOPY	365	660.00
G0121	SCREEN COLONOSCOPY NOT HIGH RISK	267	805.00
G0105	SCREEN COLONOSCOPY HIGH RISK	216	940.00
45384	COLONOSCOPY FLEX W/ REMOV	143	1,265.00
43248	UPPER GASTRO ENDOSCOPY	94	790.00
45381	COLONOSCOPY W/INJ ANY SUB	92	1,070.00

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):

GASTROENTEROLOGY

Services Provided:

Colonoscopy and Biopsy Colonoscopy, Control Bleeding Colonoscopy, Diagnostic, rigid or flexible Colonoscopy, Lesion Removal Colonoscopy, Polypectomy Dilate Esophagus Dilation of anal sphincter (separate procedure) Dilation of rectal sphincter EGD EGD, Biopsy, Cytology EGD, BRAVO, Cytology EGD, Enteroscopy Capsule Placement EGD, Dilation by balloon EGD, Foreign Body Removal EGD, Polypectomy EGD, Varix Coagulation Esophagus Endoscopy and Injection Flexible Sigmoidoscopy w/Biopsy Flexible Sigmoidoscopy w/o Biopsy Gastrostomy Tube Exchange/Removal Manometry and 24 hour ph testing Pouchoscopy, w/Biopsy Pouchoscopy, w/o Biopsy Protosigmoidoscopy with biopsy Puncture, Peritoneal Cavity (paracentesis, initial) Removal of fecal impaction or foreign body Small Bowel Endoscopy Small Bowel Endoscopy, Biopsy Hemorrhoidal banding Moderate / conscious sedation Deep Sedation / MAC

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	2,084	2,152	2,315,922	708,516
Medicaid	2	2	1,954	16,251
PeachCare for Kids	0	0	0	0
Third Party	2,757	2,847	3,155,493	1,248,230
Self Pay	122	126	10,888	371,165
Other Payer	0	0	0	0
Total	4,965	5,127	5,484,257	2,344,162

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	0	0
Charity	0	0
Total	0	0

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.

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.

LYNNE MARINI, CEO

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	5,484,257
Medicare Contractual Adjustments	1,358,698
Medicaid Contractual Adjustments	2,531
Other Contractual Adjustments	1,647,745
Total Contractual Adjustments	3,008,974
Bad Debt	198,444
Indigent Care Gross Charges	0
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	0
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	2,276,839
Other Revenue	0
Total Net Revenue	2,276,839
Total Expenses	1,523,200
Adjusted Gross Revenue	3,924,584
Total Uncompensated I/C Care	0
Percent Uncompensated Indigent/Charity Care	0.00%

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
Appling	28
Atkinson	1
Bacon	3
Berrien	1
Bibb	1
Brantley	3
Bryan	305
Bulloch	69
Camden	1
Candler	15
Chatham	2804
Cherokee	1
Cobb	1
Coffee	7
Dade	1
Effingham	399
Emanuel	11
Evans	38
Fayette	1
Glynn	16
Hall	1
Irwin	1
Jeff Davis	12
Jenkins	5
Laurens	3
Liberty	455
Long	59
McIntosh	33
Montgomery	10
Other- Out of State	429
Pierce	5
Screven	34
Stephens	2
Tattnall	88
Telfair	1
Toombs	32
Towns	1
Treutlen	3
Ware	1

Washington	2
Wayne	78
Wheeler	3
Worth	1
Total	4,965

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)	7.5	1	0
Licensed Practical Nurses (LPNs)	1	0	0
Aides/Assistants	3.5	0	0
Allied Health Therapists	0	0	0

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	30 Days or Less
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: Trish Rotureau

Date: 7/17/2013

Title: Support Analyst

Comments: