



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2008 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:LNRASC246

Facility Name: SURGICAL CENTER FOR UROLOGY, LLC

County: Henry

Street Address: 290 COUNTRY CLUB DRIVE, SUITE 240

City: STOCKBRIDGE

Zip: 30281

Mailing Address: 290 COUNTRY CLUB DRIVE, SUITE 240

Mailing City: STOCKBRIDGE

Mailing Zip: 30281

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: Malgorzata Kmiecik

Contact Title: Nurse Manager

Phone: 678-565-1806

Fax: 678-565-1904

E-mail: cheriscraig@yahoo.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
Surgical Center for Urology, LLC	For Profit	01/30/2006

B. Owner's Parent Organization

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

C. Facility Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

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

Full Name	License Number
V Alex Garcias, MD	022551
Mauro Folgosa, MD	025750
James Libby, MD	029903
James Eaton, MD	048145
Orlando Lopez, MD	025787

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	2	2,290	2,261

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	0	0	0
Other Procedure Rooms	1	470	383

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	0	0
Black/African American	0	0
Hispanic/Latino	0	0
Pacific Islander/Hawaiian	0	0
White	0	0
Multi-Racial	0	0
Unknown	2,644	2,760
Total	2,644	2,760

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	1,772	1,849
Female	872	911
Total	2,644	2,760

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
74420	Urography Retrograde	1,261	129.00
74420	Urography Retrograde	1,261	129.00
74420	Urography Retrograde	1,261	129.00
74420	Urography Retrograde	1,261	129.00
74420	Urography Retrograde	1,261	129.00
52332	Cystoscopy with Stent	564	2,357.00
55700	Biopsy of Prostate	522	1,494.00
50590	Lithotripsy	472	6,000.00
76942	Ultrasound Guidance Needle Placement	457	54.00
52204	Cystoscopy with Biopsy	403	2,080.00
76872	Ultrasound, Transrectal	191	2,532.00
55875	Prostate Seed Implants	304	5,512.00
52353	Cystoscopy with Ureteroscopy	292	3,367.00
52260	Cystoscopy with Dilation of Bladder	238	2,072.00

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):

Urology

Services Provided:

CPT Codes Provided in 2008 55700 55875 50590 52353 52204 52276 52332 52234 54161 52000 52341 49505 52310 52648 52281 52224 52344 55250 52352 52235 52500 54860 54065 52214 52317 55040 52354 54840 54520 55060 55530 52351 55120 52240 52640 54060 51040 52001 52260 52285 52330 52355 52630 53260 55175 10061 11422 11423 44380 50384 52005 52275 52342 52601 53400 54001 54055 54057 54115 54522 54530 54830 55100 55520 55859 57421

53230 57287 50382 52270 57288 57421 52351

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	0	768	2,942,194	619,790
Medicaid	0	0	0	0
PeachCare for Kids	0	0	0	0
Third Party	0	1,987	9,104,981	2,229,402
Self Pay	5	5	4,266	329,378
Other Payer	0	0	0	0
Total	5	2,760	12,051,441	3,178,570

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.

Malgorzata Kmiecik, RN

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	12,051,441
Medicare Contractual Adjustments	2,006,465
Medicaid Contractual Adjustments	0
Other Contractual Adjustments	6,700,878
Total Contractual Adjustments	8,707,343
Bad Debt	165,528
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	3,178,570
Other Revenue	0
Total Net Revenue	3,178,570
Total Expenses	2,416,715
Adjusted Gross Revenue	9,879,448
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.
State of Georgia, Medicare

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
Alabama	3
Banks	1
Barrow	1
Bibb	5
Butts	175
Carroll	1
Catoosa	1
Chatham	1
Cherokee	3
Clayton	377
Cobb	33
Coweta	22
DeKalb	101
Douglas	6
Fannin	19
Fayette	39
Florida	12
Forsyth	1
Fulton	123
Gilmer	5
Grady	1
Gwinnett	17
Hall	1
Harris	1
Henry	1199
Houston	3
Jasper	7
Lamar	45
Meriwether	1
Monroe	10
Morgan	1
Muscogee	3
Newton	13
North Carolina	12
Oconee	2
Other- Out of State	72
Paulding	2
Peach	1
Pike	60

Putnam	1
Rockdale	17
South Carolina	12
Spalding	312
Tennessee	11
Towns	3
Union	3
Upson	14
Walton	5
Ware	1
Whitfield	1
Total	2,760

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)	5.00	0.60	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	1.00	0.00	0.00
Allied Health Therapists	3.00	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	30 Days or Less
Licensed Practical Nurse	Not Applicable
Aides/Assistants	Not Applicable
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: Cheris L Craig

Date: 6/26/2009

Title: Chief Administrative Officer

Comments: