



2010 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC009

Facility Name: Spivey Station Surgery Center

County: Clayton

Street Address: Suite 100 7813 Spivey Station Boulevard

City: Jonesboro

Zip: 30236

Mailing Address: 7813 Spivey Station Boulevard Suite 100

Mailing City: Jonesboro

Mailing Zip: 30236

2. Report Period

Report Data for the full twelve month period, January 1, 2010 - December 31, 2010 (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: Dianne Barrow

Contact Title: Interim Administrator

Phone: 770-268-6000

Fax: 770-268-6001

E-mail: dbarrow@spiveystationssurgerycenter.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	1/18/2000

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	1/18/2000

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Southern Regional Ambulatory Surgery, Inc	Not for Profit	1/18/2000

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
Shikha Sirvastava	038973

Srinivasa Gorjala	043378
Barry Zisholtz	030698
Gregory Lee	61599
Jeffery Kunkes	021535
Young H. An	052050
Monohar 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 Community Health pursuant to Rule 111-8-4-.01.

Room Type	Number of Rooms	Number of Procedures	Number of Patients
Operating Procedure Rooms	3	4,794	2,337

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	4	3,678	1,089
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?

11

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	1	4
Asian	23	44
Black/African American	958	1,961
Hispanic/Latino	70	144
Pacific Islander/Hawaiian	3	6
White	1,259	2,587
Multi-Racial	23	48
Unknown	0	0
Total	2,337	4,794

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	1,028	2,301
Female	1,309	2,493
Total	2,337	4,794

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
64493	injection, diagnostic or therapeutic	265	1,443.00
64484	injection, anesthetic agent and/or steroid	258	1,425.00
L8699	prosthetic implant	255	891.00
29881	arthroscopy, knee, surgical with meniscetomy	245	2,556.00
29826	arthroscopy, shoulder, surgical, decompression	186	3,070.00
77003	fluoroscopic guidance and localization of nerve	1,080	113.00
64483	injection, anesthetic agent and/or steroid	815	1,529.00
69436	tympanostomy	430	2,300.00
30140	submucous resection turbinate	366	2,014.00
62310	injection, single	303	1,459.00

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 Healthcare Facility Regulation Division or Office of Regulatory Services permit):

Gastroenterology, General , Gynecology, ophthalmology, orthopedic, otolaryngology, pain management, Plastic, Podiatry, and Urology.

Services Provided:

Outpatient surgery procedures

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	283	1,101	1,763,735	392,390
Medicaid	493	510	1,200,091	177,155
PeachCare for Kids	0	0	0	0
Third Party	2,581	6,415	12,496,092	3,550,105
Self Pay	21	58	118,105	94,418
Other Payer	48	388	384,209	262,764
Total	3,426	8,472	15,962,232	4,476,832

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	61	94
Charity	0	0
Total	61	94

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 2010.

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.

Dianne Barrow

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 2010 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	15,962,232
Medicare Contractual Adjustments	1,371,345
Medicaid Contractual Adjustments	1,022,936
Other Contractual Adjustments	8,553,962
Total Contractual Adjustments	10,948,243
Bad Debt	191,020
Indigent Care Gross Charges	346,137
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	346,137
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	4,476,832
Other Revenue	0
Total Net Revenue	4,476,832
Total Expenses	4,921,249
Adjusted Gross Revenue	13,376,931
Total Uncompensated I/C Care	346,137
Percent Uncompensated Indigent/Charity Care	2.59%

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
Butts	71
Clayton	584
Coweta	70
DeKalb	47
Fayette	280
Fulton	94
Henry	818
Newton	46
Pike	47
Rockdale	71
Spalding	117
Troup	46
Upson	46
Total	2,337

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 12-31-2010.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	9.50	1.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	7.00		
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	61-90 Days
Licensed Practical Nurse	Not Applicable
Aides/Assistants	30 Days or Less
Allied Health Therapists	30 Days or Less

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: 4/22/2011

Title: President

Comments:

The percentage number for gender, nationality, and zip code are estimated numbers based on the total volume for 2010. Could not separate out the data by the CON approved rooms.