



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2010 Freestanding Ambulatory Surgery Center Survey

Part A : General Information

1. Identification

UID:ASC024

Facility Name: Southern Surgery Center, LLC

County: Troup

Street Address: 1805 Vernon Road, Suite C

City: LaGrange

Zip: 30240-4041

Mailing Address: 1805 Vernon Road, Suite C

Mailing City: LaGrange

Mailing Zip: 30240-4041

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: Terry Kirby

Contact Title: Clinical Manager

Phone: 706-812-9902

Fax: 706-812-0802

E-mail: tkirby@southernurgery.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
Southern Surgery Center, L.L.C.	For Profit	

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

C. Facility Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Southern Surgery Center, L.L.C.	For Profit	

D. Operator's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

E. Management Contractor

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
N/A	Not Applicable	

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

Full Name	License Number
James F. Bruce, M.D.	023336
Robert R. Comerford, M.D.	038207
Daniel K. Guy, M.D.	029877
Deborah Simmons, M.D.	028706
Robert Coggins, M.D.	033949

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	5	2,414	2,131

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	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	6	11
Black/African American	352	346
Hispanic/Latino	13	15
Pacific Islander/Hawaiian	8	10
White	1,749	2,028
Multi-Racial	3	4
Unknown	0	0
Total	2,131	2,414

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	1,244	1,400
Female	887	1,014
Total	2,131	2,414

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
43239	EGD with Biopsy	457	1,126.00
45380	Colonoscopy with Biopsy	402	1,126.00
62311	Epidural Steroid Injection	421	1,310.00
45378	Diagnostic Colonoscopy	212	1,095.00
45381	Colonoscopy with Direct Submucosal Injection	113	1,298.00
43249	EGD with Dilatation	83	1,128.00
29824	Arthroscopy of Shoulder, Rotator Cuff	60	6,935.00
41899	Extraction of Teeth	59	750.00
64721	Carpal Tunnel Release	57	4,572.00
29881	Knee Arthroscopy	40	5,732.00

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):

Orthopedic, Dental, Gastroenterology, Plastics, Pain Management, Epidural Steroid Injections, General Surgery, Otorhinolaryngology, Ophthalmology, Podiatry and Gynecology

Services Provided:

Orthopedic, Dental, Gastroenterology, Plastics, Epidural Steroid Injections, Pain Management, General Surgery, Otorhinolaryngology, Podiatry

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	830	932	2,073,765	297,661
Medicaid	120	122	368,813	59,534
PeachCare for Kids	0	0	0	0
Third Party	1,004	1,174	2,609,392	1,160,865
Self Pay	112	121	199,632	311,715
Other Payer	65	65	349,758	244,814
Total	2,131	2,414	5,601,360	2,074,589

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	30	35
Charity	54	60
Total	84	95

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.

01/12/1996

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.

Daniel K. Guy, M.D., Medical Director

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	5,601,360
Medicare Contractual Adjustments	1,630,776
Medicaid Contractual Adjustments	378,453
Other Contractual Adjustments	1,210,039
Total Contractual Adjustments	3,219,268
Bad Debt	75,261
Indigent Care Gross Charges	98,559
Indigent Care Compensation	1,262
Uncompensated Indigent Care (Net)	97,297
Charity Care Gross Charges	128,760
Charity Care Compensation	26,773
Uncompensated Charity Care (Net)	101,987
Other Free Care	32,958
Total Net Patient Revenue	2,074,589
Other Revenue	6,460
Total Net Revenue	2,081,049
Total Expenses	2,081,049
Adjusted Gross Revenue	3,523,330
Total Uncompensated I/C Care	199,284
Percent Uncompensated Indigent/Charity Care	5.66%

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
Alabama	142
Bartow	1
Carroll	11
Coweta	15
Douglas	2
Fayette	1
Fulton	4
Haralson	1
Harris	48
Heard	44
Henry	1
Meriwether	114
Muscogee	14
Rockdale	1
Talbot	11
Taylor	1
Troup	1713
Upson	7
Total	2,131

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)	7.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	3.00	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	Not Applicable
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: James F. Bruce, M.D.

Date: 3/7/2011

Title: C.E.O.

Comments: