



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2016 Freestanding Ambulatory Surgery Center Survey**

**Part A : General Information**

**1. Identification**

**UID:ASC009**

**Facility Name:** LAKE SPIVEY AMBULATORY SURGERY CARE, LLC

**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, 2016 - December 31, 2016 (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:** Nancy Cyprian

**Contact Title:** Clinical Manager

**Phone:** 770-268-6014

**Fax:** 770-268-6014

**E-mail:** nancy.cyprian@southernregional.org

## 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
Lake Spivey Ambulatory Surgery Care, LLC	Not for Profit	02/01/2016

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Prime Healthcare	Not for Profit	02/01/2016

#### 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
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## 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	1,888	991

### **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	1	905	774
Minor Procedure Rooms	3	286	204
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	31	44
Black/African American	1,292	1,860
Hispanic/Latino	81	182
Pacific Islander/Hawaiian	0	0
White	539	948
Multi-Racial	5	13
Unknown	21	32
<b>Total</b>	<b>1,969</b>	<b>3,079</b>

#### 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	784	1,292
Female	1,185	1,787
<b>Total</b>	<b>1,969</b>	<b>3,079</b>

### 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
29826	ARTHROSCOPY, SHOULDER, SURGICAL; DECOMPRESSION	112	4,236.00
29881	ARTHROSCOPY, KNEE, SURGICAL WITH MENISCECTOMY	133	5,244.00
45378	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC	424	3,716.00
45380	COLONOSCOPY, FLEXIBLE, PROXIMAL TO SPLENIC	109	3,716.00
45385	COLONOSCOPY, FLEXIBLE, PROXIMAL	85	3,716.00
77003	FLOUROSCOPIC GUIDANCE AND LOCALIZATION	108	115.00
29880	ARTHROSCOPY, KNEE, SURGICAL, WITH MENISCECTOMY	79	5,244.00
15877	SUCTION ASSISTED LIPECTOMY, TRUNK	346	1,505.00
43239	UPPER GASTROINTESTINAL ENDOSCOPY	141	3,716.00
29824	ARTHROSCOPY, SHOULDER, SURGICAL, DISTAL CLAV	102	5,986.00

#### 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):**

Ambulatory Surgical Treatment Center

**Services Provided:**

Cardiology, Gastroenterology, General, Gynecology, Ophthalmology, Orthopedic, Otolaryngology, Pain Management, Podiatry, Interventional Radiology, and Urology

## 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	259	460	1,734,862	291,020
Medicaid	418	571	2,789,952	468,010
PeachCare for Kids	0	0	0	0
Third Party	200	389	1,334,610	223,879
Self Pay	179	700	1,194,194	200,324
Other Payer	913	959	6,069,392	1,018,130
<b>Total</b>	<b>1,969</b>	<b>3,079</b>	<b>13,123,010</b>	<b>2,201,363</b>

### 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	1	4
Charity	0	0
<b>Total</b>	<b>1</b>	<b>4</b>

## 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 2016. ☒

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

02/01/2012

### 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.

Pearlina Fields- Business Systems Coordinator

### 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 2016 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	13,123,010
Medicare Contractual Adjustments	1,293,446
Medicaid Contractual Adjustments	1,664,174
Other Contractual Adjustments	7,749,101
<b>Total Contractual Adjustments</b>	<b>10,706,721</b>
Bad Debt	213,684
Indigent Care Gross Charges	6,572
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>6,572</b>
Charity Care Gross Charges	0
Charity Care Compensation	0
<b>Uncompensated Charity Care (Net)</b>	<b>0</b>
Other Free Care	0
<b>Total Net Patient Revenue</b>	<b>2,196,033</b>
Other Revenue	5,330
<b>Total Net Revenue</b>	<b>2,201,363</b>
Total Expenses	4,443,243
<b>Adjusted Gross Revenue</b>	<b>9,957,036</b>
<b>Total Uncompensated I/C Care</b>	<b>6,572</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.07%</b>

## 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
Baldwin	2
Bartow	1
Bibb	6
Bleckley	2
Butts	52
Calhoun	2
Carroll	2
Cherokee	2
Clarke	1
Clayton	420
Cobb	34
Columbia	1
Coweta	30
DeKalb	154
Dougherty	1
Douglas	9
Fayette	87
Fulton	212
Greene	1
Gwinnett	34
Hall	1
Heard	1
Henry	695
Houston	9
Jasper	1
Lamar	8
Meriwether	1
Monroe	3
Newton	23
Other- Out of State	74
Paulding	6
Peach	1
Pike	8
Quitman	1
Rockdale	39
Spalding	33
Troup	5
Upson	3
Walton	2



Wheeler	2
<b>Total</b>	<b>1,969</b>

## 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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	11.00	0.00	0.00
Licensed Practical Nurses (LPNs)	0.00	0.00	0.00
Aides/Assistants	9.00	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: Charlotte W. Dupre'

Date: 3/22/2017

Title: CEO

Comments: