



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

2015 Home Health Survey

Part A : General Information

1. Identification

UID:HHA138

Facility Name: Guardian Home Care- LLC

County: Fulton

Street Address: 11660 Alpharetta Suite 440

City: Roswell

Zip: 30076

Mailing Address: 11660 Alpharetta Suite 440

Mailing City: Roswell

Mailing Zip: 30076

Medicaid Provider?

Check the box to the right if the agency is a medicaid provider ☒

If you indicated yes above, please report the medicaid number below.

00975917a

Medicare Provider?

Check the box to the right if the agency is a medicare provider ☒

If you indicated yes above, please report the medicare number below.

11-7131

2. Report Period

Report Data for the full twelve month period, January 1,2015 - December 31, 2015 (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: Jerry Huggler

Contact Title: Senior Vice President Finance

Phone: 972-201-3800

Fax: 972-267-1116

E-mail: jhuggler@accentcare.com

Part C : Ownership, Operation and Management

1. Ownership, Operation and Management

As of the last day of the report period, indicate the operation/management status of the facility and provide the effective date. 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. Agency Owner

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Guardian Home Care, LLC	For Profit	10/30/2001

B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Guardian Home Care Holdings, Inc.	For Profit	05/01/2006

C. Agency Operator

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

D. Operator's Parent Organization

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

E. Management Contractor

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

F. Management's Parent Organization

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

2. Branch Offices

If your agency has a branch office or branch offices please check the box to the right. ☒

3. Branch Office Locations

If your agency operates branch offices please provide the following information on branch locations.

Branch Office	Street Address	Street City	County	Date Est.
Guardian Home Care, LLC-College	1895 Phoenix Blvd, #250	College Park	Clayton	

Guardian Home Care, LLC-Canton	1558 Marietta Highway, #210	Canton	Cherokee	
Guardian Home Care, LLC-Decatur	484 Irvin Court, #220	Decatur	DeKalb	
Guardian Home Care, LLC-Marietta	900 Circle 75 Parkway SE, #1360	Atlanta	Cobb	

Part D : Agency Utilization and Patient Caseload Information

1. Health-Related Visits

Please report the number of health-related visits (not units) during the report period by service/discipline. Also, please provide the per visit rate your agency charges for providing each of the services indicated. Use the blank lines to report other services/disciplines.

Service/Discipline	Number of Visits	Charge per Visit
Skilled Nursing	34,983	140
Physical Therapy	28,456	160
Home Health Aide	2,477	90
Occupational Therapy	12,747	160
Medical Social Services	955	160
Speech Pathology	2,901	160
	0	0
	0	0
	0	0

2. Agency Caseload

Please report the total number of cases at the end of the business day on December 31, 2015.

518

4. Completed Medicare Episodes of Care

Provide the total number of completed Medicare episodes of care during the report year. Include all completed episodes including Low Utilization Payment Adjustments (LUPA).

3332

5. Health-Related Patients by Race/Ethnicity

Please report the number of health-related patients during the report period using the following race and ethnicity categories.

Race/Ethnicity	Number of Patients
American Indian/Alaska Native	0
Asian	3
Black/African American	189
Hispanic/Latino	2
Pacific Islander/Hawaiian	0
White	336
Multi-Racial	3,321

6. Health-Related Patients by Gender

Report the number of health-related patients by gender served during the report period.

Gender	Number of Patients
Male	1,405
Female	2,446

7. Health-Related Visits by Payer

Please report the number of Health-Related visits, unduplicated patients, and the gross and net

patient revenue during the report period by each payer. Please note that gross and net patient revenue totals must balance to those reported in Part E.)

Payer	Patients	Visits	Gross Revenue	Net Revenue
Medicare	3,764	69,301	13,898,915	13,898,915
Medicaid	21	236	15,038	15,038
Other Government Payers	0	0	0	0
Managed Care (HMO/PPO)	552	7,442	1,433,594	1,433,594
Other Third Party Insurers	429	5,535	564,868	539,168
Self Pay	0	0	0	0
Other Non Government	0	0	0	0

Part E : Agency Financial Summary, Indigent and Charity Care Provided and Patient Point of Origin

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 2015. ☒

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

10/01/2004

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.

Charlotte Patterson

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 2015 calendar year. Please note that Total Uncompensated Indigent and Charity Care Charges (automatically calculated by the database) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	15,912,415
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	0
Total Contractual Adjustments	0
Bad Debt	0
Indigent Care Gross Charges	25,700
Indigent Care Compensation	0
Uncompensated Indigent Care (Net)	25,700
Charity Care Gross Charges	0
Charity Care Compensation	0
Uncompensated Charity Care (Net)	0
Other Free Care	0
Total Net Patient Revenue	15,886,715
Adjusted Gross Patient Revenue	15,912,415
Other Revenue	0
Total Net Revenue	15,886,715
Total Expenses	0
Adjusted Gross Revenue	15,912,415
Total Uncompensated I/C Care	25,700
Percent Uncompensated Indigent/Charity Care	0.16%

5. Indigent or Charity Care Cases

Report the number of home health care patients who were classified as being indigent or charity care cases and for which patient charges were written off to indigent or charity care accounts as reported in Part E, Question 4 above.

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6. Patient Point of Origin

Report the number of home health care patients who were referred to your agency by each of the following healthcare points of origin

Point of Origin	Number of Patients Referred
Hospitals (via discharge planner)	830
Physicians	636
Other Home Health Agencies	35
All Other Healthcare Providers	2,350

7. Referral Hospitals

Please provide the names of the hospitals above who referred patients during the report year.

Hospital Name	Patients Referred
Atlanta Medical Center	107
Atlanta VA Medical Center	54
Dekalb Medical Center	60
Emory Johns Creek Hospital	13
Emory St. Joseph Hospital	57
Emory University Hospital	31
North Fulton Hospital	116
Northside Hospital Atlanta	37
Piedmont Henry Hospital	121
Piedmont Hospital Atlanta	56
Southern Regional Medical Center	2
Wellstar Cobb Hospital	24
Wellstar Kennestone Hospital	36
Total	714

Part F : Agency Workforce Information

This information is being collected to support Georgia's healthcare workforce planning activities.

1. Budgeted FTE

Please report the number of budgeted fulltime equivalents (FTEs) and the number of vacancies as of 12-31-2015.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	15	0	0
Licensed Practical Nurses (LPNs)	2	0	0
Aides/Assistants	2	0	0
Allied Health/Therapists	10	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	1 month
Licensed Practical Nurse	1 month
Aide/Assistant	1 month
Allied Health/Therapists	1 month

Part G : Monthly Admissions, Readmissions and Utilization by Patient County

1. Monthly Admissions and Readmissions

Provide the number of new admissions and readmissions in each of the months during the report year

Month	New Admissions	Re-Admissions
January	367	103
February	350	76
March	337	67
April	315	72
May	291	49
June	298	52
July	293	37
August	297	46
September	296	40
October	306	29
November	335	32
December	366	13

2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2015. Admissions should capture all admissions during the report year. Visits should capture all visits during the report year. Report patients served for the four age cohort groups. The Total Patients column will be automatically calculated. You will not be able to enter data in that column. Also provide patients for ages 60 to 79 in the column provided.

County	Beginning Caseload	Admissions	Total Visits	Patients 60-79	I/C Patients	Patients Under 18	Patients 18-64	Patients 65-79	Patients 80 & Over	Total by Age
Cherokee	44	219	4,071	89	0	0	22	85	83	190
Clayton	15	155	3,535	87	0	0	44	74	47	165
Cobb	127	457	9,899	181	0	0	40	166	256	462
DeKalb	198	951	22,027	439	0	0	183	370	475	1,028
Fayette	7	18	1,028	25	0	0	7	22	19	48
Fulton	386	1,486	36,382	586	0	0	214	512	972	1,698
Henry	19	207	3,857	92	0	0	42	82	56	180
Paulding	5	40	1,286	38	0	0	16	31	13	60
Forsyth	0	3	64	1	0	0	0	1	2	3

Gwinnett	0	9	321	6	0	0	0	6	9	15
Douglas	0	2	43	0	0	0	2	0	0	2
Total by Age	0	0	0	0	0	0	570	1,349	1,932	3,851

2B. Patient Origin Part B.

Please report the Gross Charges, Adjusted Gross Patient Revenue and Net Uncompensated Charges by County. The grand total of each of these must balance to the Gross Patient Revenue, Adjusted Gross Patient Revenue and Net Uncompensated Charges reported in Part E Question 4.

County	Gross Charges	Adjusted Gross Patient Revenue	Net Uncompensated Charges
Cherokee	785,084	785,084	380
Clayton	681,784	681,784	370
Cobb	1,908,994	1,908,994	0
DeKalb	4,247,718	4,247,718	2,610
Fayette	198,337	198,337	0
Fulton	7,016,173	7,016,173	21,395
Henry	743,764	743,764	945
Paulding	247,921	247,921	0
Forsyth	12,396	12,396	0
Gwinnett	61,980	61,980	0
Douglas	8,264	8,264	0
Total	15,912,415	15,912,415	25,700

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: Jerry Huggler

Date: 02/24/2016

Title: Controller

Comments: