



GEORGIA DEPARTMENT OF  
COMMUNITY HEALTH

**2016 Home Health Survey**

**Part A : General Information**

**1. Identification**

**UID:HHA028**

**Facility Name:** Floyd HomeCare, LLC d/b/a Floyd HomeCare

**County:** Floyd

**Street Address:** 1611 Martha Berry Boulevard NW, Suite 1611

**City:** Rome

**Zip:** 30165

**Mailing Address:** PO Box 51266

**Mailing City:** Lafayette

**Mailing Zip:** 70505

**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.

000041302A

**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.

11-7010

**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:** Rachel Brown

**Contact Title:** Licensure & Regulatory Paralegal

**Phone:** 337-233-1307

**Fax:** 337-233-5764

**E-mail:** LRA@LHCGROUP.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
Floyd HomeCare, LLC	For Profit	01/01/2007

#### B. Owner's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
LHC Group, Inc.	For Profit	01/20/2005

#### C. Agency Operator

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Georgia Health Care Group, LLC	For Profit	03/14/2005

#### 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
Not Applicable	Not Applicable	

#### F. Management's Parent Organization

Full Legal Name (Or Not Applicable)	Organization Type	Effective Date
Not Applicable	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.
Floyd HomeCare of Cedartown	117 John Phillips Road	Cedartown	Polk	09/17/2007

Floyd HomeCare of Cartersville	775 West Avenue, Ste. B	Cartersville	Bartow	03/05/2008
Floyd HomeCare of Summerville	10891 Commerce St, Ste. A	Summerville	Chattooga	10/10/2007

## 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	40,250	300
Physical Therapy	20,313	300
Home Health Aide	1,093	185
Occupational Therapy	10,394	300
Medical Social Services	1,932	300
Speech Pathology	2,556	300
	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, 2016.

770

### 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).

3116

### 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	5
Asian	4
Black/African American	348
Hispanic/Latino	30
Pacific Islander/Hawaiian	0
White	2,457
Multi-Racial	271

### 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	1,259
Female	1,856

### 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	1,889	50,363	7,317,669	7,140,555
Medicaid	184	3,087	448,536	437,680
Other Government Payers	34	551	80,059	78,122
Managed Care (HMO/PPO)	984	22,367	3,249,892	3,171,233
Other Third Party Insurers	8	88	12,786	12,477
Self Pay	3	25	3,632	3,545
Other Non Government	13	57	8,282	8,082

## 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 2016. ☒

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

11/01/2014

### 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.

Kerrigan Lebeouf - Administrator / Director of Nursing

### 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 database) should not exceed Gross Indigent and Charity Care Charges.

Revenue or Expense	Amount
Gross Patient Revenue	11,120,856
Medicare Contractual Adjustments	0
Medicaid & Peachcare Contractual Adjustments	0
Other Contractual Adjustments	152
<b>Total Contractual Adjustments</b>	<b>152</b>
Bad Debt	243,360
Indigent Care Gross Charges	25,650
Indigent Care Compensation	0
<b>Uncompensated Indigent Care (Net)</b>	<b>25,650</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>10,851,694</b>
<b>Adjusted Gross Patient Revenue</b>	<b>10,877,496</b>
Other Revenue	236
<b>Total Net Revenue</b>	<b>10,851,930</b>
Total Expenses	0
<b>Adjusted Gross Revenue</b>	<b>10,877,732</b>
<b>Total Uncompensated I/C Care</b>	<b>25,650</b>
<b>Percent Uncompensated Indigent/Charity Care</b>	<b>0.24%</b>

### 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)	1,305
Physicians	962
Other Home Health Agencies	1
All Other Healthcare Providers	261

## **7. Referral Hospitals**

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

Hospital Name	Patients Referred
Amedisys - Chattanooga Office	1
Atlanta Medical Center	2
Atlanta VA Medical Center	39
Brian Center Health and Rehab Center Canton	1
Carrollton Rehabilitation	1
Cartersville Heights Care and Rehabilitation	8
Cartersville Medical Center	82
Cedar Valley Nursing and Rehab Center	4
Cerner Medical Center	4
Childrens at Scottish Rite Hospital	1
Columbus Regional Hughston Hospital	1
Doctors Hospital - Augusta	1
East Georgia Regional Medical Center	1
Eastside Medical Center	2
Emory Healthcare	1
Emory University Hospital Midtown	16
Erlanger Health System	3
Erlanger Hospital	2
Floyd Behavioral Health Center	7
Floyd Medical Center	611
Floyd Memorial Hospital	1
Golden Living	1
Grady Hospital	1
Grandview Health Care Center	3
Haralson Nursing and Rehabilitation Center	1
Healthsouth Chattanooga Rehabilitation Hospital	2

Huntsville Hospital	2
Jack Hughston Memorial Hospital	1
Kennestone Wellstar Hospital	7
Kindred Hospital - Rome	16
Nashville VA Community Health	1
North Fulton Hospital	1
Northside Hospital	7
Northside Hospital Cherokee	1
Oakview Health & Rehabilitation Center	17
Oakview Nursing and Rehab Center	2
Parkridge Medical Center	2
Piedmont Mountainside Hospital	30
Piedmont Hospital	18
Polk Medical Center	114
Pruitt Health - Blue Ridge	3
Redmond Regional Medical Center	162
Saint Josephs Hospital	1
Signature Healthcare of Marietta	3
Siskin Rehabilitation Hospital	1
Southeastern Regional Medical Center	2
Summitridge Hospital	3
Tanner Health System - Carrollton	3
Tanner Medical Center	8
Tanner Medical Center - Villa Rica	1
Tanner Medical Center - Carrollton	17
Townsend Park Health and Rehab	7
UAB - Birmingham	1
VA Medical Center - Atlanta	2
Veterans Administration - Decatur	2
Wellstar Cobb Hospital	5
Wellstar Douglasville Hospital	2
Wellstar Hospital	1
Wellstar Kennestone Hospital	21
Wellstar Paulding Hospital	16
Wellstar Windy Hill Hospital	2
Winthrop Manor	26
<b>Total</b>	<b>1,305</b>



## 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 12-31-2016.

Profession	Budgeted FTEs	Vacant Budgeted FTEs	Contract/Temporary Staff FTEs
Registered Nurses (RNs Advanced Practice)	33	1	0
Licensed Practical Nurses (LPNs)	22	1	0
Aides/Assistants	15	1	0
Allied Health/Therapists	13	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	3 Months
Licensed Practical Nurse	2 Months
Aide/Assistant	2 Months
Allied Health/Therapists	3 Months

## 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	131	59
February	141	52
March	126	60
April	132	67
May	135	56
June	132	74
July	153	73
August	162	82
September	142	62
October	135	83
November	169	75
December	166	62

### 2A. Patient Origin Part A.

Patient Origin - Report the admissions, visits, and caseload by county for the report period. Caseload totals are for 1/1/2016. 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
Bartow	98	439	13,015	282	0	0	170	219	148	537
Chattooga	67	215	7,061	131	0	0	77	110	83	270
Floyd	261	944	31,724	541	0	1	312	456	425	1,194
Gordon	18	117	3,224	79	0	0	27	69	38	134
Haralson	37	197	4,804	122	0	0	49	104	79	232
Paulding	7	57	1,450	33	0	0	27	24	13	64
Pickens	20	73	1,823	40	0	0	17	35	39	91
Polk	107	487	13,437	333	0	0	144	270	179	593
<b>Total by Age</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>823</b>	<b>1,287</b>	<b>1,004</b>	<b>3,115</b>

## 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
Bartow	1,891,060	1,849,677	4,362
Chattooga	1,025,953	1,003,502	2,366
Floyd	4,609,449	4,508,580	10,632
Gordon	468,442	458,191	1,080
Haralson	698,014	682,739	1,610
Paulding	210,683	206,072	486
Pickens	264,879	259,083	611
Polk	1,952,376	1,909,652	4,503
<b>Total</b>	<b>11,120,856</b>	<b>10,877,496</b>	<b>25,650</b>

## 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:** Donald D. Stelly

**Date:** 03/03/2017

**Title:** President

**Comments:**