

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

A'LELIA RESIDENTIAL CARE

10 JACOB WHITE RD
YEMASSEE, SC 29945-7820 FACILITY #:843-466-0356
MILES CARRIE R PH#: 843-466-0356
Facility Email: MILES-66@HOTMAIL.COM
Fac. Cont. Email: MILES.66@HOTMAIL.COM

CRC-1115 / 09/30/2018
Beaufort / Corporation
10 JACOB WHITE RD
YEMASSEE, SC 29945-7820
MILES RESIDENTIAL CARE FACILITY INC

Alzheimer Care: Yes **Max # Residents: 2**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 20
Resident Beds: 20 **Resident Rooms: 12**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

ABBEVILLE RESIDENTIAL CARE LLC

294 HWY 28 BYPASS
ABBEVILLE, SC 29620 FACILITY #:864-302-9202
SIMPSON JOYCE T PH#: 864-302-9202
Facility Email: ARCF.MARISOL@GMAIL.COM
Fac. Cont. Email: ARCF.MARISOL@GMAIL.COM

CRC-1981 / 07/31/2018
Abbeville /
294 HWY 28 BYPASS
ABBEVILLE, SC 29620
MARISOL PALACIOS-CRUZ

Alzheimer Care: Yes **Max # Residents: 3**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

ACLINE PLACE

200 S ACLINE ST
LAKE CITY, SC 29560-2635 FACILITY #:843-394-5677
UWAGBAI LINDA G PH#: 843-394-5677
Facility Email: GBARNES@FCDSN.ORG
Fac. Cont. Email: No Facility Contact Email on Record

CRC-1257 / 01/31/2018
Florence / State
1211 E NATIONAL CEMETERY RD, FCDSNB
FLORENCE, SC 29506-3240
FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 8**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

ADDISON'S COMMUNITY CARE HOME

4013 PERCIVAL RD
COLUMBIA, SC 29229-8321 FACILITY #:803-463-1697
ADDISON-DOCTOR SARAH PH#: 803-463-1697
Facility Email: SARDCT@GMAIL.COM
Fac. Cont. Email: SARDCT@BELLSOUTH.NET

CRC-0815 / 05/31/2018
Richland / Corporation
PO BOX 23328
COLUMBIA, SC 29224-3328
ADDISON'S COMMUNITY CARE HOME INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 9
Resident Beds: 9 **Resident Rooms: 5**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|--|--|--|---|
| ALDERSGATE AT THE OAKS 921 METHODIST OAKS DR ORANGEBURG, SC 29115-1814 FACILITY #:803-531-2332 JENKINS LAVEDA B PH#: 803-531-2332 Facility Email: 921AOAKS@GMAIL.COM Fac. Cont. Email: 921AOAKS@GMAIL.COM | CRC-1488 / 02/28/2018 Orangeburg / Non-Profit Corporation 921 METHODIST OAKS DR ORANGEBURG, SC 29115-1814 ALDERSGATE SPECIAL NEEDS MINISTRY | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 6 Resident Beds: 6 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| ALEXANDER'S GOLDEN STARR COMMUNITY CARE HOME 218 GOLDEN STARR RD SANTEE, SC 29142-9363 FACILITY #:803-854-2496 OUTLAW-THOMAS DONNA S PH#: 803-854-2496 Facility Email: DONNAOUTLAW62@YAHOO.COM Fac. Cont. Email: SHILANEDOT@AOL.COM | CRC-0171 / 08/31/2018 Orangeburg / Sole Proprietorship PO BOX 405 SANTEE, SC 29142-0405 DONNA S OUTLAW-THOMAS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 2 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 2 Other Rooms: 0 |
| AMARA PLACE AT COLUMBIA 651 POLO RD COLUMBIA, SC 29223-2905 FACILITY #:803-788-9555 JOHNSON-STILL JERRI PH#: 803-788-9555 Facility Email: INFO@POLOROAD.NET Fac. Cont. Email: INFO@POLOROAD.NET | CRC-1944 / 12/31/2017 Richland / 651 POLO RD COLUMBIA, SC 29223 TWG POLO ROAD LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 0 Max # Beds: 19 | Total Number of Licensed Beds: 59 Resident Beds: 59 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 0 Staff Rooms: 0 Other Rooms: 0 |
| ANDERSON OAKS ASSISTED LIVING 997 HWY 90 CONWAY, SC 29526-7520 FACILITY #:843-347-9280 WISE WYATT E PH#: 843-347-9280 Facility Email: WYATTWISE@ANDERSONOAKSASSISTEDLIVING.COM Fac. Cont. Email: WYATTWISE@ANDERSONOAKSASSISTEDLIVING.COM | CRC-1506 / 07/31/2018 Horry / Corporation 997 HWY 90 CONWAY, SC 29526-2750 HERMAN L ANDERSON INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 10 Max # Beds: 0 | Total Number of Licensed Beds: 80 Resident Beds: 80 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 60 Staff Rooms: 0 Other Rooms: 0 |

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|--|--|
| ANGELIC'S PLACE 903 W BARTLETTE ST SUMTER, SC 29150-8005 FACILITY #:803-775-1404 GREENE SHIRLEY H PH#: 803-775-1404 Facility Email: BBETTMOU@AOL.COM Fac. Cont. Email: BBETTMOU@AOL.COM | CRC-1400 / 09/30/2018 Sumter / Ltd. Liability 903 W BARTLETTE ST SUMTER, SC 29150-8005 ANGELIC'S PLACE LLC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 11 | |
| Resident Beds: 11 | Resident Rooms: 6 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| ANOINTED RESIDENTIAL CARE 551 S SUMTER ST SUMTER, SC 29150-5765 FACILITY #:803-883-4427 PH#: Facility Email: DAISY78BRADLEY@OUTLOOK.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1435 / 03/31/2018 Sumter / Partnership 551 S SUMTER ST SUMTER, SC 29150-5765 COREY T WRIGHT & DAISY BRADLEY |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 8 | |
| Resident Beds: 8 | Resident Rooms: 5 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| ANOINTED RESIDENTIAL CARE #2 511 S SUMTER ST SUMTER, SC 29150-5754 FACILITY #:803-883-4032 PH#: Facility Email: DAISY78BRADLEY@OUTLOOK.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1502 / 03/31/2018 Sumter / 511 S SUMTER ST SUMTER, SC 29150-5754 COREY T WRIGHT & DAISY BRADLEY |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 5 | |
| Resident Beds: 5 | Resident Rooms: 3 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| ANTONIO-STAPLES RESIDENTIAL CARE FACILITY 10745 HWY 78 E SUMMERVILLE, SC 29483-8710 FACILITY #:843-821-8912 STAPLES ERMELINDA M PH#: 843-821-8912 Facility Email: Z4TINKERBELL@AOL.COM Fac. Cont. Email: ANTINIOSTAPLESRCF@COMCAST.NET | CRC-0706 / 03/31/2018 Dorchester / Corporation 10745 HWY 78 E SUMMERVILLE, SC 29483-8710 ANTONIO-STAPLES RESIDENTIAL CARE FACILITY INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 24 | |
| Resident Beds: 24 | Resident Rooms: 10 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |

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|---|--|
| ARBORETUM AT THE WOODLANDS AT FURMAN 50 ARBORETUM LN GREENVILLE, SC 29617-6227 FACILITY #:864-371-3100 BABBITT CAROL S PH#: 864-371-3100 Facility Email: CBABBITT@THEWOODLANDSATFURMAN.ORG Fac. Cont. Email: CBABBITT@THEWOODLANDSATFURMAN.ORG | CRC-1492 / 05/31/2018 Greenville / Non-Profit Corporation 1500 TRAILHEAD CT GREENVILLE, SC 29617-6226 UPSTATE SENIOR LIVING INC |
| Alzheimer Care: Yes Max # Residents: 16 Alzheimer Unit: Yes Max # Beds: 16 | Total Number of Licensed Beds64 Resident Beds: 64 Resident Rooms: 48 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| ASHLAN VILLAGE 415 BRENDA WAY LYMAN, SC 29365-9264 FACILITY #:864-949-7825 AHO ROBERT M PH#: 864-949-7825 Facility Email: BAHO@ASHLANVILLAGE.COM Fac. Cont. Email: BAHO@ASHLANVILLAGE.COM | CRC-1483 / 10/31/2018 Spartanburg / Limited Liability 415 BRENDA WAY LYMAN, SC 29365-9264 ASHLAN PROPERTIES LLC |
| Alzheimer Care: Yes Max # Residents: 19 Alzheimer Unit: Yes Max # Beds: 22 | Total Number of Licensed Beds72 Resident Beds: 72 Resident Rooms: 58 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| ASHLEY GARDENS ALZHEIMER'S SPECIAL CARE CENTER 2290 HENRY TECKLENBURG DR CHARLESTON, SC 29414 FACILITY #:843-556-4100 CARLETON KELLY JEAN PH#: 843-556-4100 Facility Email: KELLYCARLETON@JEASENIORLIVING.COM Fac. Cont. Email: KELLYCARLETON@JEASENIORLIVING.COM | CRC-1595 / 06/30/2018 Charleston / Limited Liability PO BOX 820528 VANCOUVER, WA 98682-0011 CHARLESTON CARE GROUP LLC |
| Alzheimer Care: Yes Max # Residents: 66 Alzheimer Unit: Yes Max # Beds: 66 | Total Number of Licensed Beds66 Resident Beds: 66 Resident Rooms: 46 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| ASHLEY LANDING ASSISTED LIVING 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418-5001 FACILITY #:843-760-0831 BAKER GEORGE M PH#: 843-760-0831 Facility Email: GMBAKER@AGAPESENIOR.COM Fac. Cont. Email: GMBAKER@AGAPESENIOR.COM | CRC-1288 / 02/28/2018 Charleston / Ltd. Liability 4550 GREAT OAK DR NORTH CHARLESTON, SC 29418-5001 AGAPE ASSISTED LIVING OF NORTH CHARLESTON LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds100 Resident Beds: 100 Resident Rooms: 56 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

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Mailing Address
Licensee

ASHLEY PLACE

526 HALTIWANGER RD
GREENWOOD, SC 29649-1799 FACILITY #:864-943-1933
MOORE BRENT PH#: 864-943-1933
Facility Email: ALCLICENSE@ENLIVANT.COM
Fac. Cont. Email: ALCLICENSE@ENLIVANT.COM

CRC-1404 / 11/30/2018
Greenwood / Corporation
330 N WABASH AVE STE 3700
CHICAGO, IL 60611-7605
ASHLEY AID OPCO LLC

Alzheimer Care: Yes **Max # Residents: 3**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 44
Resident Beds: 44 **Resident Rooms: 40**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

ASHLEY RIVER PLANTATION

2333 ASHLEY RIVER RD
CHARLESTON, SC 29414-4755 FACILITY #:843-766-9898
DAVIS SEAN C PH#: 843-766-9898
Facility Email: LICENSING@5SSL.COM
Fac. Cont. Email: LICENSING@5SSL.COM

CRC-1376 / 06/30/2018
Charleston / Limited Liability
400 CENTRE ST
NEWTON, MA 02458-2094
SNH SE ASHLEY RIVER TENANT LLC

Alzheimer Care: Yes **Max # Residents: 51**
Alzheimer Unit: Yes **Max # Beds: 51**

Total Number of Licensed Beds: 123
Resident Beds: 123 **Resident Rooms: 90**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

ATRIA FOREST LAKE

4405 FOREST DR
COLUMBIA, SC 29206-3103 FACILITY #:803-790-9800
ELLROTT FAYE ESTES PH#: 803-790-9800
Facility Email: FAYE.ELLROTT@ATRIASENIORLIVING.COM
Fac. Cont. Email: FAYE.ELLROTT@ATRIASENIORLIVING.COM

CRC-1143 / 05/31/2018
Richland / Limited Liability
300 E MARKET ST STE 100
LOUISVILLE, KY 40202
WG FOREST LAKE SH LLC

Alzheimer Care: Yes **Max # Residents: 16**
Alzheimer Unit: Yes **Max # Beds: 16**

Total Number of Licensed Beds: 60
Resident Beds: 60 **Resident Rooms: 55**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

AUTUMN HOUSE

121 MOORE ST
WALTERBORO, SC 29488-4463 FACILITY #:843-782-3789
PH#: 843-782-3789
Facility Email: AUTUMNHOUSEWALTERBORO@GMAIL.COM
Fac. Cont. Email: No Facility Contact Email on Record

CRC-1529 / 12/31/2017
Colleton / Sole Proprietorship
121 MOORE ST
WALTERBORO, SC 29488-4463
AUTUMN HOUSE LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 4
Resident Beds: 4 **Resident Rooms: 3**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

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Name of Facility
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License#/Expiration
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Mailing Address
Licensee

AUTUMN LEAVES OF FORT MILL

1061 GOLD HILL RD
FORT MILL, SC 29708 FACILITY #:000-000-0000
MCCUIN KRISTI PH#:
Facility Email: SHERLIHY@LASALLEGROUP.COM
Fac. Cont. Email: No Facility Contact Email on Record

CRC-1948 / 04/30/2018
York /
545 E JOHN CARPENTER FWY STE 500
IRVING, TX 75062-8144
FORT MILL MEMORY CARE LLC

Alzheimer Care: Yes **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 54
Resident Beds: 54 **Resident Rooms: 50**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

AUTUMN LEAVES OF GREENVILLE

352 PELHAM RD
GREENVILLE, SC 29615-3110 FACILITY #:864-558-0383
HESS HEATHER PH#: 864-558-0383
Facility Email: SHERLIHY@LASALLEGROUP.COM
Fac. Cont. Email: SHERLIHY@LASALLEGROUP.COM

CRC-1947 / 04/30/2018
Greenville / Limited Liability

GREENVILLE MEMORY CARE LLC

Alzheimer Care: Yes **Max # Residents: 0**
Alzheimer Unit: Yes **Max # Beds: 0**

Total Number of Licensed Beds: 54
Resident Beds: 54 **Resident Rooms: 50**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

B & B ASSISTED LIVING

412 PEE DEE CHURCH RD
DILLON, SC 29536-7429 FACILITY #:843-774-0623
MAYNOR BEVERLY PH#: 843-774-0623
Facility Email: BEVMAYNOR@AOL.COM
Fac. Cont. Email: BEVMAYNOR@AOL.COM

CRC-0528 / 12/31/2017
Dillon / Limited Liability
412 PEE DEE CHURCH RD
DILLON, SC 29536-7429
B & B ASSISTED LIVING II LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 30
Resident Beds: 30 **Resident Rooms: 16**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

B & J RESIDENTIAL CARE FACILITY

528 ATTERBURY DR
COLUMBIA, SC 29203-3002 FACILITY #:803-786-0011
DAVIS-EARGLE EUGENIA M PH#: 803-786-0011
Facility Email: EMARIEEARGLE@YAHOO.COM
Fac. Cont. Email: No Facility Contact Email on Record

CRC-1461 / 12/31/2018
Richland / Corporation
528 ATTERBURY DR
COLUMBIA, SC 29203-3002
B & J RESIDENTIAL CARE FACILITY LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 4**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|---|---|--|---|
| BACKHOME CARE FACILITY 140 CHECKERBERRY LN EUTAWVILLE, SC 29048 FACILITY #:843-753-3899 LEE NEOMIA C PH#: 843-753-3899 Facility Email: NCCBUTLERLEE@AOL.COM Fac. Cont. Email: NCCBUTLERLEE@AOL.COM | CRC-0567 / 01/31/2018 Orangeburg / Corporation 1547 ADDIDAS ST EUTAWVILLE, SC 29048-9256 BACKHOME CARE FACILITY INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 7 Staff Rooms: 0 Other Rooms: 0 |
| BAILEY MANOR 300 JACOBS HWY CLINTON, SC 29325-9401 FACILITY #:864-833-3425 STANLEY RITA G PH#: 864-833-3425 Facility Email: R.STANLEY@BAILEYMANOR.ORG Fac. Cont. Email: R.STANLEY@BAILEYMANOR.ORG | CRC-0732 / 08/31/2018 Laurens / Non-Profit Corporation 300 JACOBS HWY CLINTON, SC 29325-9400 CAROLINA CHRISTIAN MINISTRIES INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 8 Max # Beds: 0 | Total Number of Licensed Beds30 Resident Beds: 30 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 30 Staff Rooms: 0 Other Rooms: 0 |
| BAYBERRY OF GREENWOOD 116 ABBEY DR GREENWOOD, SC 29649-8536 FACILITY #:864-223-6510 GAMBRELL CATHY B PH#: 864-223-6510 Facility Email: THEBAYBERRY@NCTV.COM Fac. Cont. Email: THEBAYBERRY@NCTV.COM | CRC-0589 / 05/31/2018 Greenwood / Limited Liability Limited Partnership 116 ABBEY DR GREENWOOD, SC 29649-8536 EVERGREEN VILLAGES LIMITED PARTNERSHIP | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds23 Resident Beds: 23 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 20 Staff Rooms: 0 Other Rooms: 0 |
| BAYBERRY OF GREER 309 NORTHVIEW DR GREER, SC 29651-1340 FACILITY #:864-848-1935 PRITCHETT NATASHA J PH#: 864-848-1935 Facility Email: GREER@THEBAYBERRYINN.COM Fac. Cont. Email: GREER@THEBAYBERRYINN.COM | CRC-0595 / 07/31/2018 Greenville / Limited Liability Limited Partnership 309 NORTHVIEW DR GREER, SC 29651-1340 EVERGREEN VILLAGES LIMITED PARTNERSHIP | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds23 Resident Beds: 23 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 23 Staff Rooms: 0 Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--|----------------------------|
| BAYSHORE ON HILTON HEAD ISLAND 421 SQUIRE POPE RD HILTON HEAD ISLAND, SC 29926 FACILITY #:843-342-2222 JOHNSON STEPHANI PH#: 843-342-2222 Facility Email: JOHNSONSTEPHANI@LCSNET.COM Fac. Cont. Email: JOHNSONSTEPHANI@LCSNET.COM | CRC-1963 / 06/30/2018 Beaufort / 421 SQUIRE POPE RD HILTON HEAD ISLAND, SC 29926 BAYSHORE HILTON HEAD LLC | Total Number of Licensed Beds: 47 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 147 | Resident Rooms: 126 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BEARD RESIDENTIAL CARE FACILITY #1 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 FACILITY #:843-346-5272 BEARD CATHERINE H PH#: 843-346-5272 Facility Email: BEARDSRCF@YAHOO.COM Fac. Cont. Email: BEARDSRCF@YAHOO.COM | CRC-0140 / 04/30/2018 Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 CATHERINE H BEARD | Total Number of Licensed Beds: 10 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 10 | Resident Rooms: 3 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BEARD RESIDENTIAL CARE FACILITY #2 301 N ORANGE ST TIMMONSVILLE, SC 29161-1435 FACILITY #:843-346-5272 BEARD CATHERINE H PH#: 843-346-5272 Facility Email: BEARDSRCF@YAHOO.COM Fac. Cont. Email: BEARDSRCF@YAHOO.COM | CRC-0082 / 04/30/2018 Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 CATHERINE H BEARD | Total Number of Licensed Beds: 8 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 8 | Resident Rooms: 3 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BEARD'S RESIDENTIAL CARE FACILITY #3 201 N BROCKINGTON ST TIMMONSVILLE, SC 29161-1503 FACILITY #:843-346-2287 BEARD JR JAMES PH#: 843-346-5272 Facility Email: BEARDSRCF@YAHOO.COM Fac. Cont. Email: BEARDSRCF@YAHOO.COM | CRC-0331 / 12/31/2017 Florence / Sole Proprietorship 123 N WARREN ST TIMMONSVILLE, SC 29161-1443 CATHERINE H BEARD | Total Number of Licensed Beds: 8 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 8 | Resident Rooms: 3 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 1 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
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| BELL'S PROFESSIONAL RESIDENTIAL HOME CARE 1910 DALTON ST CHARLESTON, SC 29406-3961 FACILITY #:843-744-1765 BELL TROY A PH#: 843-744-1765 Facility Email: BELLTRY7@AOL.COM Fac. Cont. Email: BELLTRY7@AOL.COM | CRC-1209 / 05/31/2018 Charleston / Ltd. Liability PO BOX 72034 NORTH CHARLESTON, SC 29415-2034 BELL'S PROFESSIONAL RESIDENTIAL HOME CARE LLC |

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|---------------------------|---------------------------|--|--------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 20 | Resident Rooms: 9 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 20 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| BELVEDERE COMMONS OF SENECA 515 BENTON ST SENECA, SC 29672-6883 FACILITY #:864-888-4114 MEDLIN ANTHONY PH#: 864-888-4114 Facility Email: AMEDLIN@BELVEDERECOMMONSSENECA.COM Fac. Cont. Email: AMEDLIN@BELVEDERECOMMONSSENECA.COM | CRC-1466 / 11/30/2018 Oconee / Ltd. Liability 515 BENTON ST SENECA, SC 29672-6883 FKP SENECA SENIOR LIVING TENANT LLC |
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|----------------------------|----------------------------|--|---------------------------|
| Alzheimer Care: Yes | Max # Residents: 30 | Total Number of Licensed Beds: 62 | Resident Rooms: 47 |
| Alzheimer Unit: Yes | Max # Beds: 21 | Resident Beds: 62 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| BENCHMARK HOMES - SPARTANBURG 450 W HENRY ST SPARTANBURG, SC 29306-6037 FACILITY #:864-562-2470 MASON SUZAN B PH#: 864-562-2470 Facility Email: RWISE@CHARLESLEA.ORG Fac. Cont. Email: RWISE@CHARLESLEA.ORG | CRC-1509 / 09/30/2018 Spartanburg / State 195 BURDETTE ST SPARTANBURG, SC 29307-1003 CHARLES LEA CENTER |
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|---------------------------|---------------------------|--|---------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 12 | Resident Rooms: 12 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 12 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

| | |
|--|---|
| BENTON HOUSE OF BLUFFTON 8 HAMPTON LAKE DR BLUFFTON, SC 29910-9568 FACILITY #:843-757-3111 KETCHUM VALORIE PH#: 843-757-3111 Facility Email: BLUFFTONDIRECTOR@BENTONHOUSE.COM Fac. Cont. Email: DWINTERS@PRINCIPALSENIORLIVING.COM | CRC-1585 / 03/31/2018 Beaufort / Limited Liability 11175 CICERO DR STE 500 ALPHARETTA, GA 30022-0004 BLUFFTON SLP LLC |
|--|---|

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|----------------------------|----------------------------|---|---------------------------|
| Alzheimer Care: Yes | Max # Residents: 36 | Total Number of Licensed Beds: 104 | Resident Rooms: 73 |
| Alzheimer Unit: Yes | Max # Beds: 40 | Resident Beds: 104 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| BETHEA BAPTIST ASSISTED LIVING 157 HOME AVE DARLINGTON, SC 29532-7625 FACILITY #:843-393-2867 SPURLING BENJAMIN S PH#: 843-393-2867 Facility Email: BSPURLING@SCBMA.COM Fac. Cont. Email: BSPURLING@SCBMA.COM | CRC-1533 / 08/31/2018 Darlington / Non-Profit Corporation 157 HOME AVE DARLINGTON, SC 29532-7625 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC |
| Alzheimer Care: Yes Max # Residents: 3 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:14 Resident Beds: 14 Resident Rooms: 12 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BIRD STREET I COMMUNITY RESIDENTIAL CARE FACILITY 1705 BIRD ST ROCK HILL, SC 29730-3830 FACILITY #:803-628-5999 HOLMES PRIVETTE CYNTHIA D PH#: 803-628-5999 Facility Email: MPOOLE@YORKDSNB.ORG Fac. Cont. Email: MPOOLE@YORKDSNB.ORG | CRC-1357 / 06/30/2018 York / PO BOX 549 YORK, SC 29745-0549 YORK COUNTY DISABILITIES AND SPECIAL NEEDS BOARD |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:8 Resident Beds: 8 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BIRD STREET II COMMUNITY RESIDENTIAL CARE FACILITY 1711 BIRD ST ROCK HILL, SC 29730-3830 FACILITY #:803-628-5999 HOLMES PRIVETTE CYNTHIA D PH#: 803-628-5999 Facility Email: MPOOLE@YORKDSNB.ORG Fac. Cont. Email: MPOOLE@YORKDSNB.ORG | CRC-1358 / 06/30/2018 York / PO BOX 549, YORK CO DSNB YORK, SC 29745-0549 YORK COUNTY DISABILITIES AND SPECIAL NEEDS BOARD |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:8 Resident Beds: 8 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY 1 BISHOP GADSDEN WAY CHARLESTON, SC 29412-3500 FACILITY #:843-762-3300 TIPTON SARAH E H PH#: 843-762-3300 Facility Email: SARAH.TIPTON@BISHOPGADSDEN.ORG Fac. Cont. Email: SARAH.TIPTON@BISHOPGADSDEN.ORG | CRC-0451 / 11/30/2018 Charleston / Non-Profit Corporation 1 GADSDEN WAY CHARLESTON, SC 29412 BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY |
| Alzheimer Care: Yes Max # Residents: 20 Alzheimer Unit: Yes Max # Beds: 20 | Total Number of Licensed Beds:112 Resident Beds: 112 Resident Rooms: 112 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|---|
| BISHOPVILLE MANOR 2779 HWY 15 N BISHOPVILLE, SC 29010-7101 FACILITY #:803-428-2222 GOLDEN IDA MPH#: 803-428-2222 Facility Email: BISHOPVILLE.MANOR@AOL.COM Fac. Cont. Email: BISHOPVILLE.MANOR@AOL.COM | CRC-1108 / 06/30/2018 Lee / Corporation PO BOX 312 BISHOPVILLE, SC 29010-0312 BISHOPVILLE MANOR INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 44 Resident Beds: 44 Resident Rooms: 15 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BLACK'S DRIVE COMMUNITY RESIDENCE 160 BLACKS DR WILLISTON, SC 29853-3558 FACILITY #:803-266-3211 SISK DARRIN W PH#: 803-266-3211 Facility Email: BPARKER@BARNWELLSC.COM Fac. Cont. Email: BPARKER@BARNWELLSC.COM | CRC-1524 / 08/31/2018 Aiken / County PO BOX 556 #20 PARK ST BARNWELL, SC 29812 ALLENDALE/BARNWELL COUNTIES DISABILITIES AND SPECIAL NEEDS BOARD |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 8 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BLAKE AT CARNES CROSSROADS LLC 4015 2ND AVE SUMMERVILLE, SC 29486 FACILITY #:843-376-3996 DAUGHERTY KATHRYN PH#: 843-376-3996 Facility Email: MICHAEL@CARDINALVENTURES.NET Fac. Cont. Email: No Facility Contact Email on Record | CRC-1896 / 07/31/2018 Berkeley / Limited Liability 4015 2ND AVE SUMMERVILLE, SC 29486 BLAKE AT CARNES CROSSROADS |
| Alzheimer Care: Yes Max # Residents: 0 Alzheimer Unit: Yes Max # Beds: 40 | Total Number of Licensed Beds: 114 Resident Beds: 114 Resident Rooms: 100 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BLAKE AT WOODCREEK FARMS 385 SPEARS CREEK CHURCH RD ELGIN, SC 29045-9312 FACILITY #:803-828-7370 HERNANDEZ ROB PH#: Facility Email: ROB.HERNANDEZ@BLAKELIVING.COM Fac. Cont. Email: ROB.HERNANDEZ@BLAKELIVING.COM | CRC-1570 / 02/28/2018 Richland / BLAKE AT WOODCREEK FARMS LLC |
| Alzheimer Care: Yes Max # Residents: 0 Alzheimer Unit: Yes Max # Beds: 40 | Total Number of Licensed Beds: 114 Resident Beds: 114 Resident Rooms: 100 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|--|---|
| BLOOM AT BELFAIR 60 OAK FOREST RD BLUFFTON, SC 29910-5010 FACILITY #:843-815-2338 FENNELL ERIC J PH#: 843-815-2338 Facility Email: ADMIN@BLOOMATBELFAIR.COM Fac. Cont. Email: ADMIN@BLOOMATBELFAIR.COM | CRC-1510 / 12/31/2018 Beaufort / Limited Liability 60 OAK FOREST RD BLUFFTON, SC 29910-5010 BLOOMFIELD SENIOR LIVING OF BLUFFTON LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 68 Max # Beds: 68 |
| | | Total Number of Licensed Beds | 68 |
| | | Resident Beds: | 68 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 45 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| BLOOM AT BLUFFTON 800 FORDING ISLAND RD BLUFFTON, SC 29910-4845 FACILITY #:843-815-2555 LATHAM K'LEE PH#: 843-815-2555 Facility Email: ADMIN@BLOOMATBLUFFTON.COM Fac. Cont. Email: ADMIN@BLOOMATBLUFFTON.COM | CRC-1381 / 04/30/2018 Beaufort / 800 FORDING ISLAND RD BLUFFTON, SC 29910-4845 BLOOMFIELD SENIOR LIVING OF BLUFFTON II LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 10 Max # Beds: 24 |
| | | Total Number of Licensed Beds | 70 |
| | | Resident Beds: | 70 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 59 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| BLOOM AT HILTON HEAD 35 BEACH CITY RD HILTON HEAD ISLAND, SC 29926-4725 FACILITY #:843-342-5599 BAZEN TIFFANY R PH#: 843-342-5599 Facility Email: ADMIN@BLOOMATHILTONHEAD.COM Fac. Cont. Email: TBAZEN29@YAHOO.COM | CRC-1382 / 04/30/2018 Beaufort / 35 BEACH CITY RD HILTON HEAD ISLAND, SC 29926-4725 BLOOMFIELD SENIOR LIVING OF HILTON HEAD LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 16 Max # Beds: 19 |
| | | Total Number of Licensed Beds | 72 |
| | | Resident Beds: | 72 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 57 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| BOSTICK'S ADULT RESIDENTIAL CARE FACILITY 1912 DUKE ST BEAUFORT, SC 29902-4404 FACILITY #:843-524-3906 BURNS WANDA BOSTICK PH#: 843-524-3906 Facility Email: BARCF1@GMAIL.COM Fac. Cont. Email: BARCF1@GMAIL.COM | CRC-0143 / 05/31/2018 Beaufort / Sole Proprietorship PO BOX 1841 BEAUFORT, SC 29901-1841 WANDA BOSTICK BURNS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 20 |
| | | Resident Beds: | 20 |
| | | Staff Beds: | 2 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 6 |
| | | Staff Rooms: | 2 |
| | | Other Rooms: | 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

BOWLES COMMUNITY CARE HOME

9270 N HWY 17
MC CLELLANVILLE, SC 29458-9422 FACILITY #:843-887-4180
BOWLES BENJAMIN PH#: 843-887-4180
Facility Email: BBOWCARE@AOL.COM
Fac. Cont. Email: BBOWCARE@AOL.COM

CRC-0090 / 09/30/2018
Charleston / Sole Proprietorship
9270 N HWY 17
MC CLELLANVILLE, SC 29458-9422
BENJAMIN BOWLES

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 16
Resident Beds: 16 **Resident Rooms: 7**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

BOWLES COMMUNITY CARE HOME 2

9274 N HWY 17
MCCLELLANVILLE, SC 29458-9422 FACILITY #:843-887-4180
BOWLES BENJAMIN PH#: 843-887-4180
Facility Email: BBOWCARE@AOL.COM
Fac. Cont. Email: BBOWCARE@AOL.COM

CRC-1497 / 11/30/2018
Charleston / Sole Proprietorship
9274 N HWY 17
MCCLELLANVILLE, SC 29458-9422
BOWLES BENJAMIN

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

BRIAN'S RESIDENTIAL CARE

1115 WHITMAN ST
ORANGEBURG, SC 29115-6150 FACILITY #:803-533-1588
STOKES ALBERT O PH#: 803-533-1588
Facility Email: DSTOKES30@SC.RR.COM
Fac. Cont. Email: DSTOKES30@SC.RR.COM

CRC-0418 / 02/28/2018
Orangeburg / Partnership
1027 BERKELEY DR, BRIANS RESIDEITNAL CARE I
ORANGEBURG, SC 29118-8356
ALBERT STOKES AND DELAURA STOKES

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 7
Resident Beds: 7 **Resident Rooms: 3**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

BRIAN'S RESIDENTIAL CARE II

4003 CALHOUN ST
BRANCHVILLE, SC 29432-2243 FACILITY #:803-274-8051
STOKES DELAURA PH#: 803-274-8051
Facility Email: DSTOKES30@SC.RR.COM
Fac. Cont. Email: DSTOKES30@SC.RR.COM

CRC-0947 / 09/30/2018
Orangeburg / Partnership
1027 BERKELEY DR
ORANGEBURG, SC 29118-8356
ALBERT STOKES AND DELAURA STOKES

Alzheimer Care: Yes **Max # Residents: 1**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 20
Resident Beds: 20 **Resident Rooms: 11**
Staff Beds: 9 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|---|--|---|--|---|
| BRIANA'S RESIDENTIAL CARE FACILITY 252 CHARLESTON AVE N FAIRFAX, SC 29827-4502 FACILITY #:803-632-9813 JENKINS GENORA W PH#: 803-632-9813 Facility Email: VERMELLE_WALKER@YAHOO.COM Fac. Cont. Email: VERMELLE_WALKER@YAHOO.COM | CRC-1333 / 11/30/2018 Allendale / Sole Proprietorship 649 HAMPTON AVE N FAIRFAX, SC 29827-4313 WALKER JOHN W | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 5 Staff Rooms: 0 Other Rooms: 0 |
| BRIDGE ASSISTED LIVING AT LIFE CARE CENTER OF CHARLESTON 2590 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-8105 FACILITY #:843-553-6342 NELSON MICHELLE M PH#: 843-553-6342 Facility Email: MNELSON@CENTURYPA.COM Fac. Cont. Email: MNELSON@CENTURYPA.COM | CRC-1064 / 10/31/2018 Charleston / Ltd. Liability 3570 KEITH ST NW CLEVELAND, TN 37312-4309 CHARLESTON RETIREMENT INVESTORS LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 100 Resident Beds: 100 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 65 Staff Rooms: 0 Other Rooms: 0 |
| BRIGHTWATER ASSISTED LIVING 201 BRIGHTWATER DR MYRTLE BEACH, SC 29579-8298 FACILITY #:843-903-8940 HAYES ELIZABETH ANN PH#: 843-903-8940 Facility Email: EHAYES@BRIGHTWATER-LIVING.COM Fac. Cont. Email: EHAYES@BRIGHTWATER-LIVING.COM | CRC-1489 / 04/30/2018 Horry / Limited Liability 201 BRIGHTWATER DR MYRTLE BEACH, SC 29579-8298 BRIGHTWATER RETIREMENT LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 24 Max # Beds: 24 | Total Number of Licensed Beds: 56 Resident Beds: 56 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 48 Staff Rooms: 0 Other Rooms: 0 |
| BROAD CREEK CARE CENTER ASSISTED LIVING 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 FACILITY #:843-341-7300 JACKSON WILLIAM F PH#: 843-341-7300 Facility Email: FJACKSON@VILIVING.COM Fac. Cont. Email: FJACKSON@VILIVING.COM | CRC-1036 / 07/31/2018 Beaufort / Corporation 700 TIDEPOINTE WAY HILTON HEAD ISLAND, SC 29928-3040 CC-HILTON HEAD INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 6 Max # Beds: 0 | Total Number of Licensed Beds: 50 Resident Beds: 50 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 50 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--|---------------------------|
| BROOK PINE COMMUNITY RESIDENTIAL CARE FACILITY 3961 FISH HATCHERY RD GASTON, SC 29053-9038 FACILITY #:803-955-3821 MURPHY LAVERNE PH#: 803-955-3821 Facility Email: LAVERNE.MURPHY@SCDMH.ORG Fac. Cont. Email: LAVERNE.MURPHY@SCDMH.ORG | CRC-1302 / 06/30/2018 Lexington / State 3961 FISH HATCHERY RD GASTON, SC 29053-9038 LEXINGTON COUNTY COMMUNITY MENTAL HEALTH CENTER (LCCMHC) | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds16 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 16 | Resident Rooms: 11 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BROOKDALE ANDERSON 311 SIMPSON RD ANDERSON, SC 29621-2157 FACILITY #:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 Facility Email: BJENKINS1@BROOKDALE.COM Fac. Cont. Email: BJENKINS1@BROOKDALE.COM | CRC-1303 / 03/31/2018 Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERITUS CORPORATION | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds40 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 40 | Resident Rooms: 30 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BROOKDALE BRUSHY CREEK 2010 BRUSHY CREEK RD GREER, SC 29650-2614 FACILITY #:864-244-9994 GROTE EMILY K PH#: 864-244-9994 Facility Email: EGROTE@BROOKDALE.COM Fac. Cont. Email: EGROTE@BROOKDALE.COM | CRC-1306 / 12/31/2018 Greenville / Corporation 2010 BRUSHY CREEK RD GREER, SC 29650-2614 BROOKDALE SENIOR LIVING COMMUNITIES INC | | |
| Alzheimer Care: Yes | Max # Residents: 52 | Total Number of Licensed Beds52 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 52 | Resident Rooms: 41 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BROOKDALE CENTRAL 131 VICKERY DR CENTRAL, SC 29630-8330 FACILITY #:864-653-4676 SURLS ANGELA PH#: 864-653-4676 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record | CRC-1307 / 12/31/2018 Pickens / Limited Liability 131 VICKERY DR CENTRAL, SC 29630-8330 BROOKDALE SENIOR LIVING COMMUNITIES INC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds52 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 52 | Resident Rooms: 42 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--|---|
| BROOKDALE CHARLESTON 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 FACILITY #:843-763-4055 FOARD PAULA PH#: 843-763-4055 Facility Email: TROBINSON1@BROOKDALE.COM Fac. Cont. Email: PFOARD@BROOKDALE.COM | CRC-1291 / 09/30/2018 Charleston / Limited Liability 2030 CHARLIE HALL BLVD CHARLESTON, SC 29414-5830 HBP LEASECO LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 29 Max # Beds: 33 |
| | | Total Number of Licensed Beds: 100 | Resident Rooms: 84 |
| | | Resident Beds: 100 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| BROOKDALE CLEVELAND PARK 12 BOYCE AVE GREENVILLE, SC 29601-3110 FACILITY #:864-250-1188 KRUGER JESSICAL PH#: 864-223-2281 Facility Email: JCHILDERS@BROOKDALE.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1398 / 07/31/2018 Greenville / Ltd. Liability 12 BOYCE AVE GREENVILLE, SC 29601-3110 ARC CLEVELAND PARK LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 17 Max # Beds: 17 |
| | | Total Number of Licensed Beds: 115 | Resident Rooms: 91 |
| | | Resident Beds: 115 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| BROOKDALE COLUMBIA 251 SPRINGTREE DR COLUMBIA, SC 29223-7989 FACILITY #:803-741-2600 SHULL BRIAN PH#: 803-741-2600 Facility Email: BSHULL@BROOKDALE.COM Fac. Cont. Email: BSHULL@BROOKDALE.COM | CRC-1310 / 12/31/2018 Richland / Limited Liability 251 SPRINGTREE DR COLUMBIA, SC 29223-7989 BROOKDALE SENIOR LIVING COMMUNITIES INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 42 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 52 | Resident Rooms: 41 |
| | | Resident Beds: 52 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| BROOKDALE CONWAY 872 SINGLETON RIDGE RD CONWAY, SC 29526-9166 FACILITY #:843-347-3050 BUNTING ROBIN E PH#: 843-347-3050 Facility Email: ROBIN.BUNTING@BROOKDALE.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1204 / 12/31/2017 Horry / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERITUS CORPORATION | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 52 | Resident Rooms: 42 |
| | | Resident Beds: 52 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|--|---|--|---|
| BROOKDALE EASLEY AL 125 ZION SCHOOL RD EASLEY, SC 29642-2833 FACILITY #:864-859-4684 THOMAS AMY PH#: 864-859-4684 Facility Email: ATHOMAS15@BROOKDALE.COM Fac. Cont. Email: ATHOMAS15@BROOKDALE.COM | CRC-0858 / 01/31/2018 Pickens / Corporation 125 ZION SCHOOL RD EASLEY, SC 29642-2833 EMERITUS CORPORATION | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds66 Resident Beds: 66 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 48 Staff Rooms: 0 Other Rooms: 0 |
| BROOKDALE EASLEY IL/AL/MC/SNF 706 PELZER HWY EASLEY, SC 29642-2941 FACILITY #:864-859-0167 HANSEN BLAKE PH#: 864-859-0167 Facility Email: BHANSEN1@BROOKDALE.COM Fac. Cont. Email: BHANSEN1@BROOKDALE.COM | CRC-0857 / 01/31/2018 Pickens / Corporation 706 PELZER HWY OFC EASLEY, SC 29642-3800 EMERITUS CORPORATION | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds85 Resident Beds: 85 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 56 Staff Rooms: 0 Other Rooms: 0 |
| BROOKDALE EBENEZER ROAD 1920 EBENEZER RD ROCK HILL, SC 29732-1014 FACILITY #:803-366-1189 COWLEY JOY Y PH#: 803-366-1189 Facility Email: JCOWLEY@BROOKDALE.COM Fac. Cont. Email: JCOWLEY@BROOKDALE.COM | CRC-1308 / 02/28/2018 York / Corporation 1920 EBENEZER RD, BROOKDALE EBENEZER RD ROCK HILL, SC 29732-1014 BROOKDALE SENIOR LIVING COMMUNITIES INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 52 Max # Beds: 0 | Total Number of Licensed Beds52 Resident Beds: 52 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 41 Staff Rooms: 0 Other Rooms: 0 |
| BROOKDALE GREENVILLE 1306 PELHAM RD OFC GREENVILLE, SC 29615-3661 FACILITY #:864-286-6600 HUNTER ANDREA M PH#: 864-286-6600 Facility Email: ANDREA.HUNTER@BROOKDALE.COM Fac. Cont. Email: ANDERSONPLACE-ED@EMERITUS.COM | CRC-1140 / 10/31/2018 Greenville / Corporation 6737 W WASHINGTON ST STE 2300 MILWAUKEE, WI 53214-5650 EMERITUS CORPORATION | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 27 Max # Beds: 26 | Total Number of Licensed Beds119 Resident Beds: 119 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 82 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| BROOKDALE GREENWOOD 1408 PKWY RD GREENWOOD, SC 29646-4043 FACILITY #:864-223-2281 JACKSON CYNTINA PH#: 864-223-2281 Facility Email: CJACKSON1@BROOKDALE.COM Fac. Cont. Email: CJACKSON1@BROOKDALE.COM | CRC-1309 / 12/31/2018 Greenwood / Limited Liability 1408 PKWY RD GREENWOOD, SC 29646-4043 BROOKDALE SENIOR LIVING COMMUNITIES INC |
| Alzheimer Care: Yes Max # Residents: 52 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds52 Resident Beds: 52 Resident Rooms: 44 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BROOKDALE HARBISON 51 WOODCROSS DR COLUMBIA, SC 29212-2350 FACILITY #:803-732-0300 KEAR DOUGAL PH#: 803-732-0300 Facility Email: DKEAR@BROOKDALE.COM Fac. Cont. Email: DKEAR@BROOKDALE.COM | CRC-1311 / 12/31/2018 Richland / Limited Liability 51 WOODCROSS DR COLUMBIA, SC 29212-2350 BROOKDALE SENIOR LIVING COMMUNITIES INC |
| Alzheimer Care: Yes Max # Residents: 13 Alzheimer Unit: Yes Max # Beds: 12 | Total Number of Licensed Beds52 Resident Beds: 52 Resident Rooms: 41 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BROOKDALE HAWTHORNE PARK 20 HAWTHORNE PARK CT GREENVILLE, SC 29615-3194 FACILITY #:864-288-6775 THOMAS AMY S PH#: 864-591-1116 Facility Email: SARAH.SILER@BROOKDALE.COM Fac. Cont. Email: AMY.THOMAS@BROOKDALE.COM | CRC-1396 / 08/31/2018 Greenville / Corporation 20 HAWTHORNE PARK CT GREENVILLE, SC 29615-3194 EMERITUS CORPORATION |
| Alzheimer Care: Yes Max # Residents: 0 Alzheimer Unit: Yes Max # Beds: 17 | Total Number of Licensed Beds68 Resident Beds: 68 Resident Rooms: 52 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BROOKDALE HILTON HEAD 15 MAIN ST HILTON HEAD ISLAND, SC 29926-4604 FACILITY #:843-342-6565 ORAGE DARYL PH#: 843-342-6565 Facility Email: DARYL.ORAGE@BROOKDALE.COM Fac. Cont. Email: DARYL.ORAGE@BROOKDALE.COM | CRC-1397 / 08/31/2018 Beaufort / Corporation 15 MAIN ST HILTON HEAD ISLAND, SC 29926 EMERITUS CORPORATION |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds51 Resident Beds: 51 Resident Rooms: 51 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|---|
| BROOKDALE HILTON HEAD COURT 48 MAIN ST HILTON HEAD ISLAND, SC 29926-1647 FACILITY #:843-342-7122 HERNDON ADAM W PH#: 843-342-7122 Facility Email: ADAM.HERNDON@BROOKDALE.COM Fac. Cont. Email: ADAM.HERNDON@BROOKDALE.COM | CRC-1275 / 08/31/2018 Beaufort / Corporation 48 MAIN ST HILTON HEAD ISLAND, SC 29926-1647 EMERITUS CORPORATION |
| Alzheimer Care: Yes Max # Residents: 27 Alzheimer Unit: Yes Max # Beds: 36 | Total Number of Licensed Beds: 36 Resident Beds: 36 Resident Rooms: 32 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BROOKDALE HILTON HEAD VILLAGE 80 MAIN ST OFC 100 HILTON HEAD ISLAND, SC 29926-2923 FACILITY #:843-689-9143 NAPOLITANO JENNIFER PH#: 843-689-9143 Facility Email: JENNIFER.NAPOLITANO@BROOKDALE.COM Fac. Cont. Email: JENNIFER.NAPOLITANO@BROOKDALE.COM | CRC-1276 / 08/31/2018 Beaufort / Corporation EMERITUS CORPORATION |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 52 Resident Beds: 52 Resident Rooms: 42 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BROOKDALE NORTH AUGUSTA 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 FACILITY #:803-819-0034 MEEHAN TANYA JO PH#: 803-602-6253 Facility Email: TMEEHAN1@BROOKDALE.COM Fac. Cont. Email: TMEEHAN1@BROOKDALE.COM | CRC-1298 / 02/28/2018 Aiken / Corporation 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 BROOKDALE SENIOR LIVING COMMUNITIES INC |
| Alzheimer Care: Yes Max # Residents: 52 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 52 Resident Beds: 52 Resident Rooms: 41 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| BROOKDALE SOUTHPOINTE DRIVE 23 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 FACILITY #:864-675-0220 RAST LARRY PH#: 864-675-0220 Facility Email: LARRY.RAST@BROOKDALE.COM Fac. Cont. Email: LARRY.RAST@BROOKDALE.COM | CRC-1335 / 09/30/2018 Greenville / Corporation 3131 ELLIOTT AVE STE 500 SEATTLE, WA 98121-1032 EMERITUS CORPORATION |
| Alzheimer Care: Yes Max # Residents: 11 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 62 Resident Beds: 162 Resident Rooms: 81 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--|---|
| BROOKDALE SPRING ARBOR 1800 INDIA HOOK RD ROCK HILL, SC 29732-1933 FACILITY #:803-325-1144 WOOD CHRYSTAL PH#: 803-325-1144 Facility Email: CWOOD3@BROOKDALE.COM Fac. Cont. Email: CWOOD3@BROOKDALE.COM | CRC-1392 / 08/31/2018 York / Corporation 1800 INDIA HOOK RD ROCK HILL, SC 29732-1933 EMERITUS CORPORATION | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 30 Max # Beds: 20 |
| | | Total Number of Licensed Beds | 92 |
| | | Resident Beds: | 92 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 52 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| BROOKDALE SUMTER 1180 WILSON HALL RD OFC SUMTER, SC 29150-1741 FACILITY #:803-469-4508 SCOTT SHERRI R PH#: 803-469-4508 Facility Email: SSCOTT24@BROOKDALE.COM Fac. Cont. Email: SSCOTT24@BROOKDALE.COM | CRC-1312 / 12/31/2018 Sumter / Limited Liability 1180 WILSON HALL RD OFC SUMTER, SC 29150-1741 BROOKDALE SENIOR LIVING COMMUNITIES INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 52 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 52 |
| | | Resident Beds: | 52 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 42 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| BROOKWOOD COMMUNITY RESIDENCE 181 BROOKWOOD DR BATESBURG, SC 29006-2324 FACILITY #:803-532-4440 RUFF JR MURRY J PH#: 803-532-4440 Facility Email: JRUFF@BABCOCKCENTER.ORG Fac. Cont. Email: MGARRISON@BABCOCKCENTER.ORG | CRC-0879 / 09/30/2018 Lexington / Non-Profit Corporation PO BOX 4389 WEST COLUMBIA, SC 29171-4389 BABCOCK CENTER INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 8 |
| | | Resident Beds: | 8 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 8 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| BTU REST HOME 113 ELLISON ST BENNETTSVILLE, SC 29512-0352 FACILITY #:843-479-9053 CAIN MICHAEL PH#: 843-479-9053 Facility Email: MICHAELCAIN99@AOL.COM Fac. Cont. Email: MICHAELCAIN94@AOL.COM | CRC-0235 / 09/30/2018 Marlboro / Corporation PO BOX 352 BENNETTSVILLE, SC 29512-0352 BTU REST HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 80 |
| | | Resident Beds: | 80 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 35 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|--|--------------------------|
| BUILDERS CARE HOME 731 SIMS AVE COLUMBIA, SC 29205-1837 FACILITY #:803-376-8991 PIERCE MAX PH#: 803-376-8991 Facility Email: COLUMBIAHOMECARE73@ATT.NET Fac. Cont. Email: COLUMBIAHOMECARE73@ATT.NET | CRC-1491 / 04/30/2018 Richland / Non-Profit Corporation 731 SIMS AVE COLUMBIA, SC 29205-1837 ALDERSGATE SPECIAL NEEDS MINISTRY | Total Number of Licensed Beds:6 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 6 | Resident Rooms: 6 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BURGESS RESIDENTIAL CARE #3 615 W EVANS ST FLORENCE, SC 29501-3409 FACILITY #:843-665-4940 BURGESS SANDY PH#: 843-665-4940 Facility Email: SANDYBURGESS98@YAHOO.COM Fac. Cont. Email: SANDYBURGESS98@YAHOO.COM | CRC-1913 / 08/31/2018 Florence / Sole Proprietorship PO BOX 6023 FLORENCE, SC 29502-6023 DELLAVISION LLC | Total Number of Licensed Beds:9 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 9 | Resident Rooms: 4 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| BURGESS RESIDENTIAL CARE FACILITY 2591 S BREHENAN DR FLORENCE, SC 29505-6203 FACILITY #:843-665-6843 BURGESS SANDY M PH#: 843-665-6843 Facility Email: SANDYBURGESS98@YAHOO.COM Fac. Cont. Email: SANDYBURGESS98@YAHOO.COM | CRC-0925 / 04/30/2018 Florence / Sole Proprietorship PO BOX 6023 FLORENCE, SC 29502-6023 SANDY BURGESS | Total Number of Licensed Beds:9 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 9 | Resident Rooms: 4 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| C & S ASSISTED LIVING 726 BARTON RD ALLENDALE, SC 29810-5010 FACILITY #:803-584-5090 HAMILTON DA'ASIA S PH#: 803-584-5090 Facility Email: CSASSISTEDLIVINGHOME@GMAIL.COM Fac. Cont. Email: JTRESIDENTIALCARE@GMAIL.COM | CRC-1220 / 08/31/2018 Allendale / Sole Proprietorship 208 ELLIS ST ALLENDALE, SC 29810-5510 MARY ANN FIELDS | Total Number of Licensed Beds:5 | |
| Alzheimer Care: No | Max # Residents: 0 | Resident Beds: 5 | Resident Rooms: 2 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--|---|
| CABADING HOMES #1 3431 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 FACILITY #:843-747-3050 CABADING LOLITA B PH#: 843-745-9182 Facility Email: CABOOTY105@AOL.COM Fac. Cont. Email: CABOOTY105@AOL.COM | CRC-0394 / 07/31/2018 Charleston / Corporation 3431 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 CABADING HOMES INC | | |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds18 Resident Beds: 18 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| CABADING HOMES #2 3435 RIVERS AVE NORTH CHARLESTON, SC 29405-7760 FACILITY #:843-745-9182 CABADING LOLITA B PH#: 843-745-9182 Facility Email: CABOOTY105@AOL.COM Fac. Cont. Email: CABOOTY105@AOL.COM | CRC-0571 / 02/28/2018 Charleston / Corporation 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 CABADING HOMES INC | | |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds15 Resident Beds: 15 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 7 Staff Rooms: 1 Other Rooms: 0 |
| CABADING HOMES #3 2149 DORCHESTER RD NORTH CHARLESTON, SC 29405-7763 FACILITY #:843-745-9182 CABADING ALLAN M PH#: 843-745-9182 Facility Email: CABOOTY105@AOL.COM Fac. Cont. Email: CABOOTY105@AOL.COM | CRC-0825 / 07/31/2018 Charleston / CABADING HOMES INC | | |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds25 Resident Beds: 25 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 13 Staff Rooms: 0 Other Rooms: 0 |
| CAMDEN I 975 WATEREE BLVD CAMDEN, SC 29020-4134 FACILITY #:803-432-0973 WRIGHT CRYSTAL J PH#: 803-432-0973 Facility Email: No Facility Email on Record Fac. Cont. Email: CCBDSN@INFOAVE.NET | CRC-1525 / 09/30/2018 Kershaw / County 975 WATEREE BLVD CAMDEN, SC 29020-4134 CHESCO SERVICES | | |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|---|---|---|--|---|
| CAMDEN II 975 WATEREE BLVD CAMDEN, SC 29020-4134 FACILITY #:803-432-1345 WRIGHT CRYSTAL J PH#: 803-432-0973 Facility Email: C.WRIGHT@CHESCOSERVICES.ORG Fac. Cont. Email: CCBDSN@INFOAVE.NET | CRC-1522 / 05/31/2018 Kershaw / County 975 WATEREE BLVD CAMDEN, SC 29020-4134 CHESCO SERVICES | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| CAMP COMMUNITY RESIDENCE 1251 CAMP RD JAMES ISLAND, SC 29412-9212 FACILITY #:843-795-6983 SIMMONS CYNTHIA Y PH#: 843-795-6983 Facility Email: ETURNER@DSNCC.COM Fac. Cont. Email: DGOLDMINTZ@DSNCC.COM | CRC-1371 / 01/31/2018 Charleston / State PO BOX 22708 CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| CANTRELL'S RESIDENTIAL CARE FACILITY 124 GLADYS CT SPARTANBURG, SC 29301-3701 FACILITY #:864-587-1993 WALKER LINDA C PH#: 864-587-1993 Facility Email: LCWALKER428@YAHOO.COM Fac. Cont. Email: LCWALKER428@YAHOO.COM | CRC-1105 / 06/30/2018 Spartanburg / Corporation 124 GLADYS CT SPARTANBURG, SC 29301-3701 CANTRELL'S RESIDENTIAL CARE FACILITY INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 22 Resident Beds: 22 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 10 Staff Rooms: 0 Other Rooms: 0 |
| CARE WITH LOVE 3408 LENAPE ST NORTH CHARLESTON, SC 29405-7777 FACILITY #:843-744-0313 DORSCHER-MCCORMACK DEBORAH PH#: 843-744-0313 Facility Email: CAREWITHLOVE@GMAIL.COM Fac. Cont. Email: CAREWITHLOVE@GMAIL.COM | CRC-1499 / 11/30/2018 Charleston / Sole Proprietorship 2240 DOVER ST NORTH CHARLESTON, SC 29405-7939 NELSON TIFFANY | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

CARE WITH LOVE II

2109 COMMANDER RD
NORTH CHARLESTON, SC 29405-7704 FACILITY #:843-718-3034
MCCORMACK DEBORAH D PH#: 843-718-3034
Facility Email: SHEILAPNELSON@GMAIL.COM
Fac. Cont. Email: SHEILAPNELSON@GMAIL.COM

CRC-1523 / 08/31/2018
Charleston / Sole Proprietorship
2109 COMMANDER RD
NORTH CHARLESTON, SC 29405-7704
NELSON TIFFANY

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

CARLISLE PLACE

21 DR FRANK PRESSLY DR
DUE WEST, SC 29639-9705 FACILITY #:864-379-2570
FLEMING SHERYL M PH#: 864-379-2570
Facility Email: SHERYL@CHOOUSERENAISSANCE.COM
Fac. Cont. Email: SHERYL@CHOOUSERENAISSANCE.COM

CRC-1538 / 12/31/2018
Abbeville /
PO BOX 307
DUE WEST, SC 29639-0307
THE RENAISSANCE LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 28
Resident Beds: 28 **Resident Rooms: 22**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

CAROLINA GARDENS AT CONWAY

2310-2314 HWY 378
CONWAY, SC 29527 FACILITY #:843-397-2273
TAYLOR JASON PH#: 843-397-2273
Facility Email: JASTAYLOR@PRUITTHEALTH.COM
Fac. Cont. Email: JASTAYLOR@PRUITTHEALTH.COM

CRC-1912 / 08/31/2018
Horry / Limited Liability
1626 JEURGENS CT
NORCROSS, GA 30093-2219
FC MIDLANDS CONWAY LLC

Alzheimer Care: Yes **Max # Residents: 24**
Alzheimer Unit: Yes **Max # Beds: 28**

Total Number of Licensed Beds: 100
Resident Beds: 100 **Resident Rooms: 58**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

CAROLINA GARDENS AT GARDEN CITY

11951 GRANDHAVEN DR
MURRELS INLET, SC 29576-7843 FACILITY #:843-357-0200
GOLDSTON III DAVID B PH#: 843-357-0200
Facility Email: DGOLDSTON@PRUITTHEALTH.COM
Fac. Cont. Email: DGOLDSTON@PRUITTHEALTH.COM

CRC-1934 / 12/31/2018
Horry / Limited Liability
11951 GRANDHAVE DR
MURRELS INLET, SC 29576-7843
FC MIDLANDS GARDEN CITY LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 111
Resident Beds: 111 **Resident Rooms: 111**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | |
|--|--|----------------------------|----------------------------|---|
| CAROLINA GARDENS AT HARBISON 990 COLUMBIA AVE IRMO, SC 29063-2854 FACILITY #:803-749-7889 SCHOLL DEBORAH MPH#: 803-749-7889 Facility Email: DSCHOLL@PRUITTHEALTH.COM Fac. Cont. Email: DSCHOLL@PRUITTHEALTH.COM | CRC-1932 / 12/31/2018 Lexington / Limited Liability 990 COLUMBIA AVE IRMO, SC 29063-2854 FC MIDLANDS HARBISON LLC | Alzheimer Care: Yes | Max # Residents: 26 | Total Number of Licensed Beds: 82 |
| Alzheimer Unit: Yes | Max # Beds: 32 | Resident Beds: 82 | Resident Rooms: 63 | Staff Beds: 0 |
| | | Other Beds: 0 | Staff Rooms: 0 | Other Rooms: 0 |
| CAROLINA GARDENS AT KATHWOOD 4520 TRENHOLM RD COLUMBIA, SC 29206-4425 FACILITY #:803-787-1234 CASANOVA CATHY PH#: 803-787-1234 Facility Email: CCASANOVA@PRUITTHEALTH.COM Fac. Cont. Email: CCASANOVA@PRUITTHEALTH.COM | CRC-1911 / 08/31/2018 Richland / Limited Liability 4520 TRENHOLM RD COLUMBIA, SC 29206-4425 FC MIDLANDS KATHWOOD LLC | Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 100 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 100 | Resident Rooms: 85 | Staff Beds: 0 |
| | | Other Beds: 0 | Staff Rooms: 0 | Other Rooms: 0 |
| CAROLINA GARDENS AT LAURENS 420 W FARLEY AVE LAURENS, SC 29360 FACILITY #:864-984-9844 MIMS LYNN PH#: 864-984-9844 Facility Email: LMIMS@PRUITTHEALTH.COM Fac. Cont. Email: LMIMS@PRUITTHEALTH.COM | CRC-1908 / 08/31/2018 Laurens / Limited Liability 420 W FARLEY AVE LAURENS, SC 29360 FC MIDLANDS LAURENS LLC | Alzheimer Care: Yes | Max # Residents: 19 | Total Number of Licensed Beds: 100 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 100 | Resident Rooms: 72 | Staff Beds: 0 |
| | | Other Beds: 0 | Staff Rooms: 0 | Other Rooms: 0 |
| CAROLINA GARDENS AT LEXINGTON 5422 AUGUSTA RD LEXINGTON, SC 29072-3892 FACILITY #:803-520-5850 PIEPENBRING MATTHEW PH#: 803-520-5850 Facility Email: MPIEPENBRING@PRUITTHEALTH.COM Fac. Cont. Email: MPIEPENBRING@PRUITTHEALTH.COM | CRC-1907 / 08/31/2018 Lexington / 5422 AUGUSTA RD LEXINGTON, SC 29072-3892 FC MIDLANDS LEXINGTON LLC | Alzheimer Care: Yes | Max # Residents: 23 | Total Number of Licensed Beds: 80 |
| Alzheimer Unit: Yes | Max # Beds: 50 | Resident Beds: 80 | Resident Rooms: 90 | Staff Beds: 0 |
| | | Other Beds: 0 | Staff Rooms: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|---|
| CAROLINA GARDENS AT ROCK HILL 1785 LEXINGTON COMMONS DR ROCK HILL, SC 29732 FACILITY #:803-207-8000 CECIL CHARLES CAMPBELL PH#: 803-207-8000 Facility Email: CCECIL@PRUITTHEALTH.COM Fac. Cont. Email: CCECIL@PRUITTHEALTH.COM | CRC-1914 / 12/31/2018 York / Limited Liability 1785 LEXINGTON COMMONS DR ROCK HILL, SC 29732 FC MIDLANDS ROCK HILL LLC |
| Alzheimer Care: Yes Max # Residents: 25 Alzheimer Unit: Yes Max # Beds: 25 | Total Number of Licensed Beds: 90 Resident Beds: 90 Resident Rooms: 80 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CAROLINA GARDENS AT WEST COLUMBIA 2705 LEAPHART RD WEST COLUMBIA, SC 29169-3335 FACILITY #:803-939-3000 UNTHANK RUSSELL A PH#: 803-939-3000 Facility Email: RUNTHANK@PRUITTHEALTH.COM Fac. Cont. Email: RUNTHANK@PRUITTHEALTH.COM | CRC-1910 / 08/31/2018 Lexington / Limited Liability 2705 LEAPHART RD COLUMBIA, SC 29169-3335 FC MIDLANDS WEST COLUMBIA LLC |
| Alzheimer Care: Yes Max # Residents: 15 Alzheimer Unit: Yes Max # Beds: 64 | Total Number of Licensed Beds: 184 Resident Beds: 184 Resident Rooms: 144 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CAROLINA GARDENS AT YORK 1020 N CONGRESS ST YORK, SC 29745 FACILITY #:803-684-0183 WHITTLE ELIZABETH ELAYNE PH#: 803-684-0183 Facility Email: LWHITTLE@PRUITTHEALTH.COM Fac. Cont. Email: LWHITTLE@PRUITTHEALTH.COM | CRC-1909 / 08/31/2018 York / Limited Liability 1020 NORTH CONGRESS ST YORK, SC 29745 FC MIDLANDS YORK LLC |
| Alzheimer Care: Yes Max # Residents: 29 Alzheimer Unit: Yes Max # Beds: 49 | Total Number of Licensed Beds: 143 Resident Beds: 143 Resident Rooms: 112 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CAROLINA PLACE 240 CHARLES ST LAKE CITY, SC 29560-2161 FACILITY #:843-394-5707 UWAGBAI LINDA G PH#: 843-394-5677 Facility Email: LUWAGBAI@FCDSN.ORG Fac. Cont. Email: No Facility Contact Email on Record | CRC-1258 / 01/31/2018 Florence / State 1211 E NATIONAL CEMETERY RD FLORENCE, SC 29506-3240 FLORENCE COUNTY DISABILITIES AND SPECIAL NEEDS BOARD |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 8 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| CAROLINIAN 718 S DARGAN ST FLORENCE, SC 29506-2559 FACILITY #:843-665-9314 HUMPHRIES DEBORAH KAY PH#: 843-665-9314 Facility Email: DEBBIE.HUMPHRIES@RHF.ORG Fac. Cont. Email: DEBBIE.HUMPHRIES@RHF.ORG | CRC-0468 / 04/30/2018 Florence / Corporation 911 N STUDEBAKER RD LONG BEACH, CA 90815-4900 FLORENCE RHF HOUSING INC |
| Alzheimer Care: Yes Max # Residents: 10 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds38 Resident Beds: 38 Resident Rooms: 38 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CARRIAGE HOUSE OF SENIOR LIVING OF SUMTER 431 N MAIN ST SUMTER, SC 29150-4232 FACILITY #:803-773-0965 BURGESS SARAH D PH#: 803-773-0965 Facility Email: CHOS.SARAHB@GMAIL.COM Fac. Cont. Email: CHOS.SARAHB@GMAIL.COM | CRC-0997 / 01/31/2018 Sumter / Corporation PO BOX 3300 SUMTER, SC 29151-3300 CARRIAGE HOUSE OF SUMTER INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds60 Resident Beds: 60 Resident Rooms: 60 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CARRIAGE HOUSE SENIOR LIVING OF FLORENCE 739 S PARKER DR FLORENCE, SC 29501-6062 FACILITY #:843-661-6655 SINGLETERY MARY JANE PH#: 843-661-6655 Facility Email: CARRIAGEFLORENCE@GMAIL.COM Fac. Cont. Email: CARRIAGEFLORENCE@GMAIL.COM | CRC-1590 / 01/31/2018 Florence / 201 S MCPHERSON CHURCH RD STE 228 FAYETTEVILLE, NC 28301 CARRIAGE HOUSE SENIOR LIVING OF FLORENCE INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds80 Resident Beds: 80 Resident Rooms: 80 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CARRIAGE HOUSE SENIOR LIVING OF HARTSVILLE INC 1131 E HOME AVE HARTSVILLE, SC 29550 FACILITY #:843-383-6990 RUFER KYLE PH#: 843-383-6990 Facility Email: CHOF.KYLERUFER@GMAIL.COM Fac. Cont. Email: CHOF.KYLERUFER@GMAIL.COM | CRC-0994 / 01/31/2018 Darlington / PO BOX 1320 HARTSVILLE, SC 29591 CARRIAGE HOUSE SENIOR LIVING OF HARTSVILLE INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds60 Resident Beds: 60 Resident Rooms: 60 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| CARRIAGE HOUSE SENIOR LIVING OF TAYLORS 402 W MAIN ST TAYLORS, SC 29687-2951 FACILITY #:864-292-2416 MERRITT RITA PH#: 864-292-2416 Facility Email: CARRIAGETAYLORS@GMAIL.COM Fac. Cont. Email: CARRIAGETAYLORS@GMAIL.COM | CRC-0978 / 01/31/2018 Greenville / Corporation 402 W MAIN ST TAYLORS, SC 29687-2951 CARRIAGE HOUSE SENIOR LIVING OF TAYLORS INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds44 Resident Beds: 44 Resident Rooms: 24 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CARSON'S COMMUNITY CARE 10219 FARROW RD BLYTHEWOOD, SC 29016-9612 FACILITY #:803-786-7513 CARSON ANNIE P PH#: 803-786-7513 Facility Email: CARSONSCOMMUNITYCARE@GMAIL.COM Fac. Cont. Email: CARSONSCOMMUNITYCARE@GMAIL.COM | CRC-0916 / 02/28/2018 Richland / Sole Proprietorship 10219 FARROW RD BLYTHEWOOD, SC 29016-9612 CARSON JAMES E |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Resident Rooms: 5 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| CARTER-MAY HOME 1660 INGRAM RD CHARLESTON, SC 29407-4242 FACILITY #:843-556-8314 BAUDER JANINE NEWELL PH#: 843-556-8314 Facility Email: JANINE@CATHOLIC-DOC.ORG Fac. Cont. Email: JANINE@CATHOLIC-DOC.ORG | CRC-0064 / 04/30/2018 Charleston / Corporation 1660 INGRAM RD CHARLESTON, SC 29407-4242 CATHOLIC CHARITIES OF THE DIOCESE OF CHARLESTON INC |
| Alzheimer Care: Yes Max # Residents: 1 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds25 Resident Beds: 25 Resident Rooms: 23 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CASCADES VERDAE ASSISTED LIVING 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 FACILITY #:864-528-5501 JOHNSON MATTHEW CORRY PH#: 864-528-5501 Facility Email: MJOHNSON@CASCADES-VERDAE.COM Fac. Cont. Email: MJOHNSON@CASCADES-VERDAE.COM | CRC-1490 / 04/30/2018 Greenville / Limited Liability 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 CASCADES NURSING LLC |
| Alzheimer Care: Yes Max # Residents: 13 Alzheimer Unit: Yes Max # Beds: 24 | Total Number of Licensed Beds92 Resident Beds: 92 Resident Rooms: 72 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

CASUAL COMMUNITY CARE HOME

112 GOODRICH ST
COLUMBIA, SC 29223-7725 FACILITY #:803-788-2721
BRIGGS MARY E PH#: 803-788-2721
Facility Email: MARYBRIGGS1@AOL.COM
Fac. Cont. Email: MARYBRIGGS1@AOL.COM

CRC-0701 / 01/31/2018
Richland / Sole Proprietorship
PO BOX 121
STATE PARK, SC 29147-0121
MARYBRIGGS

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 4**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

CATHERINE'S MANOR II

261 SUMMERS AVE
ORANGEBURG, SC 29115-5421 FACILITY #:803-539-0899
CARR JR GUSS PH#: 803-539-0899
Facility Email: EVERNECARR12@GMAIL.COM
Fac. Cont. Email: EVERNECARR12@GMAIL.COM

CRC-1033 / 08/31/2018
Orangeburg / Sole Proprietorship
261 SUMMERS AVE
ORANGEBURG, SC 29115-5421
GUSS CARR AS PERSONAL REPRESENTATIVE OF THE ESTATE OF
CATHERINE CARR

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

CHARLES M INGRAM SR COMMUNITY RESIDENCE

1615 STATE RD
CHERAW, SC 29520-5107 FACILITY #:843-537-5122
PETERKIN MARGARETE PH#: 843-537-5122
Facility Email: T.CAMPBELL@CHESCOSERVICES.ORG
Fac. Cont. Email: T.CAMPBELL@CHESCOSERVICES.ORG

CRC-1440 / 05/31/2018
Chesterfield / County
PO BOX 151
CHESTERFIELD, SC 29709-0151
CHESCO SERVICES

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 4**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

CHESTERFIELD COMMUNITY RESIDENCE

817 E MAIN ST
CHESTERFIELD, SC 29709-1807 FACILITY #:843-623-6586
PETERKIN MARGARETE PH#: 843-623-6586
Facility Email: T.CAMPBELL@CHESCOSERVICES.ORG
Fac. Cont. Email: T.CAMPBELL@CHESCOSERVICES.ORG

CRC-1441 / 05/31/2018
Chesterfield / County
PO BOX 151
CHESTERFIELD, SC 29709-0151
CHESCO SERVICES

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 4**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|---|---------------------------|
| CLARKE HOUSE 919 SHILOH RD SALUDA, SC 29138-8101 FACILITY #:864-445-8816 CLARKE IDORA H PH#: 864-445-8816 Facility Email: THECLARKEHOUSE@EMBARQMAIL.COM Fac. Cont. Email: THECLARKEHOUSE1988@GMAIL.COM | CRC-0485 / 07/31/2018 Saluda / Sole Proprietorship 919 SHILOH RD SALUDA, SC 29138-8101 IDORA H CLARKE | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds 18 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 18 | Resident Rooms: 6 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| CLEMSON DOWNS ASSISTED LIVING 500 DOWNS LOOP CLEMSON, SC 29631-2099 FACILITY #:864-654-1155 LEHEUP JOHN PH#: 864-654-1155 Facility Email: WANDA@CLEMSONDOWNS.COM Fac. Cont. Email: WANDA@CLEMSONDOWNS.COM | CRC-1154 / 07/31/2018 Pickens / Corporation 500 DOWNS LOOP CLEMSON, SC 29631-2099 CARC INC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds 56 | |
| Alzheimer Unit: Yes | Max # Beds: 32 | Resident Beds: 56 | Resident Rooms: 52 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| CLS CARE HOME 1024 TUCKER TOWN RD STE 1024A GADSDEN, SC 29052-9789 FACILITY #:803-353-2151 SPEARMAN HELEN D PH#: 803-353-2151 Facility Email: HEDOWDY52@AOL.COM Fac. Cont. Email: HEDOWDY52@AOL.COM | CRC-1200 / 06/30/2018 Richland / Sole Proprietorship 1024 TUCKER TOWN RD STE 1024A GADSDEN, SC 29052-9789 CORA SCOTT | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds 5 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 5 | Resident Rooms: 3 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| COLLETON COURTYARD 210 ACADEMY RD WALTERBORO, SC 29488-9208 FACILITY #:843-538-8181 WILLIAMS ANDRE PH#: 843-538-8181 Facility Email: COLLETONCOURTYARD@GMAIL.COM Fac. Cont. Email: ANDREWILLIAMS86@HOTMAIL.COM | CRC-1484 / 12/31/2015 (Renewal Pending) Colleton / 22 TREYBURN CT GREER, SC 29650-3686 LAKEFIELD PROPERTIES LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds 44 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 44 | Resident Rooms: 24 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|--|--|---|--|---|
| COLONIAL GARDENS ALZHEIMER'S SPECIAL CARE CENTER 3565 SUNSET BLVD WEST COLUMBIA, SC 29169-3043 FACILITY #:803-796-2556 HARRIS BRENDA PH#: 803-796-2556 Facility Email: COLONIALGARDENS-ADM@JEASENIORLIVING.COM Fac. Cont. Email: BRENDA.HARRISS@JEASENIORLIVING.COM | CRC-1542 / 03/31/2018 Lexington / 3565 SUNSET BLVD WEST COLUMBIA, SC 29169-3043 COLUMBIA CARE GROUP LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 66 Max # Beds: 66 | Total Number of Licensed Beds66 Resident Beds: 66 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 46 Staff Rooms: 0 Other Rooms: 0 |
| COMMUNITY RESIDENTIAL CARE FACILITY 703 BROAD ST SUMTER, SC 29150-3309 FACILITY #:803-773-3443 MOORE HARRIETT D PH#: 803-773-3443 Facility Email: COMMUNITYRESIDENTIAL20@GMAIL.COM Fac. Cont. Email: COMMUNITYRESIDENTIAL20@GMAIL.COM | CRC-0613 / 12/31/2017 Sumter / Non-Profit Corporation PO BOX 3818 SUMTER, SC 29151-3818 COMMUNITY INTERMEDIATE CARE FACILITY INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds20 Resident Beds: 20 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 15 Staff Rooms: 0 Other Rooms: 0 |
| COOPER HALL AT THE PALMS OF MT PLEASANT 937 BOWMAN RD OFC MOUNT PLEASANT, SC 29464-3222 FACILITY #:843-884-6949 WOODWARD GREGORY M PH#: 843-884-6949 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1432 / 06/30/2018 Charleston / 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE SG TENANT LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds44 Resident Beds: 44 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 42 Staff Rooms: 0 Other Rooms: 0 |
| COTTONWOOD VILLAS 800 W CHURCH ST BISHOPVILLE, SC 29010-1054 FACILITY #:803-484-5303 GAINEY FELICIA PH#: 803-484-5303 Facility Email: FELICIAGAINEY@OUTLOOK.COM Fac. Cont. Email: FELICIAGAINEY@OUTLOOK.COM | CRC-1186 / 06/30/2018 Lee / 800 W CHURCH ST BISHOPVILLE, SC 29010-1054 LAKEFIELD PROPERTIES LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 5 Max # Beds: 14 | Total Number of Licensed Beds85 Resident Beds: 85 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 50 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| COUNTRY COMFORT COMMUNITY HOME 204 JOE APREE CIR BLYTHEWOOD, SC 29016-8807 FACILITY #:803-735-9777 COUNTS CLIFFORD A PH#: 803-735-9777 Facility Email: COUNTS_COUNTRYCOMFORT@YAHOO.COM Fac. Cont. Email: COUNTS_COUNTRYCOMFORT@YAHOO.COM | CRC-1467 / 02/28/2018 Richland / 2452 ROLLING PINES RD COLUMBIA, SC 29210 COUNTRY COMFORT HOMES LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 9 Resident Beds: 9 Resident Rooms: 4 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| COUNTRYWOOD ASSISTED LIVING 1645 RIDGE RD HOPKINS, SC 29061-8432 FACILITY #:803-776-3873 HUNT JOSEPH R PH#: 803-776-3873 Facility Email: JHUNT@STERLING-HEALTH.COM Fac. Cont. Email: JHUNT@STERLING-HEALTH.COM | CRC-1465 / 11/30/2018 Richland / Ltd. Liability 1645 RIDGE RD HOPKINS, SC 29061-8432 COUNTRYWOOD NURSING CENTER LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 26 Resident Beds: 26 Resident Rooms: 13 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| COVENANT PLACE 2825 CARTER RD OFC SUMTER, SC 29150-1736 FACILITY #:803-469-7007 LINDER SR RISLEY E PH#: 803-469-7007 Facility Email: RLINDER@COVENANTPLACE.ORG Fac. Cont. Email: RLINDER@COVENANTPLACE.ORG | CRC-0758 / 03/31/2018 Sumter / Non-Profit Corporation 2825 CARTER RD OFC SUMTER, SC 29150-1736 COVENANT PLACE OF SUMTER INC |
| Alzheimer Care: Yes Max # Residents: 45 Alzheimer Unit: Yes Max # Beds: 17 | Total Number of Licensed Beds: 70 Resident Beds: 70 Resident Rooms: 60 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| CROSSINGS AT COLUMBIA 2300 CLEMSON RD COLUMBIA, SC 29229-8029 FACILITY #:803-223-9560 CURE CANDY PH#: 803-223-9560 Facility Email: DBAILES@THECROSSINGSATCOLUMBIA.COM Fac. Cont. Email: CCURE@THECROSSINGSATCOLUMBIA.COM | CRC-1544 / 03/31/2018 Richland / Limited Liability 2300 CLEMSON RD COLUMBIA, SC 29229-8029 COLUMBIA AL OPERATIONS LLC |
| Alzheimer Care: Yes Max # Residents: 24 Alzheimer Unit: Yes Max # Beds: 24 | Total Number of Licensed Beds: 110 Resident Beds: 110 Resident Rooms: 87 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|---|---------------------------|
| CROSSINGS AT FIVE FORKS 345 FIVE FORKS RD SIMPSONVILLE, SC 29681 FACILITY #:864-412-4700 CAIN ANNA S PH#: 864-412-4700 Facility Email: SVRBAS@HARMONYSENIORSERVICES.COM Fac. Cont. Email: SVRBAS@HARMONYSENIORSERVICES.COM | CRC-1960 / 08/31/2018 Greenville / 4423 PHEASANT RIDGE RD STE 301 ROANOKE, VA 24014-5300 GREENVILLE OPERATIONS LLC | | |
| Alzheimer Care: Yes | Max # Residents: 28 | Total Number of Licensed Beds: 92 | |
| Alzheimer Unit: Yes | Max # Beds: 24 | Resident Beds: 92 | Resident Rooms: 72 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| CROSSINGS AT WESCOTT PLANTATION 5130 WESCOTT BLVD SUMMERVILLE, SC 29485 FACILITY #:843-486-2712 FERRERE GLENN W PH#: 843-486-2712 Facility Email: SVRBAS@HARMONYSENIORSERVICES.COM Fac. Cont. Email: SVRBAS@HARMONYSENIORSERVICES.COM | CRC-1596 / 06/30/2018 Dorchester / Limited Liability 5130 WESCOTT BLVD SUMMERVILLE, SC 29485 CHARLESTON OPERATIONS LLC | | |
| Alzheimer Care: Yes | Max # Residents: 0 | Total Number of Licensed Beds: 105 | |
| Alzheimer Unit: Yes | Max # Beds: 0 | Resident Beds: 105 | Resident Rooms: 91 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| CROSSROADS AT CATAWBA 400 ROWELLS RD CATAWBA, SC 29704-8769 FACILITY #:803-329-3377 EDWARDS JAMES D PH#: Facility Email: CROSSROADS@COMPORIUM.NET Fac. Cont. Email: No Facility Contact Email on Record | CRC-0743 / 05/31/2018 York / CROSSROADS AT CATAWBA LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 72 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 72 | Resident Rooms: 31 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| CUMMINGS COMMUNITY RESIDENTIAL CARE HOME 2606 STARK LN NORTH CHARLESTON, SC 29405-5537 FACILITY #:843-747-7088 CUMMINGS OLYMPIA W PH#: 843-747-7088 Facility Email: OCUMMINGS03@COMCAST.NET Fac. Cont. Email: OCUMMINGS03@COMCAST.NET | CRC-0891 / 10/31/2018 Charleston / Sole Proprietorship P O BOX 7 GOOSE CREEK, SC 29445-0007 CUMMINGS OLYMPIA W | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 8 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 8 | Resident Rooms: 4 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|---|--|---------------------------|
| CURAMENG RESIDENTIAL HOME CARE 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405-7710 FACILITY #:843-566-1266 REYES MILAGROS L PH#: 843-566-1266 Facility Email: CURAMENGHOMECARE@YAHOO.COM Fac. Cont. Email: CURAMENGHOMECARE@YAHOO.COM | CRC-1187 / 11/30/2018 Charleston / Corporation 2021 COSGROVE AVE NORTH CHARLESTON, SC 29405-7710 JFJ INC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 8 | Resident Rooms: 3 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 8 | Resident Rooms: 3 |
| | | Staff Beds: 2 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |
| CYPRESS PLACE 205 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FACILITY #:843-875-7163 DICKERSON MATTHEW B PH#: 843-875-7163 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: MDICKERSON@ENLIVANT.COM | CRC-1411 / 11/30/2018 Dorchester / Limited Liability 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 CYPRESS AID OPCO LLC | | |
| Alzheimer Care: Yes | Max # Residents: 6 | Total Number of Licensed Beds: 44 | Resident Rooms: 40 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 44 | Resident Rooms: 40 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| DALTONS CMC RESIDENTIAL CARE FACILITY 1231 EUTAW ST ORANGEBURG, SC 29115-3529 FACILITY #:803-997-2560 SANDS GERRICK S PH#: 803-531-6534 Facility Email: JOYVROBERTS13@GMAIL.COM Fac. Cont. Email: CHERYLGDALTON@GMAIL.COM | CRC-1447 / 07/31/2017 (Renewal Pending) Orangeburg / Sole Proprietorship 1231 EUTAW ST ORANGEBURG, SC 29115-3529 CHERYL GIBSON-DALTON | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 5 | Resident Rooms: 3 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 5 | Resident Rooms: 3 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| DAVIDSON STREET COMMUNITY RESIDENCE 313 DAVIDSON ST CLINTON, SC 29325-2023 FACILITY #:864-833-7284 TAVENNER JASON PH#: 864-833-7284 Facility Email: JTAVENNER@LCDSNB.ORG Fac. Cont. Email: JTAVENNER@LCDSNB.ORG | CRC-1420 / 12/31/2018 Laurens / Non-Profit Corporation 1860 HWY 14 LAURENS, SC 29360-1068 LAURENS COUNTY DISABILITIES AND SPECIAL NEEDS BOARD | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 8 | Resident Rooms: 8 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 8 | Resident Rooms: 8 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|---|
| DAVIS COMMUNITY CARE HOME 2306 HEYWARD BROCKINGTON RD COLUMBIA, SC 29203-9679 FACILITY #:803-754-5677 HARVEY ALTHEA PH#: 803-754-5677 Facility Email: EMARIEEARGLE@YAHOO.COM Fac. Cont. Email: EMARIEEARGLE@YAHOO.COM | CRC-0240 / 07/31/2018 Richland / Partnership PO BOX 3273 COLUMBIA, SC 29230-3273 THOMASENA DAVIS EUGENIA MEARGLE & ELIJAH DAVIS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds19 Resident Beds: 19 Resident Rooms: 8 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| DAYSRING ASSISTED LIVING 5146 TOWLES RD HOLLYWOOD, SC 29449-6119 FACILITY #:843-889-9757 PH#: Facility Email: DAYSRINGSC@YAHOO.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1385 / 04/30/2018 Charleston / Ltd. Liability 5146 TOWLES RD HOLLYWOOD, SC 29449-6119 DAYSRING ASSISTED LIVING LLC |
| Alzheimer Care: Yes Max # Residents: 16 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds16 Resident Beds: 16 Resident Rooms: 12 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| DAYSRING OF JOHNS ISLAND 3455 BOHICKET RD JOHNS ISLAND, SC 29455-7222 FACILITY #:843-768-5335 MARSHALL YASSAMIN B PH#: 843-768-5335 Facility Email: DAYSRINGSC@YAHOO.COM Fac. Cont. Email: DAYSRINGSC@YAHOO.COM | CRC-1915 / 03/31/2018 Charleston / Corporation 3455 BOHICKET RD JOHNS ISLAND, SC 29455-7222 DAYSRING OF JOHNS ISLAND INC |
| Alzheimer Care: Yes Max # Residents: 6 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds24 Resident Beds: 24 Resident Rooms: 16 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| DILLON COMMUNITY RESIDENCE 506 S 14TH AVE DILLON, SC 29536-4369 FACILITY #:843-841-0778 TIMMONS ELLA M PH#: 843-841-0778 Facility Email: ETIMMONS@MDDSN.ORG Fac. Cont. Email: ETIMMONS@MDDSN.ORG | CRC-1377 / 04/30/2018 Dillon / County PO BOX 2072, MARION-DILLON CO BRD OF DISAB & SPECIAL DILLON, SC 29536-2072 MARION-DILLON COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds8 Resident Beds: 8 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|---|---|
| DIVINE MANOR ASSISTED LIVING CENTER 2210 OAK POND RD ROCK HILL, SC 29730-7958 FACILITY #:803-329-4494 AFAM DORIS O PH#: 803-329-4494 Facility Email: DIVINEMANOR@COMPORIUM.NET Fac. Cont. Email: DIVINEMANOR@COMPORIUM.NET | CRC-1361 / 07/31/2018 York / Limited Liability 2210 OAK POND RD ROCK HILL, SC 29730-7958 DIVINE NURSE CONSULTANT LLC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 4 Max # Beds: 0 |
| | | Total Number of Licensed Beds 32 | |
| | | Resident Beds: 32 | Resident Rooms: 8 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| DIXON'S COMMUNITY CARE HOME 1456 DIXON RD ELGIN, SC 29045-9030 FACILITY #:803-729-4309 DIXON JAMES M PH#: 803-729-4309 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record | CRC-0934 / 09/30/2018 Kershaw / Corporation PO BOX 306 ELGIN, SC 29045-0306 DIXON'S COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 5 | |
| | | Resident Beds: 5 | Resident Rooms: 3 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |
| DORCH COMMUNITY RESIDENTIAL CARE 3955 GREELEYVILLE HWY MANNING, SC 29102-6000 FACILITY #:803-473-4681 MCALISTER DELISSA PH#: 803-473-4681 Facility Email: RGIBSOND@YAHOO.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1078 / 03/30/2018 Clarendon / Partnership PO BOX 122 MANNING, SC 29102-0122 EVELYN DORCH LEWIS AND ANDREW DORCH | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 3 Max # Beds: 0 |
| | | Total Number of Licensed Beds 13 | |
| | | Resident Beds: 13 | Resident Rooms: 6 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| DOWDY'S COMMUNITY CARE HOME #2 4609 ARLINGTON ST COLUMBIA, SC 29203-4143 FACILITY #:803-786-2105 DOWDY FRANK PH#: 803-786-2105 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record | CRC-0173 / 08/31/2018 Richland / Sole Proprietorship 4609 ARLINGTON ST COLUMBIA, SC 29203-4143 ANNIE R DOWDY | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 9 | |
| | | Resident Beds: 9 | Resident Rooms: 4 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|---|
| DREAMLAND RESIDENTIAL CARE 6941 NORTH RD NORTH, SC 29112-8832 FACILITY #:803-533-7492 WRIGHT DELORES M PH#: 803-533-7492 Facility Email: DELORESWRIGHT4@AOL.COM Fac. Cont. Email: DELORESWRIGHT4@AOL.COM | CRC-0795 / 12/31/2018 Orangeburg / Sole Proprietorship 940 NORWAY RD ORANGEBURG, SC 29115-8754 DELORES MWRIGHT |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| EASLEY RETIREMENT CENTER 102 DOWLING ST EASLEY, SC 29640-2424 FACILITY #:864-859-3722 OWENS BERT J PH#: 864-859-3722 Facility Email: SARAFOSTER@EASLEYRETIREMENT.NET Fac. Cont. Email: SARAFOSTER@EASLEYRETIREMENT.NET | CRC-0359 / 02/28/2018 Pickens / Corporation PO BOX 736 EASLEY, SC 29641-0736 WEST END RETIREMENT CENTER INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 16 Resident Beds: 16 Resident Rooms: 11 Staff Beds: 0 Staff Rooms: 8 Other Beds: 0 Other Rooms: 0 |
| EASY LIVING 506 E JACKSON ST LAMAR, SC 29069-9162 FACILITY #:843-326-5884 GEORGE EDELL PH#: 843-409-3442 Facility Email: 19EJONES19@GMAIL.COM Fac. Cont. Email: 19EJONES19@GMAIL.COM | CRC-1512 / 03/31/2018 Darlington / Sole Proprietorship PO BOX 85 LAMAR, SC 29069-0085 GEORGE EDELL |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| EDEN TERRACE OF SPARTANBURG 2780 E MAIN ST SPARTANBURG, SC 29307-1248 FACILITY #:864-579-7387 HUGHES CINDY B PH#: 864-579-7387 Facility Email: CHUGHES@ARBORCOMPANY.COM Fac. Cont. Email: CWATSON@ARBORCOMPANY.COM | CRC-1213 / 05/31/2018 Spartanburg / Ltd. Liability 2780 E MAIN ST SPARTANBURG, SC 29307 BRISTOL SPARTANBURG LLC |
| Alzheimer Care: Yes Max # Residents: 35 Alzheimer Unit: Yes Max # Beds: 48 | Total Number of Licensed Beds: 140 Resident Beds: 140 Resident Rooms: 111 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
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| ELLIOTT'S RESIDENTIAL CARE HOME 2432 LANDSDOWNE RD BOWMAN, SC 29018-9583 FACILITY #:803-829-3348 LEVINS DEBORAH Y PH#: 803-829-3348 Facility Email: ELLIOTTSCAREHOME@GMAIL.COM Fac. Cont. Email: ELLIOTTSCAREHOME@GMAIL.COM | CRC-0272 / 10/31/2018 Orangeburg / Corporation PO BOX 265 BOWMAN, SC 29018-0265 ELLIOTT'S RESIDENTIAL CARE HOME INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:7 Resident Beds: 7 Resident Rooms: 3 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| ELMCROFT OF FLORENCE 3006 HOFFMEYER RD FLORENCE, SC 29501-7551 FACILITY #:843-292-0012 FLOYD NICA K PH#: 843-292-0012 Facility Email: NFLOYD@ELMCROFT.COM Fac. Cont. Email: NFLOYD@ELMCROFT.COM | CRC-1422 / 10/31/2018 Florence / Ltd. Liability 700 N HURSTBOURNE PKWY STE 200 LOUISVILLE, KY 40222 EC FLORENCE OPERATIONS LLC |
| Alzheimer Care: Yes Max # Residents: 38 Alzheimer Unit: Yes Max # Beds: 38 | Total Number of Licensed Beds82 Resident Beds: 82 Resident Rooms: 78 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| EMERALD GARDENS OF GREENWOOD 201 OVERLAND DR GREENWOOD, SC 29646-4097 FACILITY #:864-953-2174 PEPPER CHRISTOPHER C PH#: 864-953-2174 Facility Email: CPEPPER@EMERALDGARDENSASSISTEDLIVING.COM Fac. Cont. Email: CPEPPER@EMERALDGARDENSASSISTEDLIVING.COM | CRC-1378 / 10/31/2018 Greenwood / Ltd. Liability 201 OVERLAND DR GREENWOOD, SC 29646-4097 EMERALD GARDENS OF GREENWOOD LLC |
| Alzheimer Care: Yes Max # Residents: 15 Alzheimer Unit: Yes Max # Beds: 15 | Total Number of Licensed Beds66 Resident Beds: 66 Resident Rooms: 48 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| EMERALD RCF I 2244 BROWNTOWN RD BISHOPVILLE, SC 29010-9664 FACILITY #:803-428-5407 FORTUNE ELLA R PH#: 803-428-5407 Facility Email: ELLAFORTUNE@SCDMH.ORG Fac. Cont. Email: ELLAFORTUNE@SCDMH.ORG | CRC-1205 / 04/30/2018 Lee / State P O BOX 1946 SUMTER, SC 29151-1946 SANTEE-WATEREE COMMUNITY MENTAL HEALTH CENTER |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:5 Resident Beds: 5 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| EMERALD RCF II 2262 BROWNTOWN RD BISHOPVILLE, SC 29010-9664 FACILITY #:803-428-6044 FORTUNE ELLA R PH#: 803-428-6044 Facility Email: ELLA.FORTUNE@SCDMH.ORG Fac. Cont. Email: TTHLL@DMH.STATE.SC.US | CRC-1206 / 04/30/2018 Lee / State PO BOX 1946 SUMTER, SC 29151-1946 SANTEE-WATEREE COMMUNITY MENTAL HEALTH CENTER |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| EUGENIA'S RESIDENTIAL CARE FACILITY 2232 HEYWARD BROCKINGTON RD COLUMBIA, SC 29203-9677 FACILITY #:803-786-1047 HARVEY ALTHEA PH#: 803-786-1047 Facility Email: ALTHEALDAVIS@GMAIL.COM Fac. Cont. Email: ALTHEALDAVIS@GMAIL.COM | CRC-0538 / 08/31/2018 Richland / Partnership PO BOX 3273 COLUMBIA, SC 29230-3273 ELIJAH DAVIS THOMASENA DAVIS & EUGENIA MEARGLE |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 23 Resident Beds: 23 Resident Rooms: 13 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| EVELYN'S RESIDENTIAL CARE FACILITY 162 S MCQUEEN ST FLORENCE, SC 29501-4439 FACILITY #:843-665-5751 CUSAAC EVELYN R PH#: 843-665-5751 Facility Email: EVELYNCUSAAC@YAHOO.COM Fac. Cont. Email: EVELYNCUSAAC@YAHOO.COM | CRC-1164 / 05/31/2018 Florence / Sole Proprietorship PO BOX 5846 FLORENCE, SC 29502-5846 EVELYN R CUSAAC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 9 Resident Beds: 9 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| EVERGREEN RESIDENTIAL CARE INC I 1612 EVERGREEN ST CHARLESTON, SC 29407-6263 FACILITY #:843-402-6860 PH#: Facility Email: PATCH29311@HOTMAIL.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-0026 / 03/31/2018 Charleston / Corporation PO BOX 31774 CHARLESTON, SC 29417-1774 EVERGREEN RESIDENTIAL CARE INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 4 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| FAIRVIEW PARK SENIOR LIVING 544 HARRISON BRIDGE RD SIMPSONVILLE, SC 29680-7003 FACILITY #:864-757-8812 CONNELLY REATHA PH#: 864-757-8812 Facility Email: ADMIN@FAIRVIEWPARKSC.COM Fac. Cont. Email: ADMIN@FAIRVIEWPARKSC.COM | CRC-1887 / 11/30/2018 Greenville / Limited Liability Partnership (not filing as a Corporation) 544 HARRISON BRIDGE RD SIMPSONVILLE, SC 29680-7003 FAIRVIEW PARK ALF LP |
| Alzheimer Care: Yes Max # Residents: 18 Alzheimer Unit: Yes Max # Beds: 22 | Total Number of Licensed Beds: 90 Resident Beds: 90 Resident Rooms: 66 Staff Beds: 0 Staff Rooms: 4 Other Beds: 0 Other Rooms: 0 |
| FAITH HOPE AND CHARITY RETIREMENT 101 COE ST ANDERSON, SC 29624 FACILITY #:864-226-0990 TOUCHTON MARY SIMS PH#: 864-226-0990 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record | CRC-0760 / 04/30/2018 Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 MARY SIMS TOUCHTON |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Resident Rooms: 5 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| FAMILY RESIDENTIAL CARE HOME I 21 EDWARDS ST SUMTER, SC 29150-4808 FACILITY #:803-775-9555 WALTERS MICHAEL A PH#: 803-775-9555 Facility Email: FAMILYRCH1N2@YAHOO.COM Fac. Cont. Email: FAMILYRCH1N2@YAHOO.COM | CRC-1233 / 02/28/2018 Sumter / Sole Proprietorship 21 EDWARDS ST SUMTER, SC 29150-4808 WALTERS MICHAEL A |
| Alzheimer Care: Yes Max # Residents: 3 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 2 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| FAMILY RESIDENTIAL CARE HOME II 23 EDWARDS ST SUMTER, SC 29150-4808 FACILITY #:803-775-9555 WALTERS MICHAEL A PH#: 803-775-9555 Facility Email: FAMILYRCH1N2@YAHOO.COM Fac. Cont. Email: FAMILYRCH1N2@YAHOO.COM | CRC-1277 / 06/30/2018 Sumter / Sole Proprietorship 23 EDWARDS ST SUMTER, SC 29150-4808 WALTERS MICHAEL A |
| Alzheimer Care: Yes Max # Residents: 3 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 2 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|---|
| FAMILY RESIDENTIAL CARE HOME III 25 EDWARDS ST SUMTER, SC 29150-4808 FACILITY #:803-775-9555 WALTER MICHAEL PH#: 803-775-9555 Facility Email: FAMILYRCH1N2@YAHOO.COM Fac. Cont. Email: FAMILYRCH1N2@YAHOO.COM | CRC-1537 / 02/28/2018 Sumter / Sole Proprietorship 25 EDWARDS ST SUMTER, SC 29150-4808 WALTERS MICHAEL A |
| Alzheimer Care: Yes Max # Residents: 7 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 12 Resident Beds: 12 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| FARMINGTON COMMUNITY RESIDENCE 1269 CAMP RD JAMES ISLAND, SC 29412-9212 FACILITY #:843-795-0766 CAPERS MADLYN PH#: 843-795-0766 Facility Email: ETURNER@DSNCC.COM Fac. Cont. Email: ETURNER@DSNCC.COM | CRC-1370 / 01/31/2018 Charleston / State PO BOX 22708 CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 8 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| FIRST CHOICE HOME CARE FACILITY 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405-5702 FACILITY #:843-225-0637 SANDERS JUANITA PH#: 843-225-0637 Facility Email: EMMACRELLORA@GMAIL.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-0742 / 10/31/2018 Charleston / Partnership 2003 COSGROVE AVE NORTH CHARLESTON, SC 29405-5702 DQR CAMBA/NM CAMBA/GT MARTINEZ/P MARTINEZ/P PAJOTA |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| FLANAGAN COMMUNITY CARE HOME 665 SHARPE RD COLUMBIA, SC 29203-9304 FACILITY #:803-754-2136 BRIGGS MARY E PH#: 803-735-2136 Facility Email: MARYBRIGGS1@AOL.COM Fac. Cont. Email: MARYBRIGGS1@AOL.COM | CRC-0314 / 09/30/2018 Richland / Sole Proprietorship PO BOX 3283 COLUMBIA, SC 29230-3283 BRIGGS MARY E |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 9 Resident Beds: 9 Resident Rooms: 4 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | |
|--|--|----------------------------|----------------------------|---|
| FLORA'S RESIDENTIAL CARE FACILITY II 703 S HARVIN ST SUMTER, SC 29150-6415 FACILITY #:803-775-6007 YORK-HERRIOTT LUCINDA PH#: 803-775-6007 Facility Email: LHERRIOTT@SC.RR.COM Fac. Cont. Email: LHERRIOTT@SC.RR.COM | CRC-1519 / 12/31/2017 Sumter / Sole Proprietorship PO BOX 2980 SUMTER, SC 29151-2980 YORK-HERRIOTT LUCINDA | Alzheimer Care: Yes | Max # Residents: 0 | Total Number of Licensed Beds:5 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 5 | Resident Rooms: 3 | |
| | | Staff Beds: 1 | Staff Rooms: 1 | |
| | | Other Beds: 0 | Other Rooms: 0 | |
| FLORENCE PLACE 1938 MOUNTAIN LAUREL CT FLORENCE, SC 29505-6084 FACILITY #:843-665-7978 OWENS ALICIA B PH#: 843-665-7978 Facility Email: ACQUISITIONS@ENLIVANT.COM Fac. Cont. Email: ACQUISITIONS@ENLIVANT.COM | CRC-1990 / 10/31/2018 Florence / Limited Liability 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 FLORENCE BG OPCO LLC | Alzheimer Care: Yes | Max # Residents: 11 | Total Number of Licensed Beds:90 |
| Alzheimer Unit: Yes | Max # Beds: 13 | Resident Beds: 90 | Resident Rooms: 70 | |
| | | Staff Beds: 0 | Staff Rooms: 0 | |
| | | Other Beds: 0 | Other Rooms: 0 | |
| FLOWERS RESIDENTIAL CARE FACILITY 855 WATTS HILL RD LUGOFF, SC 29078-9234 FACILITY #:803-438-2654 FLOWERS MARY C PH#: 803-438-2654 Facility Email: MLA3524@YAHOO.COM Fac. Cont. Email: MLA3524@YAHOO.COM | CRC-0297 / 11/30/2018 Kershaw / Sole Proprietorship 855 WATTS HILL RD LUGOFF, SC 29078-9234 MARY C FLOWERS | Alzheimer Care: Yes | Max # Residents: 0 | Total Number of Licensed Beds:7 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 7 | Resident Rooms: 4 | |
| | | Staff Beds: 1 | Staff Rooms: 1 | |
| | | Other Beds: 0 | Other Rooms: 0 | |
| FOOTHILLS ASSISTED LIVING 999 W UNION RD WEST UNION, SC 29696-2642 FACILITY #:864-638-4370 STEWART VIRGINIA B PH#: 864-638-4370 Facility Email: FOOTHILLSMANOR@YAHOO.COM Fac. Cont. Email: FOOTHILLSMANOR@YAHOO.COM | CRC-1364 / 08/31/2018 Oconee / Corporation 106 MARLEE CT LEXINGTON, SC 29072-8492 CITE HEALTH MANAGEMENT SERVICES INC | Alzheimer Care: Yes | Max # Residents: 18 | Total Number of Licensed Beds:76 |
| Alzheimer Unit: Yes | Max # Beds: 20 | Resident Beds: 76 | Resident Rooms: 39 | |
| | | Staff Beds: 0 | Staff Rooms: 0 | |
| | | Other Beds: 0 | Other Rooms: 0 | |

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|---|---|
| FOR A SEASON ASSISTED LIVING 927 E NORTH 1ST ST SENECA, SC 29678-2829 FACILITY #:864-886-0083 ARNOLD MARTHA B PH#: 864-886-0083 Facility Email: No Facility Email on Record Fac. Cont. Email: MARTHAJOEL65@ATT.NET | CRC-1230 / 12/31/2017 Oconee / Corporation 927 E NORTH 1ST ST SENECA, SC 29678-2829 JAMES ARNOLD STEVENS INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:5 Resident Beds: 5 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| FOREST CIRCLE COMMUNITY RESIDENCE 505 FOREST CIR WALTERBORO, SC 29488-2869 FACILITY #:843-549-5140 FARMER THERESA L PH#: 843-549-5140 Facility Email: TFARMER@COLLETONDSN.ORG Fac. Cont. Email: TFARMER@COLLETONDSN.ORG | CRC-1527 / 09/30/2018 Colleton / 505 FOREST CIR WALTERBORO, SC 29488-2869 COLLETON COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:8 Resident Beds: 8 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| FOREST VIEW MANOR RETIREMENT CENTER 141 CALLISON HWY MCCORMICK, SC 29835-3524 FACILITY #:864-443-5857 NIXON KENNETH M PH#: 864-443-5857 Facility Email: KMNIXON62@AOL.COM Fac. Cont. Email: KMNIXON62@AOL.COM | CRC-0500 / 11/30/2018 Edgefield / Corporation 141 CALLISON HWY MCCORMICK, SC 29835-3524 HILLSIDE INC |
| Alzheimer Care: Yes Max # Residents: 3 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds:40 Resident Beds: 40 Resident Rooms: 40 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| FRANKE HOME 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 FACILITY #:843-856-4700 STOLL SANDRA A PH#: 843-856-4700 Facility Email: SSTOLL@FRANKEATSEASIDE.ORG Fac. Cont. Email: SSTOLL@FRANKEATSEASIDE.ORG | CRC-1082 / 09/30/2018 Charleston / Non-Profit Corporation 300 MINISTRY DR IRMO, SC 29063-2366 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) |
| Alzheimer Care: Yes Max # Residents: 22 Alzheimer Unit: Yes Max # Beds: 22 | Total Number of Licensed Beds:86 Resident Beds: 86 Resident Rooms: 62 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

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|--|--|--|---|
| GARDEN HOUSE LLC 201 EDGEBROOK DR ANDERSON, SC 29621-2573 FACILITY #:864-964-5668 GUILBAULT KATHLEEN PH#: 864-964-5668 Facility Email: KGUILBAULT@PRINCIPALSENIORLIVING.COM Fac. Cont. Email: KGUILBAULT@PRINCIPALSENIORLIVING.COM | CRC-1437 / 07/31/2018 Anderson / Ltd. Liability 11175 CICERO DR STE 500 ALPHARETTA, GA 30022-0004 ARHC GHANDSC01 TRS LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 18 Max # Beds: 18 |
| | | Total Number of Licensed Beds 75 | |
| | | Resident Beds: 75 | Resident Rooms: 64 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| GARDENS AT EASTSIDE 275 COMMONWEALTH DR GREENVILLE, SC 29615-4814 FACILITY #:864-329-1200 FORD JANE A PH#: 864-329-1200 Facility Email: JFORD@ARBORCOMPANY.COM Fac. Cont. Email: JHARPER@ARBORCOMPANY.COM | CRC-1222 / 08/31/2018 Greenville / Ltd. Liability PO BOX 8217 ROANOKE, VA 24014-0217 EASTSIDE ASSISTED LIVING LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 14 Max # Beds: 14 |
| | | Total Number of Licensed Beds 83 | |
| | | Resident Beds: 83 | Resident Rooms: 71 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| GARDENS AT SUMTER 2065 MCCRAYS MILL RD SUMTER, SC 29154-6111 FACILITY #:803-778-9690 CLARK JENNIFER PH#: 803-778-9690 Facility Email: MCEL.ADM@AFFINITYLIVINGGROUP.COM Fac. Cont. Email: MCEL.ADM@AFFINITYLIVINGGROUP.COM | CRC-0988 / 06/30/2018 Sumter / Corporation 2065 MCCRAYS MILL RD SUMTER, SC 29154-6111 SUMTER AL HOLDINGS LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 49 Max # Beds: 80 |
| | | Total Number of Licensed Beds 140 | |
| | | Resident Beds: 140 | Resident Rooms: 95 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| GENE'S RESIDENTIAL CARE #1 607 W SUMTER ST FLORENCE, SC 29501-2458 FACILITY #:843-662-2529 JONES CASSIE T PH#: 843-662-2529 Facility Email: JOHNATHANCAM06@ICLOUD.COM Fac. Cont. Email: CAREGENE@BELLSOUTH.NET | CRC-0431 / 05/31/2018 Florence / Sole Proprietorship PO BOX 15101 FLORENCE, SC 29506-0101 GENE E JONES | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 6 | |
| | | Resident Beds: 6 | Resident Rooms: 4 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| GENE'S RESIDENTIAL CARE FACILITY #2 2385 PAMPLICO HWY FLORENCE, SC 29505-7515 FACILITY #:843-407-4580 JONES GENE E PH#: 843-407-4580 Facility Email: JOHNATHANCAM06@ICLOUD.COM Fac. Cont. Email: JOHNATHANCAM06@ICLOUD.COM | CRC-1479 / 06/30/2018 Florence / Corporation PO BOX 15101 FLORENCE, SC 29506-0101 GENCASCO INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 47 | |
| Resident Beds: 47 | Resident Rooms: 33 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| GENE'S RESIDENTIAL CARE FACILITY #3 1312 W EVANS ST FLORENCE, SC 29501-3324 FACILITY #:843-662-2529 JONES CASSIE T PH#: 843-662-2529 Facility Email: JOHNATHANCAM06@ICLOUD.COM Fac. Cont. Email: JOHNATHANCAM06@ICLOUD.COM | CRC-0482 / 02/28/2018 Florence / Sole Proprietorship PO BOX 15101 FLORENCE, SC 29506-0101 GENE E JONES |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 9 | |
| Resident Beds: 9 | Resident Rooms: 4 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| GENERATIONS OF BATESBURG 111 GENERATIONS BLVD BATESBURG, SC 29006-2315 FACILITY #:803-532-8428 NIX HAMMIE R PH#: 803-532-8428 Facility Email: TODD@GENERATIONSOFCCHAPIN.COM Fac. Cont. Email: TODD@GENERATIONSOFCCHAPIN.COM | CRC-0647 / 09/30/2018 Lexington / Corporation 111 GENERATIONS BLVD BATESBURG, SC 29006-2315 GENERATIONS OF BATESBURG INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 88 | |
| Resident Beds: 88 | Resident Rooms: 61 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| GENERATIONS OF CHAPIN 431 E BOUNDARY ST CHAPIN, SC 29036-8388 FACILITY #:803-345-1911 SLICE TIMOTHY H PH#: 803-345-1911 Facility Email: TIM@GENERATIONSOFCCHAPIN.COM Fac. Cont. Email: TIM@GENERATIONSOFCCHAPIN.COM | CRC-1128 / 10/31/2018 Lexington / Corporation 431 E BOUNDARY ST CHAPIN, SC 29036-8388 GENERATIONS OF CHAPIN INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 56 | |
| Resident Beds: 56 | Resident Rooms: 54 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|--|--|--|--|---|
| GENERATIONS OF IRMO 7142 WOODROW ST IRMO, SC 29063-2832 FACILITY #:803-227-8991 EDWARDS CHARLES DAVID PH#: 803-227-8991 Facility Email: DEDWARDS@CAREBYGENERATIONS.COM Fac. Cont. Email: DEDWARDS@CAREBYGENERATIONS.COM | CRC-1477 / 05/31/2018 Lexington / Limited Liability 7142 WOODROW ST IRMO, SC 29063-2832 GENERATIONS OF IRMO LLC | Alzheimer Care: No Alzheimer Unit: Yes | Max # Residents: 0 Max # Beds: 15 | Total Number of Licensed Beds78 Resident Beds: 78 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 78 Staff Rooms: 0 Other Rooms: 0 |
| GENERATIONS OF MONETTA 77 CATO RD MONETTA, SC 29105-9319 FACILITY #:803-685-7820 HANNIBAL VICTORIA C PH#: 803-736-8053 Facility Email: TODD@GENERATIONSOFCCHAPIN.COM Fac. Cont. Email: VCH47@SCDMH.ORG | CRC-0876 / 10/31/2018 Aiken / Ltd. Liability 77 CATO RD MONETTA, SC 29105-9319 GENERATIONS OF MONETTA LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds22 Resident Beds: 22 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 11 Staff Rooms: 0 Other Rooms: 0 |
| GOD'S HAVEN OF REST 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 FACILITY #:803-279-1129 AYERS HAZEL L PH#: 803-663-9495 Facility Email: LEIGH.3@COMCAST.NET Fac. Cont. Email: VILLAGEINNCCH@BELLSOUTH.NET | CRC-1237 / 12/31/2017 Aiken / Sole Proprietorship 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 HAZEL LEIGH AYERS | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 5 Max # Beds: 5 | Total Number of Licensed Beds9 Resident Beds: 9 Staff Beds: 3 Other Beds: 0 | Resident Rooms: 5 Staff Rooms: 2 Other Rooms: 0 |
| GOLDEN YEARS 139 SEMINOLE DR ORANGEBURG, SC 29115-7619 FACILITY #:803-536-0060 SMITH-KELL JIMI LYN PH#: 803-536-0060 Facility Email: JL333SMITH@AOL.COM Fac. Cont. Email: JL333SMITH@AOL.COM | CRC-0333 / 02/28/2018 Orangeburg / Sole Proprietorship PO BOX 1465 ORANGEBURG, SC 29116-1465 KELL JIMI LYN SMITH | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds15 Resident Beds: 15 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|--|--|---|---|---|
| GOOD DEEDS RESIDENTIAL CARE FACILITY 1665 ROBERT PERRY RD SUMTER, SC 29153 FACILITY #:803-316-2168 GLOVER CORETTA PH#: 803-316-2168 Facility Email: GLOVER2180@GMAIL.COM Fac. Cont. Email: GLOVER2180@GMAIL.COM | CRC-1890 / 03/31/2018 Sumter / Sole Proprietorship GLOVER CORETTA | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:5 Resident Beds: 5 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 0 Other Rooms: 0 |
| GOOD SAMARITAN RESIDENTIAL CARE 1356 BUBZY RD KINGSTREE, SC 29556-5246 FACILITY #:843-382-3530 DUROUSSEAU MATTIE H PH#: 843-382-3530 Facility Email: GOODSAMARITAN1000@YAHOO.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1015 / 05/31/2018 Williamsburg / Corporation 1356 BUBZY RD KINGSTREE, SC 29556-5246 GOOD SAMARITAN RESIDENTIAL CARE FACILITY INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:9 Resident Beds: 9 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 0 Other Rooms: 0 |
| GOOSE CREEK MANOR #1 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FACILITY #:843-572-7442 DEDIOS LETICIA G PH#: 843-572-7442 Facility Email: GOOSECREEKMANOR@AOL.COM Fac. Cont. Email: GOOSECREEKMANOR@AOL.COM | CRC-0639 / 06/30/2018 Berkeley / Corporation 104 MARILYN ST GOOSE CREEK, SC 29445-3104 NL & JR INCORPORATED | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:7 Resident Beds: 7 Staff Beds: 2 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 2 Other Rooms: 0 |
| GOOSE CREEK MANOR #2 104 MARILYN ST GOOSE CREEK, SC 29445-3104 FACILITY #:843-572-7442 DEDIOS LETICIA G PH#: 843-572-7442 Facility Email: GOOSECREEKMANOR@AOL.COM Fac. Cont. Email: GOOSECREEKMANOR@AOL.COM | CRC-0762 / 04/30/2018 Berkeley / Corporation 104 MARILYN ST GOOSE CREEK, SC 29445-3104 NL & JR INCORPORATED | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:36 Resident Beds: 36 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 16 Staff Rooms: 1 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|---|---|
| GRACE RESIDENTIAL CARE FACILITY 6534 CAROLINA HWY DENMARK, SC 29042-2366 FACILITY #:803-793-3423 DAVIS BERNESTINE C PH#: 803-793-3423 Facility Email: BCDAVIS0546@BELLSOUTH.NET Fac. Cont. Email: BCDAVIS0546@BELLSOUTH.NET | CRC-0584 / 08/31/2018 Bamberg / Corporation PO BOX 326 DENMARK, SC 29042-0326 GRACE RESIDENTIAL CARE FACILITY INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 5 Max # Beds: 0 |
| | | Total Number of Licensed Beds 22 | |
| | | Resident Beds: 22 | Resident Rooms: 9 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| GRACELYNN RESIDENTIAL CARE FACILITY 203 JEWEL ST N NEW ELLENTON, SC 29809-2942 FACILITY #:803-761-2045 BOOKER ROSABELL T PH#: 803-761-2045 Facility Email: ADULTANDSENIORSERVICES@GMAIL.COM Fac. Cont. Email: ADULTANDSENIORSERVICES@GMAIL.COM | CRC-1609 / 11/30/2018 Aiken / Limited Liability Company (single member) 203 JEWEL ST N NEW ELLENTON, SC 29809-2942 GRACELYNN RESIDENTIAL CARE FACILITY LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 5 | |
| | | Resident Beds: 5 | Resident Rooms: 5 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |
| GREENE'S RESIDENTIAL CARE FACILITY 23 KENDRICK ST SUMTER, SC 29150-5224 FACILITY #:803-778-2780 GREENE CARL PH#: 803-778-2780 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record | CRC-0665 / 01/31/2018 Sumter / Partnership 142 PERKINS AVE SUMTER, SC 29150-6829 CARL AND SHIRLEY GREENE | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 21 | |
| | | Resident Beds: 21 | Resident Rooms: 10 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| GREENE'S RESIDENTIAL CARE II 28 S MAGNOLIA ST SUMTER, SC 29150-5243 FACILITY #:803-934-6030 GREENE CARL PH#: 803-934-6030 Facility Email: CARLGREENE48@GMAIL.COM Fac. Cont. Email: CARLGREENE48@GMAIL.COM | CRC-1126 / 10/31/2018 Sumter / Sole Proprietorship 142 PERKINS AVE SUMTER, SC 29150-6829 GREENE CARL | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 12 | |
| | | Resident Beds: 12 | Resident Rooms: 5 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| GREENVILLE COMMUNITY RESIDENCE 158 CAVALIER DR GREENVILLE, SC 29607-4262 FACILITY #:864-277-9656 WOJACK DAVID C PH#: 864-277-9656 Facility Email: DAVE.WOJACK@THRIVEUPSTATE.ORG Fac. Cont. Email: No Facility Contact Email on Record | CRC-0073 / 03/31/2018 Greenville / State PO BOX 17467, GCDSNB GREENVILLE, SC 29606-8467 GREENVILLE COUNTY DISABILITIES & SPECIAL NEEDS BOARD |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 12 Resident Beds: 12 Resident Rooms: 12 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| GREENVILLE GLEN 1101 GARLINGTON RD GREENVILLE, SC 29615-5446 FACILITY #:864-627-8700 WRIGHT MALEIKAN PH#: 864-627-8700 Facility Email: ED@GREENVILLEGLEN.COM Fac. Cont. Email: ED@GREENVILLEGLEN.COM | CRC-0887 / 04/30/2018 Greenville / Limited Liability 1101 GARLINGTON RD, GREENVILLE GLEN GREENVILLE, SC 29615-5446 GREENVILLE GLEN ASSISTED LIVING LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 51 Resident Beds: 51 Resident Rooms: 36 Staff Beds: 3 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| GREENVILLE PLACE 2006 PELHAM RD GREENVILLE, SC 29615-4005 FACILITY #:864-288-3331 DURRAH SERINA PH#: 864-288-3331 Facility Email: SDURRAH@CAPITALSENIORLIVING.NET Fac. Cont. Email: SDURRAH@CAPITALSENIORLIVING.NET | CRC-1402 / 11/30/2018 Greenville / Corporation 2006 PELHAM RD GREENVILLE, SC 29615-4005 CSL LEASECO INC |
| Alzheimer Care: Yes Max # Residents: 53 Alzheimer Unit: Yes Max # Beds: 53 | Total Number of Licensed Beds: 153 Resident Beds: 153 Resident Rooms: 85 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| GREER COMMUNITY RESIDENCE 112 S BEVERLY LN GREER, SC 29651-1738 FACILITY #:864-879-8570 MORTON TAMARA L PH#: 864-879-8570 Facility Email: JOHN.COCCIOLONE@THRIVEUPSTATE.ORG Fac. Cont. Email: TAMARA.MORTON@THRIVEUPSTATE.ORG | CRC-0237 / 09/30/2018 Greenville / State PO BOX 17467 GREENVILLE, SC 29606-8467 GREENVILLE COUNTY DISABILITIES & SPECIAL NEEDS BOARD |
| Alzheimer Care: Yes Max # Residents: 2 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 12 Resident Beds: 12 Resident Rooms: 12 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| GREGORY'S COMMUNITY CARE #5 - MALONE HOUSE 2413 FORK SHOALS RD PIEDMONT, SC 29673-8663 FACILITY #:864-277-2269 WIDENER RICHARD D PH#: 864-277-2269 Facility Email: JCGREGORY6@AOL.COM Fac. Cont. Email: RICHARD.WIDENER@SCDMH.ORG | CRC-0558 / 01/31/2018 Greenville / Sole Proprietorship PO BOX 637, GREGORYS COMMUNITY CARE #5-MALONE HOU SIMPSONVILLE, SC 29681-0637 JOYCE C GREGORY |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds¹⁰ | |
| Resident Beds: 10 | Resident Rooms: 5 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| GREGORY'S COMMUNITY CARE #6 - HOWELL HOUSE 2409 FORK SHOALS RD PIEDMONT, SC 29673-8663 FACILITY #:864-299-0716 MINGUS KATHY L PH#: 864-277-0996 Facility Email: KATHY.MINGUS@SCDMH.ORG Fac. Cont. Email: KATHY.MINGUS@SCDMH.ORG | CRC-0556 / 01/31/2018 Greenville / Sole Proprietorship PO BOX 637 SIMPSONVILLE, SC 29681-0637 JOYCE C GREGORY |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds¹⁰ | |
| Resident Beds: 10 | Resident Rooms: 5 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| GREGORY'S COMMUNITY CARE #7 - CRAVEN HOUSE 10 FERGUSON RD PIEDMONT, SC 29673-8603 FACILITY #:864-277-0996 MINGUS KATHY L PH#: 864-277-0996 Facility Email: KATHY.MINGUS@SCDMH.ORG Fac. Cont. Email: KATHY.MINGUS@SCDMH.ORG | CRC-0555 / 01/31/2018 Greenville / Sole Proprietorship PO BOX 637 SIMPSONVILLE, SC 29681-0637 JOYCE C GREGORY |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds¹⁰ | |
| Resident Beds: 10 | Resident Rooms: 5 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| GREGORY'S COMMUNITY CARE #8 - METZ HOUSE 18 FERGUSON RD PIEDMONT, SC 29673-8603 FACILITY #:864-277-8506 MINGUS KATHY L PH#: 864-277-0996 Facility Email: KATHY.MINGUS@SCDMH.ORG Fac. Cont. Email: KATHY.MINGUS@SCDMH.ORG | CRC-0557 / 01/31/2018 Greenville / Sole Proprietorship PO BOX 637 SIMPSONVILLE, SC 29681-0637 JOYCE C GREGORY |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds¹⁰ | |
| Resident Beds: 10 | Resident Rooms: 5 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|--|---------------------------|
| GUARDIAN ANGELS RESIDENTIAL CARE 2126 SUCCESS ST NORTH CHARLESTON, SC 29405-7992 FACILITY #:843-744-0448 JANKE BONIFACIA E PH#: 843-744-0448 Facility Email: GUARDIANANGELSRCF@YAHOO.COM Fac. Cont. Email: GUARDIANANGELSRCF@YAHOO.COM | CRC-1049 / 11/30/2018 Charleston / Corporation 2126 SUCCESS ST NORTH CHARLESTON, SC 29405-7992 GUARDIAN ANGELS ASSISTED LIVING INC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds18 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 18 | Resident Rooms: 6 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |
| HAMMOND PLACE 128 WALNUT LN NORTH AUGUSTA, SC 29860-9206 FACILITY #:803-441-8441 RANDALL DORENE ANTINETTE PH#: 803-441-8441 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: DRANDALL@ENLIVANT.COM | CRC-1405 / 11/30/2018 Aiken / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 HAMMOND AID OPCO LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds44 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 44 | Resident Rooms: 40 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| HAMPTON STREET COMMUNITY RESIDENCE 425 HAMPTON ST DENMARK, SC 29042-1368 FACILITY #:803-793-5003 PH#: Facility Email: GLORIAJ_29059@YAHOO.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1296 / 06/30/2018 Bamberg / 16553 HERITAGE HWY, BAMBURG CO DSN BOARD C/O GLORIA DENMARK, SC 29042-1368 BAMBERG COUNTY DISABILITIES AND SPECIAL NEEDS BOARD | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds8 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 8 | Resident Rooms: 4 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| HANNAH RESIDENTIAL MANOR INC 3750 SHEMINALLY RD PAMPLICO, SC 29583-5700 FACILITY #:843-493-0001 HART PATRICIA W PH#: 843-493-0001 Facility Email: JADC2011@YAHOO.COM Fac. Cont. Email: JADC2011@YAHOO.COM | CRC-0712 / 05/31/2018 Florence / Limited Liability 3750 SHEMINALLY RD PAMPLICO, SC 29583-5700 HART'S RENTAL MANAGEMENT COMPANY LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds48 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 48 | Resident Rooms: 15 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|---|--|---|
| HARBISON HALL 534 WIL STEL RD COLUMBIA, SC 29210-3967 FACILITY #:803-731-2000 DEQUINCEY-NEWMAN EMILY PH#: 803-731-2000 Facility Email: EDEQNEWMAN@GMAIL.COM Fac. Cont. Email: EDEQNEWMAN@GMAIL.COM | CRC-1107 / 06/30/2018 Richland / Partnership 534 WIL STEL RD COLUMBIA, SC 29210-3967 HARBISON HALL PARTNERS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 40 | Resident Rooms: 24 |
| | | Resident Beds: 40 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| HARBORCHASE OF AIKEN 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 FACILITY #:803-642-8444 GILLIAM KATHERINE N PH#: 803-642-8444 Facility Email: NGILLIAM@HRAONLINE.NET Fac. Cont. Email: NGILLIAM@HRAONLINE.NET | CRC-1316 / 11/30/2018 Aiken / Corporation 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 TWENTY TWO PACK MANAGEMENT CORPORATION | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 29 Max # Beds: 29 |
| | | Total Number of Licensed Beds: 110 | Resident Rooms: 70 |
| | | Resident Beds: 110 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| HARBORCHASE OF COLUMBIA 120 FAIRFOREST RD COLUMBIA, SC 29212-2308 FACILITY #:803-781-2243 JONES ROBERT PH#: 803-781-2243 Facility Email: RJONES@HRAONLINE.NET Fac. Cont. Email: RJONES@HRAONLINE.NET | CRC-1315 / 11/30/2018 Richland / Corporation 120 FAIRFOREST RD COLUMBIA, SC 29212-2343 TWENTY TWO PACK MANAGEMENT CORPORATION | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 36 Max # Beds: 36 |
| | | Total Number of Licensed Beds: 66 | Resident Rooms: 48 |
| | | Resident Beds: 66 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| HARBORCHASE OF ROCK HILL 1611 CONSTITUTION BLVD ROCK HILL, SC 29732-3047 FACILITY #:803-981-6855 TENBROECK JOHN PH#: 803-981-6855 Facility Email: STENBROECK@HRAONLINE.NET Fac. Cont. Email: STENBROECK@HRAONLINE.NET | CRC-1290 / 11/30/2018 York / Corporation 1611 CONSTITUTION BLVD ROCK HILL, SC 29732-3047 TWENTY TWO PACK MANAGEMENT CORPORATION | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 36 Max # Beds: 36 |
| | | Total Number of Licensed Beds: 110 | Resident Rooms: 72 |
| | | Resident Beds: 110 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| HARMONY HOUSE RESIDENTIAL CARE 704 ANDERSON ST CALHOUN FALLS, SC 29628-1034 FACILITY #:864-418-9277 HERRON MICHELLE A PH#: 864-418-9277 Facility Email: HARMONYHOUSERCF@ATT.NET Fac. Cont. Email: HARMONYHOUSERCF@ATT.NET | CRC-1511 / 05/31/2018 Abbeville / Limited Liability 704 ANDERSON ST CALHOUN FALLS, SC 29628-1034 HERRON CARE LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds16 Resident Beds: 16 Resident Rooms: 8 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| HAVEN IN THE SUMMIT 3 SUMMIT TER COLUMBIA, SC 29229-7639 FACILITY #:803-788-4633 PICKARD JACQUELYN PH#: 803-788-4633 Facility Email: LICENSING@5SQC.COM Fac. Cont. Email: JPICARD@5SSL.COM | CRC-1240 / 03/31/2018 Richland / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF ANDERSON LP |
| Alzheimer Care: Yes Max # Residents: 60 Alzheimer Unit: Yes Max # Beds: 60 | Total Number of Licensed Beds60 Resident Beds: 60 Resident Rooms: 48 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| HAVEN IN THE VILLAGE AT CHANTICLEER 355 BERKMANS LN GREENVILLE, SC 29605-5606 FACILITY #:864-467-0031 THOMAS CHARLES PH#: 864-467-0031 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1244 / 11/30/2018 Greenville / Limited Liability Limited Partnership 400 CENTRE ST, FIVE STAR QUALITY CARE NEWTON, MA 02458-2094 MORNINGSIDE OF ANDERSON LP |
| Alzheimer Care: Yes Max # Residents: 60 Alzheimer Unit: Yes Max # Beds: 60 | Total Number of Licensed Beds60 Resident Beds: 60 Resident Rooms: 48 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| HEARTLAND HEALTH CARE CENTER-UNION (RESIDENTIAL CARE) 709 RICE AVE EXT UNION, SC 29379-9023 FACILITY #:864-427-0306 GALLMAN AMANDA PH#: 864-427-0306 Facility Email: 4031ADMIN@HCR-MANORCARE.COM Fac. Cont. Email: 4031ADMIN@HCR-MANORCARE.COM | CRC-0576 / 12/31/2018 Union / Limited Liability 333 N SUMMIT ST TOLEDO, OH 43604-2615 OAKMONT OF UNION SC LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds40 Resident Beds: 40 Resident Rooms: 32 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|---|--|---|--|--|
| HEATH SPRINGS RESIDENTIAL CARE CENTER 614 HART ST HEATH SPRINGS, SC 29058-8411 FACILITY #:803-273-3227 DENNIS DORTHEA PH#: 803-273-3227 Facility Email: DDENNISALLHIS@GMAIL.COM Fac. Cont. Email: DDENNISALLHIS@GMAIL.COM | CRC-1903 / 12/31/2017 Lancaster / Corporation PO BOX 503 HEATH SPRINGS, SC 29058-0503 HSRCC PARTNERS LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds64 Resident Beds: 64 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 33 Staff Rooms: 0 Other Rooms: 0 |
| HELENA PLACE 1624 PARIS AVE PORT ROYAL, SC 29935-2041 FACILITY #:843-982-0233 KESLER LORIE A PH#: 843-982-0233 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: LKESLER@ENLIVANT.COM | CRC-1409 / 11/30/2018 Beaufort / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 HELENA AID OPCO LLC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 4 Max # Beds: 0 | Total Number of Licensed Beds44 Resident Beds: 44 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 40 Staff Rooms: 0 Other Rooms: 0 |
| HELMS-GORDON RESIDENTIAL CARE HOME 714 FUNDERBURKE RD FORT LAWN, SC 29714-8593 FACILITY #:803-872-4306 GORDON MELISSA K PH#: 803-872-4306 Facility Email: MKGORDON@COMPORIUM.NET Fac. Cont. Email: MKGORDON@COMPORIUM.NET | CRC-0527 / 07/31/2018 Chester / Sole Proprietorship PO BOX 188 FORT LAWN, SC 29714-0188 MELISSA KAYE GORDON | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds32 Resident Beds: 32 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 16 Staff Rooms: 0 Other Rooms: 0 |
| HERITAGE AT LOWMAN RESIDENTIAL CARE 2101 DUTCH FORK RD CHAPIN, SC 29036 FACILITY #:803-732-8800 HYMAN ASHLEY PH#: 803-732-8800 Facility Email: AHYMAN@THEHERITAGEATLOWMAN.ORG Fac. Cont. Email: AHYMAN@THEHERITAGEATLOWMAN.ORG | CRC-0840 / 09/30/2018 Richland / Non-Profit Corporation PO BOX 444 WHITE ROCK, SC 29177-0444 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 48 Max # Beds: 48 | Total Number of Licensed Beds132 Resident Beds: 132 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 132 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|---|---|---------------------------|
| HERRIOTT'S RESIDENTIAL CARE FACILITY 114 LIME LN SUMTER, SC 29150-6630 FACILITY #:803-773-6882 YORK-HERRIOTT LUCINDA PH#: 803-773-6882 Facility Email: LHERRIOTT@SC.RR.COM Fac. Cont. Email: LHERRIOTT@SC.RR.COM | CRC-1013 / 06/30/2018 Sumter / Partnership PO BOX 2980 SUMTER, SC 29153 JOHN & LUCINDA HERRIOTT | Total Number of Licensed Beds 14 | |
| Alzheimer Care: Yes | Max # Residents: 2 | Resident Beds: 14 | Resident Rooms: 7 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| HILLS OF CUMBERLAND VILLAGE 3215 WISE CREEK LN AIKEN, SC 29801-2534 FACILITY #:803-641-8444 CHEATHAM MELISSA PH#: 803-641-8444 Facility Email: MCHEATHAM@MARRINSON.COM Fac. Cont. Email: MCHEATHAM@MARRINSON.COM | CRC-1121 / 09/30/2018 Aiken / Corporation 3215 WISE CREEK LN AIKEN, SC 29801-2534 MARRINSON GROUP INC | Total Number of Licensed Beds 34 | |
| Alzheimer Care: Yes | Max # Residents: 4 | Resident Beds: 34 | Resident Rooms: 24 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| HITCHCOCK PLACE 102 CREPE MYRTLE DR OFC AIKEN, SC 29803-7552 FACILITY #:803-649-6439 NEAL ELIZABETH H PH#: 803-649-6439 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: LNEAL@ENLIVANT.COM | CRC-1412 / 11/30/2018 Aiken / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 HITCHCOCK AID OPCO LLC | Total Number of Licensed Beds 44 | |
| Alzheimer Care: Yes | Max # Residents: 4 | Resident Beds: 44 | Resident Rooms: 39 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| HOPE ARBOR OF LORIS 260 WATSON HERITAGE RD LORIS, SC 29569 FACILITY #:843-716-4673 EVANS ADAM PH#: 843-716-4673 Facility Email: AEVANS@HOPEARBOR.COM Fac. Cont. Email: AEVANS@HOPEARBOR.COM | CRC-1547 / 06/30/2018 Horry / 260 WATSON HERITAGE RD LORIS, SC 29569 PARNERS IN HOPE INC | Total Number of Licensed Beds 60 | |
| Alzheimer Care: Yes | Max # Residents: 20 | Resident Beds: 60 | Resident Rooms: 48 |
| Alzheimer Unit: No | Max # Beds: 0 | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|--|--|---|--|---|
| HOPE ARBOR OF MURRELLS INLET 12287 HWY 707 MURRELLS INLET, SC 29576-9739 FACILITY #:843-357-0317 RIGGAN MISTY PH#: 843-357-0317 Facility Email: MRIGGAN@HOPEARBOR.COM Fac. Cont. Email: MRIGGAN@HOPEARBOR.COM | CRC-1560 / 12/31/2018 Horry/ 609 17TH AVE N MYRTLE BEACH, SC 29577-3504 PARTNERS IN HOPE INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 60 Resident Beds: 60 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 48 Staff Rooms: 0 Other Rooms: 0 |
| IDA LANE I CRCF 120 IDA LN COLUMBIA, SC 29203-9234 FACILITY #:803-786-7522 BARR ANGELA W PH#: 803-786-7522 Facility Email: ABARR@BABCOCKCENTER.ORG Fac. Cont. Email: ABARR@BABCOCKCENTER.ORG | CRC-1520 / 03/31/2018 Richland / 120 IDA LN COLUMBIA, SC 29203-9234 BABCOCK CENTER INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| IDA LANE II CRCF 124 IDA LN COLUMBIA, SC 29203-9234 FACILITY #:803-786-7543 BARR ANGELA W PH#: 803-786-7543 Facility Email: ABARR@BABCOCKCENTER.ORG Fac. Cont. Email: ABARR@BABCOCKCENTER.ORG | CRC-1518 / 12/31/2018 Richland / 124 IDA LN COLUMBIA, SC 29203-9234 BABCOCK CENTER INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| INLET COASTAL RESORT 5087 HWY 17 N BP MURRELLS INLET, SC 29576 FACILITY #:843-405-2005 MCGRAW KEVIN PH#: 843-405-2005 Facility Email: KMCRAW@INLETCOASTAL.COM Fac. Cont. Email: KMCRAW@INLETCOASTAL.COM | CRC-1549 / 08/31/2018 Georgetown / Limited Liability 5087 OCEAN HWY 17 N BYPASS MURRELL'S INLET, SC 29576 INLET COASTAL RESORT LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 21 Max # Beds: 20 | Total Number of Licensed Beds: 62 Resident Beds: 62 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 53 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|--|---|--|---|
| INVERNESS AT SPARTANBURG 2720 COUNTRY CLUB RD SPARTANBURG, SC 29302-4473 FACILITY #:864-591-1116 ADEIMY STEPHEN PH#: 864-591-1116 Facility Email: PPAL.ADM@AFFINITYLIVINGGROUP.COM Fac. Cont. Email: PPAL.ADM@AFFINITYLIVINGGROUP.COM | CRC-1351 / 07/31/2018 Spartanburg / Limited Liability 2720 COUNTRY CLUB RD SPARTANBURG, SC 29302-4473 DSJ AL HOLDINGS LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 16 Max # Beds: 20 | Total Number of Licensed Beds: 100 Resident Beds: 100 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 78 Staff Rooms: 0 Other Rooms: 0 |
| IVORY'S LOVING CARE RESIDENTIAL FACILITY 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405-8050 FACILITY #:843-745-2339 SANDERS JUANITA PH#: 843-745-2339 Facility Email: SISTERSANDERS@COMCAST.NET Fac. Cont. Email: SISTERSANDERS@BELLSOUTH.NET | CRC-1383 / 04/30/2018 Charleston / Partnership 2827 SPRUILL AVE NORTH CHARLESTON, SC 29405-8050 JUANITA SANDERS & GENEVA NELSON | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 7 Resident Beds: 7 Staff Beds: 2 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 1 Other Rooms: 0 |
| IVY GROVE RESIDENTIAL CARE CENTER 483 LOCKHART LN GAFFNEY, SC 29341-2841 FACILITY #:864-487-0869 MELEKWE OBJAJULU E PH#: 864-487-0869 Facility Email: OSKARMANI@AOL.COM Fac. Cont. Email: OSKARMANI@AOL.COM | CRC-1458 / 10/31/2018 Cherokee / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341-2841 HARMONY RESIDENTIAL CARE CENTER LLC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 10 Max # Beds: 0 | Total Number of Licensed Beds: 62 Resident Beds: 62 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 34 Staff Rooms: 0 Other Rooms: 0 |
| J & T RESIDENTIAL CARE FACILITY 604 WAGON WHEEL RD HAMPTON, SC 29924-5346 FACILITY #:803-943-7177 HAMILTON DA'ASIA S PH#: 803-584-5090 Facility Email: JTRRESIDENTIALCARE@GMAIL.COM Fac. Cont. Email: JTRRESIDENTIALCARE@GMAIL.COM | CRC-1094 / 05/31/2018 Hampton / Sole Proprietorship 604 WAGON WHEEL RD HAMPTON, SC 29924-5346 THELMA S MYERS | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 10 Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 5 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

J C LARAES SOUTHWINDS ASSISTED LIVING COMMUNITY
308 HUMPHRIES RD
RIDGEWAY, SC 29130-9648 FACILITY #:803-438-4052
OWENS JUDY W PH#: 803-438-4052
Facility Email: JUDYOWENS53@YAHOO.COM
Fac. Cont. Email: JUDYOWENS53@YAHOO.COM

CRC-1181 / 09/30/2018
Kershaw / Sole Proprietorship
PO BOX 1382
LUGOFF, SC 29078-1382
ANNAL OWENS

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 5**
Staff Beds: 2 **Staff Rooms: 2**
Other Beds: 0 **Other Rooms: 0**

J J RESIDENTIAL CARE
748 GREEN ST
ORANGEBURG, SC 29115-4805 FACILITY #:803-539-2604
IRICK BARBARA W PH#: 803-539-2604
Facility Email: No Facility Email on Record
Fac. Cont. Email: No Facility Contact Email on Record

CRC-0831 / 09/30/2018
Orangeburg / Sole Proprietorship
PO BOX 204
ORANGEBURG, SC 29116-0204
BARBARA W IRICK

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 10
Resident Beds: 10 **Resident Rooms: 4**
Staff Beds: 1 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

JENNI-LYNN ASSISTED LIVING COMMUNITY
915 HOOK AVE
WEST COLUMBIA, SC 29169-5332 FACILITY #:803-926-8600
SHEALY DEBBIE M PH#: 803-926-8600
Facility Email: DSHEALY@JENNILYNNSENIORLIVING.COM
Fac. Cont. Email: DSHEALY@JENNILYNNSENIORLIVING.COM

CRC-1248 / 09/30/2018
Lexington / Ltd. Liability
915 HOOK AVE
WEST COLUMBIA, SC 29169-5332
JENNI-LYNN ASSISTED LIVING LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 63
Resident Beds: 63 **Resident Rooms: 53**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

JESSAMINE COMMUNITY RESIDENCE
143 JESSAMINE AVE
GEORGETOWN, SC 29440-5837 FACILITY #:843-527-1390
RANDOLPH STACEY PH#: 843-527-1390
Facility Email: SANTLEY@GCBDSN.COM
Fac. Cont. Email: SANTLEY@GCBDSN.COM

CRC-1445 / 06/30/2018
Georgetown / County
PO BOX 1471
GEORGETOWN, SC 29442-1471
GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 4**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--|--------------------------|
| JOANNE'S COMMUNITY CARE HOME #1 5048 PERCIVAL RD ELGIN, SC 29045-9156 FACILITY #:803-736-3860 CALDWELL JOANNE MPH#: 803-736-3860 Facility Email: JOANNESCCH@AOL.COM Fac. Cont. Email: JOANNESCCH@AOL.COM | CRC-0932 / 06/30/2018 Richland / Sole Proprietorship PO BOX 23494 COLUMBIA, SC 29224-3494 JOANNE MCALDWELL | | |
| Alzheimer Care: Yes | Max # Residents: 2 | Total Number of Licensed Beds10 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 10 | Resident Rooms: 4 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| JOANNE'S COMMUNITY CARE HOME II 756 FARROWOOD DR COLUMBIA, SC 29223-7801 FACILITY #:803-736-3094 CALDWELL JOANNE MPH#: 803-413-2841 Facility Email: JOANNESCCH@AOL.COM Fac. Cont. Email: JOANNESCCH@AOL.COM | CRC-0030 / 03/31/2018 Richland / Sole Proprietorship PO BOX 23494 COLUMBIA, SC 29224-3494 JOANNE MCALDWELL | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds9 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 9 | Resident Rooms: 5 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| JOHNSONVILLE ADULT CARE SERVICES 351 S MIDWAY HWY JOHNSONVILLE, SC 29555-6242 FACILITY #:843-380-0777 ROBINSON RHONDA H PH#: 843-380-0777 Facility Email: JADC2011@YAHOO.COM Fac. Cont. Email: JADC2011@YAHOO.COM | CRC-1530 / 11/30/2018 Florence / Ltd. Liability PO BOX 1118 JOHNSONVILLE, SC 29555-1118 JOHNSONVILLE ADULT CARE SERVICES LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds22 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 22 | Resident Rooms: 8 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| JOLLY REST MORE 1488 GLOVER ST ORANGEBURG, SC 29115-6095 FACILITY #:803-531-4386 SMITH-KELL JIMI L PH#: 803-531-4386 Facility Email: JL333SMITH@AOL.COM Fac. Cont. Email: JL333SMITH@AOL.COM | CRC-0332 / 11/30/2018 Orangeburg / Sole Proprietorship PO BOX 1465 ORANGEBURG, SC 29116-1465 LYNN P SMITH | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds10 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 10 | Resident Rooms: 3 |
| | | Staff Beds: 4 | Staff Rooms: 3 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|---|
| JOSHUAS FOUNDATION 388 ELBOW CIR RIDGEWAY, SC 29130 FACILITY #:803-337-8701 HAYES TOWANA PH#: 803-337-8701 Facility Email: MBERNARDEZ@JOSHUASFOUNDATION.ORG Fac. Cont. Email: MBERNARDEZ@JOSHUASFOUNDATION.ORG | CRC-0659 / 02/28/2018 Fairfield / Non-Profit Corporation 625 BRIDGECREEK DR COLUMBIA, SC 29229 JOSHUA'S FOUNDATION INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 20 | |
| Resident Beds: 20 | |
| Staff Beds: 0 | |
| Other Beds: 0 | |
| Resident Rooms: 12 | |
| Staff Rooms: 0 | |
| Other Rooms: 0 | |
| JOSIE DRIVE COMMUNITY RESIDENCE 210 JOSIE DR WALTERBORO, SC 29488-2791 FACILITY #:843-549-6979 FARMER THERESA L PH#: 843-549-6979 Facility Email: TFARMER@COLLETONDSN.ORG Fac. Cont. Email: TFARMER@COLLETONDSN.ORG | CRC-1528 / 09/30/2018 Colleton / 210 JOSIE DR WALTERBORO, SC 29488-2791 COLLETON COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 8 | |
| Resident Beds: 8 | |
| Staff Beds: 0 | |
| Other Beds: 0 | |
| Resident Rooms: 4 | |
| Staff Rooms: 0 | |
| Other Rooms: 0 | |
| JOY COMMUNITY CARE HOME 6800 DOBY DR COLUMBIA, SC 29203-5133 FACILITY #:803-754-3157 DOUGLAS JONATHAN PH#: 803-754-3157 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record | CRC-0961 / 11/30/2017 (Renewal Pending) Richland / Sole Proprietorship PO BOX 25215 COLUMBIA, SC 29224-5215 DEBORAH A SCOTT |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 10 | |
| Resident Beds: 10 | |
| Staff Beds: 1 | |
| Other Beds: 0 | |
| Resident Rooms: 4 | |
| Staff Rooms: 1 | |
| Other Rooms: 0 | |
| KENSINGTON I 100 KENSINGTON RD COLUMBIA, SC 29203-5451 FACILITY #:803-256-0504 TURNER SUSAN P PH#: 803-256-0504 Facility Email: S.TURNER@CHESCOSERVICES.ORG Fac. Cont. Email: S.TURNER@CHESCOSERVICES.ORG | CRC-1532 / 06/30/2018 Richland / County 100 KENSINGTON RD COLUMBIA, SC 29203-5451 CHESCO SERVICES |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds: 8 | |
| Resident Beds: 8 | |
| Staff Beds: 0 | |
| Other Beds: 0 | |
| Resident Rooms: 8 | |
| Staff Rooms: 0 | |
| Other Rooms: 0 | |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| KENSINGTON II GROUP HOME 120 KENSINGTON RD COLUMBIA, SC 29203-5451 FACILITY #:803-252-0848 TURNER SUSAN PH#: 803-252-0848 Facility Email: S.TURNER@CHESCOSERVICES.ORG Fac. Cont. Email: S.TURNER@CHESCOSERVICES.ORG | CRC-1536 / 11/30/2018 Richland / State 120 KENSINGTON RD COLUMBIA, SC 29203 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 8 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| KEOWEE PLACE 475 ROCHESTER HWY SENECA, SC 29672 FACILITY #:864-886-0070 CARLISLE CARROL A PH#: 864-886-0070 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: ALCLICENSE@ENLIVANT.COM | CRC-1460 / 12/31/2018 Oconee / Ltd. Liability 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 INN AT SENECA AID OPCO LLC |
| Alzheimer Care: Yes Max # Residents: 4 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 50 Resident Beds: 50 Resident Rooms: 43 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| KIVA LODGE 200 CLAUDE BUNDRICK RD BLYTHEWOOD, SC 29016-9420 FACILITY #:803-764-2761 ROUSE MATRISE PH#: 803-764-2761 Facility Email: JJAY@MHA-SC.ORG Fac. Cont. Email: JJAY@MHA-SC.ORG | CRC-1092 / 07/31/2018 Richland / Corporation 1823 GADSDEN ST COLUMBIA, SC 29201-2344 MENTAL HEALTH AMERICA OF SOUTH CAROLINA |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| L & B CARE HOME 924 BARR WOODS RD SALUDA, SC 29138-8191 FACILITY #:864-445-2494 GOLDMAN L ELIZABETH PH#: 864-445-2494 Facility Email: JWLONG@EMBARQMAIL.COM Fac. Cont. Email: JWLONG@EMBARQMAIL.COM | CRC-0530 / 07/31/2018 Saluda / Partnership 924 BARR WOOD RD SALUDA, SC 29138 LESA L BLEDSOE & FAYE LONG |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 24 Resident Beds: 24 Resident Rooms: 10 Staff Beds: 3 Staff Rooms: 2 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

L & M RESIDENTIAL HEALTH CARE FACILITY

2504 HWY 311
CROSS, SC 29436-3339 FACILITY #:843-753-7098
TAYLOR LINDA B PH#: 843-753-7098
Facility Email: BLONTAY@AOL.COM
Fac. Cont. Email: BLONTAY@AOL.COM

CRC-1426 / 02/28/2018
Berkeley / Ltd. Liability
2504 HWY 311
CROSS, SC 29436-3339
L & M RESIDENTIAL HCF LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 5**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

LADIES COMMUNITY RESIDENCE

408 WEBB ST
CONWAY, SC 29527-5842 FACILITY #:843-349-7271
CORNELL TERRY PH#: 843-349-7271
Facility Email: ACORNELL@HCDSN.ORG
Fac. Cont. Email: ACORNELL@HCDSN.ORG

CRC-1449 / 07/31/2018
Horry / County
408 WEBB ST
CONWAY, SC 29527-5842
HORRY COUNTY DISABILITIES AND SPECIAL NEEDS BOARD

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 4**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

LADSON'S RESIDENTIAL HOME CARE

1116 CAMP RD
CHARLESTON, SC 29412-8831 FACILITY #:843-762-6443
LADSON PAULINE M PH#: 843-762-6443
Facility Email: PAULINELADSON@ATT.NET
Fac. Cont. Email: PAULINELADSON@ATT.NET

CRC-1256 / 09/30/2018
Charleston / Sole Proprietorship
1116 CAMP RD
CHARLESTON, SC 29412-8831
PAULINE LADSON

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 2 **Staff Rooms: 2**
Other Beds: 0 **Other Rooms: 0**

LAKE WYLIE ASSISTED LIVING COMMUNITY

4877 CHARLOTTE HWY
CLOVER, SC 29710-8096 FACILITY #:803-831-9900
MCCUIN KRISTI E PH#: 803-831-9900
Facility Email: TMULLINS@SENIORLIFESTYLE.COM
Fac. Cont. Email: KMCCUIN@SENIORLIFESTYLE.COM

CRC-1241 / 01/31/2018
York / Limited Liability
4877 CHARLOTTE HWY
CLOVER, SC 29710-8096
LSREF GOLDEN OPS 14 (SC) LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 110
Resident Beds: 110 **Resident Rooms: 100**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| LAKES AT LITCHFIELD ASSISTED LIVING 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 FACILITY #:843-235-9393 BARBER JEFF PH#: 843-235-9393 Facility Email: JBARBER@LAKES-LITCHFIELD.COM Fac. Cont. Email: JBARBER@LAKES-LITCHFIELD.COM | CRC-1116 / 08/31/2018 Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC |
| Alzheimer Care: Yes Max # Residents: 20 Alzheimer Unit: Yes Max # Beds: 24 | Total Number of Licensed Beds: 79 Resident Beds: 79 Resident Rooms: 65 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LAKEVIEW ASSISTED LIVING 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 FACILITY #:864-638-5212 WRIGHT DOUGLAS A PH#: 864-225-3370 Facility Email: DWRIGHT@SENIORSOLUTIONS-SC.ORG Fac. Cont. Email: DWRIGHT@SENIORSOLUTIONS-SC.ORG | CRC-0086 / 04/30/2018 Anderson / Non-Profit Corporation 3420 CLEMSON BLVD STE 17 ANDERSON, SC 29621-1324 LAKEVIEW ASSISTED LIVING INC |
| Alzheimer Care: Yes Max # Residents: 2 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 19 Resident Beds: 19 Resident Rooms: 14 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LAKESWOOD SENIOR LIVING 3709 CLARK RD BOILING SPRINGS, SC 29316 FACILITY #:864-586-1457 BOWMAN KAREN S PH#: 864-586-1457 Facility Email: DLITTLE3@MINDSPRING.COM Fac. Cont. Email: DLITTLE3@MINDSPRING.COM | CRC-1924 / 10/31/2018 Spartanburg / Limited Liability PO BOX 6384 SPARTANBURG, SC 29304-6384 CR LAKESWOOD LLC |
| Alzheimer Care: Yes Max # Residents: 0 Alzheimer Unit: Yes Max # Beds: 0 | Total Number of Licensed Beds: 90 Resident Beds: 90 Resident Rooms: 66 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LAMBS ROAD COMMUNITY RESIDENCE 4788 LAMBS RD NORTH CHARLESTON, SC 29418-3521 FACILITY #:843-767-1066 SIMMONS CYNTHIA PH#: 843-767-1066 Facility Email: CSIMMONS@DSNCC.COM Fac. Cont. Email: CSIMMONS@DSNCC.COM | CRC-0690 / 09/30/2018 Charleston / State PO BOX 22708 CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| LANDRUM COMMUNITY RESIDENCE I 722 BOMAR AVE LANDRUM, SC 29356 FACILITY #:864-562-2203 MASON SUZAN B PH#: 864-562-2203 Facility Email: JBERNARD@CHARLESLEA.ORG Fac. Cont. Email: JBERNARD@CHARLESLEA.ORG | CRC-1507 / 08/31/2018 Spartanburg / State 195 BURDETTE ST SPARTANBURG, SC 29307-1003 CHARLES LEA CENTER |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LANDRUM COMMUNITY RESIDENCE II 722 BOMAR AVE LANDRUM, SC 29356 FACILITY #:864-562-2203 MASON SUZAN B PH#: 864-562-2203 Facility Email: JBERNARD@CHARLESLEA.ORG Fac. Cont. Email: JBERNARD@CHARLESLEA.ORG | CRC-1508 / 08/31/2018 Spartanburg / State 195 BURDETTE ST SPARTANBURG, SC 29307-1003 CHARLES LEA CENTER |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LANGIT'S ASSISTED LIVING FACILITY 1273 REMOUNT RD NORTH CHARLESTON, SC 29406-3439 FACILITY #:843-554-1671 LANGIT CRESENCIA B PH#: 843-554-1671 Facility Email: LANGITSASSISTEDLIVING@COMCAST.NET Fac. Cont. Email: LANGITSASSISTEDLIVING@COMCAST.NET | CRC-0861 / 03/31/2018 Charleston / Private 1273 REMOUNT RD NORTH CHARLESTON, SC 29406-3439 LANGIT'S RESIDENTIAL HOME CARE INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 70 Resident Beds: 70 Resident Rooms: 35 Staff Beds: 6 Staff Rooms: 4 Other Beds: 0 Other Rooms: 0 |
| LANGSTON PLACE 939 SPRINGDALE DR CLINTON, SC 29325-7266 FACILITY #:864-833-0338 MORGAN MARY A PH#: 864-833-0338 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: MAMORGAN@ENLIVANT.COM | CRC-1408 / 11/30/2018 Laurens / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 LANGSTON AID OPCO LLC |
| Alzheimer Care: Yes Max # Residents: 2 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 44 Resident Beds: 44 Resident Rooms: 39 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| LAUREL CREST 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FACILITY #:803-796-0370 ROWLETTE-CARTER CASSANDRA N PH#: 803-796-0370 Facility Email: J.DEEL@LAUREL-CREST.COM Fac. Cont. Email: J.DEEL@LAUREL-CREST.COM | CRC-0829 / 09/30/2018 Lexington / Non-Profit Corporation 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FPCRC INC |
| Alzheimer Care: Yes Max # Residents: 6 Alzheimer Unit: Yes Max # Beds: 6 | Total Number of Licensed Beds26 Resident Beds: 26 Resident Rooms: 22 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LAURENS ESTATES 2841 BYPASS 127 LAURENS, SC 29360-8332 FACILITY #:864-984-8001 SHIPMAN SUSAN F PH#: 864-984-8001 Facility Email: SSHIPMAN@PROVIDENCECANHELP.COM Fac. Cont. Email: SSHIPMAN@PROVIDENCECANHELP.COM | CRC-0681 / 08/31/2018 Laurens / 2841 BYPASS 127 LAURENS, SC 29360-8332 LAURENS ESTATES LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds34 Resident Beds: 34 Resident Rooms: 16 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LAURENS MEMORIAL HOME FOR AGED 3744 TORRINGTON RD LAURENS, SC 29360-0638 FACILITY #:864-682-2322 PENLAND CAROLYN B PH#: 864-682-2322 Facility Email: CPENLAND@PRTCNET.COM Fac. Cont. Email: CPENLAND@PRTCNET.COM | CRC-0316 / 12/31/2018 Laurens / Non-Profit Corporation PO BOX 638 LAURENS, SC 29360-0638 LAURENS MEMORIAL HOME FOR AGED INC |
| Alzheimer Care: Yes Max # Residents: 2 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds50 Resident Beds: 50 Resident Rooms: 43 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| LEMONAIDE HOUSE 1018 CRYSTAL CLEAR LN HOPKINS, SC 29061-8237 FACILITY #:803-776-1742 ETHERIDGE LULA J PH#: 803-776-1742 Facility Email: LEMONS2LOVE@AOL.COM Fac. Cont. Email: LEMONS2LOVE@AOL.COM | CRC-0924 / 05/31/2018 Richland / Partnership 1018 CRYSTAL CLEAR LN HOPKINS, SC 29061-8237 LULA J ETHERIDGE AND NANCY A SMITH |
| Alzheimer Care: Yes Max # Residents: 1 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds15 Resident Beds: 15 Resident Rooms: 7 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|--|---|---|--|---|
| LENEVAR COMMUNITY RESIDENCE 1435 W LENEVAR DR CHARLESTON, SC 29407-5118 FACILITY #:843-766-3061 COLEMAN SHARON PH#: 843-766-3061 Facility Email: ETURNER@DSNCC.COM Fac. Cont. Email: SCOLEMAN@DSNCC.COM | CRC-0943 / 07/31/2018 Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 0 Other Rooms: 0 |
| LEXINGTON PLACE 190 MCSWAIN DR WEST COLUMBIA, SC 29169-4825 FACILITY #:803-936-0062 TYSON GARY MPH#: 803-936-0062 Facility Email: ACQUISITIONS@ENLIVANT.COM Fac. Cont. Email: ACQUISITIONS@ENLIVANT.COM | CRC-1989 / 10/31/2018 Lexington / Limited Liability 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 WEST COLUMBIA BG OPCO LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 90 Resident Beds: 90 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 72 Staff Rooms: 0 Other Rooms: 0 |
| LOIS EARGLE HOME 406 WEBB ST CONWAY, SC 29527-5842 FACILITY #:843-349-7271 CORNELL TERRY A PH#: 843-349-7271 Facility Email: ACORNELL@HCDSN.ORG Fac. Cont. Email: ACORNELL@HCDSN.ORG | CRC-1450 / 07/31/2018 Horry / County 250 VICTORY LN CONWAY, SC 29526-8650 HORRY COUNTY DISABILITIES AND SPECIAL NEEDS BOARD | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 0 Other Rooms: 0 |
| LONG'S RESIDENTIAL CARE CENTER 1280 DENNY HWY SALUDA, SC 29138-8972 FACILITY #:864-445-7901 LONG MARY J PH#: 864-445-7901 Facility Email: LONGSRESIDENTIAL@YMAIL.COM Fac. Cont. Email: LONGSRESIDENTIAL@YMAIL.COM | CRC-0592 / 05/31/2018 Saluda / Corporation 1280 DENNY HWY SALUDA, SC 29138-8972 LONG'S RESIDENTIAL CARE CENTER INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 6 Max # Beds: 0 | Total Number of Licensed Beds: 32 Resident Beds: 32 Staff Beds: 2 Other Beds: 0 | Resident Rooms: 15 Staff Rooms: 1 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|---|--------------------------------------|-----------|
| LONGWOOD PLANTATION 1687 LONGWOOD DR ORANGEBURG, SC 29118-2307 FACILITY #:803-535-0250 CALVERT RAYMOND D PH#: 803-535-0250 Facility Email: CLAY.FOWLERHEALTHCAREENTERPRISE@GMAIL.CO Fac. Cont. Email: DOUG.CALVERT@LONGWOODPLANTATION.NET | CRC-0797 / 10/31/2018 Orangeburg / Limited Liability 1687 LONGWOOD DR ORANGEBURG, SC 29118-2307 LONGWOOD PLANTATION-FHE LLC | | |
| Alzheimer Care: Yes | Max # Residents: 16 | Total Number of Licensed Beds | 42 |
| Alzheimer Unit: Yes | Max # Beds: 16 | Resident Beds: | 42 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 30 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| LOW COUNTRY ASSISTED LIVING 6060 EHRHARDT RD EHRHARDT, SC 29081 FACILITY #:803-267-2222 CASSIDY SHERRI PH#: 803-267-2222 Facility Email: LOWCOUNTRYAL@YAHOO.COM Fac. Cont. Email: LOWCOUNTRYAL@YAHOO.COM | CRC-1474 / 04/30/2018 Bamberg / Limited Liability PO BOX 116 EHRHARDT, SC 29081-0116 LOW COUNTRY ASSISTED LIVING LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds | 10 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: | 10 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 5 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| M & M RESIDENTIAL CARE HOME 408 HOLIDAY ST MARION, SC 29571-4416 FACILITY #:843-423-0120 GORDON TEQUILIA PH#: 843-423-0120 Facility Email: SANDYBURGESS98@YAHOO.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1379 / 08/31/2018 Marion / Sole Proprietorship PO BOX 1673 MARION, SC 29571-1673 BURGESS SANDY M | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds | 5 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: | 5 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 5 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| MAGNOLIAS OF EASLEY 123 COUCH LN EASLEY, SC 29642-1916 FACILITY #:864-859-3303 ETTY STEVEN J PH#: 864-859-3303 Facility Email: SETTY@ROYALEASLEY.COM Fac. Cont. Email: SETTY@ROYALEASLEY.COM | CRC-1274 / 01/31/2018 Pickens / 123 COUCH LN EASLEY, SC 29642-1916 CARE RSL EASLEY OPCO LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds | 56 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: | 56 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 50 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| MAGNOLIAS OF GAFFNEY ASSISTED LIVING COMMUNITY 101 PARK CT GAFFNEY, SC 29341 FACILITY #:864-206-0006 KOESTER KELLY H PH#: 864-206-0006 Facility Email: KKOESTER@ROYALGAFFNEY.COM Fac. Cont. Email: KKOESTER@ROYALGAFFNEY.COM | CRC-1281 / 01/31/2018 Cherokee / Ltd. Liability 101 PARK CT GAFFNEY, SC 29341 CARE RSL GAFFNEY OPCO LLC |
| Alzheimer Care: Yes Max # Residents: 24 Alzheimer Unit: Yes Max # Beds: 24 | Total Number of Licensed Beds90 Resident Beds: 90 Resident Rooms: 37 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MAGNOLIAS OF MYRTLE BEACH 601 65TH AVE N MYRTLE BEACH, SC 29572-3532 FACILITY #:843-692-2330 GRAHAM DENISE PH#: 843-692-2330 Facility Email: DENISEJGRAHAM@YAHOO.COM Fac. Cont. Email: DODENICNAT@YAHOO.COM | CRC-1415 / 05/31/2018 Horry / Ltd. Liability 6309 HAWTHORNE LN MYRTLE BEACH, SC 29572-3255 CAROLINA RETIREMENT SERVICES OF MYRTLE BEACH LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds48 Resident Beds: 48 Resident Rooms: 36 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MAGNOLIAS OF SUMMERVILLE 335 MIDLAND PKWY SUMMERVILLE, SC 29485-8138 FACILITY #:843-821-4122 REINHEIMER CINDY PH#: 843-821-4122 Facility Email: CINDY@MAGNOLIASOFSUMMERVILLE.COM Fac. Cont. Email: CINDY@MAGNOLIASOFSUMMERVILLE.COM | CRC-1414 / 05/31/2018 Dorchester / Ltd. Liability 335 MIDLAND PKWY SUMMERVILLE, SC 29485-8138 CAROLINA RETIREMENT SERVICES OF SUMMERVILLE LLC |
| Alzheimer Care: Yes Max # Residents: 5 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds60 Resident Beds: 60 Resident Rooms: 50 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MANNING PLACE 10 COMPANION CT GREER, SC 29651-1288 FACILITY #:864-989-0707 LEE-POTTER KEARA PH#: 864-989-0707 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: ALCLICENSE@ENLIVANT.COM | CRC-1407 / 11/30/2018 Greenville / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 MANNING AID OPCO LLC |
| Alzheimer Care: Yes Max # Residents: 1 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds44 Resident Beds: 44 Resident Rooms: 39 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|--|---|
| MAPLES OF HONEA PATH 224 WILDWOOD DR HONEA PATH, SC 29654-1335 FACILITY #:864-369-2000 WILLIS MARK N PH#: 864-369-2000 Facility Email: WILLISFORHOUSE@GMAIL.COM Fac. Cont. Email: WILLISFORHOUSE@GMAIL.COM | CRC-0819 / 05/31/2018 Anderson / Corporation 224 WILDWOOD DR HONEA PATH, SC 29654-1335 MAPLE MANOR INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 30 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 74 |
| | | Resident Beds: | 74 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 50 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| MARCHBANKS ASSISTED LIVING AND MEMORY CARE 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 FACILITY #:864-231-7786 MORRISON KENNETH S PH#: 864-231-7786 Facility Email: SCOTT@MARCHBANKSAL.COM Fac. Cont. Email: SCOTT@MARCHBANKSAL.COM | CRC-1413 / 05/31/2018 Anderson / Ltd. Liability 2203 MARCHBANKS AVE ANDERSON, SC 29621-2247 CAROLINA RETIREMENT SERVICES OF ANDERSON LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 10 Max # Beds: 23 |
| | | Total Number of Licensed Beds | 60 |
| | | Resident Beds: | 60 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 48 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| MARETT BOULEVARD COMMUNITY RESIDENTIAL CARE FACILITY 1721 MARETT BLVD EXT ROCK HILL, SC 29732-2040 FACILITY #:803-327-9466 MCKNIGHT SHARON Y PH#: 803-327-9466 Facility Email: SHARON.MCKNIGHT@MAXABILITIES.ORG Fac. Cont. Email: SHARON.MCKNIGHT@MAXABILITIES.ORG | CRC-0883 / 08/31/2018 York / Non-Profit Corporation PO BOX 549 YORK, SC 29745-0549 YORK COUNTY BOARD OF DISIBALITIES AND SPECIAL NEEDS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 8 |
| | | Resident Beds: | 8 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 8 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| MARIA'S PRIORITY CARE RESIDENTIAL HOME I 3117 MEETING STREET RD NORTH CHARLESTON, SC 29405-7980 FACILITY #:843-554-8890 PARANAL ROGERIA R PH#: 843-554-8890 Facility Email: RRPARANAL@GMAIL.COM Fac. Cont. Email: RRPARANAL@GMAIL.COM | CRC-0937 / 07/31/2018 Charleston / Sole Proprietorship 3117 MEETING STREET RD NORTH CHARLESTON, SC 29405-7980 PARANAL ROGERIA R | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 7 |
| | | Resident Beds: | 7 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 4 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

MARIA'S PRIORITY CARE RESIDENTIAL HOME II-B

4583 DURANT AVE, B
NORTH CHARLESTON, SC 29405-5212 FACILITY #:843-566-0460
RELLORA JESUS N PH#:
Facility Email: JNRELLORA4SUS@GMAIL.COM
Fac. Cont. Email: JNRELLORA4SUS@GMAIL.COM

CRC-0772 / 06/30/2018
Charleston / Partnership
PO BOX 61870
NORTH CHARLESTON, SC 29419-1870
JESUS N AND WILHELMINA C RELLOA

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds:7
Resident Beds: 7 **Resident Rooms: 2**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

MARIA'S PRIORITY CARE RESIDENTIAL HOME II-F

4583 DURANT AVE, F
NORTH CHARLESTON, SC 29405-5212 FACILITY #:843-566-0460
RELLORA JESUS N PH#:
Facility Email: JNRELLORA4SUS@GMAIL.COM
Fac. Cont. Email: JNRELLORA4SUS@GMAIL.COM

CRC-0774 / 06/30/2018
Charleston / Partnership
PO BOX 61870
NORTH CHARLESTON, SC 29419-1870
JESUS N AND WILHELMINA C RELLOA

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds:5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

MARIA'S PRIORITY CARE RESIDENTIAL HOME III

3115 MEETING STREET RD
NORTH CHARLESTON, SC 29405-7980 FACILITY #:843-554-0064
PARANAL ROGERIA R PH#: 843-554-0064
Facility Email: RRPARANAL@GMAIL.COM
Fac. Cont. Email: RRPARANAL@GMAIL.COM

CRC-0938 / 07/31/2018
Charleston / Sole Proprietorship
3115 MEETING STREET RD
NORTH CHARLESTON, SC 29405-7980
PARANAL ROGERIA R

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds:7
Resident Beds: 7 **Resident Rooms: 3**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

MARQUISE RESIDENTIAL HOME

9 FRAZIER VILLAGE DR
BEAUFORT, SC 29906-7959 FACILITY #:843-846-8417
HAYWARD MATTIE L PH#: 843-846-8417
Facility Email: MHAYWARD42@GMAIL.COM
Fac. Cont. Email: MHAYWARD42@GMAIL.COM

CRC-0863 / 03/31/2018
Beaufort / Sole Proprietorship
9 FRAZIER VILLAGE DR
BEAUFORT, SC 29906-7959
MATTIE L HAYWARD

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds:5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 2 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 FACILITY #:864-984-4541 FRANKS POLLYANNA PH#: 864-984-4541 Facility Email: PFRANKS@SCBMA.COM Fac. Cont. Email: PFRANKS@SCBMA.COM | CRC-0360 / 02/28/2018 Laurens / Non-Profit Corporation 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC |

| | | | |
|---------------------------|---------------------------|--|---------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 82 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 82 | Resident Rooms: 68 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| MARY'S HOME CARE 224 WARD LOOP HEMINGWAY, SC 29554-3415 FACILITY #:843-558-9053 HOLMES MARY W PH#: 843-558-9053 Facility Email: MARYSHOMECARE1@GMAIL.COM Fac. Cont. Email: MARYSHOMECARE1@GMAIL.COM | CRC-1505 / 05/31/2018 Georgetown / Sole Proprietorship 224 WARD LOOP HEMINGWAY, SC 29554 HOLMES MARY W |
|---|--|

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|---------------------------|---------------------------|---|--------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 5 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 5 | Resident Rooms: 5 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| MARY'S RESIDENTIAL #2 633 SHARPE RD COLUMBIA, SC 29203-9304 FACILITY #:803-708-0300 SIMMONS NHAJIYAH PH#: 803-708-0300 Facility Email: NHAJIYAH.SIMMONS@YAHOO.COM Fac. Cont. Email: NHAJIYAH.SIMMONS@YAHOO.COM | CRC-1534 / 08/31/2018 Richland / Sole Proprietorship 529 HUMBLE DR COLUMBIA, SC 29223-5435 BACOTE MARY |
|--|--|

| | | | |
|---------------------------|---------------------------|---|--------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 5 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 5 | Resident Rooms: 3 |
| | | Staff Beds: 2 | Staff Rooms: 2 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| MARY'S RESIDENTIAL CARE FACILITY 10425 WILSON BLVD BLYTHEWOOD, SC 29016-9017 FACILITY #:803-708-1739 SIMMONS NHAJIYAH RAHESSIA PH#: 803-708-1739 Facility Email: NHAJIYAH.SIMMONS@YAHOO.COM Fac. Cont. Email: NHAJIYAH.SIMMONS@YAHOO.COM | CRC-1501 / 01/31/2018 Richland / Sole Proprietorship 10425 WILSON BLVD BLYTHEWOOD, SC 29016-9017 BACOTE MARY |
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|---------------------------|---------------------------|---|--------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 5 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 5 | Resident Rooms: 4 |
| | | Staff Beds: 2 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|---|
| MARYVILLE COMMUNITY RESIDENCE 2602 OLD CHARLESTON RD GEORGETOWN, SC 29440-1471 FACILITY #:843-546-7238 RANDOLPH STACEY PH#: 843-546-7238 Facility Email: SANTLEY@GCBDSN.COM Fac. Cont. Email: SANTLEY@GCBDSN.COM | CRC-1446 / 06/30/2018 Georgetown / County PO BOX 1471 GEORGETOWN, SC 29442-1471 GEORGETOWN COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS |

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|---------------------------|---------------------------|---|--------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 8 | Resident Rooms: 4 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 8 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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|---|---|
| MASTER CARE 5870 MOOREFIELD MEMORIAL HWY LIBERTY, SC 29657-9268 FACILITY #:864-878-9926 MASTERS JIMMY D PH#: 864-878-9926 Facility Email: MASTERCARE178@GMAIL.COM Fac. Cont. Email: MASTERCARE178@GMAIL.COM | CRC-0358 / 02/22/2018 Pickens / Corporation 5870 MOOREFIELD MEMORIAL HWY LIBERTY, SC 29657-9268 MASTER CARE INC |
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|---------------------------|---------------------------|--|--------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 14 | Resident Rooms: 9 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 14 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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|--|--|
| MCKINNEY HOUSE 307 MILLER RD MAULDIN, SC 29662-2034 FACILITY #:864-297-5044 MINGUS KATHY PH#: 864-297-5044 Facility Email: AUDREY.CONNELL@SCDMH.ORG Fac. Cont. Email: AUDREY.CONNELL@SCDMH.ORG | CRC-0778 / 07/31/2018 Greenville / State 307 MILLER RD MAULDIN, SC 29662-2034 PIEDMONT CENTER FOR MENTAL HEALTH SERVICES |
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|---------------------------|---------------------------|--|---------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 10 | Resident Rooms: 10 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 10 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

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| MCLEOD MANOR 1707 MCLEOD AVE CHARLESTON, SC 29412-2922 FACILITY #:843-795-8780 ALSTON MARTHA S PH#: 843-795-8780 Facility Email: CHVINC@COMCAST.NET Fac. Cont. Email: CHVINC@COMCAST.NET | CRC-0425 / 03/31/2018 Charleston / Corporation 1707 MCLEOD AVE CHARLESTON, SC 29412-2922 MCLEOD MANOR INC |
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|---------------------------|---------------------------|--|--------------------------|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 16 | Resident Rooms: 7 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 16 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|--|--|---|--|---|
| MEADOWLARK DRIVE COMMUNITY RESIDENTIAL CARE FACILITY 1183 MEADOWLARK DR ROCK HILL, SC 29732-7708 FACILITY #:803-327-9770 MCKNIGHT SHARON Y PH#: 803-327-9770 Facility Email: SHARON.MCKNIGHT@MAXABILITIES.ORG Fac. Cont. Email: SHARON.MCKNIGHT@MAXABILITIES.ORG | CRC-0881 / 08/31/2018 York / Non-Profit Corporation PO BOX 549 YORK, SC 29745-0549 YORK COUNTY BOARD OF DISABILITIES AND SPECIAL NEEDS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| MEADOWS MEMORY CARE 1187 HOLLAND RD SIMPSONVILLE, SC 29681 FACILITY #:864-236-1833 BOUDREAU GAIL PH#: 864-236-1833 Facility Email: HUMMINGBIRD1901@YAHOO.COM Fac. Cont. Email: HUMMINGBIRD1901@YAHOO.COM | CRC-1940 / 06/30/2018 Greenville / 9 KILMINGTON CT FOUNTAIN INN, SC 29644-7900 MEADOWS HOLDING COMPANY | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 21 Max # Beds: 21 | Total Number of Licensed Beds: 21 Resident Beds: 21 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 15 Staff Rooms: 0 Other Rooms: 0 |
| METHODIST OAKS RESIDENTIAL CARE FACILITY 1000 METHODIST OAKS DR ORANGEBURG, SC 29115-1813 FACILITY #:803-534-1212 FANNING RACHEL B PH#: 803-534-1212 Facility Email: RACHEL.FANNING@THEOAKSS.COM Fac. Cont. Email: RACHEL.FANNING@THEOAKSS.COM | CRC-0910 / 05/31/2018 Orangeburg / Non-Profit Corporation PO BOX 327 ORANGEBURG, SC 29116-0327 METHODIST OAKS INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 40 Resident Beds: 40 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 40 Staff Rooms: 0 Other Rooms: 0 |
| MIDLAND PARK RESIDENTIAL HOME CARE 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406-4551 FACILITY #:843-569-0025 SINGIAN ROGELIO C PH#: 843-569-0025 Facility Email: MIDLANDPARK@BELLSOUTH.NET Fac. Cont. Email: RVBALAGTASSC@AOL.COM | CRC-0905 / 01/31/2018 Charleston / Corporation 2712 MIDLAND PARK RD NORTH CHARLESTON, SC 29406-4551 MIDLAND PARK ENTERPRISES INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 52 Resident Beds: 52 Staff Beds: 5 Other Beds: 0 | Resident Rooms: 28 Staff Rooms: 3 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

MIDWAY RESIDENTIAL CARE FACILITY #1

4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721 FACILITY #:864-433-8777
WALKER LINDA C PH#: 864-433-8777
Facility Email: LCWALKER428@YAHOO.COM
Fac. Cont. Email: MIDWAYRESIDENTIALCARE@YAHOO.COM

CRC-0318 / 12/31/2018
Spartanburg / Corporation
4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721
MIDWAY RESIDENTIAL CARE FACILITY INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds13
Resident Beds: 13 **Resident Rooms: 7**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

MIDWAY RESIDENTIAL CARE FACILITY #1A

4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721 FACILITY #:864-433-8999
WALKER LINDA C PH#: 864-433-8999
Facility Email: MIDWAYRESIDENTIALCARE@YAHOO.COM
Fac. Cont. Email: MIDWAYRESIDENTIALCARE@YAHOO.COM

CRC-0320 / 12/31/2018
Spartanburg / Corporation
4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721
MIDWAY RESIDENTIAL CARE FACILITY INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds14
Resident Beds: 14 **Resident Rooms: 7**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

MIDWAY RESIDENTIAL CARE FACILITY #2

4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721 FACILITY #:864-433-8999
WALKER LINDA C PH#: 864-433-8999
Facility Email: MIDWAYRESIDENTIALCARE@YAHOO.COM
Fac. Cont. Email: MIDWAYRESIDENTIALCARE@YAHOO.COM

CRC-0321 / 12/31/2018
Spartanburg / Corporation
4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721
MIDWAY RESIDENTIAL CARE FACILITY INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds25
Resident Beds: 25 **Resident Rooms: 11**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

MIDWAY RESIDENTIAL CARE FACILITY #3

4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721 FACILITY #:864-433-8999
WALKER LINDA C PH#: 864-433-8999
Facility Email: LCWALKER428@YAHOO.COM
Fac. Cont. Email: MIDWAYRESIDENTIALCARE@YAHOO.COM

CRC-0346 / 12/31/2018
Spartanburg / Corporation
4026 MOORE DUNCAN HWY
MOORE, SC 29369-9721
MIDWAY RESIDENTIAL CARE FACILITY INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds17
Resident Beds: 17 **Resident Rooms: 7**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|---|
| MIDWAY RESIDENTIAL CARE FACILITY #4 4026 MOORE DUNCAN HWY MOORE, SC 29369-9721 FACILITY #:864-433-8999 WALKER LINDA C PH#: 864-433-8999 Facility Email: MIDWAYRESIDENTIALCARE@YAHOO.COM Fac. Cont. Email: MIDWAYRESIDENTIALCARE@YAHOO.COM | CRC-0322 / 12/31/2018 Spartanburg / Corporation 4026 MOORE DUNCAN HWY MOORE, SC 29369-9721 MIDWAY RESIDENTIAL CARE FACILITY INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds14 | |
| Resident Beds: 14 | Resident Rooms: 7 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| MIDWAY RESIDENTIAL CARE FACILITY #5 4026 MOORE DUNCAN HWY MOORE, SC 29369-9721 FACILITY #:864-433-8999 WALKER LINDA C PH#: 864-433-8999 Facility Email: MIDWAYRESIDENTIALCARE@YAHOO.COM Fac. Cont. Email: MIDWAYRESIDENTIALCARE@YAHOO.COM | CRC-0616 / 12/31/2018 Spartanburg / Corporation 4026 MOORE DUNCAN HWY MOORE, SC 29369-9721 MIDWAY RESIDENTIAL CARE FACILITY INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds12 | |
| Resident Beds: 12 | Resident Rooms: 6 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| MILL STREET COMMUNITY RESIDENCE 415 MILL ST LAURENS, SC 29360-1905 FACILITY #:864-984-3506 TAVENNER JASON PH#: 864-984-3506 Facility Email: JTAVENNER@LCDSNB.ORG Fac. Cont. Email: JTAVENNER@LCDSNB.ORG | CRC-1419 / 12/31/2018 Laurens / Non-Profit Corporation 1860 HWY 14 LAURENS, SC 29360-1068 LAURENS COUNTY DISABILITIES AND SPECIAL NEEDS BOARD |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds8 | |
| Resident Beds: 8 | Resident Rooms: 8 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| MILLER'S PLACE 140 COX ST SPARTANBURG, SC 29306-4807 FACILITY #:864-573-7008 MILLER ANNIE MPH#: 864-573-7008 Facility Email: JACKIEMILLER231@YAHOO.COM Fac. Cont. Email: JACKIEMILLER231@YAHOO.COM | CRC-0897 / 11/30/2018 Spartanburg / Limited Liability 140 COX ST SPARTANBURG, SC 29306-4807 MILLER PLACE LLC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds19 | |
| Resident Beds: 19 | Resident Rooms: 9 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|---|--|--|---|
| MIRCI GROUP HOME I 581 BECKMAN RD COLUMBIA, SC 29203-3207 FACILITY #:803-754-4221 COLLINS TIFFANY R PH#: 803-754-4221 Facility Email: TCOLLINS@MIRCI.ORG Fac. Cont. Email: TCOLLINS@MIRCI.ORG | CRC-1443 / 06/30/2018 Richland / Corporation PO BOX 4246 COLUMBIA, SC 29240-4246 MENTAL ILLNESS RECOVERY CENTER INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 6 Resident Beds: 6 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| MIRCI GROUP HOME II 611 BECKMAN RD COLUMBIA, SC 29203-3282 FACILITY #:803-754-8894 COLLINS TIFFANY R PH#: 803-754-8894 Facility Email: TCOLLINS@MIRCI.ORG Fac. Cont. Email: TCOLLINS@MIRCI.ORG | CRC-1444 / 06/30/2018 Richland / Corporation PO BOX 4246 COLUMBIA, SC 29240-4246 MENTAL ILLNESS RECOVERY CENTER INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 6 Resident Beds: 6 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| MONTROSE MANOR 80 MEDICAL CENTER DR WOODRUFF, SC 29388-8781 FACILITY #:864-476-9100 DEL-TORO MARIANNA PH#: 864-476-9100 Facility Email: MARIANNA@LAKEFIELDPROP.COM Fac. Cont. Email: MARIANNA@LAKEFIELDPROP.COM | CRC-1417 / 12/31/2017 Spartanburg / 80 MEDEICAL CENTER DR WOODRUFF, SC 29388 LAKEFIELD PROPERTIES LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 60 Resident Beds: 60 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 35 Staff Rooms: 0 Other Rooms: 0 |
| MORNINGSIDE OF ANDERSON 1304 MCLEES RD ANDERSON, SC 29621-3345 FACILITY #:864-964-9088 SPEER RICHARD W PH#: 864-964-9088 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: RSPEER@5SQC.COM | CRC-1093 / 04/30/2018 Anderson / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF ANDERSON LP | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 15 Max # Beds: 0 | Total Number of Licensed Beds: 88 Resident Beds: 88 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 44 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| MORNINGSIDE OF BEAUFORT 109 OLD SALEM RD BEAUFORT, SC 29902-5113 FACILITY #:843-982-0220 SIEGNER TAMATHE J PH#: 843-982-0220 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1267 / 06/30/2018 Beaufort / Ltd. Liability 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF BEAUFORT LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds49 Resident Beds: 49 Resident Rooms: 40 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MORNINGSIDE OF CAMDEN 715 KERSHAW HWY CAMDEN, SC 29020-1634 FACILITY #:803-713-8668 SELLERS CRYSTAL J PH#: 803-713-8668 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1259 / 01/31/2018 Kershaw / Ltd. Liability 400 CENTRE ST, LICENSING CAMDEN, SC 29020-1634 MORNINGSIDE OF CAMDEN LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds49 Resident Beds: 49 Resident Rooms: 40 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MORNINGSIDE OF GEORGETOWN 2628 N FRASER ST GEORGETOWN, SC 29440-6946 FACILITY #:843-520-0319 WILLIAMS ANITA PH#: 843-520-0319 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1102 / 05/31/2018 Georgetown / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SOUTH CAROLINA LP |
| Alzheimer Care: Yes Max # Residents: 30 Alzheimer Unit: Yes Max # Beds: 14 | Total Number of Licensed Beds59 Resident Beds: 59 Resident Rooms: 45 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MORNINGSIDE OF GREENWOOD 116 ENTERPRISE CT GREENWOOD, SC 29649-1666 FACILITY #:864-388-9433 AMERSON KATHERINE D PH#: 864-388-9433 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SQC.COM | CRC-1088 / 04/30/2018 Greenwood / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF GREENWOOD LP |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds49 Resident Beds: 49 Resident Rooms: 44 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| MORNINGSIDE OF HARTSVILLE 1901 W CAROLINA AVE HARTSVILLE, SC 29550-4701 FACILITY #:843-857-0159 BERG SHANNON PH#: 843-857-0159 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1099 / 06/30/2018 Darlington / Ltd. Liability 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF HARTSVILLE LLC |
| Alzheimer Care: Yes Max # Residents: 10 Alzheimer Unit: Yes Max # Beds: 10 | Total Number of Licensed Beds54 Resident Beds: 54 Resident Rooms: 48 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MORNINGSIDE OF LANCASTER 1004 HARDIN ST LANCASTER, SC 29720-1609 FACILITY #:803-285-8152 HEMPHILL TREVONDA PH#: 803-283-8152 Facility Email: LICENSING@5SQC.COM Fac. Cont. Email: THEMPHILL@5SSL.COM | CRC-1146 / 03/31/2018 Lancaster / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SOUTH CAROLINA LP |
| Alzheimer Care: Yes Max # Residents: 14 Alzheimer Unit: Yes Max # Beds: 14 | Total Number of Licensed Beds65 Resident Beds: 65 Resident Rooms: 52 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MORNINGSIDE OF LEXINGTON 218 OLD CHAPIN RD LEXINGTON, SC 29072-2030 FACILITY #:803-957-3600 PRIDY JEREMY PH#: 803-957-3600 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1280 / 06/30/2018 Lexington / Ltd. Liability 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF LEXINGTON LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds49 Resident Beds: 49 Resident Rooms: 42 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| MORNINGSIDE OF ORANGEBURG 2306 RIVERBANK DR ORANGEBURG, SC 29118-4046 FACILITY #:803-539-2911 LILLY TAMMY PH#: 803-539-2911 Facility Email: LICENSING@5SQC.COM Fac. Cont. Email: LICENSING@5SQC.COM | CRC-1261 / 02/28/2018 Orangeburg / Ltd. Liability 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF ORANGEBURG LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds49 Resident Beds: 49 Resident Rooms: 49 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|---|--|---|--|---|
| MORNINGSIDE OF ROCK HILL 1830 W MAIN ST ROCK HILL, SC 29732-8965 FACILITY #:803-980-4100 HILL RITA PH#: 803-980-4100 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1114 / 08/31/2018 York / Limited Liability Limited Partnership 1830 W MAIN ST ROCK HILL, SC 29732-8965 MORNINGSIDE OF SOUTH CAROLINA LP | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds60 Resident Beds: 60 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 49 Staff Rooms: 0 Other Rooms: 0 |
| MORNINGSIDE OF SENECA LP 15855 WELLS HWY SENECA, SC 29678-1078 FACILITY #:864-888-8886 DAVIDSON MICHAEL S PH#: 864-888-8886 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1157 / 05/31/2018 Oconee / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SENECA LP | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds59 Resident Beds: 59 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 49 Staff Rooms: 0 Other Rooms: 0 |
| MORNINGSIDE OF SUMTER 2500 LIN DO CT SUMTER, SC 29150-1832 FACILITY #:803-469-4490 BROWN GARY PH#: 803-469-4490 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: GBROWN@5SSL.COM | CRC-1079 / 04/30/2018 Sumter / Limited Liability Limited Partnership 400 CENTRE ST NEWTON, MA 02458-2094 MORNINGSIDE OF SOUTH CAROLINA LP | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds55 Resident Beds: 55 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 49 Staff Rooms: 0 Other Rooms: 0 |
| MY FATHER'S HOUSE 22 LARNES ST CHARLESTON, SC 29403-2636 FACILITY #:843-723-7889 STENT JOSEPHINE I PH#: 843-723-7889 Facility Email: JSTENT@BELLSOUTH.NET Fac. Cont. Email: JSTENT@BELLSOUTH.NET | CRC-0459 / 02/28/2018 Charleston / Partnership PO BOX 1647, MY FATHER'S HOUSE CHARLESTON, SC 29402-1647 JOSEPHINE STENT & ELOISE CHESTNUT | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 1 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|--|--|---|---|
| MYERS RESIDENTIAL CARE FACILITY 365 CALDON RD SWANSEA, SC 29160-9541 FACILITY #:803-568-3582 MYERS MARY L PH#: 803-568-3582 Facility Email: MYERSRCF@PBTCOMM.NET Fac. Cont. Email: MYERSRCF@PBTCOMM.NET | CRC-0644 / 08/31/2018 Calhoun / Partnership 365 CALDON RD SWANSEA, SC 29160-9541 LOUISE AND DAVID MYERS JR | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:5 Resident Beds: 5 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 1 Other Rooms: 0 |
| MYERS RESIDENTIAL CARE FACILITY II 365 CALDON RD SWANSEA, SC 29160-9541 FACILITY #:803-568-3582 MYERS LOUISE PH#: 803-568-3582 Facility Email: MYERSRCF@PBTCOMM.NET Fac. Cont. Email: MYERSRCF@PBTCOMM.NET | CRC-0851 / 01/31/2018 Calhoun / Partnership 365 CALDON RD SWANSEA, SC 29160-9541 LOUISE AND DAVID MYERS JR | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:7 Resident Beds: 7 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| MYRTLE BEACH ESTATES 3620 HAPPY WOODS CT MYRTLE BEACH, SC 29588-2925 FACILITY #:843-293-8888 CRAWFORD BRYAN PH#: 843-293-8888 Facility Email: BCRAWFORD@CAPITALSENIORLIVING.NET Fac. Cont. Email: BCRAWFORD@CAPITALSENIORLIVING.NET | CRC-1403 / 11/30/2017 (Renewal Pending) Horry / Corporation 3620 HAPPY WOODS CT MYRTLE BEACH, SC 29588-2925 CSL LEASECO INC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 0 Max # Beds: 42 | Total Number of Licensed Beds:142 Resident Beds: 142 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 80 Staff Rooms: 0 Other Rooms: 0 |
| MYRTLE BEACH MANOR RETIREMENT COMMUNITY 9547 HWY 17 N MYRTLE BEACH, SC 29572-0000 FACILITY #:843-449-5283 BEARD MICHAEL W PH#: 843-449-5283 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: MBEARD@5SQC.COM | CRC-1253 / 01/31/2018 Horry / Corporation 9547 HWY 17 N MYRTLE BEACH, SC 29572-0000 FS TENANT POOL I TRUST | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 0 Max # Beds: 30 | Total Number of Licensed Beds:111 Resident Beds: 111 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 90 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|---|---|---|--|
| NEW BEGINNINGS OF PINEVILLE 212 MITCHELLBAY LN PINEVILLE, SC 29468-3200 FACILITY #:843-351-2240 RAVENELL HELEN W PH#: 843-412-1246 Facility Email: NEW-BEGINNINGS@TDS.NET Fac. Cont. Email: NEW-BEGINNINGS@TDS.NET | CRC-1521 / 04/30/2018 Berkeley / Sole Proprietorship 212 MITCHELLBAY LN PINEVILLE, SC 29468-3200 RAVENELL HELEN W | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:4 Resident Beds: 4 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 0 Other Rooms: 0 |
| NICHOLS RESIDENTIAL CARE FACILITY 702 E RAILROAD AVE LINCOLNVILLE, SC 29485-7228 FACILITY #:843-821-9608 NICHOLS LAVERNE PH#: 843-821-9608 Facility Email: NICHOLSRESIDENT@AOL.COM Fac. Cont. Email: NICHOLSRESIDENTIAL@AOL.COM | CRC-0973 / 12/31/2018 Charleston / Partnership 702 E RAILROAD AVE SUMMERVILLE, SC 29485-7228 ALONZO NICHOLS AND LAVERNE NICHOLS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:5 Resident Beds: 5 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 1 Other Rooms: 0 |
| NORTH HAVEN RESIDENTIAL CARE HOME 4326 LESLIE ST NORTH CHARLESTON, SC 29418-5441 FACILITY #:843-767-2541 LANGIT LEONORA D PH#: 843-767-2541 Facility Email: NORAALFLLC@YAHOO.COM Fac. Cont. Email: NORAALFLLC@YAHOO.COM | CRC-0877 / 08/31/2018 Charleston / Corporation 4326 LESLIE ST NORTH CHARLESTON, SC 29418-5441 NORTH HAVEN RESIDENTIAL CARE HOME INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 2 Max # Beds: 0 | Total Number of Licensed Beds:16 Resident Beds: 16 Staff Beds: 2 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 1 Other Rooms: 0 |
| NORTH PINES COMMUNITY RESIDENCE 313 N PINES RD BLYTHEWOOD, SC 29016-8788 FACILITY #:803-754-6213 LOCKHART ELESHA J PH#: 803-754-6213 Facility Email: E.LOCKHART@CHESCOSERVICES.ORG Fac. Cont. Email: EJL75@SCDNH.ORG | CRC-1504 / 04/30/2018 Richland / County 313 N PINES RD BLYTHEWOOD, SC 29016-8788 CHESCO SERVICES | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:8 Resident Beds: 8 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| NORTH POINTE ASSISTED LIVING 701 SIMPSON RD ANDERSON, SC 29621-3077 FACILITY #:864-226-5505 STOVALL SHARON PH#: 864-226-5505 Facility Email: SSTOVALL@CAPITALSENIORLIVING.NET Fac. Cont. Email: SSTOVALL@CAPITALSENIORLIVING.NET | CRC-1454 / 10/31/2018 Anderson / Limited Liability 701 SIMPSON RD ANDERSON, SC 29621-3077 CSL NORTH POINTE SC LLC |
| Alzheimer Care: Yes Max # Residents: 28 Alzheimer Unit: Yes Max # Beds: 28 | Total Number of Licensed Beds: 70 Resident Beds: 70 Resident Rooms: 40 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| NORTHWOODS SENIOR LIVING & MEMORY CARE 1267 N MAIN ST SUMTER, SC 29153-2138 FACILITY #:803-774-5700 PATTERSON KALEY PH#: 803-774-5700 Facility Email: KALEYPATTERSON@FTC-I.NET Fac. Cont. Email: KALEYPATTERSON@FTC-I.NET | CRC-1442 / 05/31/2018 Sumter / Non-Profit Corporation 1267 N MAIN ST SUMTER, SC 29153-2138 EMPOWERED PERSONAL CARE HOME HEALTH ALLIANCE INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 79 Resident Beds: 79 Resident Rooms: 45 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| OAKBRIDGE TERRACE AT PARK POINTE VILLAGE 3025 CHESBROUGH BLVD ROCK HILL, SC 29732-8078 FACILITY #:803-327-4723 DESMARATTES MARIE J PH#: 803-327-4723 Facility Email: MDESMARATTES@ACTSLIFE.ORG Fac. Cont. Email: MDESMARATTES@ACTSLIFE.ORG | CRC-1374 / 07/31/2018 York / Non-Profit Corporation 3025 CHESBROUGH BLVD ROCK HILL, SC 29732-8078 PARK POINTE VILLAGE INC |
| Alzheimer Care: Yes Max # Residents: 6 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 20 Resident Beds: 20 Resident Rooms: 20 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| OAKLEAF VILLAGE AT THORNBLADE 1560 THORNBLADE BLVD GREER, SC 29650-4520 FACILITY #:864-968-1277 BROCK KIMBERLY B PH#: 864-968-1277 Facility Email: KBROCK@ROYALGREENVILLE.COM Fac. Cont. Email: KBROCK@ROYALGREENVILLE.COM | CRC-1330 / 04/30/2018 Greenville / Ltd. Liability 1560 THORNBLADE BLVD GREER, SC 29650-4520 RSC GREENVILLE LLC |
| Alzheimer Care: Yes Max # Residents: 18 Alzheimer Unit: Yes Max # Beds: 24 | Total Number of Licensed Beds: 100 Resident Beds: 100 Resident Rooms: 90 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| OAKLEAF VILLAGE OF LEXINGTON 800 N LAKE DR LEXINGTON, SC 29072-2903 FACILITY #:803-808-3477 ELLIOTT ASHLEY PH#: 803-808-3477 Facility Email: AELLIOTT@ROYAL-LEXINGTON.COM Fac. Cont. Email: AELLIOTT@ROYAL-LEXINGTON.COM | CRC-1329 / 04/30/2018 Lexington / Ltd. Liability 800 N LAKE DR LEXINGTON, SC 29072-2903 RSC LEXINGTON LLC |
| Alzheimer Care: Yes Max # Residents: 62 Alzheimer Unit: Yes Max # Beds: 27 | Total Number of Licensed Beds: 100 Resident Beds: 100 Resident Rooms: 90 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| OAKRIDGE COMMUNITY CARE HOME #1 2470 OLD MILL RD INMAN, SC 29349-9276 FACILITY #:864-472-6979 MAST DARRYL PH#: 864-472-6979 Facility Email: OAKRIDGEONE@GMAIL.COM Fac. Cont. Email: OAKRIDGEONE@GMAIL.COM | CRC-0241 / 08/31/2018 Spartanburg / Corporation 2470 OLD MILL RD INMAN, SC 29349-9276 OAKRIDGE COMMUNITY CARE HOME INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 38 Resident Beds: 38 Resident Rooms: 13 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| OAKRIDGE COMMUNITY CARE HOME #2 35 S HOWARD ST INMAN, SC 29349-1339 FACILITY #:864-472-6979 COKER ROBIN S PH#: 864-708-3299 Facility Email: OAKRIDGEONE@GMAIL.COM Fac. Cont. Email: OAKRIDGECOMMOCARE@GMAIL.COM | CRC-0429 / 04/30/2018 Spartanburg / Corporation 35 S HOWARD ST INMAN, SC 29349-1339 OAKRIDGE COMMUNITY CARE HOME INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Resident Rooms: 4 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| OAKVIEW BOARDING HOME 1818 S LIVE OAK DR MONCKS CORNER, SC 29461-7216 FACILITY #:843-761-3273 BIASCAN ERLINDA M PH#: 843-761-3273 Facility Email: BIASCANA@YAHOO.COM Fac. Cont. Email: BIASCANA@YAHOO.COM | CRC-1153 / 04/30/2018 Berkeley / Corporation 1818 S LIVE OAK DR MONCKS CORNER, SC 29461-7216 OAKVIEW BOARDING HOME INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Resident Rooms: 5 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|---|--|---|
| OAKVIEW PARK 110 HOOD RD GREENVILLE, SC 29611 FACILITY #:864-412-8990 BYERS ELIZABETH PH#: 864-412-8990 Facility Email: ADMIN@OAKVIEWPARKSC.COM Fac. Cont. Email: ADMIN@OAKVIEWPARKSC.COM | CRC-1566 / 10/31/2018 Anderson / 110 HOOD RD GREENVILLE, SC 29611 OAKVIEW PARK ALF | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 17 Max # Beds: 30 |
| | | Total Number of Licensed Beds | 90 |
| | | Resident Beds: | 90 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 66 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| OASIS RESIDENTIAL HOME 2317 PRINCE ST GEORGETOWN, SC 29440-2925 FACILITY #:843-527-4848 GRAHAM MAZIE E PH#: 843-527-4848 Facility Email: OASISINC2001@YAHOO.COM Fac. Cont. Email: OASISINC2001@YAHOO.COM | CRC-1219 / 08/31/2018 Georgetown / Corporation 2317 PRINCE ST GEORGETOWN, SC 29440-2925 OASIS RESIDENTIAL HOME INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 6 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 22 |
| | | Resident Beds: | 22 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 11 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| OLIVER'S CARE HOME 1200 LAWHORN RD BLYTHEWOOD, SC 29016-8975 FACILITY #:803-754-3585 ANDERSON VALENCIA W PH#: 803-754-3585 Facility Email: CLINZY.OLIVER@YAHOO.COM Fac. Cont. Email: CLINZY.OLIVER@YAHOO.COM | CRC-1480 / 08/31/2018 Richland / Limited Liability 1200 LAWHORN RD BLYTHEWOOD, SC 29016-8975 OLIVER CARE HOME LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds | 5 |
| | | Resident Beds: | 5 |
| | | Staff Beds: | 1 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 5 |
| | | Staff Rooms: | 1 |
| | | Other Rooms: | 0 |
| PACIFICA SENIOR LIVING SKYLYN 1705 SKYLN DR SPARTANBURG, SC 29307 FACILITY #:864-582-6838 KENNEDY SHERRY S PH#: 864-582-6838 Facility Email: ED.SKLYN@PACIFICASENIORLIVING.COM Fac. Cont. Email: SKYADM@MAXIMUSHG.COM | CRC-1950 / 12/31/2018 Spartanburg / Limited Liability 1775 HANCOCK ST STE 200 SAN DIEGO, CA 92110 PACIFICA SKYLYN LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 20 Max # Beds: 20 |
| | | Total Number of Licensed Beds | 169 |
| | | Resident Beds: | 169 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 115 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

PADD-WREN HOME

2350 REGIONAL RD
FLORENCE, SC 29501-7028 FACILITY #:843-673-1005
TUMBLES ON KIMBERLY PH#: 843-673-1005
Facility Email: KIMBERLYTUMBLES ON2014@YAHOO.COM
Fac. Cont. Email: KIMBERLYTUMBLES ON2014@YAHOO.COM

CRC-1451 / 07/31/2018
Florence / Non-Profit Corporation
PO BOX 5534
FLORENCE, SC 29502-5534
PRESBYTERIAN AGENCY FOR THE DEVELOPMENTALLY DISABLED INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 6
Resident Beds: 6 **Resident Rooms: 6**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

PAGELAND CARE FACILITY

206 S GUM ST
PAGELAND, SC 29728-2304 FACILITY #:843-672-5930
FUNDERBURK DENNIS R PH#: 843-672-5930
Facility Email: PAGECARE@SHTC.NET
Fac. Cont. Email: PAGECARE@SHTC.NET

CRC-0999 / 04/30/2018
Chesterfield / Corporation
PO BOX 697
LANCASTER, SC 29721-0697
FUNDERBURK ASSOCIATES INC

Alzheimer Care: Yes **Max # Residents: 8**
Alzheimer Unit: Yes **Max # Beds: 25**

Total Number of Licensed Beds: 58
Resident Beds: 58 **Resident Rooms: 30**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

PALMETTO GARDENS

425 S WHEELER AVE
PROSPERITY, SC 29127 FACILITY #:803-364-9113
PEOPLES TIFFANY PH#: 803-364-9113
Facility Email: PALMETTOGARDENSRESIDENTIAL@GMAIL.COM
Fac. Cont. Email: PALMETTOGARDENSRESIDENTIAL@GMAIL.COM

CRC-1916 / 04/30/2018
Newberry / Sole Proprietorship
425 S WHEELER AVE
PROSPERITY, SC 29127
YVONNE HARRISON

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 30
Resident Beds: 30 **Resident Rooms: 12**
Staff Beds: 2 **Staff Rooms: 2**
Other Beds: 0 **Other Rooms: 0**

PALMETTO RESIDENTIAL CARE OF NORTH CHARLESTON

2834 SPRUILL AVE
NORTH CHARLESTON, SC 29405-8051 FACILITY #:843-566-1509
LESESNE CLARA P PH#: 843-566-1509
Facility Email: PATCH29311@HOTMAIL.COM
Fac. Cont. Email: PATCH29311@HOTMAIL.COM

CRC-1322 / 08/31/2018
Charleston / Corporation
PO BOX 31774
CHARLESTON, SC 29417-1774
EVERGREEN RESIDENTIAL CARE INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 12
Resident Beds: 12 **Resident Rooms: 6**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| PALMETTO RIDGE ASSISTED LIVING & MEMORY CARE 840 MANOR RD CHERAW, SC 29520-4035 FACILITY #:843-537-4197 SMITH REGINA PH#: 843-537-4197 Facility Email: CHERAWMANOEASSIS@BELLSOUTH.NET Fac. Cont. Email: CHERAWMANOEASSIS@BELLSOUTH.NET | CRC-1393 / 03/21/2018 Chesterfield / Limited Liability PO BOX 278 CHERAW, SC 29520-0278 PALMETTO RIDGE ASSISTED LIVING AND MEMORY CARE LLC |
| Alzheimer Care: Yes Max # Residents: 18 Alzheimer Unit: Yes Max # Beds: 26 | Total Number of Licensed Beds: 106 Resident Beds: 106 Resident Rooms: 51 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| PALMETTO VILLAGE OF CHESTER 570 CENTER ST CHESTER, SC 29706-1342 FACILITY #:803-581-7319 WATTS GLORIA (SUSIE) F PH#: 803-581-7319 Facility Email: AUDREY@PVCHESTER.COM Fac. Cont. Email: AUDREY@PVCHESTER.COM | CRC-1399 / 06/30/2018 Chester / Ltd. Liability PO BOX 1597 KING, NC 27021 BHM OF CHESTER LLC |
| Alzheimer Care: Yes Max # Residents: 8 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 100 Resident Beds: 100 Resident Rooms: 50 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| PALMETTOS OF CHARLESTON 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414-5751 FACILITY #:843-852-0505 MARTIN MEGAN W PH#: 843-852-0505 Facility Email: MMARTIN@PALMETTOSOFCHARLESTON.COM Fac. Cont. Email: MMARTIN@PALMETTOSOFCHARLESTON.COM | CRC-1263 / 07/31/2018 Charleston / Limited Liability 1900 ASHLEY CROSSING DR CHARLESTON, SC 29414-5751 NHC PLACE-CHARLESTON LLC |
| Alzheimer Care: Yes Max # Residents: 15 Alzheimer Unit: Yes Max # Beds: 15 | Total Number of Licensed Beds: 60 Resident Beds: 60 Resident Rooms: 60 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| PALMETTOS OF GARDEN CITY 9415 HWY 17 BYPASS MURRELLS INLET, SC 29576 FACILITY #:843-668-2500 CRONIN TONI PH#: 843-668-2500 Facility Email: TCRONIN@THEPALMETTOSGARDENCITY.COM Fac. Cont. Email: TCRONIN@THEPALMETTOSGARDENCITY.COM | CRC-1649 / 06/30/2018 Horry / Limited Liability Company (multiple member) PO BOX 1398 MURFREESBORO, TN 37133-1398 PALMETTOS OF GARDEN CITY LLC |
| Alzheimer Care: Yes Max # Residents: 0 Alzheimer Unit: Yes Max # Beds: 20 | Total Number of Licensed Beds: 90 Resident Beds: 90 Resident Rooms: 80 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|---|--|---|
| PALMETTOS OF MAULDIN 810 E BUTLER RD GREENVILLE, SC 29607-5842 FACILITY #:864-627-0803 DAVIS KATHRYN H PH#: 864-627-0803 Facility Email: KDAVIS@THEPALMETTOSMAULDIN.COM Fac. Cont. Email: KDAVIS@THEPALMETTOSMAULDIN.COM | CRC-1503 / 03/31/2018 Greenville / Ltd. Liability PO BOX 749 MAULDIN, SC 29662-0749 NHC HEALTHCARE/MAULDIN LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 20 Max # Beds: 18 |
| | | Total Number of Licensed Beds 60 | |
| | | Resident Beds: 60 | Resident Rooms: 45 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| PALMETTOS OF PARKLANE 7811 PARKLANE RD COLUMBIA, SC 29223-5620 FACILITY #:803-741-7233 DAVILA KIMBERLY P PH#: 803-741-7233 Facility Email: KDAVILA@THEPALMETTOSPARKLANE.COM Fac. Cont. Email: KDAVILA@THEPALMETTOSPARKLANE.COM | CRC-1513 / 04/30/2018 Richland / Limited Liability 7811 PARKLANE RD COLUMBIA, SC 29223-5620 PALMETTOS OF PARKLANE LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 20 Max # Beds: 24 |
| | | Total Number of Licensed Beds 85 | |
| | | Resident Beds: 85 | Resident Rooms: 85 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| PARK CIRCLE HOME 1 1133 BEXLEY ST NORTH CHARLESTON, SC 29405-4726 FACILITY #:843-746-9800 RELLORA WILHELMINA C PH#: 843-746-9800 Facility Email: INFO@HOMEDREAMSFUNDATION.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1992 / 11/30/2018 Charleston / Limited Liability PO BOX 40729 CHARLESTON, SC 29423 WINDSOR HILL RCF LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 5 | |
| | | Resident Beds: 5 | Resident Rooms: 2 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |
| PARK CIRCLE HOME 2 1131 BEXLEY ST NORTH CHARLESTON, SC 29405-4726 FACILITY #:843-746-9800 RELLORA WILHELMINA C PH#: 843-747-4800 Facility Email: INFO@HOMEDREAMSFUNDATION.COM Fac. Cont. Email: JNRELLORA4SUS@GMAIL.COM | CRC-1993 / 11/30/2018 Charleston / Limited Liability PO BOX 40729 CHARLESTON, SC 29423 WINDSOR HILL RCF LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds 5 | |
| | | Resident Beds: 5 | Resident Rooms: 2 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|--|--|---|---|---|
| PARKER'S RESIDENTIAL CARE HOME 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 FACILITY #:803-652-7290 PARKER DRUCILLA O PH#: 803-652-7290 Facility Email: PARKERSRCF@AOL.COM Fac. Cont. Email: PARKERSRCF@AOL.COM | CRC-0311 / 01/31/2018 Aiken / Sole Proprietorship 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 DRUCILLA PARKER | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:9 Resident Beds: 9 Staff Beds: 2 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 2 Other Rooms: 0 |
| PASSIONATE CARE COMMUNITY CENTER 2206 HERTFORD DR COLUMBIA, SC 29210-6130 FACILITY #:803-834-4544 MARTIN DONALD E PH#: 803-834-4544 Facility Email: MARTINDONALD49@YAHOO.COM Fac. Cont. Email: MARTINDONALD49@YAHOO.COM | CRC-1500 / 12/31/2018 Richland / Sole Proprietorship 2206 HERTFORD DR COLUMBIA, SC 29210-6130 MARTIN DONALD E | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:5 Resident Beds: 5 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 0 Other Rooms: 0 |
| PEACHTREE CENTRE COMMUNITY RESIDENTIAL CARE FACILITY 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FACILITY #:864-487-2717 BROWN SHANNON PH#: 864-487-2717 Facility Email: ADMINISTRATOR@PEACHTREECTR.COM Fac. Cont. Email: ADMINISTRATOR@PEACHTREECTR.COM | CRC-1904 / 12/31/2018 Cherokee / County 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 PEACHTREE OPERATING GROUP LLC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds:28 Resident Beds: 28 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 15 Staff Rooms: 0 Other Rooms: 0 |
| PEARL AT FIVE FORKS 15 FIVE FORKS RD SIMPSONVILLE, SC 29681 FACILITY #:864-568-3833 WILLIAMS ELMO PH#: 864-568-3833 Facility Email: WADE.WILLIAMS@PHOENIXSRLIVING.COM Fac. Cont. Email: WADE.WILLIAMS@PHOENIXSRLIVING.COM | CRC-1953 / 02/28/2018 Greenville / Limited Liability 15 FIVE FORKS RD SIMPSONVILLE, SC 29681 THE PHOENIX AT FIVE FORKS LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 50 Max # Beds: 50 | Total Number of Licensed Beds:50 Resident Beds: 50 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 48 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|--|---|
| PEE DEE GARDENS 3117 W PALMETTO ST FLORENCE, SC 29501 FACILITY #:843-667-6699 FLICK JOANN EVANS PH#: 843-667-6699 Facility Email: JFLICK@DEPAUL.ORG Fac. Cont. Email: JFLICK@DEPAUL.ORG | CRC-1391 / 05/31/2018 Florence / 3117 W PALMETTO ST FLORENCE, SC 29501 DEPAUL ADULT CARE COMMUNITIES INC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 21 Max # Beds: 22 |
| | | Total Number of Licensed Beds80 | |
| | | Resident Beds: 80 | Resident Rooms: 50 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| PENDLETON MANOR 414 SUMMIT DR GREENVILLE, SC 29609-4821 FACILITY #:864-271-7562 BLAIR SUSAN S PH#: 864-271-7562 Facility Email: SUSAN@PENDLETONMANOR.COM Fac. Cont. Email: SUSAN@PENDLETONMANOR.COM | CRC-1455 / 08/31/2018 Greenville / Ltd. Liability 414 SUMMIT DR GREENVILLE, SC 29609-4821 GREENVILLE RETIREMENT PROPERTIES LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 24 Max # Beds: 30 |
| | | Total Number of Licensed Beds65 | |
| | | Resident Beds: 65 | Resident Rooms: 49 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| PERRY ELDERCARE 182 ROBERTS ST E PERRY, SC 29137-8943 FACILITY #:803-564-5092 BROWN MARY W PH#: 803-564-5092 Facility Email: THEELDERCARES@AOL.COM Fac. Cont. Email: THEELDERCARES@AOL.COM | CRC-1183 / 01/31/2018 Aiken / Corporation 182 ROBERTS ST E PERRY, SC 29137-8943 TOMACO INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 2 Max # Beds: 0 |
| | | Total Number of Licensed Beds14 | |
| | | Resident Beds: 14 | Resident Rooms: 8 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| PETTIS ANGELS RESIDENTIAL CARE 2614 MADDEN DR NORTH CHARLESTON, SC 29405-5529 FACILITY #:843-308-9413 PETTIS ETHEL S PH#: 843-308-9413 Facility Email: SPETTIS@KNOLOGY.NET Fac. Cont. Email: SPETTIS@KNOLOGY.NET | CRC-0850 / 01/31/2018 Charleston / Sole Proprietorship 3879 WALNUT ST CHARLESTON, SC 29405-7050 ETHEL S PETTIS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds5 | |
| | | Resident Beds: 5 | Resident Rooms: 3 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|--|---|---|--|---|
| PHAIRE'S CARE AT KATURA SPRINGS 12488 OLD NUMBER SIX HWY EUTAWVILLE, SC 29048-9167 FACILITY #:803-492-7122 PHAIRE CARLTON PH#: 803-492-7122 Facility Email: PHAIREONE@AOL.COM Fac. Cont. Email: PHAIREONE@AOL.COM | CRC-1301 / 06/30/2018 Orangeburg / Sole Proprietorship 12488 OLD NUMBER SIX HWY EUTAWVILLE, SC 29048 PHAIRE CARLTON | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds48 Resident Beds: 48 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 27 Staff Rooms: 1 Other Rooms: 0 |
| PIEDMONT PATHWAYS COMMUNITY RESIDENTIAL CARE FACILITY 5640 LOWER RICHLAND BLVD HOPKINS, SC 29061-9525 FACILITY #:803-783-2273 SCOTT GWENDOLYN PH#: 803-783-2273 Facility Email: GWENDOLYN.SCOTT@SCDMH.ORG Fac. Cont. Email: GWENDOLYN.SCOTT@SCDMH.ORG | CRC-1421 / 01/31/2018 Richland / State 5640 LOWER RICHLAND BLVD HOPKINS, SC 29061 PIEDMONT CENTER FOR MENTAL HEALTH SERVICES | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds15 Resident Beds: 15 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| PINEDALE RESIDENTIAL CENTER 798 HERMITAGE POND RD CAMDEN, SC 29020-9534 FACILITY #:803-432-9900 HUDSON PHILLIP E PH#: 803-432-9900 Facility Email: PHUDSON83@YAHOO.COM Fac. Cont. Email: NONE | CRC-0460 / 02/28/2018 Kershaw / Corporation PO BOX 331 CAMDEN, SC 29020-0331 SHARECARE CORPORATION | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds50 Resident Beds: 50 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 41 Staff Rooms: 0 Other Rooms: 0 |
| PINEWOOD PLACE 101 CENTENNIAL BLVD GOOSE CREEK, SC 29445-7079 FACILITY #:843-569-2520 KILMER CATHERINE O PH#: 843-569-2520 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: CKILMER@ENLIVANT.COM | CRC-1406 / 11/30/2018 Berkeley / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 PINEWOOD AID OPCO LLC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 4 Max # Beds: 0 | Total Number of Licensed Beds44 Resident Beds: 44 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 39 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| PONDVIEW RESIDENTIAL CARE HOME #1 5342 HARDSCRABBLE RD BLYTHEWOOD, SC 29016-9171 FACILITY #:803-735-0420 THOMAS KATHERINE PH#: 803-735-0420 Facility Email: ADMIN@UNIVERSALCARESOLUTIONS.COM Fac. Cont. Email: ADMIN@UNIVERSALCARESOLUTIONS.COM | CRC-0378 / 04/30/2018 Richland / Sole Proprietorship PO BOX 544 BLYTHEWOOD, SC 29016-0544 KATHERINE W THOMAS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 12 Resident Beds: 12 Resident Rooms: 6 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| PONDVIEW RESIDENTIAL CARE HOME #2 5338 HARDSCRABBLE RD BLYTHEWOOD, SC 29016-9171 FACILITY #:803-735-0420 THOMAS KATHERINE W PH#: 803-735-0420 Facility Email: ADMIN@UNIVERSALCARESOLUTIONS.COM Fac. Cont. Email: ADMIN@UNIVERSALCARESOLUTIONS.COM | CRC-1190 / 11/30/2018 Richland / Sole Proprietorship PO BOX 544 BLYTHEWOOD, SC 29016-0544 KATHERINE W THOMAS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 4 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| PORT ROYAL COMMUNITY RESIDENCE 1508 OLD SHELL RD PORT ROYAL, SC 29935-1705 FACILITY #:843-255-6335 MAYSE WANDA D PH#: 843-255-6335 Facility Email: WMAYSE@BCGOV.NET Fac. Cont. Email: WMAYSE@BCGOV.NET | CRC-1173 / 09/30/2018 Beaufort / 100 CLEARWATER WAY BEAUFORT, SC 29906-5798 BEAUFORT COUNTY DISABILITIES AND SPECIAL NEEDS BOARD |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 15 Resident Beds: 15 Resident Rooms: 8 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-CLINTON 801 MUSGROVE ST CLINTON, SC 29325-1796 FACILITY #:864-833-5190 PRIDMORE ROBERT P PH#: 864-833-5190 Facility Email: PAUL.PRIDMORE@PRESCOMM.ORG Fac. Cont. Email: PAUL.PRIDMORE@PRESHOMESC.ORG | CRC-0014 / 04/30/2018 Laurens / Non-Profit Corporation 801 MUSGROVE ST CLINTON, SC 29325-1796 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 55 Resident Beds: 55 Resident Rooms: 45 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-COLUMBIA 700 DAVEGA DR LEXINGTON, SC 29073-9698 FACILITY #:803-796-8700 BASILE JASON PH#: 803-796-8700 Facility Email: JASON.BASILE@PRESHOME.ORG Fac. Cont. Email: JASON.BASILE@PRESHOMESC.ORG | CRC-0387 / 06/30/2018 Lexington / Non-Profit Corporation 700 DAVEGA DR LEXINGTON, SC 29073-9698 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA |
| Alzheimer Care: Yes Max # Residents: 20 Alzheimer Unit: Yes Max # Beds: 20 | Total Number of Licensed Beds91 Resident Beds: 91 Resident Rooms: 81 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FLORENCE 2350 W LUCAS ST FLORENCE, SC 29501-1201 FACILITY #:843-665-2222 LILLY ORPHA LORETTA PH#: 843-665-2222 Facility Email: LORETTA.LILLY@PRESHOMESC.ORG Fac. Cont. Email: LORETTA.LILLY@PRESHOMESC.ORG | CRC-0242 / 09/30/2018 Florence / 2350 W LUCAS ST FLORENCE, SC 29501-1201 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA |
| Alzheimer Care: Yes Max # Residents: 6 Alzheimer Unit: Yes Max # Beds: 13 | Total Number of Licensed Beds47 Resident Beds: 47 Resident Rooms: 47 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FOOTHILLS 205 BUD NALLEY DR EASLEY, SC 29642 FACILITY #:864-859-3367 NICHOLS KAREN H PH#: 864-859-3367 Facility Email: KAREN.NICHOLS@PRESHOMESC.ORG Fac. Cont. Email: KAREN.NICHOLS@PRESHOMESC.ORG | CRC-1030 / 07/31/2018 Pickens / Non-Profit Corporation 205 BUD NALLEY DR EASLEY, SC 29642 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA |
| Alzheimer Care: Yes Max # Residents: 20 Alzheimer Unit: Yes Max # Beds: 20 | Total Number of Licensed Beds52 Resident Beds: 52 Resident Rooms: 50 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FACILITY #:843-873-2550 MILLER ROBIN C PH#: 843-873-2550 Facility Email: RMILLER@PRESHOMESC.ORG Fac. Cont. Email: RMILLER@PRESHOMESC.ORG | CRC-0245 / 09/30/2018 Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds114 Resident Beds: 114 Resident Rooms: 95 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| QUALITY CARE RESIDENTIAL HOME 107 ETLING AVE GOOSE CREEK, SC 29445-3001 FACILITY #:843-863-0209 DOTTERY VERNELL PH#: 843-863-0209 Facility Email: VERNELL@QUALITYCAREOFSC.COM Fac. Cont. Email: VERNELL@QUALITYCAREOFSC.COM | CRC-0715 / 01/31/2018 Berkeley/ 610 E LIBERTY ST CHINA GROVE, NC 28023 QUALITY CARE RESIDENTIAL HOME SC LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds29 Resident Beds: 29 Resident Rooms: 25 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| QUIET ACRES RETIREMENT HOME 2968 OLD DOUGLAS MILL RD HODGES, SC 29653-8930 FACILITY #:864-446-2264 MULLINS STEPHANIE PH#: 864-446-2264 Facility Email: QUIETACRES2@CS.COM Fac. Cont. Email: QUIETACRES2@CS.COM | CRC-0588 / 05/31/2018 Abbeville / Sole Proprietorship 2968 OLD DOUGLAS MILL RD HODGES, SC 29653-8930 PROMISES KEPT CUSTOMER SERVICE LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Resident Rooms: 5 Staff Beds: 1 Staff Rooms: 1 Other Beds: 0 Other Rooms: 0 |
| QUILLEN MANOR 709 QUILLEN AVE FOUNTAIN INN, SC 29644-9444 FACILITY #:864-862-3252 FREEMAN LEIGHA M PH#: 864-862-3252 Facility Email: LEIGHA.FREEMAN@QUILLENMANORLIVING.COM Fac. Cont. Email: LEIGHA.FREEMAN@QUILLENMANORLIVING.COM | CRC-1321 / 06/30/2018 Greenville / Limited Liability PO BOX 805 FOUNTAIN INN, SC 29644-0805 QUILLEN MANOR LLC |
| Alzheimer Care: Yes Max # Residents: 12 Alzheimer Unit: Yes Max # Beds: 12 | Total Number of Licensed Beds78 Resident Beds: 78 Resident Rooms: 51 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| RAPHA RESIDENTIAL CARE INC 3959 FISH HATCHERY RD GASTON, SC 29053-9038 FACILITY #:803-755-6541 PROSSER PAULA C PH#: 803-755-6541 Facility Email: P_PROSSER@ATT.NET Fac. Cont. Email: P_PROSSER@ATT.NET | CRC-1283 / 04/30/2018 Lexington / Limited Liability Limited Partnership 3959 FISH HATCHERY RD GASTON, SC 29053-9038 MASTERMIND LIMITED PARTNERSHIP LLP |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds92 Resident Beds: 92 Resident Rooms: 71 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
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| REESE'S COMMUNITY CARE HOME #1 1203 E MULLER AVE COLUMBIA, SC 29203-5926 FACILITY #:803-786-1843 REESE JR JAMES S PH#: 000-000-0000 Facility Email: SHARON12357@GMAIL.COM Fac. Cont. Email: SHARON12357@GMAIL.COM | CRC-0053 / 03/31/2018 Richland / Corporation 1203 E MULLER AVE COLUMBIA, SC 29203-5926 REESE'S COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 1 Other Rooms: 0 |
| REESE'S COMMUNITY CARE HOME #2 717 CINDY DR COLUMBIA, SC 29203-5205 FACILITY #:803-754-9798 REESE JR JAMES S PH#: 000-000-0000 Facility Email: SHARON12357@GMAIL.COM Fac. Cont. Email: SHARON12357@GMAIL.COM | CRC-0054 / 03/31/2018 Richland / Sole Proprietorship 717 CINDY DR COLUMBIA, SC 29203-5205 REESE'S COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 1 Other Rooms: 0 |
| REFLECTIONS AT CAROLINA FOREST 219 MIDDLEBURG DR MYRTLE BEACH, SC 29579-3409 FACILITY #:843-903-0700 CLARDY JR WALLACE D PH#: 843-903-0700 Facility Email: SONNY@REFLECTIONSASSISTEDLIVING.COM Fac. Cont. Email: SONNY@REFLECTIONSASSISTEDLIVING.COM | CRC-1456 / 11/30/2018 Horry / Corporation 219 MIDDLEBURG DR MYRTLE BEACH, SC 29579-3409 REFLECTIONS AT CAROLINA FOREST INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 2 Max # Beds: 0 | Total Number of Licensed Beds: 42 Resident Beds: 42 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 30 Staff Rooms: 0 Other Rooms: 0 |
| REID HOUSE INC 117 DODD ST WELLFORD, SC 29385-9475 FACILITY #:864-949-5120 DANIELS KEISHA G PH#: 864-949-5120 Facility Email: KDANIELS@THE-REIDHOUSE.COM Fac. Cont. Email: KDANIELS@THE-REIDHOUSE.COM | CRC-1463 / 03/31/2018 Spartanburg / Corporation 117 DODD ST WELLFORD, SC 29385-9475 REID HOUSE INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 42 Resident Beds: 42 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 21 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|---|---|---------------------------|
| REID'S RESIDENTIAL CARE FACILITY 726 OLD SPARTANBURG HWY WELLFORD, SC 29385-9668 FACILITY #:864-439-9238 DANIELS JUDY C PH#: 864-439-9238 Facility Email: GARVINJUDY@BELLSOUTH.NET Fac. Cont. Email: GARVINJUDY@BELLSOUTH.NET | CRC-0771 / 05/31/2018 Spartanburg / Sole Proprietorship 726 OLD SPARTANBURG HWY WELLFORD, SC 29385-9668 JUDY DANIELS | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds23 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 23 | Resident Rooms: 10 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| RENAISSANCE 19 FRANK PRESSLEY DR DUE WEST, SC 29639 FACILITY #:864-379-2570 FLEMING SHERRYL PH#: 864-379-2570 Facility Email: SHERYL@CHOOSERENAISSANCE.COM Fac. Cont. Email: SHERYL@CHOOSERENAISSANCE.COM | CRC-1207 / 12/31/2018 Abbeville / Corporation PO BOX 307 DUE WEST, SC 29639-0307 RENAISSANCE LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds20 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 20 | Resident Rooms: 20 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| RESIDENCES AT PARK PLACE 115 GILLESPIE RD SENECA, SC 29678-1126 FACILITY #:864-882-0783 HICKS KYLE L PH#: 864-882-0783 Facility Email: LICENSING@MSA-CORP.COM Fac. Cont. Email: LICENSING@MSA-CORP.COM | CRC-1493 / 08/31/2018 Oconee / Corporation PO BOX 609 LEXINGTON, SC 29071-0609 AMERICAN SENIOR LIVING COMMUNITIES INC | | |
| Alzheimer Care: Yes | Max # Residents: 13 | Total Number of Licensed Beds100 | |
| Alzheimer Unit: Yes | Max # Beds: 18 | Resident Beds: 100 | Resident Rooms: 74 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| RESTING PLACE #1 207 E SHOCKLEY FERRY RD ANDERSON, SC 29624-3731 FACILITY #:864-226-0990 TOUCHTON MARY S PH#: 864-226-0990 Facility Email: THERESTINGPLACE35@GMAIL.COM Fac. Cont. Email: THERESTINGPLACE35@GMAIL.COM | CRC-0499 / 11/30/2018 Anderson / Sole Proprietorship PO BOX 13866 ANDERSON, SC 29624-0018 MARY SIMS TOUCHTON | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds10 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 10 | Resident Rooms: 5 |
| | | Staff Beds: 1 | Staff Rooms: 1 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| RICE ESTATE - ASSISTED LIVING 100 FINLEY RD COLUMBIA, SC 29203-9264 FACILITY #:803-691-5740 HOLLOMAN LISA PH#: 803-691-5720 Facility Email: LHOLLOMAN@LHOMES.ORG Fac. Cont. Email: LHOLLOMAN@LHOMES.ORG | CRC-1075 / 03/31/2018 Richland / Non-Profit Corporation 300 MINISTRY DR IRMO, SC 29063-2366 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) |
| Alzheimer Care: Yes Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds40 Resident Beds: 40 Resident Rooms: 40 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| RIDGEVIEW COMMUNITY CARE HOMES UNIT A 217 CHANDLER RD GREER, SC 29651-1290 FACILITY #:864-877-8599 DAUGHERTY PATRICIA L PH#: 864-877-8599 Facility Email: RIDGEVIEW1@MSN.COM Fac. Cont. Email: RIDGEVIEW1@MSN.COM | CRC-0559 / 01/31/2018 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651-1290 RIDGEVIEW COMMUNITY CARE HOMES INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds11 Resident Beds: 11 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| RIDGEVIEW COMMUNITY CARE HOMES UNIT B 217 CHANDLER RD GREER, SC 29651-1290 FACILITY #:864-877-8599 DAUGHERTY PATRICIA L PH#: 864-877-8599 Facility Email: RIDGEVIEW1@MSN.COM Fac. Cont. Email: RIDGEVIEW1@MSN.COM | CRC-0560 / 01/31/2018 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651-1290 RIDGEVIEW COMMUNITY CARE HOMES INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| RIDGEVIEW COMMUNITY CARE HOMES UNIT C 217 CHANDLER RD GREER, SC 29651-1290 FACILITY #:864-877-8599 DAUGHERTY PATRICIA L PH#: 864-877-8599 Facility Email: RIDGEVIEW1@MSN.COM Fac. Cont. Email: RIDGEVIEW1@MSN.COM | CRC-0561 / 01/31/2018 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651-1290 RIDGEVIEW COMMUNITY CARE HOMES INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds11 Resident Beds: 11 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|--|--|---|--|---|
| RIDGEVIEW COMMUNITY CARE HOMES UNIT D 217 CHANDLER RD GREER, SC 29651-1290 FACILITY #:864-877-8599 DAUGHERTY PATRICIA L PH#: 864-877-8599 Facility Email: RIDGEVIEW1@MSN.COM Fac. Cont. Email: RIDGEVIEW1@MSN.COM | CRC-0562 / 01/31/2018 Greenville / Corporation 217 CHANDLER RD GREER, SC 29651-1290 RIDGEVIEW COMMUNITY CARE HOMES INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds11 Resident Beds: 11 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| RILEYS RESIDENTIAL CARE HOME 2327 BRIAN CHRISTOPHER RD GREAT FALLS, SC 29055-8844 FACILITY #:803-482-3290 GOODE-RILEY BEVERLY PH#: 803-482-3290 Facility Email: No Facility Email on Record Fac. Cont. Email: No Facility Contact Email on Record | CRC-0900 / 10/31/2018 Chester / Sole Proprietorship 2327 BRIAN CHRISTOPHER RD GREAT FALLS, SC 29055-8844 BEVERLY GOODE-RILEY | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 0 Other Rooms: 0 |
| RIVER OAKS 1251 LADYS ISLAND DR PORT ROYAL, SC 29935-1106 FACILITY #:843-521-2298 MINGUS KATHY L PH#: 843-521-2298 Facility Email: KMINGUS@ROYALRIVEROAKS.COM Fac. Cont. Email: KMINGUS@ROYALRIVEROAKS.COM | CRC-0733 / 01/31/2018 Beaufort / 15807 BISCAYNE BLVD STE 105 NORTH MIAMI BEACH, FL 33160 CARE RSL PORT ROYAL OPCO LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 5 Max # Beds: 0 | Total Number of Licensed Beds62 Resident Beds: 62 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 48 Staff Rooms: 0 Other Rooms: 0 |
| ROCKHAVEN COMMUNITY CARE HOME 524 ROCKHAVEN DR COLUMBIA, SC 29223-7805 FACILITY #:803-699-5361 BARNES RICHIE D PH#: 803-699-5361 Facility Email: RBARNES3469@GMAIL.COM Fac. Cont. Email: RBARNES5@SC.RR.COM | CRC-0800 / 01/31/2018 Richland / Sole Proprietorship 524 ROCKHAVEN DR COLUMBIA, SC 29223-7805 RICHIE D BARNES | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 1 Other Rooms: 0 |

Community Residential Care Facilities

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| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| ROCKY RIVER BAPTIST ASSOCIATION RESIDENTIAL CARE HOME 250 UNION HIGH DR BELTON, SC 29627-2445 FACILITY #:864-338-1410 TOUCHTON JORDANA MPH#: 864-338-1410 Facility Email: ROCKYRIVERRCF@YAHOO.COM Fac. Cont. Email: ROCKYRIVERRCF@YAHOO.COM | CRC-1270 / 04/30/2018 Anderson / Non-Profit Corporation 250 UNION HIGH DR BELTON, SC 29627-2445 ROCKY RIVER BAPTIST ASSOCIATION |
| Alzheimer Care: Yes Max # Residents: 2 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds28 Resident Beds: 28 Resident Rooms: 15 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| ROLLING GREEN VILLAGE ASSISTED LIVING FACILITY 1 HOKE SMITH BLVD OFC GREENVILLE, SC 29615-5399 FACILITY #:864-987-9800 TOERNER RYAN J PH#: 864-987-9800 Facility Email: RYANT@ROLLINGGREENVILLAGE.COM Fac. Cont. Email: RYANT@ROLLINGGREENVILLAGE.COM | CRC-0573 / 03/31/2018 Greenville / Non-Profit Corporation 1 HOKE SMITH BLVD OFC, ROLLING GREEN VILLAGE ASSISTED GREENVILLE, SC 29615-5399 ROLLING GREEN VILLAGE |
| Alzheimer Care: Yes Max # Residents: 22 Alzheimer Unit: Yes Max # Beds: 22 | Total Number of Licensed Beds52 Resident Beds: 52 Resident Rooms: 50 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| ROSECREST COMMUNITY RESIDENTIAL CARE 200 FORTRESS DR INMAN, SC 29349-9160 FACILITY #:864-599-8600 YETTER MELISSA PH#: 864-599-8600 Facility Email: MYETTER@LHOMES.ORG Fac. Cont. Email: MYETTER@LHOMES.ORG | CRC-1208 / 07/31/2018 Spartanburg / Non-Profit Corporation 200 FORTRESS DR INMAN, SC 29349-9160 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) |
| Alzheimer Care: Yes Max # Residents: 11 Alzheimer Unit: Yes Max # Beds: 11 | Total Number of Licensed Beds45 Resident Beds: 45 Resident Rooms: 27 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| ROSEWOOD ASSISTED LIVING 5221 HWY 215 PAULINE, SC 29374-1908 FACILITY #:864-573-4060 CLOBES KIMBERLY H PH#: 864-573-4060 Facility Email: WIJG38@GMAIL.COM Fac. Cont. Email: WIJG38@AOL.COM | CRC-1367 / 11/30/2017 (Renewal Pending) Spartanburg / Ltd. Liability PO BOX 35 PAULINE, SC 29374-0035 ROSEWOOD ASSISTED LIVING LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds67 Resident Beds: 67 Resident Rooms: 33 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|--|---|--|---|
| ROUSE COMMUNITY CARE HOME #1 102 BALLENTON RD COLUMBIA, SC 29203-9073 FACILITY #:803-788-1753 ROUSE CHARLENE E PH#: 803-788-1753 Facility Email: MATRICEROUSE@AOL.COM Fac. Cont. Email: CHARLENEROUSE@AOL.COM | CRC-0327 / 12/31/2017 Richland / Corporation PO BOX 134 STATE PARK, SC 29147-0134 ROUSE COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 1 Other Rooms: 0 |
| ROUSE COMMUNITY CARE HOME #2 8809 WILSON BLVD COLUMBIA, SC 29203-1817 FACILITY #:803-786-9357 ADDISON-DOCTOR SARAH PH#: 803-463-1697 Facility Email: MATRICEROUSE@AOL.COM Fac. Cont. Email: SARDCT@BELLSOUTH.NET | CRC-0328 / 12/31/2017 Richland / Corporation PO BOX 134 STATE PARK, SC 29147-0134 ROUSE COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 9 Resident Beds: 9 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 1 Other Rooms: 0 |
| ROUSE COMMUNITY CARE HOME #3 9316 WILSON BLVD COLUMBIA, SC 29203-9769 FACILITY #:803-754-5720 ROUSE CHARLENE E PH#: 803-754-5720 Facility Email: MATRICEROUSE@AOL.COM Fac. Cont. Email: MATRICEROUSE@AOL.COM | CRC-0238 / 09/30/2018 Richland / Corporation PO BOX 134 STATE PARK, SC 29147-0134 ROUSE COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 3 Staff Rooms: 1 Other Rooms: 0 |
| ROYAL OAKS 950 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 FACILITY #:843-832-8481 HITCHMAN MARTINA PH#: 843-832-8481 Facility Email: MHITCHMAN@ROYALSUMMERVILLE.COM Fac. Cont. Email: MHITCHMAN@ROYALSUMMERVILLE.COM | CRC-0859 / 01/31/2018 Dorchester / 950 TRAVELERS BLVD SUMMERVILLE, SC 29485-8213 CARE RSL SUMMERVILLE OPCO LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds: 53 Resident Beds: 53 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 47 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

RUDNICK CRCF

629 CHESTERFIELD ST
AIKEN, SC 29801-4053 FACILITY #:803-642-1041
DUNBAR REPUNZEL PH#: 000-000-0000
Facility Email: SPATTEN@AIKENTDC.ORG
Fac. Cont. Email: SPATTEN@AIKENTDC.ORG

CRC-1429 / 02/22/2018
Aiken / County
PO BOX 698
AIKEN, SC 29802-0698
TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 4**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

RUMPH'S RESIDENTIAL CARE

574 PROGRESSIVE WAY
DENMARK, SC 29042-1873 FACILITY #:803-793-0068
COLLINS SEBRINA C PH#: 803-793-0068
Facility Email: SEBRINA.COLLINS@YAHOO.COM
Fac. Cont. Email: SEBRINA.COLLINS@YAHOO.COM

CRC-0791 / 11/30/2018
Bamberg / Corporation
PO BOX 383
DENMARK, SC 29042-0383
RUMPH'S RESIDENTIAL CARE INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 3**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

S & S ASSISTANCE HOUSING

800 HENDRIX ST
LEXINGTON, SC 29072-2540 FACILITY #:803-358-6573
MCCRAY JAMUS PH#: 803-358-6573
Facility Email: JAMUSMCCRAY@GMAIL.COM
Fac. Cont. Email: JAMUSMCCRAY@GMAIL.COM

CRC-1526 / 09/30/2018
Lexington / Sole Proprietorship
PO BOX 1361
LEXINGTON, SC 29071-1361
S & S ASSISTANCE HOUSING LLC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 1 **Staff Rooms: 1**
Other Beds: 0 **Other Rooms: 0**

S&S BOARDING HOME LLC

3589 BLUFF RD
ALLENDALE, SC 29810-4139 FACILITY #:803-573-7006
HIERS BARBARA M PH#: 803-573-7006
Facility Email: ESABB@ALLENDALECOUNTY.COM
Fac. Cont. Email: ESABB@ALLENDALECOUNTY.COM

CRC-1923 / 10/31/2018
Allendale / Sole Proprietorship
PO BOX 324
ALLENDALE, SC 29810
ELAINE SABB

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| SANDERS CRCF 625 CHESTERFIELD ST AIKEN, SC 29801-4053 FACILITY #:803-642-1044 DUNBAR REPUNZEL PH#: 000-000-0000 Facility Email: SPATTEN@AIKENTDC.ORG Fac. Cont. Email: SPATTEN@AIKENTDC.ORG | CRC-1430 / 02/28/2018 Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SANDPIPER COURTYARD ASSISTED LIVING 1047 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FACILITY #:843-884-7977 THOMAS CHARLES MPH#: 843-884-7977 Facility Email: MTHOMAS@SANDPIPERCENTER.COM Fac. Cont. Email: MTHOMAS@SANDPIPERCENTER.COM | CRC-1325 / 09/30/2018 Charleston / Limited Liability 1047 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER INDEPENDENT AND ASSISTED LIVING-DELAWARE LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 64 Resident Beds: 64 Resident Rooms: 54 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SAVANNAH HALL ASSISTED LIVING 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FACILITY #:843-388-2030 WOODWARD GREGORY MPH#: 843-388-2030 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1431 / 06/30/2018 Charleston / 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE SG TENANT LLC |
| Alzheimer Care: Yes Max # Residents: 16 Alzheimer Unit: Yes Max # Beds: 16 | Total Number of Licensed Beds: 16 Resident Beds: 16 Resident Rooms: 16 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SAVANNAH PLACE 1501 SECESSIONVILLE RD CHARLESTON, SC 29412-8236 FACILITY #:843-762-1396 MIKELL TYLER G PH#: 843-762-1396 Facility Email: ALCLICENSE@ENLIVANT.COM Fac. Cont. Email: TMIKELL@ENLIVANT.COM | CRC-1410 / 11/30/2018 Charleston / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 SAVANNAH AID OPCO LLC |
| Alzheimer Care: Yes Max # Residents: 2 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 44 Resident Beds: 44 Resident Rooms: 40 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| SC EPISCOPAL HOME AT STILL HOPES (CRCF) 1 STILL HOPES DR WEST COLUMBIA, SC 29169-7164 FACILITY #:803-796-6490 ROBERTSON NIKKI W PH#: 803-796-6490 Facility Email: BLUGMAYER@STILLHOPES.ORG Fac. Cont. Email: NROBERTSON@STILLHOPES.ORG | CRC-0144 / 07/31/2018 Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171-2959 SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES INC |
| Alzheimer Care: Yes Max # Residents: 9 Alzheimer Unit: Yes Max # Beds: 24 | Total Number of Licensed Beds: 24 Resident Beds: 24 Resident Rooms: 24 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SECESSIONVILLE COMMUNITY RESIDENCE 1217 SECESSIONVILLE RD CHARLESTON, SC 29412-9749 FACILITY #:843-762-2134 CAPERS MADLYN PH#: 843-795-0766 Facility Email: MCAPEERS@DSNCC.COM Fac. Cont. Email: ETURNER@DSNCC.COM | CRC-1287 / 12/31/2017 Charleston / State PO BOX 22708, DISABILITIES BOARD OF CHARLESTON COUNTY CHARLESTON, SC 29413-2708 DISABILITIES BOARD OF CHARLESTON COUNTY |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 8 Resident Beds: 8 Resident Rooms: 8 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SENECA RESIDENTIAL CARE CENTER 126 TOKEENA RD SENECA, SC 29678-1744 FACILITY #:864-882-7390 HAMMERS WILBURN E PH#: 864-882-7390 Facility Email: SENECARESIDENTIAL@GMAIL.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-0337 / 12/31/2017 Oconee / Sole Proprietorship PO BOX 428 SENECA, SC 29679-0428 WILBURN E HAMMERS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 33 Resident Beds: 33 Resident Rooms: 27 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SERENITY MANOR 4018 S RHETT AVE NORTH CHARLESTON, SC 29405-7163 FACILITY #:843-554-0733 FIELDS HATTIE B PH#: 843-554-0733 Facility Email: SERENITY_MANOR@BELLSOUTH.NET Fac. Cont. Email: SERENITY_MANOR@BELLSOUTH.NET | CRC-1472 / 02/28/2018 Charleston / Sole Proprietorship PO BOX 21934 CHARLESTON, SC 29413-1934 FIELDS HATTIE B |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| SERENITY MANOR OF HOLLY HILL 656 GARDNER BLVD HOLLY HILL, SC 29059-8450 FACILITY #:803-496-3022 RILEY III LUTHER PH#: 803-496-3022 Facility Email: LUTHER.RILEY@YAHOO.COM Fac. Cont. Email: LUTHER.RILEY@YAHOO.COM | CRC-1516 / 07/31/2018 Orangeburg / Limited Liability 704 SHELLEY RD CHARLESTON, SC 29407-7023 SERENITY MANOR OF HOLLY HILL LLC |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 5 Resident Beds: 5 Resident Rooms: 3 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SEVILLE'S RESIDENTIAL CARE FACILITY 109 BENNETT LN HAMPTON, SC 29924-1375 FACILITY #:803-943-9131 JENKINS GENORA W PH#: 803-943-9131 Facility Email: KAMILLE.JENKINS@GMAIL.COM Fac. Cont. Email: KAMILLE.JENKINS@GMAIL.COM | CRC-1178 / 08/31/2018 Hampton / Sole Proprietorship 109 BENNETT LN HAMPTON, SC 29924-1375 GENORA W JENKINS |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SHADOW OAKS ASSISTED LIVING COMMUNITY 108 GREGG AVE AIKEN, SC 29801-6816 FACILITY #:803-643-0300 WILLIAMS SANDRA G PH#: 803-643-0300 Facility Email: SWILLIAMS@SHADOW-OAKS.COM Fac. Cont. Email: SWILLIAMS@SHADOW-OAKS.COM | CRC-1425 / 10/31/2018 Aiken / Ltd. Liability 108 GREGG AVE AIKEN, SC 29801-6816 SHADOW OAKS ASSISTED LIVING COMMUNITY LLC |
| Alzheimer Care: Yes Max # Residents: 10 Alzheimer Unit: Yes Max # Beds: 12 | Total Number of Licensed Beds: 56 Resident Beds: 56 Resident Rooms: 52 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SHEPHERD'S CARE CENTER 2100 N PLEASANTBURG DR GREENVILLE, SC 29609-3156 FACILITY #:864-322-6212 THOMPSON ERIC M PH#: 864-322-6212 Facility Email: ETHOMPSON@SHEPHERDSCARECENTER.COM Fac. Cont. Email: ETHOMPSON@SHEPHERDSCARECENTER.COM | CRC-1326 / 10/31/2018 Greenville / Ltd. Liability 2100 N PLEASANTBURG DR GREENVILLE, SC 29609-3156 SHEPHERD'S CARE CENTER LLC |
| Alzheimer Care: Yes Max # Residents: 9 Alzheimer Unit: Yes Max # Beds: 19 | Total Number of Licensed Beds: 90 Resident Beds: 90 Resident Rooms: 58 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|--|---|--|---|
| SHERMAN RESIDENTIAL CARE 20 MAYFIELD ST GREENVILLE, SC 29601-1815 FACILITY #:864-242-0401 SHERMAN OLISE S PH#: 864-242-0401 Facility Email: SHERMANRESCARE@GMAIL.COM Fac. Cont. Email: SHERMANRESCARE@GMAIL.COM | CRC-1070 / 03/31/2018 Greenville / Partnership 20 MAYFIELD ST GREENVILLE, SC 29601-1815 JESSE B SHERMAN SR AND OLISE SHERMAN | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds16 Resident Beds: 16 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 8 Staff Rooms: 0 Other Rooms: 0 |
| SIX MILE RETIREMENT CENTER 120 S MAIN ST SIX MILE, SC 29682-9332 FACILITY #:864-868-9050 YORK EDNA J PH#: 864-868-9050 Facility Email: SRETIREMENT@ATT.NET Fac. Cont. Email: SRETIREMENT@ATT.NET | CRC-0542 / 09/30/2018 Pickens / Sole Proprietorship PO BOX 210 SIX MILE, SC 29682-0210 WILBURN E HAMMERS | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds41 Resident Beds: 41 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 25 Staff Rooms: 0 Other Rooms: 0 |
| SOMERBY OF MOUNT PLEASANT 3100 TRADITION CIR MOUNT PLEASANT, SC 29466-7153 FACILITY #:843-849-3096 THARP CHRIS PH#: 843-849-3096 Facility Email: CTHARP@SOMERBYLIVING.COM Fac. Cont. Email: CTHARP@SOMERBYLIVING.COM | CRC-1481 / 09/30/2018 Charleston / Ltd. Liability 1200 CORPORATE DR STE 225 BIRMINGHAM, AL 35242-5421 DOMINION SENIOR LIVING OF MT PLEASANT LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 35 Max # Beds: 38 | Total Number of Licensed Beds118 Resident Beds: 118 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 89 Staff Rooms: 0 Other Rooms: 0 |
| SOUTH ISLAND ASSISTED LIVING 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 FACILITY #:843-545-5427 MCALHANY MAXINE J PH#: 843-545-5427 Facility Email: SOUTHISLAND2003@GMAIL.COM Fac. Cont. Email: SOUTHISLAND2003@GMAIL.COM | CRC-1272 / 02/28/2018 Georgetown / Corporation 2902 S ISLAND RD GEORGETOWN, SC 29440-4420 SOUTH ISLAND ASSISTED LIVING INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds32 Resident Beds: 32 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 16 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|---|--|---|--|---|
| SOUTHERN HERITAGE 1713 CHARLESTON HWY WEST COLUMBIA, SC 29169-5051 FACILITY #:803-796-3113 DOUGLAS SR JONATHAN PH#: 803-796-3113 Facility Email: JDQCSI@AOL.COM Fac. Cont. Email: JDQCSI@AOL.COM | CRC-0993 / 03/31/2018 Lexington / Corporation PO BOX 25215 COLUMBIA, SC 29224-5215 QUALITY CARE SERVICES INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Staff Beds: 2 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 1 Other Rooms: 0 |
| SOUTHERN OAKS PERSONAL CARE HOME 120 ROPER MOUNTAIN RD EXT GREENVILLE, SC 29615-4823 FACILITY #:864-288-3271 AUSTIN TIMOTHY D PH#: 864-288-3271 Facility Email: TIM@LAKEFIELDPROP.COM Fac. Cont. Email: TIM@LAKEFIELDPROP.COM | CRC-1931 / 06/30/2018 Greenville / 120 ROPER MOUNTAIN RD EXT GREENVILLE, SC 29615-4823 PATRIOT LIVING LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds64 Resident Beds: 64 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 58 Staff Rooms: 0 Other Rooms: 0 |
| SPRING PARK 925 N MAIN ST TRAVELERS REST, SC 29690-1553 FACILITY #:864-610-2435 HAWKINS LISA PH#: 864-610-2435 Facility Email: ADMIN@SPRINGPARKSC.COM Fac. Cont. Email: ADMIN@SPRINGPARKSC.COM | CRC-1539 / 12/31/2018 Greenville / 925 N MAIN ST TRAVELERS REST, SC 29690-1553 SPRING PARK ALF LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 24 Max # Beds: 16 | Total Number of Licensed Beds80 Resident Beds: 80 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 66 Staff Rooms: 0 Other Rooms: 0 |
| SPRINGFIELD PLACE RESIDENTIAL CARE 2006 SPRINGFIELD CIR NEWBERRY, SC 29108-3084 FACILITY #:803-405-1585 KESLER-COUNTS ABBY PH#: 803-405-1585 Facility Email: AKESLER@NEWBERRYCCRC.COM Fac. Cont. Email: AKESLER@NEWBERRYCCRC.COM | CRC-1250 / 02/28/2018 Newberry / Limited Liability 2006 SPRINGFIELD CIR NEWBERRY, SC 29108-3084 NEWBERRY OPERATOR LLC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 3 Max # Beds: 0 | Total Number of Licensed Beds50 Resident Beds: 50 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 40 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--------------------------------------|-----------|
| SPRINGHILL ASSISTED LIVING 514 S GUM ST PAGELAND, SC 29728-9143 FACILITY #:843-675-2500 CHIPMAN MARY B PH#: 843-675-2500 Facility Email: SPRINGHILLASSISTEDLIVING@YAHOO.COM Fac. Cont. Email: SPRINGHILLASSISTEDLIVING@YAHOO.COM | CRC-1171 / 07/31/2018 Chesterfield / Corporation 514 S GUM ST PAGELAND, SC 29728-9143 HOSPICE OF CHESTERFIELD COUNTY INC | | |
| Alzheimer Care: Yes | Max # Residents: 3 | Total Number of Licensed Beds | 32 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: | 32 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 22 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| SPRINGS AT SIMPSONVILLE 214 E CURTIS ST SIMPSONVILLE, SC 29681-2622 FACILITY #:864-962-8570 DEWITT JAMES A PH#: 864-962-8570 Facility Email: No Facility Email on Record Fac. Cont. Email: JIMD@CARAVITA.COM | CRC-1198 / 05/31/2018 Greenville / Ltd. Liability 214 E CURTIS ST SIMPSONVILLE, SC 29681-2622 CURTIS GROUP LLC | | |
| Alzheimer Care: Yes | Max # Residents: 16 | Total Number of Licensed Beds | 89 |
| Alzheimer Unit: Yes | Max # Beds: 16 | Resident Beds: | 89 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 62 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| STEPHANIE'S RESIDENTIAL CARE FACILITY 4033 DELREE ST WEST COLUMBIA, SC 29170-1526 FACILITY #:803-356-7542 PEOPLES TIFFANY R PH#: 803-356-7542 Facility Email: STEPHANIES.RESIDENTIAL@YAHOO.COM Fac. Cont. Email: STEPHANIES.RESIDENTIAL@YAHOO.COM | CRC-1193 / 04/30/2018 Lexington / Sole Proprietorship 4033 DELREE ST, PO BOX 31 WEST COLUMBIA, SC 29170-1532 YVONNE HARRISON | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds | 10 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: | 10 |
| | | Staff Beds: | 1 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 6 |
| | | Staff Rooms: | 1 |
| | | Other Rooms: | 0 |
| STOKES RESIDENTIAL CARE 2525 SAINT MATTHEWS RD ORANGEBURG, SC 29118-1319 FACILITY #:803-533-0070 STOKES ALBERT O PH#: 803-533-0070 Facility Email: DSTOKES30@SC.RR.COM Fac. Cont. Email: DSTOKES30@SC.RR.COM | CRC-0570 / 02/28/2018 Orangeburg / Partnership 1027 BERKELEY DR ORANGEBURG, SC 29118-8356 ALBERT STOKES AND DELAURA STOKES | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds | 17 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: | 17 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 9 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|--------------------------------------|-----------|
| SUMMIT HILLS ASSISTED LIVING COMMUNITY 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 FACILITY #:864-591-2222 FARGIS REGINA PH#: 864-591-2222 Facility Email: RFARGIS@SUMMIT-HILLS.COM Fac. Cont. Email: RFARGIS@SUMMIT-HILLS.COM | CRC-1113 / 09/30/2018 Spartanburg / Ltd. Liability 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 SUMMIT HILLS LLC | | |
| Alzheimer Care: Yes | Max # Residents: 23 | Total Number of Licensed Beds | 79 |
| Alzheimer Unit: Yes | Max # Beds: 13 | Resident Beds: | 79 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 64 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| SUMMIT PLACE OF ANDERSON 107 PERPETUAL SQ ANDERSON, SC 29621-1713 FACILITY #:864-222-9880 COOLEY LARINDA PH#: 864-222-9880 Facility Email: LCOOLEY@CAPITALSENIORLIVING.NET Fac. Cont. Email: LCOOLEY@CAPITALSENIORLIVING.NET | CRC-1151 / 10/31/2018 Anderson / Limited Liability 107 PERPETUAL SQ ANDERSON, SC 29621-1713 CSL SUMMIT PLACE SC LLC | | |
| Alzheimer Care: Yes | Max # Residents: 28 | Total Number of Licensed Beds | 89 |
| Alzheimer Unit: Yes | Max # Beds: 32 | Resident Beds: | 89 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 70 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| SUMMIT PLACE OF BEAUFORT 1119 PICK POCKET PLANTATION DR BEAUFORT, SC 29902-3771 FACILITY #:843-770-0105 DEFINO DERRICK V PH#: 843-770-0105 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1375 / 06/30/2018 Beaufort / Corporation 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE TENANT TRS INC | | |
| Alzheimer Care: Yes | Max # Residents: 44 | Total Number of Licensed Beds | 87 |
| Alzheimer Unit: Yes | Max # Beds: 44 | Resident Beds: | 87 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 72 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |
| SUMMIT PLACE OF DANIEL ISLAND 320 SEVEN FARMS DR DANIEL ISLAND, SC 29492-7532 FACILITY #:843-814-9238 WOOLLEY KATHRYN D PH#: 843-814-9238 Facility Email: KWOOLLEY@5SSL.COM Fac. Cont. Email: KWOOLLEY@5SSL.COM | CRC-1282 / 05/31/2018 Berkeley / Limited Liability 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE DANIEL ISLAND TENANT LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds | 76 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: | 76 |
| | | Staff Beds: | 0 |
| | | Other Beds: | 0 |
| | | Resident Rooms: | 59 |
| | | Staff Rooms: | 0 |
| | | Other Rooms: | 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|--|
| SUMMIT PLACE OF NORTH MYRTLE BEACH 491 HWY 17 LITTLE RIVER, SC 29566-8082 FACILITY #:843-399-5662 JACKSON THOMAS L PH#: 843-399-5662 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: MBESTATE@SCCOAST.NET | CRC-1360 / 06/30/2018 Horry / Corporation 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE N MYRTLE BEACH TENANT LLC |
| Alzheimer Care: Yes Max # Residents: 23 Alzheimer Unit: Yes Max # Beds: 24 | Total Number of Licensed Beds80 Resident Beds: 80 Resident Rooms: 71 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SUNNY PINES BOARDING HOME 108 W GAPWAY RD ANDREWS, SC 29510-6786 FACILITY #:843-221-7436 PAPILLION GLORIA F PH#: 843-221-7436 Facility Email: PAPION22@PEOPLEPC.COM Fac. Cont. Email: SUNNYPINES57@MSN.COM | CRC-0098 / 05/31/2018 Georgetown / Sole Proprietorship PO BOX 732 ANDREWS, SC 29510-0732 MATTIE H DUROUSSEAU |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds18 Resident Beds: 18 Resident Rooms: 10 Staff Beds: 1 Staff Rooms: 2 Other Beds: 0 Other Rooms: 0 |
| SWEETGRASS COURT SENIOR LIVING COMMUNITY 1010 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-5400 FACILITY #:843-971-7756 DENSON TRA'ASHIA PH#: 843-971-7756 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: LICENSING@5SSL.COM | CRC-1428 / 12/31/2018 Charleston / 400 CENTRE ST, FIVE STAR QUALITY CARE-OBX OPERATOR LL NEWTON, MA 02458-2094 FIVE STAR QUALITY CARE-OBX OPERATOR LLC |
| Alzheimer Care: Yes Max # Residents: 38 Alzheimer Unit: Yes Max # Beds: 38 | Total Number of Licensed Beds38 Resident Beds: 38 Resident Rooms: 38 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| SWEETGRASS VILLAGE ASSISTED LIVING COMMUNITY 601 MATHIS FERRY RD MOUNT PLEASANT, SC 29464-2623 FACILITY #:843-884-8812 MCLEOD LISA DICKEY PH#: 843-881-9809 Facility Email: LICENSING@5SSL.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1427 / 12/31/2017 Charleston / Limited Liability 601 MATHIS FERRY RD MOUNT PLEASANT, SC 29464-2623 SWEETGRASS COURT SENIOR LIVING COMMUNITY |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds85 Resident Beds: 85 Resident Rooms: 69 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|--|---|
| THE PALMETTOS OF BLUFFTON 3039 OKATIE HWY BLUFFTON, SC 29910 FACILITY #:843-707-9400 FLOYD STACY M PH#: 843-707-9400 Facility Email: SFLOYD@THEPALMETTOSBLUFFTON.COM Fac. Cont. Email: SFLOYD@THEPALMETTOSBLUFFTON.COM | CRC-1648 / 03/31/2018 Beaufort / Limited Liability Company (multiple member) 3035 OKATIE HWY BLUFFTON, SC 29909 PALMETTOS OF BLUFFTON LLC |

| | | |
|----------------------------|---------------------------|--|
| Alzheimer Care: Yes | Max # Residents: 0 | Total Number of Licensed Beds: 88 |
| Alzheimer Unit: Yes | Max # Beds: 22 | Resident Beds: 88 |
| | | Resident Rooms: 76 |
| | | Staff Beds: 0 |
| | | Staff Rooms: 0 |
| | | Other Beds: 0 |
| | | Other Rooms: 0 |

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| THORNE RETIREMENT HOME 702 W 3RD AVE LAKE VIEW, SC 29563 FACILITY #:843-759-9099 SANDERSON JAMES N PH#: 843-759-9099 Facility Email: LAKEFIELDPROP@AOL.COM Fac. Cont. Email: LAKEFIELDPROP@AOL.COM | CRC-1968 / 03/31/2018 Dillon / Limited Liability Company (single member) 702 W 3RD AVE LAKE VIEW, SC 29563 LAKEFIELD PROPERTIES LLC |
|--|---|

| | | |
|---------------------------|---------------------------|--|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 76 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 76 |
| | | Resident Rooms: 40 |
| | | Staff Beds: 0 |
| | | Staff Rooms: 0 |
| | | Other Beds: 0 |
| | | Other Rooms: 0 |

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|---|---|
| THRIVE ASSISTED LIVING & MEMORY CARE 715 S BUNCOMBE RD GREER, SC 29650-2208 FACILITY #:864-469-0409 COOK JR TIMOTHY E PH#: 864-469-6409 Facility Email: TOM.COOK@THRIVEATGREER.COM Fac. Cont. Email: TOM.COOK@THRIVEATGREER.COM | CRC-1894 / 01/31/2018 Greenville / 215 S BUNCOMBE RD GREER, SC 29650 PULLIAM/THRIVE GREER LLC |
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| | | |
|---------------------------|---------------------------|---|
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 110 |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 110 |
| | | Resident Rooms: 89 |
| | | Staff Beds: 0 |
| | | Staff Rooms: 0 |
| | | Other Beds: 0 |
| | | Other Rooms: 0 |

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| THRIVE IN PRINCE CREEK 699 PRINCE CREEK PKWY MURRELLS INLET, SC 29576 FACILITY #:843-353-1525 RICHARDSON JACQUE W PH#: 843-353-1525 Facility Email: JACQUE.RICHARDSON@THRIVEATPRINCECREEK Fac. Cont. Email: JACQUE.RICHARDSON@THRIVEATPRINCECREEK. | CRC-1939 / 11/30/2018 Horry / Limited Liability 699 PRINCE CREEK PKWY MURRELLS INLET, SC 29576 THRIVE TENANT LTC LLC |
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|----------------------------|----------------------------|---|
| Alzheimer Care: Yes | Max # Residents: 25 | Total Number of Licensed Beds: 110 |
| Alzheimer Unit: Yes | Max # Beds: 25 | Resident Beds: 110 |
| | | Resident Rooms: 89 |
| | | Staff Beds: 0 |
| | | Staff Rooms: 0 |
| | | Other Beds: 0 |
| | | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| TRICOUNTY CRISIS STABILIZATION CENTER 5 CHARLESTON CENTER DR STE 246 CHARLESTON, SC 29401-1162 FACILITY #:843-414-2350 OLIVER RICHARD H PH#: 843-958-3300 Facility Email: MELISSA.CAMP@SCDMH.ORG Fac. Cont. Email: MELISSA.CAMP@SCDMH.ORG | CRC-1956 / 06/30/2018 Charleston / Corporation 2100 CHARLIE HALL BLVD CHARLESTON, SC 29414 CHARLESTON DORCHESTER MENTAL HEALTH CENTER |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Resident Rooms: 6 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| TRINITY ON LAURENS 213 LAURENS ST NW AIKEN, SC 29801-3911 FACILITY #:803-643-4203 HENRICH CONSTANCE M PH#: 803-643-4203 Facility Email: CHENRICH@TRINITYONLAURENS.ORG Fac. Cont. Email: CHENRICH@TRINITYLUTHERANSC.ORG | CRC-0935 / 06/30/2018 Aiken / Non-Profit Corporation 213 LAURENS ST NW AIKEN, SC 29801-3911 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds55 Resident Beds: 55 Resident Rooms: 38 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| TURNING POINT CRCF 820 TOMS CREEK RD HOPKINS, SC 29061-8798 FACILITY #:803-647-1152 WIDENER RICHARD D PH#: 803-647-1152 Facility Email: RICHARD.WIDENER@SCDMH.ORG Fac. Cont. Email: RICHARD.WIDENER@SCDMH.ORG | CRC-1356 / 04/30/2018 Richland / State 20 POWDERHORN RD SIMPSONVILLE, SC 29681-3399 PIEDMONT CENTER FOR MENTAL HEALTH SERVICES |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds15 Resident Beds: 15 Resident Rooms: 9 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| TWILITE MANOR ADULT RESIDENTIAL CARE 2306 FORREST ST CAYCE, SC 29033-2124 FACILITY #:803-794-7561 PH#: Facility Email: RUBY.SAHAC@LIVE.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-1210 / 05/31/2018 Lexington / 2306 FORRST ST CAYCE, SC 29033 SEASHAR LLC |
| Alzheimer Care: Yes Max # Residents: 3 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds28 Resident Beds: 28 Resident Rooms: 17 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|---|---|---|
| TYLER RESTMORE HOME 1681 BROUGHTON ST ORANGEBURG, SC 29115-4873 FACILITY #:803-536-0740 ANTLEY MICHELLE L PH#: 803-536-0740 Facility Email: MICHELLEANTLEY@ATT.NET Fac. Cont. Email: MICHELLEANTLEY@ATT.NET | CRC-0841 / 07/31/2018 Orangeburg / Ltd. Liability 1681 BROUGHTON ST ORANGEBURG, SC 29115-4873 TYLER RESTMORE HOME LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 10 | Resident Rooms: 3 |
| | | Resident Beds: 10 | Staff Rooms: 1 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| TYLER RESTMORE HOME #2 195 SELLERS AVE ORANGEBURG, SC 29115-6724 FACILITY #:803-531-2074 ANTLEY MICHELLE L PH#: 803-531-2074 Facility Email: MICHELLEANTLEY@ATT.NET Fac. Cont. Email: MICHELLEANTLEY@ATT.NET | CRC-0889 / 07/31/2018 Orangeburg / 233 PERRYCLEAR ST ORANGEBURG, SC 29115-4513 TYLER RESTMORE HOME LLC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 1 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 9 | Resident Rooms: 3 |
| | | Resident Beds: 9 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| UPSTATE RESIDENTIAL CARE 1302 S MCDUFFIE ST ANDERSON, SC 29624-2745 FACILITY #:864-225-6901 KELLER BOBBIE J PH#: 864-225-6901 Facility Email: HORACEALEXANDER@MYLASOUNDS.COM Fac. Cont. Email: HORACEALEXANDER@MYLASOUNDS.COM | CRC-0233 / 08/31/2018 Anderson / Sole Proprietorship PO BOX 14922 ANDERSON, SC 29624-0036 HORACE J ALEXANDER | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 10 | Resident Rooms: 4 |
| | | Resident Beds: 10 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |
| VANGUARD RESIDENTIAL SERVICES I 100 E HOSPITAL ST MANNING, SC 29102-3158 FACILITY #:803-435-2330 WAY JAMES PH#: 803-435-2330 Facility Email: RWAY@CCDSNB.ORG Fac. Cont. Email: RWAY@CCDSNB.ORG | CRC-1313 / 06/30/2018 Clarendon / Non-Profit Corporation PO BOX 40 MANNING, SC 29102-0040 VANGUARD RESIDENTIAL SERVICES INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 8 | Resident Rooms: 8 |
| | | Resident Beds: 8 | Staff Rooms: 0 |
| | | Staff Beds: 0 | Other Rooms: 0 |
| | | Other Beds: 0 | |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

VANGUARD RESIDENTIAL SERVICES II

512 S CHURCH ST
MANNING, SC 29102-3122 FACILITY #:803-435-2330
WAY JAMES PH#: 803-435-2330
Facility Email: RWAY@CCDSNB.ORG
Fac. Cont. Email: RWAY@CCDSNB.ORG

CRC-1314 / 06/30/2018
Clarendon / Non-Profit Corporation
PO BOX 40
MANNING, SC 29102-0040
VANGUARD RESIDENTIAL SERVICES INC

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 8**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

VANWYEVEER RESIDENTIAL CARE FACILITY

2009 COSGROVE AVE
NORTH CHARLESTON, SC 29405-5702 FACILITY #:843-744-6065
PETTIS ETHEL S PH#: 843-744-6065
Facility Email: VANWYEVEER1@AOL.COM
Fac. Cont. Email: VANWYEVEER1@AOL.COM

CRC-0638 / 09/30/2018
Charleston / Sole Proprietorship
2009 COSGROVE AVE
NORTH CHARLESTON, SC 29405-5702
AYESHA T WASHINGTON ESQUIRE AS SPECIAL ADMINISTRATOR OF THE
ESTATE RHODELLE W FULTON

Alzheimer Care: Yes **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 10
Resident Beds: 10 **Resident Rooms: 10**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

VARNVILLE COMMUNITY RESIDENCE

266 HAMPTON RD
VARNVILLE, SC 29944 FACILITY #:803-943-4818
MCQUIRE ELISE S PH#: 803-943-4818
Facility Email: ELISEMAC@HCBDSN.ORG
Fac. Cont. Email: ELISEMAC@HCBDSN.ORG

CRC-1211 / 05/31/2018
Hampton /
PO BOX 128
HAMPTON, SC 29924
HAMPTON COUNTY DISABILITIES AND SPECIAL NEEDS BOARD

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 8
Resident Beds: 8 **Resident Rooms: 4**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

VICTORIAN HOME

313 WARLEY ST
FLORENCE, SC 29501-4730 FACILITY #:843-664-3090
NWANKUDU ADA O PH#: 803-664-3090
Facility Email: ANWANKUDU@YAHOO.COM
Fac. Cont. Email: No Facility Contact Email on Record

CRC-1487 / 04/30/2018
Florence / Sole Proprietorship
1160 BERKLEY AVE
FLORENCE, SC 29505-3006
ADA O NWANKUDU

Alzheimer Care: No **Max # Residents: 0**
Alzheimer Unit: No **Max # Beds: 0**

Total Number of Licensed Beds: 5
Resident Beds: 5 **Resident Rooms: 3**
Staff Beds: 0 **Staff Rooms: 0**
Other Beds: 0 **Other Rooms: 0**

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|--|--|--|---|---|--|
| VILLAGE COMMUNITY CARE HOME-UNIT A 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FACILITY #:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM Fac. Cont. Email: VILLAGECARE365@GMAIL.COM | CRC-0563 / 01/31/2018 Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds¹¹ Resident Beds: 11 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| VILLAGE COMMUNITY CARE HOME-UNIT B 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FACILITY #:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM Fac. Cont. Email: VILLAGECARE365@GMAIL.COM | CRC-0564 / 01/31/2018 Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds¹¹ Resident Beds: 11 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| VILLAGE COMMUNITY CARE HOME-UNIT C 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FACILITY #:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM Fac. Cont. Email: VILLAGECARE365@GMAIL.COM | CRC-0565 / 01/31/2018 Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds¹¹ Resident Beds: 11 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |
| VILLAGE COMMUNITY CARE HOME-UNIT D 1250 SALEM CHURCH RD ANDERSON, SC 29625-1310 FACILITY #:864-225-4336 WILLIAMS PHYLLIS S PH#: 864-225-4336 Facility Email: VILLAGECARE365@GMAIL.COM Fac. Cont. Email: VILLAGECARE365@GMAIL.COM | CRC-0566 / 01/31/2018 Anderson / Corporation PO BOX 5107 ANDERSON, SC 29623-5107 VILLAGE COMMUNITY CARE HOME INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds¹¹ Resident Beds: 11 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 6 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|---|---|--|---|
| VILLAGE INN COMMUNITY CARE HOME 112 POWELL ST GRANITEVILLE, SC 29829-2906 FACILITY #:803-663-9495 AYERS HAZEL L PH#: 803-663-9495 Facility Email: VILLAGEINNCCH@BELLSOUTH.NET Fac. Cont. Email: VILLAGEINNCCH@BELLSOUTH.NET | CRC-0396 / 04/30/2018 Aiken / Sole Proprietorship 112 POWELL ST GRANITEVILLE, SC 29829-2906 MICHELE A HERRON | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds10 Resident Beds: 10 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 5 Staff Rooms: 0 Other Rooms: 0 |
| WALTERS BROTHERS RESIDENTIAL CARE FACILITY INC 110 GEDDINGS RD SUMTER, SC 29150-8812 FACILITY #:803-506-2743 WALTERS SR JOHNNIE L PH#: 803-506-2743 Facility Email: JOHNNIE15@FTC-I.NET Fac. Cont. Email: JOHNNIE15@FTC-I.NET | CRC-1080 / 04/30/2018 Sumter / Sole Proprietorship 3300 OLD MANNING RD SUMTER, SC 29150-9701 JOHNNIE L WALTERS | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 6 Max # Beds: 0 | Total Number of Licensed Beds20 Resident Beds: 20 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 10 Staff Rooms: 0 Other Rooms: 0 |
| WALTERS RESIDENTIAL CARE 821 DUKE AVE, 821-823 COLUMBIA, SC 29203-5651 FACILITY #:803-252-8918 JOHNSON DELORES W PH#: 803-252-8918 Facility Email: WALTERS1987@BELLSOUTH.NET Fac. Cont. Email: WALTERS1987@BELLSOUTH.NET | CRC-0985 / 03/31/2018 Richland / Non-Profit Corporation PO BOX 211263 COLUMBIA, SC 29221-6263 MIPD INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds35 Resident Beds: 35 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 18 Staff Rooms: 0 Other Rooms: 0 |
| WARE SHOALS MANOR 10 N GREENWOOD AVE WARE SHOALS, SC 29692-1239 FACILITY #:864-456-7127 OBI-MELEKWE BERNICE O PH#: 864-456-7127 Facility Email: BERNICE@HARMONYRES.COM Fac. Cont. Email: BERNICE@HARMONYRES.COM | CRC-1457 / 10/31/2018 Greenwood / Ltd. Liability 483 LOCKHART LN GAFFNEY, SC 29341-2841 HARMONY RESIDENTIAL CARE CENTER LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds24 Resident Beds: 24 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 12 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|---|--|---|----------------------------|
| WATERFORD AT DILLION POINTE ASSISTED LIVING & MEMORY CARE 104 DILLON DR SPARTANBURG, SC 29307-1018 FACILITY #:864-948-9300 SMITH SHELLY PH#: 864-948-9300 Facility Email: SHELLY.SMITH@CAPITALSENIORLIVING.NETT Fac. Cont. Email: SHELLY.SMITH@CAPITALSENIORLIVING.NETT | CRC-0893 / 06/30/2018 Spartanburg / 104 DILLON DR SPARTANBURG, SC 29307-1018 CSL DILLION POINTE SC LLC | | |
| Alzheimer Care: Yes | Max # Residents: 27 | Total Number of Licensed Beds: 55 | |
| Alzheimer Unit: Yes | Max # Beds: 21 | Resident Beds: 55 | Resident Rooms: 36 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WATERSTONE ON AUGUSTA SENIOR LIVING 1004 AUGUSTA ST GREENVILLE, SC 29605-3906 FACILITY #:864-605-7236 BURTON EDWARD G PH#: 864-605-7236 Facility Email: EDWARD.BURTON@WATERSTONEONAUGUSTA.COM Fac. Cont. Email: EDWARD.BURTON@WATERSTONEONAUGUSTA.COM | CRC-1945 / 03/31/2018 Greenville / 1004 AUGUSTA ST GREENVILLE, SC 29605-3906 CHP GREENVILLE SC TENANT CORP | | |
| Alzheimer Care: Yes | Max # Residents: 0 | Total Number of Licensed Beds: 126 | |
| Alzheimer Unit: Yes | Max # Beds: 36 | Resident Beds: 126 | Resident Rooms: 114 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WE CARE RESIDENTIAL 2370 WILLISTON RD AIKEN, SC 29803-9100 FACILITY #:803-652-3652 BUSH ETHEL E PH#: 803-652-3652 Facility Email: BUSHHS@ATLANTICBB.NET Fac. Cont. Email: BUSHHS@ATLANTICBB.NET | CRC-1034 / 08/31/2018 Aiken / Corporation 2394 WILLISTON RD AIKEN, SC 29803-9100 WE CARE RESIDENTIAL INC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 55 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 55 | Resident Rooms: 26 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WELLMORE OF LEXINGTON 200 WELLMORE DR LEXINGTON, SC 29072 FACILITY #:803-520-1200 TREMBLE WILLIAM M PH#: 803-520-1200 Facility Email: MTREMBLE@MAXWELLGROUP.COM Fac. Cont. Email: MTREMBLE@MAXWELLGROUP.COM | CRC-1557 / 06/30/2018 Lexington / 200 WELLMORE DR LEXINGTON, SC 29072 WELLMORE OF LEXINGTON LLC | | |
| Alzheimer Care: Yes | Max # Residents: 0 | Total Number of Licensed Beds: 174 | |
| Alzheimer Unit: Yes | Max # Beds: 60 | Resident Beds: 174 | Resident Rooms: 138 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|--|--|---------------------------|
| WELLMORE OF TEGA CAY 111 WELLMORE DR TEGA CAY, SC 29708-0039 FACILITY #:803-835-7000 DUNN DAVID MPH#: 803-835-7000 Facility Email: No Facility Email on Record Fac. Cont. Email: DAVID.DUNN@WELL-MORE.COM | CRC-1935 / 08/31/2018 York / WELLMORE OF TEGA CAY LLC | | |
| Alzheimer Care: Yes | Max # Residents: 23 | Total Number of Licensed Beds: 50 | |
| Alzheimer Unit: Yes | Max # Beds: 30 | Resident Beds: 150 | Resident Rooms: 0 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WESLEY COMMONS ASSISTED LIVING FACILITY & SPECIAL CARE HOUSE 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FACILITY #:864-227-7480 DAVIS DORIS E PH#: 864-227-7480 Facility Email: DDAVIS@WESLEYCOMMONS.ORG Fac. Cont. Email: DDAVIS@WESLEYCOMMONS.ORG | CRC-1218 / 08/31/2018 Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS | | |
| Alzheimer Care: Yes | Max # Residents: 11 | Total Number of Licensed Beds: 70 | |
| Alzheimer Unit: Yes | Max # Beds: 14 | Resident Beds: 70 | Resident Rooms: 61 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WESLEY COURT ASSISTED LIVING COMMUNITY 916 WESLEY CT BOILING SPRINGS, SC 29316-5649 FACILITY #:864-599-9929 TURNAGE HEATHER R PH#: 864-599-9929 Facility Email: WESLEYCOURT@TUTERA.COM Fac. Cont. Email: WESLEYCOURT@TUTERA.COM | CRC-1289 / 12/31/2018 Spartanburg / Limited Liability 916 WESLEY CT BOILING SPRINGS, SC 29316-5649 WESLEY COURT ASSISTED LIVING FACILITY LLC | | |
| Alzheimer Care: No | Max # Residents: 0 | Total Number of Licensed Beds: 65 | |
| Alzheimer Unit: No | Max # Beds: 0 | Resident Beds: 65 | Resident Rooms: 57 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WESLEYAN SUITES 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 FACILITY #:843-664-0700 TABOR TERESSA L PH#: 843-664-0700 Facility Email: TTABOR@METHODIST-MANOR.COM Fac. Cont. Email: TTABOR@METHODIST-MANOR.COM | CRC-0662 / 12/31/2017 Florence / Non-Profit Corporation 2100 TWIN CHURCH RD FLORENCE, SC 29501-8200 UNITED METHODIST MANOR OF THE PEE DEE | | |
| Alzheimer Care: Yes | Max # Residents: 12 | Total Number of Licensed Beds: 95 | |
| Alzheimer Unit: Yes | Max # Beds: 12 | Resident Beds: 95 | Resident Rooms: 95 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|---|
| WEST END RETIREMENT CENTER INC 200 S 5TH ST EASLEY, SC 29640-2826 FACILITY #:864-859-4370 BLIHAR DEBRA PH#: Facility Email: AMBER.WESTEND@OUTLOOK.COM Fac. Cont. Email: No Facility Contact Email on Record | CRC-0204 / 08/31/2018 Pickens / Corporation WEST END RETIREMENT CENTER INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds34 | |
| Resident Beds: 34 | Resident Rooms: 14 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| WESTMINSTER TOWERS RESIDENTIAL 1330 INDIA HOOK RD ROCK HILL, SC 29732-2462 FACILITY #:803-328-5000 COOKHORNE MICHELLE PH#: 803-328-5000 Facility Email: MCOOKHORNE@WESTMINSTERTOWERS.ORG Fac. Cont. Email: MCOOKHORNE@WESTMINSTERTOWERS.ORG | CRC-0580 / 09/30/2018 York / Non-Profit Corporation 1330 INDIA HOOK RD ROCK HILL, SC 29732-2462 WESTMINSTER PRESBYTERIAN CENTER INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds35 | |
| Resident Beds: 35 | Resident Rooms: 29 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| WESTSIDE RESIDENTIAL HOME 4112 HARTFORD ST COLUMBIA, SC 29204-3025 FACILITY #:803-786-7411 JOHNSON LOVICE D PH#: 803-786-7411 Facility Email: JENTOMMATT@AOL.COM Fac. Cont. Email: JENTOMMATT@AOL.COM | CRC-0907 / 11/30/2018 Richland / Corporation PO BOX 7905 COLUMBIA, SC 29202-7905 WESTSIDE RESIDENTIAL HOME INC |
| Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds38 | |
| Resident Beds: 38 | Resident Rooms: 11 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |
| WHITE OAK ESTATES ASSISTED LIVING 400 WEBBER RD SPARTANBURG, SC 29307-2400 FACILITY #:864-579-7004 GIBBS TAMMY L PH#: 864-579-7004 Facility Email: JFOWLER@WHITEOAKMANOR.COM Fac. Cont. Email: TGIBBS@WHITEOAKMANOR.COM | CRC-1334 / 09/30/2018 Spartanburg / Corporation 400 WEBBER RD SPARTANBURG, SC 29307-2400 WHITE OAK ESTATES ASSISTED LIVING INC |
| Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| Total Number of Licensed Beds45 | |
| Resident Beds: 45 | Resident Rooms: 30 |
| Staff Beds: 0 | Staff Rooms: 0 |
| Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | | | |
|---|---|--|---|--|---|
| WHITNEY PLACE 107 CORNWELL ST UNION, SC 29379-2404 FACILITY #:864-427-4275 WHITNEY WILLIAM B PH#: 864-427-4275 Facility Email: WHITNEYPLACE@ATT.NET Fac. Cont. Email: WHITNEYPLACE@ATT.NET | CRC-0572 / 02/28/2018 Union / Corporation 11 PARTRIDGE DR GREENVILLE, SC 29609-6626 WHITNEY CORPORATION OF COLUMBIA INC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds24 Resident Beds: 24 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 14 Staff Rooms: 0 Other Rooms: 0 |
| WILDEWOOD DOWNS ASSISTED LIVING COMMUNITY 731 POLO RD COLUMBIA, SC 29223-4462 FACILITY #:803-788-5115 STUDNICKA STEPHANIE PH#: 803-788-5115 Facility Email: SSTUDNICKA@WILDEWOOD-DOWNS.COM Fac. Cont. Email: SSTUDNICKA@WILDEWOOD-DOWNS.COM | CRC-1271 / 03/31/2018 Richland / Ltd. Liability 731 POLO RD COLUMBIA, SC 29223-4462 WILDEWOOD DOWNS RETIREMENT LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 8 Max # Beds: 8 | Total Number of Licensed Beds57 Resident Beds: 57 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 49 Staff Rooms: 0 Other Rooms: 0 |
| WILLIAMS COMMUNITY CARE HOME 7705 RICHARD ST COLUMBIA, SC 29209-3733 FACILITY #:803-783-1223 WILLIAMS CHARLES A PH#: 803-783-1223 Facility Email: CHAZWILLIAMSSR@GMAIL.COM Fac. Cont. Email: CHAZWILLIAMSSR@GMAIL.COM | CRC-0280 / 11/30/2017 (Renewal Pending) Richland / Sole Proprietorship PO BOX 90031 COLUMBIA, SC 29290-1031 CHARLES A WILLIAMS SR | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds9 Resident Beds: 9 Staff Beds: 1 Other Beds: 0 | Resident Rooms: 4 Staff Rooms: 1 Other Rooms: 0 |
| WILLIAMSBURG RESIDENTIAL CARE FACILITY 14 WRCF ST KINGSTREE, SC 29590 FACILITY #:843-355-6214 PH#: Facility Email: WRCF@FTC-I.NET Fac. Cont. Email: No Facility Contact Email on Record | CRC-0038 / 03/31/2018 Williamsburg / Sole Proprietorship PO BOX 147 SALTERS, SC 29590-0063 JACKSON JACQUES G | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 | Total Number of Licensed Beds24 Resident Beds: 24 Staff Beds: 0 Other Beds: 0 | Resident Rooms: 9 Staff Rooms: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee | | |
|--|---|--|---|
| WILLIE S II RCH 46 WILSON ST SUMTER, SC 29150-3050 FACILITY #:803-773-4724 COOPER TRACEY L PH#: 803-773-4724 Facility Email: ACETW90@AOL.COM Fac. Cont. Email: ACETW90@AOL.COM | CRC-1485 / 12/31/2018 Sumter / Sole Proprietorship PO BOX 3311 SUMTER, SC 29151-3311 COOPER TRACEY L | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 5 | |
| | | Resident Beds: 5 | Resident Rooms: 3 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WILLOWS OF EASLEY 105 WILLOW PL EASLEY, SC 29640-1385 FACILITY #:864-855-9800 BOLTON SUSAN W PH#: 864-855-9800 Facility Email: KEVIN@THEWILLOWSOFEASLEY.COM Fac. Cont. Email: KEVIN@THEWILLOWSOFEASLEY.COM | CRC-0944 / 06/30/2018 Pickens / Corporation PO BOX 1807 EASLEY, SC 29641-1807 WILLOWS OF EASLEY INC | Alzheimer Care: Yes Alzheimer Unit: No | Max # Residents: 7 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 50 | |
| | | Resident Beds: 50 | Resident Rooms: 48 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WINDSOR HOUSE GREENVILLE 1931 PELHAM RD GREENVILLE, SC 29615-4002 FACILITY #:864-288-9450 WILSON RENEE PH#: 864-288-9450 Facility Email: CLAY.FOWLERHEALTHCAREENTERPRISE@GMAIL.CO Fac. Cont. Email: CLAY.FOWLERHEALTHCAREENTERPRISE@GMAIL. | CRC-1388 / 01/31/2018 Greenville / 1351 PELHAM RD GREENVILLE, SC 29615-3645 WINDOR HOUSE GREENVILLE-FHE LLC | Alzheimer Care: No Alzheimer Unit: No | Max # Residents: 0 Max # Beds: 0 |
| | | Total Number of Licensed Beds: 50 | |
| | | Resident Beds: 50 | Resident Rooms: 37 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |
| WINDSOR HOUSE WEST 850 JOHN B WHITE SR BLVD SPARTANBURG, SC 29306-4034 FACILITY #:864-576-8910 GARRISON ANDY PH#: 864-576-8910 Facility Email: ED@WINDSORHOUSEAL.COM Fac. Cont. Email: ED@WINDSORHOUSEAL.COM | CRC-1369 / 11/30/2018 Spartanburg / Ltd. Liability 850 JOHN B WHITE SR BLVD SPARTANBURG, SC 29306-4034 WHW ASSOCIATES LLC | Alzheimer Care: Yes Alzheimer Unit: Yes | Max # Residents: 42 Max # Beds: 45 |
| | | Total Number of Licensed Beds: 108 | |
| | | Resident Beds: 108 | Resident Rooms: 75 |
| | | Staff Beds: 0 | Staff Rooms: 0 |
| | | Other Beds: 0 | Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

| Name of Facility Location Street Location City, State Administrator | License#/Expiration County/Ownership Type Mailing Address Licensee |
|---|--|
| WOOD BRIDGE SENIOR LIVING 2902 E MAIN ST SPARTANBURG, SC 29307-1252 FACILITY #:864-579-0086 BOUDREAU GAIL PH#: 864-579-0086 Facility Email: MANO643@BELLSOUTH.NET Fac. Cont. Email: No Facility Contact Email on Record | CRC-1991 / 10/31/2018 Spartanburg / Limited Liability PO BOX 6384 SPARTANBURG, SC 29304-6384 CR WOODBRIDGE LLC |
| Alzheimer Care: Yes Max # Residents: 0 Alzheimer Unit: Yes Max # Beds: 0 | Total Number of Licensed Beds: 73 Resident Beds: 73 Resident Rooms: 43 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| WRIGHT'S RESIDENTIAL CARE #2 A & B 12 RIVER ST, 12A & 12B LYMAN, SC 29365-1714 FACILITY #:864-249-0412 WRIGHT DIANNE E PH#: 864-949-6437 Facility Email: WRIGHTSCARE91@GMAIL.COM Fac. Cont. Email: DIWRIGHT57@YAHOO.COM | CRC-1319 / 07/31/2018 Spartanburg / Sole Proprietorship PO BOX 282 LYMAN, SC 29365 DIANNE E WRIGHT |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| WRIGHT'S RESIDENTIAL CARE FACILITY 1 950 OLD SPARTANBURG HWY WELLFORD, SC 29385 FACILITY #:864-249-0412 WRIGHT DIANNE E PH#: 864-249-0412 Facility Email: WRIGHTSCARE91@GMAIL.COM Fac. Cont. Email: WRIGHTSCARES591@GMAIL.COM | CRC-0617 / 01/31/2018 Spartanburg / Sole Proprietorship PO BOX 268 WELLFORD, SC 29385-0268 DIANNE E WRIGHT |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 10 Resident Beds: 10 Resident Rooms: 4 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |
| ZEIGLER STREET COMMUNITY RESIDENCE 71 ZEIGLER ST BAMBERG, SC 29003-1034 FACILITY #:803-245-6169 JAMES GLORIA M PH#: 803-245-6169 Facility Email: GLORIAJ_29059@YAHOO.COM Fac. Cont. Email: GLORIAJ_29059@YAHOO.COM | CRC-1297 / 06/30/2018 Bamberg / 16553 HERITAGE HWY, BAMBERG CO DSNB C/O GLORIA JAMES DENMARK, SC 29042-8901 BAMBERG COUNTY DISABILITIES AND SPECIAL NEEDS BOARD |
| Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds: 0 | Total Number of Licensed Beds: 9 Resident Beds: 9 Resident Rooms: 5 Staff Beds: 0 Staff Rooms: 0 Other Beds: 0 Other Rooms: 0 |

Community Residential Care Facilities

DHEC Regulation 61-84

Name of Facility
 Location Street
 Location City, State
 Administrator

License#/Expiration
 County/Ownership Type
 Mailing Address
 Licensee

| | | | |
|--|------------------------------|-------------------------------|-------------------------------|
| Total Number of Facilities: 480 | Alzheimers Care : 183 | Alzheimers Units : 115 | Licensed Beds : 19,248 |
| Resident Beds : 19,248 | Staff Beds : 116 | Other Beds : 0 | |
| Resident Rooms : 14,063 | Staff Rooms : 103 | Other Rooms : 0 | |