

## Nursing Homes

DHEC Regulation 61-17

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**ABBEVILLE NURSING HOME**

83 THOMSON CIR  
ABBEVILLE, SC 29620-5652 FACILITY #:864-366-5122  
HUGHES SR ALAN L PH#: 864-366-5122  
Facility Email: ABBNH@WCTEL.NET  
Fac. Contact Email: ABBNH@WCTEL.NET

NCF-0266 / 12/31/2018  
Abbeville / Corporation  
PO BOX 190  
ABBEVILLE, SC 29620-0190  
ABBEVILLE NURSING HOME

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

**Total Number of Licensed Beds94****ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN**

550 EASTGATE DR  
AIKEN, SC 29803-7688 FACILITY #:803-643-3694  
FOWLER WANDA M PH#: 803-643-3694  
Facility Email: WFWOWER@ORIANNA.COM  
Fac. Contact Email: WFWOWER@ORIANNA.COM

NCF-0902 / 12/31/2018  
Aiken / Limited Liability  
550 EASTGATE DR  
AIKEN, SC 29803-7688  
ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN LLC

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

**Total Number of Licensed Beds120****ARBORETUM AT THE WOODLANDS**

50 ARBORETUM LN  
GREENVILLE, SC 29617-6227 FACILITY #:864-371-3100  
BABBITT CAROL S PH#: 864-371-3100  
Facility Email: CBABBITT@THEWOODLANDSATFURMAN.ORG  
Fac. Contact Email: CBABBITT@THEWOODLANDSATFURMAN.ORG

NCF-0957 / 06/30/2018  
Greenville / Non-Profit Corporation  
50 ARBORETUM LN  
GREENVILLE, SC 29617-6227  
UPSTATE SENIOR LIVING INC

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

**Total Number of Licensed Beds30****BAYVIEW MANOR**

11 TODD DR  
BEAUFORT, SC 29902-6113 FACILITY #:843-524-8911  
DRINKARD CHRISTY PH#: 843-524-8911  
Facility Email: ADMIN@BAYVIEWMANOR.NET  
Fac. Contact Email: No Facility Contact Email on Record

NCF-0898 / 05/31/2018  
Beaufort / Ltd. Liability  
11 TODD DR  
BEAUFORT, SC 29902-6113  
BAYVIEW MANOR LLC

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

**Total Number of Licensed Beds170****BETHEA BAPTIST HEALTH CARE CENTER**

157 HOME AVE  
DARLINGTON, SC 29532-7625 FACILITY #:843-393-2867  
SPURLING BENJAMIN S PH#: 843-393-2867  
Facility Email: BSPURLING@SCBMA.COM  
Fac. Contact Email: BSPURLING@SCBMA.COM

NCF-0189 / 06/30/2018  
Darlington / Non-Profit Corporation  
157 HOME AVE  
DARLINGTON, SC 29532-7625  
SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC

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

**Total Number of Licensed Beds88**

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**BISHOP GADSDEN EPISCOPAL HEALTH CARE CENTER**  
3 BISHOP GADSDEN WAY  
CHARLESTON, SC 29412-3500 FACILITY #:843-762-3300  
TRAWICK C WILLIAM PH#: 843-762-3300  
**Facility Email:** SARAH.TIPTON@BISHOPGADSDEN.ORG  
**Fac. Contact Email:** SARAH.TIPTON@BISHOPGADSDEN.ORG

NCF-0577 / 04/30/2018  
Charleston / Non-Profit Corporation

BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY

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

**Total Number of Licensed Beds50**

**BLUE RIDGE IN BROOKVIEW HOUSE**  
510 THOMPSON ST  
GAFFNEY, SC 29340-3620 FACILITY #:864-489-3101  
SAIN SUSAN PH#: 864-489-3101  
**Facility Email:** ADMIN@BROOKVIEW.CARE  
**Fac. Contact Email:** ADMIN.BRGA.SC@PALMETTOLTC.COM

NCF-0979 / 12/31/2018  
Cherokee / Limited Liability Limited Partnership  
510 THOMPSON ST  
GAFFNEY, SC 29340-3620  
BLUE RIDGE IN BROOKVIEW HOUSE LLC

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

**Total Number of Licensed Beds32**

**BLUE RIDGE IN GEORGETOWN**  
2715 S ISLAND RD  
GEORGETOWN, SC 29440-4415 FACILITY #:843-546-4123  
BRYANT COLBY E PH#: 843-546-4123  
**Facility Email:** ADMIN@GEORGETOWN.CARE  
**Fac. Contact Email:** ADMIN@GEORGETOWN.CARE

NCF-0633 / 03/31/2018  
Georgetown / Limited Liability  
2715 S ISLAND RD  
GEORGETOWN, SC 29440-4415  
BLUE RIDGE IN GEORGETOWN LLC

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

**Total Number of Licensed Beds84**

**BLUE RIDGE IN THE FIELDS**  
117 BELLEFIELD RD  
RIDGEWAY, SC 29130 FACILITY #:803-337-2257  
MCCULLUM JAMES M PH#: 803-337-2257  
**Facility Email:** ADMIN@FAIRFIELD.CARE  
**Fac. Contact Email:** ADMIN@FAIRFIELD.CARE

NCF-0981 / 05/31/2018  
Fairfield / Limited Liability  
117 BELLEFIELD RD  
RIDGEWAY, SC 29130  
BLUE RIDGE IN THE FIELDS LLC

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

**Total Number of Licensed Beds12**

**BLUE RIDGE OF SUMTER**  
1761 PINWOOD RD  
SUMTER VALLEY, SC 29154-9056 FACILITY #:803-481-8591  
JOHNSON PATRICIA W PH#: 803-481-8591  
**Facility Email:** ADMIN@SUMTER.CARE  
**Fac. Contact Email:** ADMIN@SUMTER.CARE

NCF-0745 / 03/31/2018  
Sumter / Limited Liability  
1761 PINWOOD RD  
SUMTER VALLEY, SC 29154-9056  
BLUE RIDGE OF SUMTER LLC

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

**Total Number of Licensed Beds96**

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<p><b>BRIAN CENTER OF NURSING CARE-ST ANDREWS</b> 3514 SIDNEY RD COLUMBIA, SC 29210-4494 FACILITY #:803-798-9715 SWINTON EVELYN PH#: 803-798-9715 Facility Email: STANDREWS@CHOICE-HEALTH.NET Fac. Contact Email: No Facility Contact Email on Record <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0875 / 05/31/2018 Lexington / Ltd. Liability 3514 SIDNEY RD COLUMBIA, SC 29210-4494 BRIAN CENTER/ST ANDREWS LLC  <b>Total Number of Licensed Beds: 08</b></p>
<p><b>BRIGHTWATER SKILLED NURSING CENTER</b> 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 FACILITY #:843-903-8300 HAYES ELIZABETH A PH#: 843-903-8300 Facility Email: EHAYES@BRIGHTWATER-LIVING.COM Fac. Contact Email: EHAYES@BRIGHTWATER-LIVING.COM <b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0955 / 04/30/2018 Horry / Limited Liability 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 BRIGHTWATER RETIREMENT LLC  <b>Total Number of Licensed Beds: 67</b></p>
<p><b>BROAD CREEK CARE CENTER SKILLED NURSING</b> 801 LEMON GRASS CT HILTON HEAD ISLAND, SC 29928-3022 FACILITY #:843-341-7300 JACKSON WILLIAM F PH#: 843-341-7300 Facility Email: No Facility Email on Record Fac. Contact Email: FJACKSON@VILIVING.COM <b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0753 / 07/31/2018 Beaufort / Corporation 700 TIDEPOINTE WAY HILTON HEAD ISLAND, SC 29928-3040 CC-HILTON HEAD INC  <b>Total Number of Licensed Beds: 25</b></p>
<p><b>BROOKDALE ANDERSON</b> 311 SIMPSON RD ANDERSON, SC 29621-2157 FACILITY #:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 Facility Email: BJENKINS1@BROOKDALE.COM Fac. Contact Email: BJENKINS1@BROOKDALE.COM <b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0872 / 12/31/2018 Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERICARE INC  <b>Total Number of Licensed Beds: 44</b></p>
<p><b>BROOKDALE EASLEY</b> 706 PELZER HWY EASLEY, SC 29642-3800 FACILITY #:864-859-0167 THOMAS AMY PH#: 864-859-0167 Facility Email: BHANSEN1@BROKDALE.COM Fac. Contact Email: ATHOMAS15@BROOKDALE.COM <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0701 / 02/28/2018 Pickens / Limited Liability 706 PELZER HWY EASLEY, SC 29642-3800 EMERICARE COUNTRYSIDE VILLAGE LLC  <b>Total Number of Licensed Beds: 60</b></p>

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**BROOKDALE GREENVILLE**  
1306 PELHAM RD  
GREENVILLE, SC 29615-3600 FACILITY #:864-286-6600  
HUNTER ANDREA M PH#: 864-286-6600  
Facility Email: ANDREA.HUNTER@BROOKDALE.COM  
Fac. Contact Email: ANDERSONPLACE-ED@EMERITUS.COM

NCF-0785 / 10/31/2018  
Greenville / Corporation  
1306 PELHAM RD  
GREENVILLE, SC 29615-3600  
EMERICARE INC

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

**Total Number of Licensed Beds:45**

**BRUSHY CREEK REHABILITATION AND HEALTHCARE CENTER**  
101 COTTAGE CREEK CIR  
GREER, SC 29650-2438 FACILITY #:864-797-8990  
COTTINGHAM LINDSAY PH#: 864-797-8990  
Facility Email: LCOTTINGHA@ORIANNA.COM  
Fac. Contact Email: LCOTTINGHAM@GHS.ORG

NCF-0992 / 10/31/2018  
Greenville / Limited Liability  
101 COTTAGE CREEK CIR  
GREER, SC 29650-2438  
BRUSHY CREEK REHABILITATION AND HEALTHCARE CENTER LLC

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

**Total Number of Licensed Beds:44**

**C M TUCKER JR NURSING CARE CENTER FEWELL AND STONE PAVILIONS**  
2200 HARDEN ST  
COLUMBIA, SC 29203-7199 FACILITY #:803-737-5399  
MORGAN ROBERT PH#: 803-737-5399  
Facility Email: ROBERT.MORGAN@SCDMH.ORG  
Fac. Contact Email: ROBERT.MORGAN@SCDMH.ORG

NCF-0334 / 12/31/2018  
Richland / State  
2200 HARDEN ST  
COLUMBIA, SC 29203-7199  
SC DEPARTMENT OF MENTAL HEALTH

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

**Total Number of Licensed Beds:252**

**C M TUCKER JR NURSING CARE CENTER RODDEY PAVILION**  
2200 HARDEN ST  
COLUMBIA, SC 29203-7199 FACILITY #:803-737-5301  
JONES TED P PH#: 803-737-5301  
Facility Email: TED.JONES@SCDMH.ORG  
Fac. Contact Email: TED.JONES@SCDMH.ORG

NCF-0726 / 12/31/2018  
Richland / State  
2200 HARDEN ST  
COLUMBIA, SC 29203-7199  
SC DEPARTMENT OF MENTAL HEALTH

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

**Total Number of Licensed Beds:308**

**CALHOUN CONVALESCENT CENTER**  
601 DANTZLER ST  
SAINT MATTHEWS, SC 29135-1522 FACILITY #:803-655-7101  
KIZER MELISSA R PH#: 803-655-7101  
Facility Email: MELISSA.KIZER@FUNDLTC.COM  
Fac. Contact Email: TRACYB@HEALTHCARECORP.NET

NCF-0505 / 02/28/2018  
Calhoun / Corporation  
PO BOX 157  
SAINT MATTHEWS, SC 29135-0157  
SAINT MATTHEWS HEALTH CARE LLC

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

**Total Number of Licensed Beds:120**

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>CAPSTONE REHABILITATION AND HEALTHCARE CENTER</b> 1850 CRESTVIEW RD EASLEY, SC 29642-3528 FACILITY #:864-859-3236 HARBINSON HEATHER MPH#: 864-859-3236 Facility Email: HHARBINSON@ORIANNA.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0901 / 12/31/2018 Pickens / Limited Liability 1850 CRESTVIEW RD EASLEY, SC 29642-3528 CAPSTONE REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds60</b>
<b>CARLYLE SENIOR CARE OF AIKEN</b> 123 DUPONT DR NW AIKEN, SC 29801-4089 FACILITY #:803-648-0434 ARMSTRONG TIME PH#: 803-648-0434 Facility Email: TARMSTRONG@CARLYLESENIORCARE.COM Fac. Contact Email: TARMSTRONG@CARLYLESENIORCARE.COM	NCF-0982 / 07/31/2018 Aiken / Limited Liability PO BOX 2829 AIKEN, SC 29802 CARLYLE SENIORCARE OF AIKEN LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds86</b>
<b>CARLYLE SENIOR CARE OF FLORENCE</b> 133 W CLARKE RD FLORENCE, SC 29501-0722 FACILITY #:843-669-4374 SIMON SHIRLEY K PH#: 843-669-4374 Facility Email: RCRANFORD@CMCSENIORCARE.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0983 / 07/31/2018 Florence / Limited Liability 133 W CLARKE RD FLORENCE, SC 29501-0722 CARLYLE SENIOR CARE OF FLORENCE LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>CARLYLE SENIOR CARE OF FORK</b> 1727 BUCK SWAMP RD FORK, SC 29543-6116 FACILITY #:843-464-6212 MOORE JOHN PH#: 843-464-6212 Facility Email: BARNETTE@CMCSENIORCARE.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0987 / 07/31/2018 Dillon / Limited Liability 1727 BUCK SWAMP RD FORK, SC 29543-6116 CARLYLE SENIOR CARE OF FORK LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds11</b>
<b>CARLYLE SENIOR CARE OF FOUNTAIN INN</b> 501 GULLIVER ST FOUNTAIN INN, SC 29644-2105 FACILITY #:864-862-2554 BAUGHMAN KATHY J PH#: 864-862-2554 Facility Email: RECRANFORD@CMCSENIORCARE.COM Fac. Contact Email: FINH_EMAIL@YAHOO.COM	NCF-0985 / 07/31/2018 Greenville / Limited Liability PO BOX 67 FOUNTAIN INN, SC 29644-0067 CARLYLE SENIOR CARE OF FOUNTAIN INN LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds60</b>

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<b>CARLYLE SENIOR CARE OF KINGSTREE</b> 401 NELSON BLVD KINGSTREE, SC 29556-4024 FACILITY #:843-355-6116 SLAVINSKI CANDICE J PH#: 843-355-6116 <b>Facility Email:</b> CSLAVINSKI@CMCSENIORCARE.COM <b>Fac. Contact Email:</b> CSLAVINSKI@COOKE-ASSOCIATES.COM	NCF-0984 / 07/31/2018 Williamsburg / Limited Liability 401 NELSON BLVD KINGSTREE, SC 29556-4024 CARLYLE SENIOR CARE OF KINGSTREE LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:96</b>
<b>CHERAW HEALTHCARE</b> 400 MOFFAT RD CHERAW, SC 29520-3048 FACILITY #:843-320-7500 DYSON JOEL W PH#: 843-537-5253 <b>Facility Email:</b> JDYSON@CHERAWHC.COM <b>Fac. Contact Email:</b> INFO@CHERAWHC.COM	NCF-0951 / 04/30/2018 Chesterfield / Corporation PO BOX 967 CHERAW, SC 29520-0967 CHERAW HEALTHCARE INC
<b>Alzheimer Care: Yes Max # Residents 25</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:20</b>
<b>CHESTER NURSING CENTER</b> 1 MEDICAL PARK DR CHESTER, SC 29706-9776 FACILITY #:803-581-3151 BRICE ANTHONY BERNARD PH#: 803-581-3151 <b>Facility Email:</b> No Facility Email on Record <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0895 / 09/30/2018 Chester / Limited Liability 1 MEDICAL PARK DR CHESTER, SC 29706-9776 CHESTER HMA LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:00</b>
<b>CHESTERFIELD CONVALESCENT CENTER</b> 1150 STATE RD CHERAW, SC 29520-2048 FACILITY #:843-537-2060 CHAVIS DIANA PH#: 843-537-2060 <b>Facility Email:</b> SHANNON.BENNETT@FUNDLTC.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0552 / 02/28/2018 Chesterfield / Limited Liability 1150 STATE RD CHERAW, SC 29520-2048 REHAB CENTER OF CHERAW LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:04</b>
<b>CLEMSON AREA RETIREMENT CENTER-HEALTH CARE CENTER</b> 500 DOWNS LOOP CLEMSON, SC 29631-2099 FACILITY #:864-654-1155 LEHEUP JOHN D PH#: 864-654-1155 <b>Facility Email:</b> WANDAPALMER@CLEMSONDOWNS.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0391 / 10/31/2018 Pickens / Corporation 500 DOWNS LOOP CLEMSON, SC 29631-2099 CARC INC
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:68</b>

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<b>COMMANDER NURSING CENTER</b> 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 FACILITY #:843-669-3502 COMMANDER IV JOSEPH M PH#: 843-669-3502 Facility Email: JOECOMMANDER@HOTMAIL.COM Fac. Contact Email: No Facility Contact Email on Record <b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0233 / 07/31/2018 Florence / Corporation 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 COMMANDER HEALTH CARE FACILITIES INC  <b>Total Number of Licensed Beds:63</b>
<b>COMPASS POST ACUTE REHABILITATION</b> 2320 HWY 378 CONWAY, SC 29527-4911 FACILITY #:843-397-2273 TILLER RAYMOND PH#: 843-397-2273 Facility Email: RENEWALS@ENSIGNSERVICES.NET Fac. Contact Email: RTILLER@ENSIGNSERVICES.NET <b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0977 / 12/31/2018 Horry / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 CAROLINA HEALTHCARE INC  <b>Total Number of Licensed Beds95</b>
<b>CONWAY MANOR</b> 3300 4TH AVE CONWAY, SC 29527-6002 FACILITY #:843-248-5728 SEFJACK CHRIS PH#: 843-248-5728 Facility Email: RTILLER@CONWAYMANOR.NET Fac. Contact Email: No Facility Contact Email on Record <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0899 / 05/31/2018 Horry / Ltd. Liability 3300 4TH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC  <b>Total Number of Licensed Beds190</b>
<b>COUNTRYWOOD NURSING CENTER</b> 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. Contact Email: JHUNT@STERLING-HEALTH.COM <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0946 / 11/30/2018 Richland / Ltd. Liability 1645 RIDGE RD HOPKINS, SC 29061-8432 COUNTRYWOOD NURSING CENTER LLC  <b>Total Number of Licensed Beds38</b>
<b>COVENANT PLACE NURSING CENTER</b> 2825 CARTER RD SUMTER, SC 29150-1712 FACILITY #:803-469-7007 LINDER SR RISLEY E PH#: 803-469-7007 Facility Email: RLINDER@COVENANTPLACE.ORG Fac. Contact Email: RLINDER@COVENANTPLACE.ORG <b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0632 / 05/31/2018 Sumter / Non-Profit Corporation 2825 CARTER RD OFC SUMTER, SC 29150-1736 COVENANT PLACE OF SUMTER INC  <b>Total Number of Licensed Beds44</b>

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<b>COVENANT TOWERS HEALTH CARE</b> 5001 LITTLE RIVER RD MYRTLE BEACH, SC 29577-2478 FACILITY #:843-449-2484 HENDRICK DEBBIE M PH#: 843-449-2484 Facility Email: DEBBIE@COVENANTTOWERS.COM Fac. Contact Email: CAROL@COVENANTTOWERS.COM	NCF-0469 / 08/31/2018 Horry / Non-Profit Corporation 5001 LITTLE RIVER RD, COVENANT TOWERS W-505 MYRTLE BEACH, SC 29577-2478 COVENANT TOWERS HOMEOWNERS ASSOCIATION INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds30</b>
<b>DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER</b> 56 GENESIS DR LAKE CITY, SC 29560-5531 FACILITY #:843-389-3685 FRIERSON SARAH L PH#: 843-389-3685 Facility Email: MCNAIRNSGCTR@FTC-I.NET Fac. Contact Email: MCNAIRNSGCTR@FTC-I.NET	NCF-0918 / 11/30/2017 (Renewal Pending) Williamsburg / Corporation PO BOX 1598 LAKE CITY, SC 29560-1598 HEALTHCARE PANASCOPE INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>DUNDEE MANOR</b> 710 15-401 BYP W BENNETTSVILLE, SC 29512-3641 FACILITY #:843-479-6251 KING JAMES PH#: 843-479-6251 Facility Email: ADMIN@DUNDEEMANOR.NET Fac. Contact Email: No Facility Contact Email on Record	NCF-0897 / 05/31/2018 Marlboro / Ltd. Liability PO BOX 858 BENNETTSVILLE, SC 29512-0858 DUNDEE MANOR LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds10</b>
<b>ELLEN SAGAR NURSING CENTER</b> 1817 JONESVILLE HWY UNION, SC 29379-9793 FACILITY #:864-301-3500 SCHAPER ANNETTE PH#: 864-301-3500 Facility Email: ASCHAPER@SRHS.COM Fac. Contact Email: ASCHAPER@SRHS.COM	NCF-0217 / 07/31/2018 Union / District 1817 JONESVILLE HWY UNION, SC 29379-9793 SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds13</b>
<b>ELLENBURG NURSING CENTER</b> 611 E HAMPTON ST ANDERSON, SC 29624-2899 FACILITY #:864-226-5054 ELLENBURG LYNDON W PH#: 864-226-5054 Facility Email: FUZZERONE@AOL.COM Fac. Contact Email: FUZZERONE@AOL.COM	NCF-0231 / 03/31/2018 Anderson / Corporation 611 E HAMPTON ST ANDERSON, SC 29624-2899 ELLENBURG NURSING CENTER INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds181</b>



**SCDHEC  
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DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>FAITH HEALTHCARE CENTER</b> 617 W MARION ST FLORENCE, SC 29501-2470 FACILITY #:843-669-9958 ARNETTE BROOKS PH#: 843-669-9958 Facility Email: BROOKS.ARNETTE@PALMLTC.COM Fac. Contact Email: BROOKS.ARNETTE@PALMLTC.COM <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0927 / 09/30/2018 Florence / Ltd. Liability 617 W MARION ST FLORENCE, SC 29501-2470 PALMETTO FAITH OPERATING LLC  <b>Total Number of Licensed Beds:04</b>
<b>FLEETWOOD REHABILITATION AND HEALTHCARE CENTER</b> 200 ANNE DR EASLEY, SC 29640-2061 FACILITY #:864-859-9754 PHILLIPS AMANDA LYNN-JONES PH#: 864-859-9754 Facility Email: APHILLIPS@ORIANNA.COM Fac. Contact Email: No Facility Contact Email on Record <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0913 / 11/30/2018 Pickens / Limited Liability 200 ANNE DR EASLEY, SC 29640-2061 FLEETWOOD REHABILITATION AND HEALTHCARE CENTER LLC  <b>Total Number of Licensed Beds:03</b>
<b>FRANKE HEALTH CARE CENTER</b> 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. Contact Email: SSTOLL@FRANKEATSEASIDE.ORG <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0800 / 07/31/2018 Charleston / Non-Profit Corporation 1885 RIFLE RANGE RD MOUNT PLEASANT, SC 29464-9440 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC)  <b>Total Number of Licensed Beds44</b>
<b>FRASER HEALTH CARE</b> 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 FACILITY #:843-842-3747 MARSHALL PETER C PH#: 843-689-9143 Facility Email: PMARSHALL@THESEABROOK.COM Fac. Contact Email: No Facility Contact Email on Record <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0414 / 09/30/2018 Beaufort / Non-Profit Corporation 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 SEABROOK OF HILTON HEAD INC  <b>Total Number of Licensed Beds33</b>
<b>GHS GREENVILLE MEMORIAL HOSPITAL SUBACUTE</b> 701 GROVE RD GREENVILLE, SC 29605 FACILITY #:864-455-7112 TALBERT ADRIENNE PH#: 864-455-7112 Facility Email: NSALLY@GHS.ORG Fac. Contact Email: NSALLY@GHS.ORG <b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0989 / 10/31/2018 Greenville / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION  <b>Total Number of Licensed Beds15</b>

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>GHS LAURENS COUNTY MEMORIAL HOSPITAL SUBACUTE UNIT</b> 22725 HWY 76 E CLINTON, SC 29325-7527 FACILITY #:864-833-9100 BROWN FRANKLIN C PH#: 864-833-9100 Facility Email: NSALLY@GHS.ORG Fac. Contact Email: NSALLY@GHS.ORG	NCF-0991 / 10/31/2018 Laurens / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION
<b>Alzheimer Care: No    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds:14</b>
<b>GHS LILA DOYLE</b> 101 LILA DOYLE DR SENECA, SC 29672-9495 FACILITY #:864-885-7979 SEAWRIGHT PHYLLIS PH#: 864-882-3351 Facility Email: NSALLY@GHS.ORG Fac. Contact Email: NSALLY@GHS.ORG	NCF-0990 / 10/31/2018 Oconee / Corporation 101 LILA DOYLE DR SENECA, SC 29672-9495 UPSTATE AFFILIATE ORGANIZATION
<b>Alzheimer Care: No    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds:20</b>
<b>GOLDEN AGE-INMAN</b> 82 N MAIN ST INMAN, SC 29349-1416 FACILITY #:864-472-6636 JOHNSON TIMOTHY A PH#: 864-472-6636 Facility Email: TAJOHNSON4@SAVASC.COM Fac. Contact Email: TAJOHNSON4@SAVASC.COM	NCF-0857 / 12/31/2018 Spartanburg / Limited Liability 82 N MAIN ST INMAN, SC 29349-1416 INMAN GOLDEN AGE OPERATING COMPANY LLC
<b>Alzheimer Care: No    Max # Residents 0</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds:44</b>
<b>GRAND STRAND REHAB AND NURSING CENTER</b> 4452 SOCASTEE BLVD MYRTLE BEACH, SC 29588-7253 FACILITY #:843-293-1137 FLANSBURG CHRISTINE PH#: 843-293-1137 Facility Email: SWEESNER@WILSONSENIORCARE.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0993 / 09/30/2018 Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 GRAND STRAND REHAB AND NURSING CENTER LLC
<b>Alzheimer Care: No    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds:88</b>
<b>GREENVILLE REHABILITATION AND HEALTHCARE CENTER</b> 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 FACILITY #:864-232-2442 BAYNARD BETHANY PH#: 864-232-2442 Facility Email: ZWOOD@ORIANNA.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0805 / 07/31/2018 Greenville / Ltd. Liability 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 GREENVILLE REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No    Max # Residents 0</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds:32</b>

## Nursing Homes

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>GREENWOOD TRANSITIONAL REHABILITATION UNIT</b> 1530 PKWY GREENWOOD, SC 29646-4027 FACILITY #:864-330-1800 BENCEBI ELIZABETH PH#: 864-330-1800 <b>Facility Email:</b> ELIZABETHBENCEBI@ERNESTHEALTH.COM <b>Fac. Contact Email:</b> ELIZABETHBENCEBI@ERNESTHEALTH.COM	NCF-0944 / 10/31/2018 Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646-4027 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:12</b>
<b>GREER REHABILITATION AND HEALTHCARE CENTER</b> 401 CHANDLER RD GREER, SC 29651-1243 FACILITY #:864-879-1370 WOOD ZACHARY PH#: 864-879-1370 <b>Facility Email:</b> ZWOOD@ORIANNA.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0908 / 12/31/2018 Greenville / Limited Liability 401 CHANDLER RD GREER, SC 29651-1243 GREER REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:33</b>
<b>HALLMARK HEALTHCARE CENTER</b> 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 FACILITY #:843-821-5005 STINSON DURENA PH#: 843-821-5005 <b>Facility Email:</b> DURENA.STINSON@PALMLTC.COM <b>Fac. Contact Email:</b> DURENA.STINSON@PALMLTC.COM	NCF-0932 / 09/30/2018 Dorchester / Ltd. Liability 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 PALMETTO HALLMARK OPERATING LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:88</b>
<b>HEALTH CARE CENTER OF WESLEY COMMONS</b> 1110 MARSHALL RD GREENWOOD, SC 29646-4299 FACILITY #:864-227-7250 HOLMES MOODY KIMBERLY K PH#: 864-227-7250 <b>Facility Email:</b> KMOODY@WESLEYCOMMONS.ORG <b>Fac. Contact Email:</b> KHOLMES@WESLEYCOMMONS.ORG	NCF-0304 / 03/31/2018 Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:02</b>
<b>HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HANAHAN</b> 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 FACILITY #:843-553-0656 CAIN SHELLY PH#: 843-553-0656 <b>Facility Email:</b> 4015ADMIN@HCR-MANORCARE.COM <b>Fac. Contact Email:</b> SHELLY.CAIN@HCR-MANORCARE.COM	NCF-0526 / 12/31/2018 Berkeley / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 HEARTLAND-CHARLESTON OF HANAHAN SC LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:35</b>

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>HEARTLAND HEALTH CARE CENTER-GREENVILLE EAST</b> 601 SULPHUR SPRINGS RD GREENVILLE, SC 29617-1698 FACILITY #:864-246-2721 BARTHWELL NATASHA PH#: 864-246-2721 <b>Facility Email:</b> 4032ADMIN@HCR-MANORCARE.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0952 / 12/31/2018 Greenville / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 OAKMONT EAST-GREENVILLE SC LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:32</b>
<b>HEARTLAND HEALTH CARE CENTER-GREENVILLE WEST</b> 600 SULPHUR SPRINGS RD GREENVILLE, SC 29617-1985 FACILITY #:864-246-2721 LOYD DEREK PH#: 000-000-0000 <b>Facility Email:</b> 4033ADMIN@HCR-MANORCARE.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0953 / 12/31/2018 Greenville / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 OAKMONT WEST-GREENVILLE SC LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:25</b>
<b>HEARTLAND HEALTH CARE CENTER-UNION</b> 709 RICE AVE EXT UNION, SC 29379-9023 FACILITY #:864-427-0306 GALLMAN AMANDA PH#: 864-427-0306 <b>Facility Email:</b> 4031ADMIN@HCR-MANORCARE.COM <b>Fac. Contact Email:</b> 4031ADMIN@HCR-MANORCARE.COM	NCF-0443 / 12/31/2018 Union / Limited Liability 333 N SUMMIT ST TOLEDO, OH 43604-1531 OAKMONT OF UNION SC LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>HEARTLAND OF COLUMBIA REHABILITATION AND NURSING CENTER</b> 2601 FOREST DR COLUMBIA, SC 29204-2363 FACILITY #:803-256-4983 JENKINS HAZEL B PH#: 803-256-4983 <b>Facility Email:</b> 512ADMIN@HCR-MANORCARE.COM <b>Fac. Contact Email:</b> HAZEL.JENKINS@HCR-MANORCARE.COM	NCF-0316 / 12/31/2018 Richland / Limited Liability 333 N SUMMIT ST, LEGAL DEPARTMENT TOLEDO, OH 43604-1531 COLUMBIA REHABILITATION AND NURSING CENTER - COLUMBIA SC LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:32</b>
<b>HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER</b> 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FACILITY #:843-763-0233 SMELSER THERESA PH#: 843-763-0233 <b>Facility Email:</b> 531ADMIN@HCR-MANORCARE.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0413 / 12/31/2018 Charleston / Limited Liability 333 N SUMMIT ST, LEGAL DEPARTMENT TOLEDO, OH 43604-1531 WEST ASHLEY REHABILITATION AND NURSING CENTER - CHARLESTON SC LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:25</b>

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>HERITAGE AT LOWMAN REHABILITATION AND HEALTHCARE</b> 201 FORTRESS DR CHAPIN, SC 29036 FACILITY #:803-732-3000 HYMAN ASHLEY PH#: 803-732-3000 <b>Facility Email:</b> MYETTER@LHOMES.ORG <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0688 / 05/31/2018 Lexington / Non-Profit Corporation PO BOX 444 WHITE ROCK, SC 29177-0444 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC)
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:76</b>
<b>HERITAGE HOME OF FLORENCE</b> 515 WARLEY ST FLORENCE, SC 29501-5199 FACILITY #:843-662-4573 WELCH PAIGE S PH#: 843-662-4573 <b>Facility Email:</b> PWELCH@HERITAGEFLORENCE.COM <b>Fac. Contact Email:</b> PWELCH@HERITAGEFLORENCE.COM	NCF-0450 / 02/28/2018 Florence / Corporation 515 S WARLEY ST FLORENCE, SC 29501-5199 HERITAGE HOME OF FLORENCE INC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:32</b>
<b>HONORAGE NURSING CENTER</b> 1207 N CASHUA RD FLORENCE, SC 29501-6969 FACILITY #:843-665-6172 TAYLOR PAMELA M PH#: 843-665-6172 <b>Facility Email:</b> PTAYLOR1549@AOL.COM <b>Fac. Contact Email:</b> PTAYLOR1549@AOL.COM	NCF-0329 / 12/31/2018 Florence / Corporation 1207 N CASHUA RD FLORENCE, SC 29501-6969 HONORAGE NURSING HOME OF FLORENCE SC INC
<b>Alzheimer Care: Yes Max # Residents 88</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>INMAN HEALTHCARE</b> 51 N MAIN ST INMAN, SC 29349-1437 FACILITY #:864-472-9370 MORLEY MILLICENT PH#: 864-472-9370 <b>Facility Email:</b> ALPHILLIPS@SAVASC.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0864 / 12/31/2017 (Renewal Pending) Spartanburg / Limited Liability 51 N MAIN ST INMAN, SC 29349-1437 INMAN HEALTH OPERATING COMPANY LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds40</b>
<b>IVA REHABILITATION AND HEALTHCARE CENTER</b> 406 W BROAD ST IVA, SC 29655-1119 FACILITY #:864-348-7433 FIELDS ANTHONY PH#: 864-224-3898 <b>Facility Email:</b> AFIELDS@ORIANNA.COM <b>Fac. Contact Email:</b> AFIELDS@ORIANNA.COM	NCF-0904 / 11/30/2018 Anderson / Limited Liability 406 W BROAD ST IVA, SC 29655-1119 IVA REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds60</b>

**SCDHEC**  
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**Name of Facility**  
**Location Street**  
**Location City, State**  
**Administrator**

**License#/Expiration**  
**County/Ownership Type**  
**Mailing Address**  
**Licensee**

**J F HAWKINS NURSING HOME INC**  
1330 KINARD ST  
NEWBERRY, SC 29108-3096 FACILITY #:803-276-2601  
RANSELL TY L PH#: 803-276-2601  
**Facility Email:** KMONTGOMERY@NEWBERRYCCRC.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0234 / 02/28/2018  
Newberry / Limited Liability  
1300 KINARD ST  
NEWBERRY, SC 29108  
NEWBERRY OPERATOR LLC

**Alzheimer Care: Yes Max # Residents:**  
**Alzheimer Unit: Yes Max # Beds: 20**

**Total Number of Licensed Beds: 18**

**JOHN EDWARD HARTER NURSING CENTER**  
185 REVOLUTIONARY TRL  
FAIRFAX, SC 29827-7105 FACILITY #:803-632-3334  
GOODING GENE L PH#:  
**Facility Email:** LARIG@ACHOSPITAL.ORG  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0259 / 04/30/2018  
Allendale / County  
PO BOX 218  
FAIRFAX, SC 29827-0218  
ALLENDALE COUNTY HOSPITAL BOARD OF TRUSTEES

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

**Total Number of Licensed Beds: 44**

**JOHNS ISLAND REHABILITATION AND HEALTHCARE CENTER**  
3647 MAYBANK HWY  
JOHNS ISLAND, SC 29455-4825 FACILITY #:843-559-5888  
ANDERSON LINDSAY PH#: 843-559-5888  
**Facility Email:** LANDERSON@ORIANNA.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0911 / 11/30/2018  
Charleston / Limited Liability  
3647 MAYBANK HWY  
JOHNS ISLAND, SC 29455-4825  
JOHNS ISLAND REHABILITATION AND HEALTHCARE CENTER LLC

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

**Total Number of Licensed Beds: 32**

**JOLLEY ACRES HEALTHCARE CENTER**  
1180 WOLFE TRL  
ORANGEBURG, SC 29115-7339 FACILITY #:803-534-1001  
BLANKENSHIP LINDA PH#:  
**Facility Email:** ADMIN@JOLLEYACRESLTC.COM  
**Fac. Contact Email:** ADMIN.JOLLEYACRESLTC.COM

NCF-0929 / 09/30/2018  
Orangeburg / Ltd. Liability  
1180 WOLFE TRL  
ORANGEBURG, SC 29115-7339  
PALMETTO JOLLEY ACRES OPERATING LLC

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

**Total Number of Licensed Beds: 60**

**KERSHAWHEALTH KARESH LONG TERM CARE**  
1315 ROBERTS ST  
CAMDEN, SC 29020-3737 FACILITY #:803-713-6376  
HANLEY JEANNE H PH#: 803-713-6376  
**Facility Email:** HANLEY@KERSHAWHEALTH.ORG  
**Fac. Contact Email:** HANLEY@KCMC.ORG

NCF-0313 / 09/30/2018  
Kershaw / County  
1315 ROBERTS ST  
CAMDEN, SC 29020-3798  
KERSHAW HOSPITAL LLC

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

**Total Number of Licensed Beds: 96**

**SCDHEC  
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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>KINGSTON NURSING CENTER</b> 2379 CYPRESS CIR CONWAY, SC 29526-8921 FACILITY #:843-347-8179 FOWLER LAURAL PH#: 843-347-8179 Facility Email: LFWLER@CMC-SC.COM Fac. Contact Email: LFWLER@CMC-SC.COM	NCF-0518 / 06/30/2018 Horry / Non-Profit Corporation PO BOX 1496 CONWAY, SC 29528-1496 CONWAY HOSPITAL INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>LAKE CITY-SCRANTON HEALTHCARE CENTER</b> 1940 BOYD RD SCRANTON, SC 29591-5835 FACILITY #:843-389-9201 GIBBS JEFFREY PH#: 843-389-9201 Facility Email: JEFFREY.GIBBS@PALMLTC.COM Fac. Contact Email: ADMIN@LAKECITYLTC.COM	NCF-0928 / 09/30/2018 Florence / Ltd. Liability 1940 BOYD RD SCRANTON, SC 29591-5835 PALMETTO LAKE CITY OPERATING LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>LAKE EMORY POST ACUTE CARE</b> 59 BLACKSTOCK RD INMAN, SC 29349-1827 FACILITY #:864-472-2028 CADDELL CASEY J PH#: 864-472-2028 Facility Email: C.CADDELL@FUNDLTC.COM Fac. Contact Email: C.CADDELL@FUNDLTC.COM	NCF-0862 / 08/31/2018 Spartanburg / Ltd. Liability 59 BLACKSTOCK RD INMAN, SC 29349-1827 THI OF SOUTH CAROLINA AT CAMP CARE LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>LAKE MARION NURSING FACILITY</b> 1527 URBANA RD SUMMERTON, SC 29148-8929 FACILITY #:803-485-2317 MILES ANETTE C PH#: 803-485-2317 Facility Email: AMILES@CLARENDONLTC.ORG Fac. Contact Email: AMILES@CLARENDONHEALTH.COM	NCF-0736 / 01/31/2019 Clarendon / District PO BOX 1159 SUMMERTON, SC 29148-1159 CLARENDON HOSPITAL DISTRICT
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>LAKE MOULTRIE NURSING HOME</b> 1038 MCGILL LN SAINT STEPHEN, SC 29479-3196 FACILITY #:843-567-2307 DRIGGERS JOANN C PH#: 843-567-2307 Facility Email: JDRIGGERS@CLARENDONLTC.ORG Fac. Contact Email: JDRIGGERS@CHSYSTEM.ORG	NCF-0738 / 12/31/2018 Berkeley / District PO BOX 1108 SAINT STEPHEN, SC 29479-1108 CLARENDON HOSPITAL DISTRICT
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>

## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>LAKES AT LITCHFIELD SKILLED NURSING CENTER</b> 80 TIMBERVIEW CT PAWLEYS ISLAND, SC 29585-5798 FACILITY #:843-235-2421 BARBER JEFF B PH#: 843-235-2421 <b>Facility Email:</b> JBARBER@LAKES-LITCHFIELD.COM <b>Fac. Contact Email:</b> JBARBER@LAKES-LITCHFIELD.COM	NCF-0843 / 12/31/2018 Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds</b> 24
<b>LANCASTER CONVALESCENT CENTER</b> 2044 PAGELAND HWY LANCASTER, SC 29720-7608 FACILITY #:803-285-7907 SKINNER JEFF PH#: 803-285-7907 <b>Facility Email:</b> JEFF.SKINNER@FUNDLTC.COM <b>Fac. Contact Email:</b> JEFF.SKINNER@FUNDLTC.COM	NCF-0551 / 02/28/2018 Lancaster / Corporation 2044 PAGELAND HWY LANCASTER, SC 29720-7608 LANCASTER HEALTH CARE LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds</b> 42
<b>LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC</b> 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 FACILITY #:803-284-4313 MYERS MITZI PH#: 803-329-6565 <b>Facility Email:</b> MMYERS@LAURELBAYE.COM <b>Fac. Contact Email:</b> MMYERS@LAURELBAYE.COM	NCF-0755 / 08/31/2018 Barnwell / Ltd. Liability 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds</b> 85
<b>LAUREL BAYE HEALTHCARE OF WILLISTON LLC</b> 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 FACILITY #:803-266-3229 PORTER NANCY PH#: 803-266-3229 <b>Facility Email:</b> NPORTER@LAURELBAYE.COM <b>Fac. Contact Email:</b> NPORTER@LAURELBAYE.COM	NCF-0754 / 08/31/2018 Barnwell / Ltd. Liability 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 LAUREL BAYE HEALTHCARE OF WILLISTON LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds</b> 44
<b>LAUREL CREST RETIREMENT CENTER</b> 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FACILITY #:803-796-0370 DEEL JAMES F PH#: 803-796-0370 <b>Facility Email:</b> J.DEEL@LAUREL-CREST.COM <b>Fac. Contact Email:</b> J.DEEL@LAUREL.CREST.COM	NCF-0647 / 09/30/2018 Lexington / Non-Profit Corporation 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FPCRC INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds</b> 12



**SCDHEC  
Nursing Homes**

January 10, 2018

DHEC Regulation 61-17

**Name of Facility  
Location Street  
Location City, State  
Administrator**

**License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee**

**LEXINGTON MEDICAL CENTER EXTENDED CARE**  
815 OLD CHEROKEE RD  
LEXINGTON, SC 29072-8115 FACILITY #:803-359-5181  
STOWE RICHARD W PH#: 803-359-5181  
**Facility Email:** WSTOWE@LEXHEALTH.ORG  
**Fac. Contact Email:** WSTOWE@LEXHEALTH.ORG

NCF-0730 / 12/31/2018  
Lexington / Corporation  
815 OLD CHEROKEE RD  
LEXINGTON, SC 29072-8115  
LEXMED INC

**Alzheimer Care: Yes Max # Residents:**  
**Alzheimer Unit: Yes Max # Beds: 80**

**Total Number of Licensed Beds: 88**

**LIFE CARE CENTER OF CHARLESTON**  
2600 ELMS PLANTATION BLVD  
NORTH CHARLESTON, SC 29406-9180 FACILITY #:843-764-3500  
CLIETT BETH A PH#: 843-764-3500  
**Facility Email:** BETH\_CLIETT@LCCA.COM  
**Fac. Contact Email:** BETH\_CLIETT@LCCA.COM

NCF-0878 / 11/30/2018  
Charleston / Ltd. Liability  
2600 ELMS PLANTATION BLVD  
NORTH CHARLESTON, SC 29406-9180  
CHARLESTON MEDICAL INVESTORS LLC

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

**Total Number of Licensed Beds: 48**

**LIFE CARE CENTER OF COLUMBIA**  
2514 FARAWAY DR  
COLUMBIA, SC 29223-3969 FACILITY #:803-865-1999  
KNEELAND ROBERT E PH#: 803-865-1999  
**Facility Email:** ROBERT\_KNEELAND@LCCA.COM  
**Fac. Contact Email:** ROBERT\_KNEELAND@LCCA.COM

NCF-0634 / 06/30/2018  
Richland / Corporation  
2514 FARAWAY DR  
COLUMBIA, SC 29223-3969  
RCM-COLUMBIA INC

**Alzheimer Care: No Max # Residents 80**  
**Alzheimer Unit: No Max # Beds:**

**Total Number of Licensed Beds: 79**

**LIFE CARE CENTER OF HILTON HEAD**  
120 LAMOTTE DR  
HILTON HEAD ISLAND, SC 29926-2792 FACILITY #:843-681-6006  
KILPATRICK LYNN D PH#: 843-681-6006  
**Facility Email:** LYNN\_KILPATRICK@LCCA.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0725 / 05/31/2018  
Beaufort / Corporation  
120 LAMOTTE DR  
HILTON HEAD ISLAND, SC 29926-2792  
LIFE CARE CENTERS OF AMERICA INC

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

**Total Number of Licensed Beds: 88**

**LINLEY PARK REHABILITATION AND HEALTHCARE CENTER**  
208 JAMES ST  
ANDERSON, SC 29625-2942 FACILITY #:864-226-3427  
HERITAGE CARLA PH#: 864-226-3427  
**Facility Email:** CHERITAGE@ORIANNA.COM  
**Fac. Contact Email:** ADMINWILLOW@HMR-LTC.COM

NCF-0909 / 11/30/2018  
Anderson / Limited Liability  
208 JAMES ST  
ANDERSON, SC 29625-2942  
LINLEY PARK REHABILITATION AND HEALTHCARE CENTER LLC

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

**Total Number of Licensed Beds: 88**

## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>LINVILLE COURTS AT THE CASCADES VERDAE</b> 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 FACILITY #:864-528-5529 HILL JR JAMES A PH#: 864-528-5529 <b>Facility Email:</b> JHILL@CASCADES-VERDAE.COM <b>Fac. Contact Email:</b> JHILL@CASCADES-VERDAE.COM	NCF-0956 / 04/30/2018 Greenville / Limited Liability 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 CASCADES NURSING LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds44</b>
<b>LODGE AT WELLMORE</b> 111 WELLMORE DR TEGA CAY, SC 29708-0039 FACILITY #:803-835-7000 DUNN DAVID M PH#: 803-835-7000 <b>Facility Email:</b> DAVID.DUNN@WELL-MORE.COM <b>Fac. Contact Email:</b> DAVID.DUNN@WELL-MORE.COM	NCF-0988 / 09/30/2018 York / Limited Liability 3530 TORINGDON WAY STE 204 CHARLOTTE, NC 28277-3436 WELLMORE OF TEGA CAY LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds60</b>
<b>LORIS REHAB AND NURSING CENTER</b> 3620 STEVENS ST LORIS, SC 29569-2953 FACILITY #:843-716-7106 OATES MARGARET PH#: 843-716-7106 <b>Facility Email:</b> BOATES@WILSONSENIORCARE.COM <b>Fac. Contact Email:</b> BOATES@WILSONSENIORCARE.COM	NCF-0207 / 08/31/2018 Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 LORIS REHAB AND NURSING CENTER LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>MAGNOLIA MANOR-GREENVILLE</b> 411 ANSEL ST GREENVILLE, SC 29601-3499 FACILITY #:864-232-5368 SELLARS RICHARD PH#: 864-232-5368 <b>Facility Email:</b> KIRK.BROOME@FUNDLTC.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0860 / 08/31/2018 Greenville / Ltd. Liability 411 ANSEL ST GREENVILLE, SC 29601-3499 THI OF SOUTH CAROLINA AT GREENVILLE LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds99</b>
<b>MAGNOLIA MANOR-GREENWOOD</b> 1415 PKWY GREENWOOD, SC 29646-4044 FACILITY #:864-227-9500 GOFORTH EDITH C PH#: 864-227-9500 <b>Facility Email:</b> EDITH.GOFORTH@FUNDLTC.COM <b>Fac. Contact Email:</b> SEE DIRECTIONS	NCF-0866 / 08/31/2018 Greenwood / Ltd. Liability 1415 PKWY GREENWOOD, SC 29646-4044 THI OF SOUTH CAROLINA AT GREENWOOD LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>

**SCDHEC  
Nursing Homes**

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<p><b>MAGNOLIA MANOR-INMAN</b> 63 BLACKSTOCK RD INMAN, SC 29349-1849 FACILITY #:864-472-9055 ROSS-MERKEL MELISSA PH#: 864-472-9055 <b>Facility Email:</b> No Facility Email on Record <b>Fac. Contact Email:</b> No Facility Contact Email on Record <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0863 / 08/31/2018 Spartanburg / Ltd. Liability 63 BLACKSTOCK RD INMAN, SC 29349-1849 THI OF SOUTH CAROLINA AT MAGNOLIA MANOR-INMAN LLC  <b>Total Number of Licensed Beds:76</b></p>
<p><b>MAGNOLIA MANOR-ROCK HILL</b> 127 MURRAH DR ROCK HILL, SC 29732-2390 FACILITY #:803-328-6518 STEELE JENNIFER PH#: 803-328-6518 <b>Facility Email:</b> JENNIFER.STEELE@FUNDLTC.COM <b>Fac. Contact Email:</b> JENNIFER.STEELE@FUNDLTC.COM <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0859 / 08/31/2018 York / Ltd. Liability 127 MURRAH DR ROCK HILL, SC 29732-2390 THI OF SOUTH CAROLINA AT ROCK HILL LLC  <b>Total Number of Licensed Beds:06</b></p>
<p><b>MAGNOLIA MANOR-SPARTANBURG</b> 375 SERPENTINE DR SPARTANBURG, SC 29303-3026 FACILITY #:864-585-0218 WINN ANNE O PH#: 864-585-0218 <b>Facility Email:</b> 0541-ADMIN-MNSPARTANBURG@FUNDLTC.COM <b>Fac. Contact Email:</b> ANN.WINN@FUNDLTC.COM <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0867 / 08/31/2018 Spartanburg / Ltd. Liability 375 SERPENTINE DR SPARTANBURG, SC 29303-3026 THI OF SOUTH CAROLINA AT SPARTANBURG LLC  <b>Total Number of Licensed Beds95</b></p>
<p><b>MANNA REHABILITATION AND HEALTHCARE CENTER</b> 716 E CEDAR ROCK ST PICKENS, SC 29671-2324 FACILITY #:864-878-4739 GRIGGS TODD PH#: 864-878-4739 <b>Facility Email:</b> HHARBINSON@ORIANNA.COM <b>Fac. Contact Email:</b> TGRIGGS@ORIANNA.COM <b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b></p>	<p>NCF-0910 / 12/31/2018 Pickens / Limited Liability 716 E CEDAR ROCK ST PICKENS, SC 29671-2324 MANNA REHABILITATION AND HEALTHCARE CENTER LLC  <b>Total Number of Licensed Beds:30</b></p>
<p><b>MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY</b> 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 FACILITY #:864-984-4541 FRANKS POLLYANNA PH#: 864-984-4541 <b>Facility Email:</b> PFRANKS@SCBMA.COM <b>Fac. Contact Email:</b> PFRANKS@SCBMA.COM <b>Alzheimer Care: Yes Max # Residents 20</b> <b>Alzheimer Unit: Yes Max # Beds: 20</b></p>	<p>NCF-0435 / 03/31/2018 Laurens / Non-Profit Corporation 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 SOUTH CAROLINA BAPTIST MINISTRIES FOR THE AGING INC  <b>Total Number of Licensed Beds88</b></p>

## Nursing Homes

DHEC Regulation 61-17

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**MCCORMICK REHABILITATION AND HEALTHCARE CENTER**  
204 HOLIDAY RD  
MC CORMICK, SC 29835-3429 FACILITY #:864-391-2390  
JOHNSON DENA PH#: 864-391-2390  
Facility Email: DENJOHNSON@ORIANNA.COM  
Fac. Contact Email: DENJOHNSON@ORIANNA.COM

NCF-0933 / 11/30/2018  
McCormick / Limited Liability  
204 HOLIDAY RD  
MC CORMICK, SC 29835-3429  
MCCORMICK REHABILITATION AND HEALTHCARE CENTER LLC

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

**Total Number of Licensed Beds: 20**

**MCCOY MEMORIAL NURSING CENTER**  
207 CHAPPELL DR  
BISHOPVILLE, SC 29010-1167 FACILITY #:803-484-5636  
MCCASKILL CARLETTE PH#: 803-484-5636  
Facility Email: CMCCASKILL@CMCSENIORCARE.COM  
Fac. Contact Email: RCRANFORD@CMCSENIORCARE.COM

NCF-0986 / 07/31/2018  
Lee / Limited Liability  
207 CHAPPELL DR  
BISHOPVILLE, SC 29010-1167  
CARLYLE SENIOR CARE OF BISHOPVILLE LLC

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

**Total Number of Licensed Beds: 20**

**MEDFORD NURSING CENTER**  
105 MEDFORD DR  
DARLINGTON, SC 29532-2719 FACILITY #:843-398-7000  
LOFE TYLER A PH#: 843-398-7000  
Facility Email: TLOFE@WILSONSENIORCARE.COM  
Fac. Contact Email: TLOFE@WILSONSENIORCARE.COM

NCF-0891 / 08/31/2018  
Darlington / Ltd. Liability  
105 MEDFORD DR  
DARLINGTON, SC 29532-2719  
MEDFORD NURSING CENTER LLC

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

**Total Number of Licensed Beds: 88**

**METHODIST MANOR HEALTHCARE CENTER**  
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. Contact Email: TTABOR@METHODIST-MANOR.COM

NCF-0579 / 09/30/2017 (Renewal Pending)  
Florence / Non-Profit Corporation  
2100 TWIN CHURCH RD  
FLORENCE, SC 29501-8200  
UNITED METHODIST MANOR OF THE PEE DEE

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

**Total Number of Licensed Beds: 32**

**MIDLANDS HEALTH & REHABILITATION CENTER**  
1007 N KINGS ST  
COLUMBIA, SC 29223-1916 FACILITY #:803-699-4111  
STANLEY MATT PH#: 803-699-4111  
Facility Email: No Facility Email on Record  
Fac. Contact Email: No Facility Contact Email on Record

NCF-0868 / 08/31/2018  
Richland / Ltd. Liability  
1007 N KINGS ST  
COLUMBIA, SC 29223-1916  
THI OF SOUTH CAROLINA AT COLUMBIA LLC

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

**Total Number of Licensed Beds: 88**

**SCDHEC  
Nursing Homes**

January 10, 2018

DHEC Regulation 61-17

**Name of Facility  
Location Street  
Location City, State  
Administrator**

**License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee**

**MILLENNIUM POST ACUTE REHABILITATION**  
2416 SUNSET BLVD  
WEST COLUMBIA, SC 29169-4791 FACILITY #:803-796-8024  
NADKARNI NATASHA PH#: 803-796-8024  
**Facility Email:** RENEWALS@ENSIGNSERVICES.NET  
**Fac. Contact Email:** NNADKARNI@ENSIGNSERVICES.NET

NCF-0948 / 11/30/2018  
Lexington / Corporation  
27101 PUERTA REAL STE 450  
MISSION VIEJO, CA 92691  
STONEY HILL HEATLHCARE INC

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

**Total Number of Licensed Beds:32**

**MORRELL NURSING CENTER**  
900 N MARQUIS HWY  
HARTSVILLE, SC 29550-3526 FACILITY #:843-383-5164  
BYRD ANNA PH#: 843-383-5164  
**Facility Email:** KPRUITT@WILSONSENIORCARE.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0881 / 08/31/2018  
Darlington / Limited Liability  
900 N MARQUIS HWY  
HARTSVILLE, SC 29550-3526  
MORRELL NURSING CENTER LLC

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

**Total Number of Licensed Beds:54**

**MOUNT PLEASANT MANOR**  
921 BOWMAN RD  
MOUNT PLEASANT, SC 29464-3234 FACILITY #:843-884-8903  
WHITE BRUCE L PH#: 843-884-8903  
**Facility Email:** BWHITE@MOUNTPLEASANTMANOR.COM  
**Fac. Contact Email:** BWHITE@MOUNTPLEASANTMANOR.COM

NCF-0896 / 05/31/2018  
Charleston / Ltd. Liability  
921 BOWMAN RD  
MOUNT PLEASANT, SC 29464-3234  
MOUNT PLEASANT MANOR LLC

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

**Total Number of Licensed Beds:32**

**MOUNTAINVIEW NURSING HOME**  
340 CEDAR SPRINGS RD  
SPARTANBURG, SC 29302-4697 FACILITY #:864-582-4175  
DILLARD WILSON K PH#: 864-582-4175  
**Facility Email:** WDILLARD@MOUNTAINVIEWNH.COM  
**Fac. Contact Email:** WDILLARD@MOUNTAINVIEWNH.COM

NCF-0149 / 06/30/2018  
Spartanburg / Corporation  
340 CEDAR SPRINGS RD  
SPARTANBURG, SC 29302-4697  
COMMUNITY SERVICES FOR THE AGING INC

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

**Total Number of Licensed Beds:32**

**MULLINS NURSING CENTER**  
518 S MAIN ST  
MULLINS, SC 29574-3510 FACILITY #:843-464-8211  
GRIGGS DEBRA PH#: 843-464-8211  
**Facility Email:** DGRIGGS@MCMED.ORG  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0828 / 07/31/2018  
Marion / Corporation  
518 S MAIN ST  
MULLINS, SC 29574-3510  
QHG OF SOUTH CAROLINA INC

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

**Total Number of Licensed Beds92**

**SCDHEC  
Nursing Homes**

January 10, 2018

DHEC Regulation 61-17

**Name of Facility  
Location Street  
Location City, State  
Administrator**

**License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee**

**MYRTLE BEACH MANOR**  
9547 HWY 17 N  
MYRTLE BEACH, SC 29572-0000 FACILITY #:843-449-5283  
BEARD MICHAEL PH#: 843-449-5283  
**Facility Email:** MBEARD@5SSL.COM  
**Fac. Contact Email:** MBEARD@5SSL.COM

NCF-0829 / 01/31/2019  
Horry / Corporation  
400 CENTRE ST  
NEWTON, MA 02458-2094  
FS TENANT POOL I TRUST

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

**Total Number of Licensed Beds: 60**

**NHC HEALTHCARE ANDERSON**  
1501 E GBREENVILLE ST  
ANDERSON, SC 29621 FACILITY #:864-226-8356  
MOORHOUSE BRADLEY W PH#: 864-226-8356  
**Facility Email:** LPENA@NHCANDERSON.COM  
**Fac. Contact Email:** BRADMOORHOUSE@NHCANDERSON.COM

NCF-0801 / 06/30/2018  
Anderson / Ltd. Liability  
PO BOX 1327  
ANDERSON, SC 29622-1327  
NHC HEALTHCARE/ANDERSON LLC

**Alzheimer Care: Yes Max # Residents: 70**  
**Alzheimer Unit: No Max # Beds:**

**Total Number of Licensed Beds: 290**

**NHC HEALTHCARE BLUFFTON**  
3039 OKATIE HWY  
BLUFFTON, SC 29909-5101 FACILITY #:843-705-8220  
YOKLEY STEVEN T PH#: 843-705-8220  
**Facility Email:** SYOKLEY@NHCBLUFFTON.COM  
**Fac. Contact Email:** SYOKLEY@NHCBLUFFTON.COM

NCF-0958 / 01/31/2018  
Beaufort / Limited Liability  
3039 OKATIE HWY  
BLUFFTON, SC 29909-5101  
NHC HEALTHCARE/BLUFFTON LLC

**Alzheimer Care: Yes Max # Residents: 40**  
**Alzheimer Unit: Yes Max # Beds: 40**

**Total Number of Licensed Beds: 120**

**NHC HEALTHCARE CHARLESTON**  
2230 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5700 FACILITY #:843-766-5228  
BARTLETT GREGORY PH#: 843-766-5228  
**Facility Email:** TBARTLETT@NHCCHARLESTONHEALTHCARE.COM  
**Fac. Contact Email:** TBARTLETT@NHCCHARLESTONHEALTHCARE.COM

NCF-0871 / 09/30/2018  
Charleston / Limited Liability  
2230 ASHLEY CROSSING DR  
CHARLESTON, SC 29414-5700  
NHC HEALTHCARE-CHARLESTON LLC

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

**Total Number of Licensed Beds: 32**

**NHC HEALTHCARE CLINTON**  
304 JACOBS HWY  
CLINTON, SC 29325-7279 FACILITY #:864-833-2550  
HOLDER CHARLES E PH#: 000-000-0000  
**Facility Email:** CHOLDER@NHCCLINTON.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0804 / 06/30/2018  
Laurens / Ltd. Liability  
PO BOX 727  
CLINTON, SC 29325-0727  
NHC HEALTHCARE/CLINTON LLC

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

**Total Number of Licensed Beds: 31**

**SCDHEC  
Nursing Homes**

January 10, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<p><b>NHC HEALTHCARE GARDEN CITY</b> 9405 HWY 17 BYP MURRELLS INLET, SC 29576-9301 FACILITY #:843-650-2213 SELLARS GIDEON PH#: 843-650-2213 Facility Email: GSELLARS@NHCGARDENCITY.COM Fac. Contact Email: GSELLARS@NHCCLINTON.NET</p> <p><b>Alzheimer Care: No    Max # Residents 0</b> <b>Alzheimer Unit: No    Max # Beds:</b></p>	<p>NCF-0825 / 10/31/2018 Horry / Ltd. Liability PO BOX 309 MURRELLS INLET, SC 29576-0309 NHC HEALTHCARE/GARDEN CITY LLC</p> <p><b>Total Number of Licensed Beds:48</b></p>
<p><b>NHC HEALTHCARE GREENVILLE</b> 1305 BOILING SPRINGS RD GREER, SC 29650-4139 FACILITY #:864-458-7566 MOORHOUSE BRYAN M PH#: 864-458-7566 Facility Email: BMOORHOUSE@NHCGREENVILLE.COM Fac. Contact Email: NATIONALHEALTHCARE@CHARTER.NET</p> <p><b>Alzheimer Care: No    Max # Residents 0</b> <b>Alzheimer Unit: No    Max # Beds:</b></p>	<p>NCF-0807 / 06/30/2018 Greenville / Ltd. Liability 1305 BOILING SPRINGS RD GREER, SC 29650-4139 NHC HEALTHCARE/GREENVILLE LLC</p> <p><b>Total Number of Licensed Beds:76</b></p>
<p><b>NHC HEALTHCARE GREENWOOD</b> 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 FACILITY #:864-223-1950 SELLARS RICHARD A PH#: 864-223-1950 Facility Email: RSELLARS@NHCGREENWOOD.COM Fac. Contact Email: RSELLARS@NHCGREENWOOD.COM</p> <p><b>Alzheimer Care: No    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b></p>	<p>NCF-0802 / 06/30/2018 Greenwood / Ltd. Liability 437 CAMBRIDGE AVE E GREENWOOD, SC 29646-2244 NHC HEALTHCARE/GREENWOOD LLC</p> <p><b>Total Number of Licensed Beds:52</b></p>
<p><b>NHC HEALTHCARE LAURENS</b> 379 PINEHAVEN ST EXT LAURENS, SC 29360-2672 FACILITY #:864-984-6584 SHEARER RICKIE L PH#: 864-984-6584 Facility Email: RSHEARER@NHCLAURENS.COM Fac. Contact Email: No Facility Contact Email on Record</p> <p><b>Alzheimer Care: Yes    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b></p>	<p>NCF-0326 / 06/30/2018 Laurens / Ltd. Liability PO BOX 1259 LAURENS, SC 29360-1259 NHC HEALTHCARE/LAURENS LLC</p> <p><b>Total Number of Licensed Beds:76</b></p>
<p><b>NHC HEALTHCARE LEXINGTON</b> 2993 SUNSET BLVD WEST COLUMBIA, SC 29169-3421 FACILITY #:803-939-0026 MANLEY MICHAEL W PH#: 803-939-0026 Facility Email: NHC@NHCCLEXINGTON.COM Fac. Contact Email: NHC@NHCCLEXINGTON.COM</p> <p><b>Alzheimer Care: No    Max # Residents 0</b> <b>Alzheimer Unit: No    Max # Beds:</b></p>	<p>NCF-0798 / 06/30/2018 Lexington / Ltd. Liability 2993 SUNSET BLVD WEST COLUMBIA, SC 29169-3421 NHC HEALTHCARE/LEXINGTON LLC</p> <p><b>Total Number of Licensed Beds:70</b></p>

**SCDHEC  
Nursing Homes**

January 10, 2018

DHEC Regulation 61-17

**Name of Facility  
Location Street  
Location City, State  
Administrator**

**License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee**

**NHC HEALTHCARE MAULDIN**  
850 E BUTLER RD  
GREENVILLE, SC 29607-5842 FACILITY #:864-675-6421  
DOBSON DEBORAH D PH#: 864-675-6421  
**Facility Email:** DDOBSON@NHCMAULDIN.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0796 / 06/30/2018  
Greenville / Ltd. Liability  
PO BOX 600  
MAULDIN, SC 29662-0600  
NHC HEALTHCARE/MAULDIN LLC

**Alzheimer Care: Yes Max # Residents 30**  
**Alzheimer Unit: Yes Max # Beds: 30**

**Total Number of Licensed Beds: 80**

**NHC HEALTHCARE NORTH AUGUSTA**  
350 AUSTIN GRAYBILL RD  
NORTH AUGUSTA, SC 29860-9251 FACILITY #:803-278-4272  
HILL HEATH E PH#: 803-278-4272  
**Facility Email:** HHILL@NHCNORTHAUGUSTA.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0799 / 06/30/2018  
Aiken / Ltd. Liability  
PO BOX 7979  
NORTH AUGUSTA, SC 29861-7979  
NHC HEALTHCARE/NORTH AUGUSTA LLC

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

**Total Number of Licensed Beds: 92**

**NHC HEALTHCARE PARKLANE**  
7601 PARKLANE RD  
COLUMBIA, SC 29223-6122 FACILITY #:803-741-9090  
ARGO MELISSA B PH#: 803-741-7233  
**Facility Email:** MARGO@NHCPARKLANE.COM  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0797 / 06/30/2018  
Richland / Ltd. Liability  
7601 PARKLANE RD  
COLUMBIA, SC 29223-6122  
NHC HEALTHCARE/PARKLANE LLC

**Alzheimer Care: Yes Max # Residents 30**  
**Alzheimer Unit: Yes Max # Beds: 30**

**Total Number of Licensed Beds: 80**

**NHC HEALTHCARE SUMTER**  
1018 N GUIGNARD DR  
SUMTER, SC 29150-2423 FACILITY #:803-773-5567  
CROTTS JEANIE S PH#: 803-773-5567  
**Facility Email:** JCROTTS@NHCSUMTER.COM  
**Fac. Contact Email:** JCROTTS@NHCSUMTER.COM

NCF-0471 / 01/31/2018  
Sumter / Corporation  
PO BOX 1524  
SUMTER, SC 29151-1524  
NATIONAL HEALTH CORPORATION

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

**Total Number of Licensed Beds: 38**

**OAKBROOK HEALTH AND REHABILITATION CENTER**  
920 TRAVELERS BLVD  
SUMMERVILLE, SC 29485-8213 FACILITY #:843-875-9053  
HIERS KELLIE PH#: 843-875-9053  
**Facility Email:** K.HIERS@PALMLTC.COM  
**Fac. Contact Email:** K.HIERS@PALMLTC.COM

NCF-0998 / 08/31/2018  
Dorchester / Limited Liability  
920 TRAVELERS BLVD  
SUMMERVILLE, SC 29485-8213  
OAKBROOK HEALTH CARE LLC

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

**Total Number of Licensed Beds: 88**



## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>OAKHAVEN NURSING CENTER</b> 123 OAK ST DARLINGTON, SC 29532-2628 FACILITY #:843-398-7041 PRUITT KELLEY PH#: 843-398-7041 <b>Facility Email:</b> KPRUITT@WILSONSENIORCARE.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0890 / 08/31/2018 Darlington / Limited Liability 123 OAK ST DARLINGTON, SC 29532-2628 OAKHAVEN NURSING CENTER LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds 88</b>
<b>OAKS THE</b> 1000 METHODIST OAKS DR ORANGEBURG, SC 29115-1813 FACILITY #:803-535-1561 TILL ELAINE MPH#: 803-534-1212 <b>Facility Email:</b> ETILL@THEOAKSSC.COM <b>Fac. Contact Email:</b> ETILL@THEOAKSSC.COM	NCF-0735 / 11/30/2018 Orangeburg / Non-Profit Corporation PO BOX 327 ORANGEBURG, SC 29116-0327 METHODIST OAKS INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds 122</b>
<b>OPUS POST ACUTE REHABILITATION</b> 300 AGAPE DR WEST COLUMBIA, SC 29169-3307 FACILITY #:803-739-5282 SHEETS STEVEN PH#: 803-739-5282 <b>Facility Email:</b> RENEWALS@ENSIGNSERVICES.NET <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0976 / 12/31/2018 Lexington / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 SOUTHERN CHARM HEALTHCARE INC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds 100</b>
<b>PALMETTO HEALTH REHABILITATION CENTER</b> 1330 TAYLOR ST COLUMBIA, SC 29220 FACILITY #:803-296-5010 CHAVIS DIANA L PH#: 803-296-5010 <b>Facility Email:</b> DIANA.CHAVIS@PALMETTOHEALTH.ORG <b>Fac. Contact Email:</b> DIANA.CHAVIS@PALMETTOHEALTH.ORG	NCF-0740 / 02/28/2018 Richland / Non-Profit Corporation 1330 TAYLOR ST COLUMBIA, SC 29201-2943 PALMETTO HEALTH
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds 22</b>
<b>PALMETTO HEALTH TUOMEY SUBACUTE SKILLED CARE PROGRAM</b> 129 N WASHINGTON ST SUMTER, SC 29150-4983 FACILITY #:803-774-9000 PH#: <b>Facility Email:</b> TERRIE.CARLTON@PALMENOHEALTH.ORG <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0973 / 12/31/2017 (Renewal Pending) Sumter / 129 N WASHINGTON ST SUMTER, SC 29150-4983 PALMETTO HEALTH TUOMEY
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds 18</b>

## Nursing Homes

DHEC Regulation 61-17

Name of Facility  
Location Street  
Location City, State  
Administrator

License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee

**PATEWOOD REHABILITATION AND HEALTHCARE CENTER**  
2 GRIFFITH RD  
GREENVILLE, SC 29607-3504 FACILITY #:864-990-1918  
CALDWELL GLENNA PH#: 864-990-1918  
Facility Email: GCALDWELL@ORIANNA.COM  
Fac. Contact Email: GCALDWELL@ORIANNA.COM

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

NCF-0900 / 12/31/2018  
Greenville / Limited Liability  
2 GRIFFITH RD  
GREENVILLE, SC 29607-3504  
PATEWOOD REHABILITATION AND HEALTHCARE CENTER LLC

**Total Number of Licensed Beds:20**

**PEACHTREE CENTRE**  
1434 N LIMESTONE ST  
GAFFNEY, SC 29340-4798 FACILITY #:864-487-2717  
BLACKWELDER SARAH CAMPBELL PH#: 864-487-2717  
Facility Email: ADMI@PEACHTREE.COM  
Fac. Contact Email: ADMI@PEACHTREE.COM

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

NCF-0972 / 11/30/2018  
Cherokee / Limited Liability  
1434 N LIMESTONE ST  
GAFFNEY, SC 29340-4798  
PEACHTREE OPERATING GROUP LLC

**Total Number of Licensed Beds:11**

**PEPPER HILL NURSING & REHAB CENTER**  
3525 AUGUSTUS RD  
AIKEN, SC 29801-2701 FACILITY #:803-642-8376  
JONES PRESTON S PH#: 803-642-8376  
Facility Email: SCOTTJONES@PEPPERHILL.COM  
Fac. Contact Email: ROXANNEWESE@PEPPERHILL.COM

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

NCF-0879 / 11/30/2018  
Aiken / Limited Liability  
PO BOX 3188  
AIKEN, SC 29802-3188  
PEPPER HILL NURSING & REHAB CENTER LLC

**Total Number of Licensed Beds:32**

**PHYSICAL REHABILITATION AND WELLNESS CENTER OF SPARTANBURG**  
8020 WHITE AVE  
SPARTANBURG, SC 29303-2099 FACILITY #:864-542-8515  
HARRIS PATRICIA A PH#: 864-542-8515  
Facility Email: PATRICIAHARRIS@FUNDLTC.COM  
Fac. Contact Email: PATRICIAHARRIS@THICARE.COM

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

NCF-0861 / 08/31/2018  
Spartanburg / Ltd. Liability  
8020 WHITE AVE  
SPARTANBURG, SC 29303-2099  
THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT SPARTANBURG LLC

**Total Number of Licensed Beds:20**

**POINSETT REHABILITATION AND HEALTHCARE CENTER**  
8 N TEXAS AVE  
GREENVILLE, SC 29611-5034 FACILITY #:864-295-1331  
ADDISON MICHELLE PH#: 864-295-1331  
Facility Email: MADDISON@ORIANNA.COM  
Fac. Contact Email: No Facility Contact Email on Record

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

NCF-0903 / 11/30/2018  
Greenville / Limited Liability  
8 N TEXAS AVE  
GREENVILLE, SC 29611-5034  
POINSETT REHABILITATION AND HEALTHCARE CENTER LLC

**Total Number of Licensed Beds:32**

## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-CLINTON</b> 801 MUSGROVE ST CLINTON, SC 29325-1796 FACILITY #:864-833-5190 PRIDMORE ROBERT P PH#: 864-833-5190 <b>Facility Email:</b> PAUL.PRIDMORE@PRESHOME.ORG <b>Fac. Contact Email:</b> PAUL.PRIDMORE@PRESHOMESC.ORG	NCF-0366 / 04/30/2018 Laurens / Non-Profit Corporation 801 MUSGROVE ST CLINTON, SC 29325-1796 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds66</b>
<b>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-COLUMBIA</b> 700 DAVEGA DR LEXINGTON, SC 29073-9698 FACILITY #:803-796-8700 BASILE JASON PH#: 803-796-8700 <b>Facility Email:</b> JASON.BASILE@PRESCOMM.ORG <b>Fac. Contact Email:</b> JASON.BASILE@PRESHOMESC.ORG	NCF-0545 / 12/31/2018 Lexington / Non-Profit Corporation 700 DAVEGA DR LEXINGTON, SC 29073-9698 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: Yes Max # Beds: 20</b>	<b>Total Number of Licensed Beds44</b>
<b>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FLORENCE</b> 2350 W LUCAS ST FLORENCE, SC 29501-1201 FACILITY #:843-665-2222 LILLY LORETTA PH#: 864-665-2102 <b>Facility Email:</b> LORETTA.LILLY@PRESHOMESC.ORG <b>Fac. Contact Email:</b> LORETTA.LILLY@PRESHOMESSC.ORG	NCF-0420 / 09/30/2018 Florence / Non-Profit Corporation 2350 W LUCAS ST FLORENCE, SC 29501-1201 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds44</b>
<b>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FOOTHILLS</b> 205 BUD NALLEY DR EASLEY, SC 29642 FACILITY #:864-859-3367 NICHOLS KAREN H PH#: 864-859-3367 <b>Facility Email:</b> KAREN.NICHOLS@PRESHOMESC.ORG <b>Fac. Contact Email:</b> KAREN.NICHOLS@PRESHOMESC.ORG	NCF-0809 / 10/31/2018 Pickens / Non-Profit Corporation 205 BUD NALLEY DR EASLEY, SC 29642 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds44</b>
<b>PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE</b> 201 W 9TH NORTH ST SUMMERVILLE, SC 29483-6721 FACILITY #:843-873-2550 WOODS BARBARA L PH#: 843-873-2550 <b>Facility Email:</b> YOLANDA.WHITE@PRESHOMESC.ORG <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0202 / 04/30/2018 Dorchester / Non-Profit Corporation 201 W 9TH NORTH ST OFC 140 SUMMERVILLE, SC 29483-6701 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds87</b>

## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>PRESTON HEALTH CENTER</b> 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 FACILITY #:843-689-7000 GRIFFIN-BUKOSKEY SANDRA PH#: 843-689-7077 <b>Facility Email:</b> SBUKOSKEY@THECYPRESS.COM <b>Fac. Contact Email:</b> SBUKOSKEY@THECYPRESS.COM <b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: Yes Max # Beds: 11</b>	NCF-0576 / 04/30/2018 Beaufort / Limited Liability Limited Partnership 87 BIRDSONG WAY HILTON HEAD ISLAND, SC 29926-1365 CYPRESS OF HILTON HEAD ISLAND ASSOCIATES LP  <b>Total Number of Licensed Beds: 77</b>
<b>PRINCE GEORGE HEALTHCARE CENTER</b> 901 MAPLE ST GEORGETOWN, SC 29440-4333 FACILITY #:843-546-6101 PORTER RICHARD PH#: 843-546-6101 <b>Facility Email:</b> RICHARD.PORTER@PALMLTC.COM <b>Fac. Contact Email:</b> ADMIN@PRINCEGEORGETC.COM <b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0930 / 09/30/2018 Georgetown / Ltd. Liability 901 MAPLE ST GEORGETOWN, SC 29440-4333 PALMETTO PRINCE GEORGE OPERATING LLC  <b>Total Number of Licensed Beds: 48</b>
<b>PRUITTHEALTH - BAMBERG</b> 439 NORTH ST BAMBERG, SC 29003-1317 FACILITY #:803-245-7525 HUBBLE TONI PH#: 803-245-7525 <b>Facility Email:</b> THUBBLE@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record <b>Alzheimer Care: No Max # Residents: 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0322 / 08/31/2018 Bamberg / Limited Liability 439 NORTH ST BAMBERG, SC 29003-1317 PRUITTHEALTH - BAMBERG LLC  <b>Total Number of Licensed Beds: 88</b>
<b>PRUITTHEALTH - DILLON</b> 413 LAKESIDE CT DILLON, SC 29536-1999 FACILITY #:843-774-2741 CAMPBELL CELESTE PH#: 843-774-2741 <b>Facility Email:</b> CCAMPBELL@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> CCAMPBELL@PRUITTHEALTH.COM <b>Alzheimer Care: No Max # Residents: 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0835 / 11/30/2018 Dillon / Ltd. Liability 413 LAKESIDE CT DILLON, SC 29536-1999 PRUITTHEALTH - DILLON LLC  <b>Total Number of Licensed Beds: 84</b>
<b>PRUITTHEALTH - ESTILL</b> 252 LIBERTY AVE S ESTILL, SC 29918 FACILITY #:803-625-3852 YOUNG JACQUELINE PH#: 803-625-3852 <b>Facility Email:</b> JLOCKLAIR@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record <b>Alzheimer Care: No Max # Residents: 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	NCF-0922 / 09/30/2018 Hampton / Ltd. Liability 252 LIBERTY AVE S ESTILL, SC 29918 PRUITTHEALTH - ESTILL LLC  <b>Total Number of Licensed Beds: 104</b>

**SCDHEC  
Nursing Homes**

January 10, 2018

DHEC Regulation 61-17

**Name of Facility  
Location Street  
Location City, State  
Administrator**

**License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee**

**PRUITTHEALTH - PICKENS**

163 LOVE AND CARE RD  
SIX MILE, SC 29682-9569 FACILITY #:864-868-2307  
COMPTON JULIA PH#: 864-868-2307  
**Facility Email:** JHKING@PRUITTHEALTH.COM

NCF-0580 / 04/30/2018  
Pickens / Limited Liability  
163 LOVE AND CARE RD  
SIX MILE, SC 29682-9569  
PRUITTHEALTH - PICKENS LLC

**Fac. Contact Email:** No Facility Contact Email on Record

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

**Total Number of Licensed Beds:44**

**PRUITTHEALTH - WALTERBORO**

401 WITSELL ST  
WALTERBORO, SC 29488-3052 FACILITY #:843-549-5546  
JARVIS MICHAEL PH#: 843-549-5546  
**Facility Email:** CDRINKARD@PRUITTHEALTH.COM

NCF-0949 / 10/31/2018  
Colleton / Ltd. Liability  
401 WITSELL ST  
WALTERBORO, SC 29488  
PRUITTHEALTH - WALTERBORO LLC

**Fac. Contact Email:** No Facility Contact Email on Record

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

**Total Number of Licensed Beds:32**

**PRUITTHEALTH ROCK HILL**

261 S HERLONG AVE  
ROCK HILL, SC 29732-1159 FACILITY #:803-366-7133  
JOHNSON KATE P PH#: 803-366-7133  
**Facility Email:** KATEJOHNSON@PRUITTHEALTH.COM

NCF-0947 / 01/31/2018  
York / Limited Liability  
261 S HERLONG AVE  
ROCK HILL, SC 29732-1159  
PRUITTHEALTH ROCK HILL LLC

**Fac. Contact Email:** KATEJOHNSON@PRUITTHEALTH.COM

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

**Total Number of Licensed Beds:32**

**PRUITTHEALTH-AIKEN**

830 LAURENS ST  
AIKEN, SC 29801-0475 FACILITY #:803-649-6264  
GRUZMAN CHARLES PH#:  
**Facility Email:** NGUZMAN@PRUITTHEALTH.COM

NCF-0942 / 06/30/2018  
Aiken / Limited Liability  
830 LAURENS ST  
AIKEN, SC 29801-0475  
PRUITTHEALTH-AIKEN LLC

**Fac. Contact Email:** No Facility Contact Email on Record

**Alzheimer Care: Yes Max # Residents 44**  
**Alzheimer Unit: Yes Max # Beds: 44**

**Total Number of Licensed Beds:76**

**PRUITTHEALTH-BARNWELL**

31 WREN ST  
BARNWELL, SC 29812-1528 FACILITY #:803-259-5547  
JAMISON MARY ANNE PH#: 803-259-5547  
**Facility Email:** MJAMISON@PRUITTHEALTH.COM

NCF-0893 / 07/31/2018  
Barnwell / Limited Liability  
31 WREN ST  
BARNWELL, SC 29812-1528  
PRUITTHEALTH-BARNWELL LLC

**Fac. Contact Email:** No Facility Contact Email on Record

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

**Total Number of Licensed Beds:44**

## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>PRUITTHEALTH-BLYTHEWOOD</b> 1075 HEATHER GREEN DR COLUMBIA, SC 29229-7831 FACILITY #:803-382-2300 RUTLAND DEBORAH PH#: 803-382-2300 <b>Facility Email:</b> No Facility Email on Record <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0959 / 08/31/2018 Richland / Corporation 1075 HEATHER GREEN DR COLUMBIA, SC 29229-7831 OAKS OF BLYTHEWOOD INC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:20</b>
<b>PRUITTHEALTH-COLUMBIA</b> 2451 FOREST DR COLUMBIA, SC 29204-2026 FACILITY #:803-254-5960 LEE PATRICIA PH#: 803-254-5960 <b>Facility Email:</b> PLEE@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> PLEE@PRUITTHEALTH.COM	NCF-0880 / 01/31/2018 Richland / Limited Liability 2451 FOREST DR COLUMBIA, SC 29204-2026 PRUITTHEALTH-COLIMBIA LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:85</b>
<b>PRUITTHEALTH-MONCKS CORNER</b> 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 FACILITY #:843-761-8368 MCLEOD CHUCK PH#: 843-761-8368 <b>Facility Email:</b> CFLANSBURG@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0943 / 10/31/2018 Berkeley / Limited Liability 505 S LIVE OAK DR MONCKS CORNER, SC 29461-3554 PRUITTHEALTH-MONCKS CORNER LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:32</b>
<b>PRUITTHEALTH-NORTH AUGUSTA</b> 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 FACILITY #:803-278-2170 GILL KATHRYN PH#: 803-278-2170 <b>Facility Email:</b> KAGILL@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> KAGILL@PRUITTHEALTH.COM	NCF-0721 / 10/31/2018 Aiken / Limited Liability 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 PRUITTHEALTH-NORTH AUGUSTA LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:32</b>
<b>PRUITTHEALTH-ORANGEBURG</b> 755 WHITMAN ST SE ORANGEBURG, SC 29115-6163 FACILITY #:803-534-7036 ROBINSON GWENDOLYN PH#: 803-534-7036 <b>Facility Email:</b> GLROBINSON@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> GLROBINSON@PRUITTHEALTH.COM	NCF-0617 / 09/30/2018 Orangeburg / Limited Liability 755 WHITMAN ST SE ORANGEBURG, SC 29115-6163 PRUITTHEALTH-ORANGEBURG LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>

## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>PRUITTHEALTH-RIDGEWAY</b> 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 FACILITY #:803-337-3211 HOANG DUSTIN PH#: 803-337-3211 <b>Facility Email:</b> DBLACK-GRAHAM@PRUITTHEALTH.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0710 / 10/31/2018 Fairfield / Limited Liability 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 PRUITTHEALTH-RIDGEWAY LLC
<b>Alzheimer Care: No</b> <b>Max # Residents 0</b> <b>Alzheimer Unit: No</b> <b>Max # Beds:</b>	<b>Total Number of Licensed Beds: 50</b>
<b>RETREAT AT WELLMORE OF LEXINGTON</b> 200 WELLMORE DR BLDG #4 LEXINGTON, SC 29072 FACILITY #:803-520-1200 TREMBLE WILLIAM M PH#: 803-520-1200 <b>Facility Email:</b> LEXINGTON@WELL-MORE.COM <b>Fac. Contact Email:</b> MTREMBLE@MAXWELL-GROUP.COM	NCF-0966 / 07/31/2018 Lexington / 200 WELLMORE DR BLDG #4 LEXINGTON, SC 29072 WELLMORE OF LEXINGTON LLC
<b>Alzheimer Care: No</b> <b>Max # Residents:</b> <b>Alzheimer Unit: No</b> <b>Max # Beds:</b>	<b>Total Number of Licensed Beds: 60</b>
<b>RICE ESTATE REHABILITATION AND HEALTHCARE</b> 100 FINLEY RD COLUMBIA, SC 29203-9264 FACILITY #:803-691-5720 HOLLOWAN LISA PH#: 803-691-5720 <b>Facility Email:</b> LHOLLOWAN@RICEESTATE.ORG <b>Fac. Contact Email:</b> LHOLLOWAN@LHOMES.ORG	NCF-0831 / 05/31/2018 Richland / Non-Profit Corporation 100 FINLEY RD COLUMBIA, SC 29203-9264 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC)
<b>Alzheimer Care: No</b> <b>Max # Residents 0</b> <b>Alzheimer Unit: No</b> <b>Max # Beds:</b>	<b>Total Number of Licensed Beds: 80</b>
<b>RICHARD M CAMPBELL VETERANS NURSING HOME</b> 4605 BELTON HWY ANDERSON, SC 29621-5045 FACILITY #:864-261-6734 EVATT RUSSELL PH#: 864-261-6734 <b>Facility Email:</b> REVATT@HMRVSI.COM <b>Fac. Contact Email:</b> REVATT@HMRVSI.COM	NCF-0549 / 02/28/2018 Anderson / State 4605 BELTON HWY ANDERSON, SC 29621-5045 SC DEPARTMENT OF MENTAL HEALTH
<b>Alzheimer Care: No</b> <b>Max # Residents:</b> <b>Alzheimer Unit: No</b> <b>Max # Beds:</b>	<b>Total Number of Licensed Beds: 20</b>
<b>RIDGE REHABILITATION AND HEALTHCARE CENTER</b> 226 WA REEL DR EDGEFIELD, SC 29824-4534 FACILITY #:803-637-5312 OTHMAN MOHAMED M PH#: 803-637-5312 <b>Facility Email:</b> MOTHMAN@ORIANNA.COM <b>Fac. Contact Email:</b> MOTHMAN@ORIANNA.COM	NCF-0941 / 11/30/2018 Edgefield / Ltd. Liability 226 W A REEL DR EDGEFIELD, SC 29824-4534 RIDGE REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No</b> <b>Max # Residents 0</b> <b>Alzheimer Unit: No</b> <b>Max # Beds:</b>	<b>Total Number of Licensed Beds: 20</b>

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>RIDGELAND NURSING CENTER</b> 1516 GRAYS HWY RIDGELAND, SC 29936-5440 FACILITY #:843-726-5581 BOYLES SHERI P PH#: 843-726-5581 <b>Facility Email:</b> SBOYLES@RIDGELANDNC.COM <b>Fac. Contact Email:</b> SBOYLES@RIDGELANDNC.COM	NCF-0553 / 08/31/2018 Jasper / Corporation PO BOX 1570 RIDGELAND, SC 29936-2627 RIDGELAND NURSING CENTER INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds88</b>
<b>RIVER FALLS REHABILITATION AND HEALTHCARE CENTER</b> 2906 GEER HWY MARIETTA, SC 29661-9517 FACILITY #:864-836-6381 HAMMETT WARREN PH#: 864-836-6381 <b>Facility Email:</b> WHAMMETT@ORIANNA.COM <b>Fac. Contact Email:</b> WHAMMETT@ORIANNA.COM	NCF-0920 / 11/30/2018 Greenville / Limited Liability 2906 GEER HWY MARIETTA, SC 29661-9517 RIVER FALLS REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds44</b>
<b>RIVERSIDE HEALTH AND REHAB</b> 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 FACILITY #:843-744-2750 MONTGOMERY-SMALL JERROLYN PH#: 843-744-2750 <b>Facility Email:</b> RUSTY.FLATHMANN@FUNDLTC.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0870 / 08/31/2018 Charleston / Ltd. Liability 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 THI OF SOUTH CAROLINA AT CHARLESTON LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds160</b>
<b>RIVERSIDE REHABILITATION AND HEALTHCARE CENTER</b> 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115-7250 FACILITY #:803-534-7771 GREEN DWIGHT A PH#: 803-534-7771 <b>Facility Email:</b> DGREEN1@ORIANNA.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0858 / 06/30/2018 Orangeburg / Ltd. Liability 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115-7250 RIVERSIDE REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds113</b>
<b>ROCK HILL POST ACUTE CARE CENTER</b> 159 SEDGEWOOD DR ROCK HILL, SC 29732-2315 FACILITY #:803-329-6565 GLASSMAN CAMERON PH#: 803-329-6565 <b>Facility Email:</b> RENEWALS@ENSIGNSERVICES.NET <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0975 / 12/31/2018 York / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 ROCK HILL HEALTHCARE INCORPORATED
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds99</b>



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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>ROLLING GREEN VILLAGE HEALTH CARE FACILITY</b> 1 HOKE SMITH BLVD GREENVILLE, SC 29615-5308 FACILITY #:864-987-9800 TOERNER RYAN PH#: 864-987-9800 <b>Facility Email:</b> RYANT@ROLLINGGREENVILLAGE.COM <b>Fac. Contact Email:</b> RYANT@ROLLINGGREENVILLAGE.COM	NCF-0456 / 10/31/2018 Greenville / Non-Profit Corporation 1 HOKE SMITH BLVD GREENVILLE, SC 29615-5308 ROLLING GREEN VILLAGE
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds74</b>
<b>ROSECREST REHABILITATION AND HEALTHCARE</b> 200 FORTRESS DR INMAN, SC 29349-9160 FACILITY #:864-599-8600 YETTER MELISSA PH#: 864-599-8600 <b>Facility Email:</b> BBAYNARD@ROSECREST.ORG <b>Fac. Contact Email:</b> MYETTER@LHOMES.ORG	NCF-0817 / 04/30/2018 Spartanburg / Non-Profit Corporation 200 FORTRESS DR INMAN, SC 29349-9160 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC)
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds75</b>
<b>SALUDA NURSING CENTER</b> 581 NEWBERRY HWY SALUDA, SC 29138-7808 FACILITY #:864-445-2146 PAUL KEITH PH#: 864-445-2146 <b>Facility Email:</b> KPAUL@EMBARQMAIL.COM <b>Fac. Contact Email:</b> KPAUL@EMBARQMAIL.COM	NCF-0265 / 06/30/2018 Saluda / County PO BOX 398 SALUDA, SC 29138-0398 SALUDA COUNTY
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds1:76</b>
<b>SANDPIPER REHAB &amp; NURSING</b> 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 FACILITY #:843-881-3210 WALROND JAMES J PH#: <b>Facility Email:</b> REFER@SANDPIPERCENTER.COM <b>Fac. Contact Email:</b> JWALROND@SANDPIPERCENTER.COM	NCF-0876 / 10/31/2018 Charleston / Limited Liability 1049 ANNA KNAPP BLVD MOUNT PLEASANT, SC 29464-3133 SANDPIPER REHAB & NURSING-DELAWARE LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds1:76</b>
<b>SAVANNAH GRACE AT THE PALMS OF MT PLEASANT</b> 1010 LAKE HUNTER CIR MOUNT PLEASANT, SC 29464-5417 FACILITY #:843-388-2030 BURNS RICHARD M PH#: 843-388-2030 <b>Facility Email:</b> LICENSING@5SSL.COM <b>Fac. Contact Email:</b> No Facility Contact Email on Record	NCF-0926 / 06/30/2018 Charleston / 400 CENTRE ST NEWTON, MA 02458-2094 SNH SE SG TENANT LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds48</b>

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>SENECA HEALTH AND REHABILITATION CENTER</b> 140 TOKEENA RD SENECA, SC 29678-1799 FACILITY #:864-882-1642 PARSON DIANE PH#: 864-882-1642 Facility Email: DMPARSON@SAVASC.COM Fac. Contact Email: DMPARSON@SAVASC.COM	NCF-0917 / 09/30/2018 Oconee / Ltd. Liability 140 TOKEENA RD SENECA, SC 29678-1799 SSC SENECA OPERATING COMPANY LLC
<b>Alzheimer Care: No    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds: 32</b>
<b>SIMPSONVILLE REHABILITATION AND HEALTHCARE CENTER</b> 807 SE MAIN ST SIMPSONVILLE, SC 29681-7150 FACILITY #:864-963-6069 MANGRUM KIMBERLY PH#: 864-963-6069 Facility Email: KMANGRUM@ORIANNA.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0905 / 11/30/2018 Greenville / Limited Liability 807 SE MAIN ST SIMPSONVILLE, SC 29681-7150 SIMPSONVILLE REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No    Max # Residents 0</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds: 32</b>
<b>SKYLYN NURSING AND REHABILITATION CENTER</b> 1705 SKYLYN DR OFC SPARTANBURG, SC 29307-1090 FACILITY #:864-582-6838 KENNEDY SHERRY SUE PH#: 864-582-6838 Facility Email: SKENNEDY@MAXIMUSHG.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0995 / 03/31/2018 Spartanburg / Limited Liability 1705 SKYLYN DR OFC SPARTANBURG, SC 29307-1090 MAXIMUS SPARTANBURG LLC
<b>Alzheimer Care: Yes    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds: 44</b>
<b>SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPE</b> 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. Contact Email: NROBERTSON@STILLHOPES.ORG	NCF-0392 / 12/31/2018 Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171-2959 SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES INC
<b>Alzheimer Care: Yes    Max # Residents:</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds: 62</b>
<b>SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER</b> 109 BENTZ RD PIEDMONT, SC 29673-1412 FACILITY #:864-845-5177 FARTHING SHANNON PH#: Facility Email: SFARTHING@ORIANNA.COM Fac. Contact Email: SFARTHING@ORIANNA.COM	NCF-0907 / 11/30/2018 Anderson / Limited Liability 109 BENTZ RD PIEDMONT, SC 29673-1412 SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER LLC
<b>Alzheimer Care: No    Max # Residents 0</b> <b>Alzheimer Unit: No    Max # Beds:</b>	<b>Total Number of Licensed Beds: 88</b>

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Location Street  
Location City, State  
Administrator**

**License#/Expiration  
County/Ownership Type  
Mailing Address  
Licensee**

**SOUTHLAND HEALTH CARE CENTER**  
722 S DARGAN ST  
FLORENCE, SC 29506-2562 FACILITY #:843-669-4403  
COMMANDER CHARLES S PH#: 843-669-4403  
**Facility Email:** CCOMMANDER@SC.RR.COM  
**Fac. Contact Email:** CCOMMANDER@SC.RR.COM

NCF-0599 / 12/31/2018  
Florence / Corporation  
722 S DARGAN ST  
FLORENCE, SC 29506-2562  
COMMANDER HEALTH CARE FACILITIES INC

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

**Total Number of Licensed Beds:88**

**SOUTHPOINTE HEALTHCARE AND REHABILITATION**  
35 SOUTHPOINTE DR  
GREENVILLE, SC 29607-5956 FACILITY #:864-288-1415  
BROOME KIRK PH#: 864-288-1415  
**Facility Email:** No Facility Email on Record  
**Fac. Contact Email:** No Facility Contact Email on Record

NCF-0869 / 08/31/2018  
Greenville / Ltd. Liability  
35 SOUTHPOINTE DR  
GREENVILLE, SC 29607-5956  
THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT GREENVILLE LLC

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

**Total Number of Licensed Beds:20**

**SPARTANBURG HOSPITAL FOR RESTORATIVE CARE SNF**  
389 SERPENTINE DR  
SPARTANBURG, SC 29303-3074 FACILITY #:864-560-3232  
STIMAC PATRICIA M PH#: 864-560-3232  
**Facility Email:** PSTIMAC@SRHS.COM  
**Fac. Contact Email:** PSTIMAC@SRHS.COM

NCF-0915 / 02/28/2018  
Spartanburg / District  
389 SERPENTINE DR  
SPARTANBURG, SC 29303-3074  
SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC

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

**Total Number of Licensed Beds:25**

**SPRINGDALE HEALTHCARE CENTER**  
146 BATTLESHIP RD  
CAMDEN, SC 29020-2060 FACILITY #:803-432-3741  
SPARKS DEBORAH PH#: 803-432-3741  
**Facility Email:** DEBORAH.SPARKS@PALMLTC.COM  
**Fac. Contact Email:** ADMIN@SPRINGDALELTC.COM

NCF-0925 / 09/30/2018  
Kershaw / Ltd. Liability  
146 BATTLESHIP RD  
CAMDEN, SC 29020-2060  
PALMETTO SPRINGDALE OPERATING LLC

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

**Total Number of Licensed Beds:48**

**ST GEORGE HEALTHCARE CENTER**  
905 DUKES ST  
SAINT GEORGE, SC 29477-2059 FACILITY #:843-563-4602  
SELLARS RICHARD PH#: 843-563-8481  
**Facility Email:** RICHARD.SELLARS0579@FUNDLTC.COM  
**Fac. Contact Email:** RICHARD.SELLARS0579@FUNDLTC.COM

NCF-0999 / 08/31/2018  
Dorchester / Limited Liability  
905 DUKES ST  
SAINT GEORGE, SC 29477-2059  
ST GEORGE HEALTH CARE LLC

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>SUMMIT HILLS SKILLED NURSING FACILITY</b> 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 FACILITY #:864-591-2222 BECTON JOSHUA PH#: 864-591-2222 Facility Email: SDIXON@SUMMIT-HILLS.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0950 / 03/31/2018 Spartanburg / Ltd. Liability 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 SUMMIT HILLS LLC
<b>Alzheimer Care: No Max # Residents: 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:33</b>
<b>SUMTER EAST HEALTH AND REHABILITATION CENTER</b> 880 CAROLINA AVE SUMTER, SC 29150-2815 FACILITY #:803-775-5394 GINN KEVIN PH#: 803-775-5394 Facility Email: No Facility Email on Record Fac. Contact Email: No Facility Contact Email on Record	NCF-0919 / 09/30/2018 Sumter / Ltd. Liability 880 CAROLINA AVE SUMTER, SC 29150-2815 SSC SUMTER EAST OPERATING COMPANY LLC
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:76</b>
<b>TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL</b> 800 W MEETING ST LANCASTER, SC 29720-2298 FACILITY #:803-286-1837 GOSNELL LISA R PH#: 000-000-0000 Facility Email: LISA_GOSNELL@CHS.NET Fac. Contact Email: No Facility Contact Email on Record	NCF-0723 / 04/30/2018 Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION
<b>Alzheimer Care: No Max # Residents: 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:14</b>
<b>VALLEY FALLS TERRACE</b> 400 LOCUST GRV RD SPARTANBURG, SC 29303-4898 FACILITY #:864-503-0377 MCHUGH LORI A PH#: 864-503-0377 Facility Email: LORI.MCHUGH@FUNDLTC.COM Fac. Contact Email: LORI.MCHUGH@FUNDLTC.COM	NCF-0495 / 02/28/2018 Spartanburg / Corporation 400 LOCUST GRV RD SPARTANBURG, SC 29303-4898 SPARTANBURG HEALTH CARE LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:88</b>
<b>VETERANS VICTORY HOUSE</b> 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 FACILITY #:843-538-3000 FERGUSON SANDRA L PH#: 843-538-3000 Facility Email: SFERGUSON@HMRVSI.COM Fac. Contact Email: SFERGUSON@HMRVSI.COM	NCF-0921 / 10/31/2018 Colleton / State 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 SC DEPARTMENT OF MENTAL HEALTH
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: Yes Max # Beds: 52</b>	<b>Total Number of Licensed Beds:20</b>

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>VIBRA HOSPITAL OF CHARLESTON-TCU</b> 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 FACILITY #:843-375-4220 CARR JOSEPH PH#: 843-375-4000 <b>Facility Email:</b> JCARR@VHCHARLESTON.COM <b>Fac. Contact Email:</b> JCARR@VHCHARLESTON.COM	NCF-0960 / 08/31/2018 Charleston / Limited Liability 1200 HOSPITAL DR MOUNT PLEASANT, SC 29464-3251 VIBRA HOSPITAL OF CHARLESTON LLC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 35</b>
<b>WESTMINSTER HEALTH AND REHABILITATION CENTER</b> 831 MCDOW DR ROCK HILL, SC 29732-2415 FACILITY #:803-326-3100 COOKHORNE MICHELLE THERESA PH#: 803-362-3100 <b>Facility Email:</b> MCOOKHORNE@WESTMINISTERTOWERS.ORG <b>Fac. Contact Email:</b> MCOOKHORNE@WESTMINISTERTOWERS.ORG	NCF-0819 / 08/31/2018 York / Non-Profit Corporation 831 MCDOW DR ROCK HILL, SC 29732-2415 WESTMINSTER PRESBYTERIAN CENTER INC
<b>Alzheimer Care: No Max # Residents: 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 66</b>
<b>WHITE OAK AT NORTH GROVE</b> 290 N GROVE MEDICAL PARK DR SPARTANBURG, SC 29303-4222 FACILITY #:864-582-7503 NELSON ANDREW R PH#: 864-585-0241 <b>Facility Email:</b> ANELSON@WHITEOAKMANOR.COM <b>Fac. Contact Email:</b> ANELSON@WHITEOAKMANOR.COM	NCF-0971 / 05/31/2018 Spartanburg / Corporation 290 N GROVE MEDICAL PARK DR SPARTANBURG, SC 29303-4222 WHITE OAK AT NORTH GROVE INC
<b>Alzheimer Care: Yes Max # Residents: 22</b> <b>Alzheimer Unit: Yes Max # Beds: 22</b>	<b>Total Number of Licensed Beds: 32</b>
<b>WHITE OAK ESTATES</b> 400 WEBBER RD SPARTANBURG, SC 29307-2400 FACILITY #:864-579-7004 GIBBS TAMMY L PH#: 864-579-7004 <b>Facility Email:</b> TGIBBS@WHITEOAKMANOR.COM <b>Fac. Contact Email:</b> TGIBBS@WHITEOAKMANOR.COM	NCF-0888 / 12/31/2018 Spartanburg / Corporation 400 WEBBER RD SPARTANBURG, SC 29307-2400 WHITE OAK ESTATES INC
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 88</b>
<b>WHITE OAK MANOR CHARLESTON INC</b> 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 FACILITY #:843-797-8282 WALKER RUTH P PH#: 843-797-8282 <b>Facility Email:</b> RWALKER@WHITEOAKMANOR.COM <b>Fac. Contact Email:</b> RWALKER@WHITEOAKMANOR.COM	NCF-0892 / 12/31/2018 Charleston / Corporation 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 WHITE OAK MANOR CHARLESTON INC
<b>Alzheimer Care: No Max # Residents: 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 76</b>

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>WHITE OAK MANOR COLUMBIA</b> 3001 BEECHAVEN RD COLUMBIA, SC 29204-2701 FACILITY #:803-782-4363 NEAL MICHAEL S PH#: 803-782-4363 Facility Email: SNEAL@WHITEOAKMANOR.COM Fac. Contact Email: SNEAL@WHITEOAKMANOR.COM	NCF-0886 / 12/31/2018 Richland / Corporation PO BOX 4276 COLUMBIA, SC 29240-4276 WHITE OAK MANOR COLUMBIA INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:20</b>
<b>WHITE OAK MANOR LANCASTER</b> 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 FACILITY #:803-286-1464 RIORDAN MICHELE PH#: 803-283-1464 Facility Email: MRIORDAN@WHITEOAKMANOR.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0883 / 12/31/2018 Lancaster / Corporation 253 CRAIG MANOR RD LANCASTER, SC 29720-6531 WHITE OAK MANOR LANCASTER INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:32</b>
<b>WHITE OAK MANOR SPARTANBURG</b> 295 E PEARL ST SPARTANBURG, SC 29303-3666 FACILITY #:864-585-0241 CECIL III O KENT PH#: 864-585-0241 Facility Email: KCECIL@WHITEOAKMANOR.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0889 / 12/31/2018 Spartanburg / Corporation PO BOX 4887 SPARTANBURG, SC 29305-4887 WHITE OAK MANOR SPARTANBURG INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:60</b>
<b>WHITE OAK MANOR YORK</b> 111 S CONGRESS ST YORK, SC 29745-1836 FACILITY #:803-684-0035 LAMBERT MICHELLE PH#: 803-684-0035 Facility Email: MLAMBERT@WHITEOAKMANOR.COM Fac. Contact Email: MLAMBERT@WHITEOAKMANOR.COM	NCF-0887 / 12/31/2018 York / Corporation PO BOX 629 YORK, SC 29745-0629 WHITE OAK MANOR YORK INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:09</b>
<b>WHITE OAK MANOR-NEWBERRY</b> 2555 KINARD ST NEWBERRY, SC 29108-2903 FACILITY #:803-276-6060 GILLIAM MELISSA S PH#: 803-276-6060 Facility Email: MGILLIAM@WHITEOAKMANOR.COM Fac. Contact Email: MGILLIAM@WHITEOAKMANOR.COM	NCF-0884 / 12/31/2018 Newberry / Corporation 2555 KINARD ST NEWBERRY, SC 29108-2903 WHITE OAK MANOR - NEWBERRY INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds:46</b>

## Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<b>WHITE OAK OF ROCK HILL</b> 1915 EBENEZER RD ROCK HILL, SC 29732-1097 FACILITY #:803-366-8155 CURTIS NIKKI PH#: 803-366-8155 Facility Email: NCURTIS@WHITEOAKMANOR.COM Fac. Contact Email: NCURTIS@WHITEOAKMANOR.COM	NCF-0885 / 12/31/2018 York / Corporation 1915 EBENEZER RD ROCK HILL, SC 29732-1097 WHITE OAK MANOR ROCK HILL INC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 41</b>
<b>WILDEWOOD DOWNS NURSING AND REHABILITATION CENTER</b> 731 POLO RD COLUMBIA, SC 29223-4462 FACILITY #:803-788-5115 STUDNICKA STEPHANIE PH#: 803-788-5115 Facility Email: SSTUDNICKA@WILDEWOOD-DOWNS.COM Fac. Contact Email: SSTUDNICKA@WILDEWOOD-DOWNS.COM	NCF-0914 / 12/31/2018 Richland / Ltd. Liability 731 POLO RD COLUMBIA, SC 29223-4462 WILDEWOOD DOWNS RETIREMENT LLC
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 80</b>
<b>WILLOW BROOK COURT AT PARK POINTE VILLAGE</b> 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 FACILITY #:803-980-8621 DESMARATTES MARIE J PH#: 803-327-4723 Facility Email: MDESMARATTES@ACTSLIFE.ORG Fac. Contact Email: MDESMARATTES@ACTSLIFE.ORG	NCF-0916 / 07/31/2018 York / Non-Profit Corporation 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 PARK POINTE VILLAGE INC
<b>Alzheimer Care: Yes Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 40</b>
<b>WINDSOR MANOR NURSING HOME</b> 5583 SUMMERTON HWY MANNING, SC 29102-5217 FACILITY #:803-478-2323 GILLEY JOHNNIE P PH#: 803-478-2323 Facility Email: JGILLEY@CLARENDONLTC.ORG Fac. Contact Email: JGILLEY@CHSYSTEM.ORG	NCF-0737 / 01/31/2019 Clarendon / District PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT
<b>Alzheimer Care: No Max # Residents 0</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 64</b>
<b>WOODRUFF MANOR</b> 1114 E GEORGIA RD WOODRUFF, SC 29388 FACILITY #:864-476-7092 WACKER BONNIE PH#: 864-476-7092 Facility Email: ASCHAPER@SRHS.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-1000 / 09/30/2018 Spartanburg / District  SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC
<b>Alzheimer Care: No Max # Residents:</b> <b>Alzheimer Unit: No Max # Beds:</b>	<b>Total Number of Licensed Beds: 88</b>

Total Number of Facilities: 195

Alzheimers Care : 27

Alzheimers Units : 11

Licensed Beds : 20,310