

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 Beds:94**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 / 12/31/2017
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 Beds:20**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 Beds:30**AZALEAWOODS REHAB AND NURSING CENTER**

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

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

Total Number of Licensed Beds:86**BAYVIEW MANOR**

11 TODD DR
BEAUFORT, SC 29902-6113 FACILITY #:843-524-8911
LEE III JOE P 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 Beds:70

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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

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: RODOLFO.L@SYMMETRY.CARE
Fac. Contact Email: ADMIN.BRGASC@PALMETTOLTC.COM

NCF-0979 / 12/31/2017
Cherokee / Limited Liability Limited Partnership
510 THOMPSON ST
GAFFNEY, SC 29340-3620
BLUE RIDGE IN BROOKVIEW HOUSE LLC

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

Total Number of Licensed Beds132

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
RIDGWAY, SC 29130 FACILITY #:803-337-2257
STANLEY MATT 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
RIDGWAY, SC 29130
BLUE RIDGE IN THE FIELDS LLC

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

Total Number of Licensed Beds12

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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
BRIAN CENTER OF NURSING CARE-ST ANDREWS 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	NCF-0875 / 05/31/2018 Lexington / Ltd. Liability 3514 SIDNEY RD COLUMBIA, SC 29210-4494 BRIAN CENTER/ST ANDREWS LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds108
BRIGHTWATER SKILLED NURSING CENTER 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	NCF-0955 / 04/30/2018 Horry / Limited Liability 171 BRIGHTWATER DR MYRTLE BEACH, SC 29579 BRIGHTWATER RETIREMENT LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds67
BROAD CREEK CARE CENTER SKILLED NURSING 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@VLIVING.COM	NCF-0753 / 07/31/2018 Beaufort / Corporation 700 TIDEPOINTE WAY HILTON HEAD ISLAND, SC 29928-3040 CC-HILTON HEAD INC
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds25
BROOKDALE ANDERSON 311 SIMPSON RD ANDERSON, SC 29621-2157 FACILITY #:864-261-3875 JENKINS BRIAN PH#: 864-261-3875 Facility Email: BJENKINS1@BROOKDALE.COM Fac. Contact Email: BJENKINS1@BROOKDALE.COM	NCF-0872 / 12/31/2018 Anderson / Corporation 311 SIMPSON RD ANDERSON, SC 29621-2157 EMERICARE INC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds44

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BROOKDALE EASLEY

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: No Facility Contact Email on Record

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

NCF-0701 / 02/28/2018
Pickens / Limited Liability
706 PELZER HWY
EASLEY, SC 29642-3800
EMERICARE COUNTRYSIDE VILLAGE LLC

Total Number of Licensed Beds60

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

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

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

Total Number of Licensed Beds45

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

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

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

Total Number of Licensed Beds144

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

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

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

Total Number of Licensed Beds252

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

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

NCF-0726 / 12/31/2017
Richland / State
2200 HARDEN ST
COLUMBIA, SC 29203-7199
SC DEPARTMENT OF MENTAL HEALTH

Total Number of Licensed Beds308

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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: 20

CAPSTONE REHABILITATION AND HEALTHCARE CENTER
1850 CRESTVIEW RD
EASLEY, SC 29642-3528 FACILITY #:864-859-3236
CAJKA AMY PH#: 864-859-3236
Facility Email: SMORRISON@ORIANNA.COM
Fac. Contact Email: No Facility Contact Email on Record

NCF-0901 / 12/31/2017
Pickens / Limited Liability
1850 CRESTVIEW RD
EASLEY, SC 29642-3528
CAPSTONE REHABILITATION AND HEALTHCARE CENTER LLC

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

Total Number of Licensed Beds: 60

CHERAW HEALTHCARE
400 MOFFAT RD
CHERAW, SC 29520-3048 FACILITY #:843-320-7500
DYSON JOEL W PH#: 843-537-5253
Facility Email: JDYSON@CHERAWHC.COM
Fac. Contact Email: INFO@CHERAWHC.COM

NCF-0951 / 04/30/2018
Chesterfield / Corporation
PO BOX 967
CHERAW, SC 29520-0967
CHERAW HEALTHCARE INC

Alzheimer Care: Yes Max # Residents 25
Alzheimer Unit: No Max # Beds:

Total Number of Licensed Beds: 20

CHESTER NURSING CENTER
1 MEDICAL PARK DR
CHESTER, SC 29706-9776 FACILITY #:803-581-3151
BRICE ANTHONY BERNARD PH#: 803-581-3151
Facility Email: No Facility Email on Record
Fac. Contact Email: 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

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

Total Number of Licensed Beds: 00

CHESTERFIELD CONVALESCENT CENTER
1150 STATE RD
CHERAW, SC 29520-2048 FACILITY #:843-537-2060
BENNETT SHANNON PH#: 843-537-2060
Facility Email: SHANNON.BENNETT@FUNDLTC.COM
Fac. Contact Email: MICHAELSBENNETT@HOTMAIL.COM

NCF-0552 / 02/28/2018
Chesterfield / Limited Liability
1150 STATE RD
CHERAW, SC 29520-2048
REHAB CENTER OF CHERAW LLC

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

Total Number of Licensed Beds: 04

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
CLEMSON AREA RETIREMENT CENTER-HEALTH CARE CENTER 500 DOWNS LOOP CLEMSON, SC 29631-2099 FACILITY #:864-654-1155 LEHEUP JOHN D PH#: 864-654-1155 Facility Email: WANDAPALMER@CLEMSONDOWNS.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0391 / 10/31/2018 Pickens / Corporation 500 DOWNS LOOP CLEMSON, SC 29631-2099 CARC INC
Alzheimer Care: Yes Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds68
COMMANDER NURSING CENTER 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	NCF-0233 / 07/31/2018 Florence / Corporation 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 COMMANDER HEALTH CARE FACILITIES INC
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds163
COMPASS POST ACUTE REHABILITATION 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	NCF-0977 / 12/31/2017 Horry / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 CAROLINA HEALTHCARE INC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds95
CONWAY MANOR 3300 4TH AVE CONWAY, SC 29527-6002 FACILITY #:843-248-5728 PH#: Facility Email: RTILLER@CONWAYMANOR.NET Fac. Contact Email: No Facility Contact Email on Record	NCF-0899 / 05/31/2018 Horry / Ltd. Liability 3300 4TH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds190
COUNTRYWOOD NURSING CENTER 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	NCF-0946 / 11/30/2018 Richland / Ltd. Liability 1645 RIDGE RD HOPKINS, SC 29061-8432 COUNTRYWOOD NURSING CENTER LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds38

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COVENANT PLACE NURSING CENTER 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	NCF-0632 / 05/31/2018 Sumter / Non-Profit Corporation 2825 CARTER RD OFC SUMTER, SC 29150-1736 COVENANT PLACE OF SUMTER INC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds44
COVENANT TOWERS HEALTH CARE 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds30
DR RONALD E MCNAIR NURSING AND REHABILITATION CENTER 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 Williamsburg / Corporation PO BOX 1598 LAKE CITY, SC 29560-1598 HEALTHCARE PANASCOPE INC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88
DUNDEE MANOR 710 15-401 BYP W BENNETTSVILLE, SC 29512-3641 FACILITY #:843-479-6251 RABY SHEILA 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds1:10
ELLEN SAGAR NURSING CENTER 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds1:13

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ELLENBURG NURSING CENTER
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

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

Total Number of Licensed Beds: 81

FAITH HEALTHCARE CENTER
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

NCF-0927 / 09/30/2018
Florence / Ltd. Liability
617 W MARION ST
FLORENCE, SC 29501-2470
PALMETTO FAITH OPERATING LLC

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

Total Number of Licensed Beds: 04

FLEETWOOD REHABILITATION AND HEALTHCARE CENTER
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

NCF-0913 / 11/30/2017
Pickens / Limited Liability
200 ANNE DR
EASLEY, SC 29640-2061
FLEETWOOD REHABILITATION AND HEALTHCARE CENTER LLC

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

Total Number of Licensed Beds: 03

FLORENCE REHAB AND NURSING CENTER
133 W CLARKE RD
FLORENCE, SC 29501-0722 FACILITY #:843-669-4374
SIMON SHIRLEY K PH#: 843-669-4374
Facility Email: SSIMON@CARLYLESENIORCARE.COM
Fac. Contact Email: SSIMON@CARLYLESENIORCARE.COM

NCF-0983 / 07/31/2018
Florence / Limited Liability
133 W CLARKE RD
FLORENCE, SC 29501-0722
CARLYLE SENIOR CARE OF FLORENCE LLC

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

Total Number of Licensed Beds: 88

FOUNTAIN INN NURSING HOME
501 GULLIVER ST
FOUNTAIN INN, SC 29644-2105 FACILITY #:864-862-2554
BAUGHMAN KATHY J PH#: 864-862-2554
Facility Email: KBAUGHMAN@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

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

Total Number of Licensed Beds: 60

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FRANKE HEALTH CARE CENTER 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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	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) Total Number of Licensed Beds44
FRASER HEALTH CARE 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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0414 / 09/30/2018 Beaufort / Non-Profit Corporation 300 WOODHAVEN DR HILTON HEAD ISLAND, SC 29928-4682 SEABROOK OF HILTON HEAD INC Total Number of Licensed Beds33
GHS GREENVILLE MEMORIAL HOSPITAL SUBACUTE 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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0989 / 10/31/2018 Greenville / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION Total Number of Licensed Beds15
GHS LAURENS COUNTY MEMORIAL HOSPITAL SUBACUTE UNIT 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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0991 / 10/31/2018 Laurens / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION Total Number of Licensed Beds14
GHS LILA DOYLE 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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0990 / 10/31/2018 Oconee / Corporation 101 LILA DOYLE DR SENECA, SC 29672-9495 UPSTATE AFFILIATE ORGANIZATION Total Number of Licensed Beds120

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<p>GOLDEN AGE-INMAN 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</p> <p>Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:</p>	<p>NCF-0857 / 12/31/2017 Spartanburg / Limited Liability 82 N MAIN ST INMAN, SC 29349-1416 INMAN GOLDEN AGE OPERATING COMPANY LLC</p> <p>Total Number of Licensed Beds44</p>
<p>GRAND STRAND REHAB AND NURSING CENTER 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</p> <p>Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:</p>	<p>NCF-0993 / 09/30/2018 Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 GRAND STRAND REHAB AND NURSING CENTER LLC</p> <p>Total Number of Licensed Beds88</p>
<p>GREENVILLE REHABILITATION AND HEALTHCARE CENTER 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</p> <p>Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:</p>	<p>NCF-0805 / 07/31/2018 Greenville / Ltd. Liability 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 GREENVILLE REHABILITATION AND HEALTHCARE CENTER LLC</p> <p>Total Number of Licensed Beds132</p>
<p>GREENWOOD TRANSITIONAL REHABILITATION UNIT 1530 PKWY GREENWOOD, SC 29646-4027 FACILITY #:864-330-1800 BENCEBI ELIZABETH PH#: 864-330-1800 Facility Email: ELIZABETHBENCEBI@ERNESTHEALTH.COM Fac. Contact Email: ELIZABETHBENCEBI@ERNESTHEALTH.COM</p> <p>Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:</p>	<p>NCF-0944 / 10/31/2018 Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646-4027 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC</p> <p>Total Number of Licensed Beds12</p>
<p>GREER REHABILITATION AND HEALTHCARE CENTER 401 CHANDLER RD GREER, SC 29651-1243 FACILITY #:864-879-1370 WOOD ZACHARY PH#: 864-879-1370 Facility Email: No Facility Email on Record Fac. Contact Email: No Facility Contact Email on Record</p> <p>Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:</p>	<p>NCF-0908 / 12/31/2017 Greenville / Limited Liability 401 CHANDLER RD GREER, SC 29651-1243 GREER REHABILITATION AND HEALTHCARE CENTER LLC</p> <p>Total Number of Licensed Beds133</p>

Nursing Homes

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Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

HALLMARK HEALTHCARE CENTER

255 MIDLAND PKWY
SUMMERVILLE, SC 29485-8104 FACILITY #:843-821-5005
STINSON DURENA PH#: 843-821-5005
Facility Email: DURENA.STINSON@PALMLTC.COM
Fac. Contact Email: DURENA.STINSON@PALMLTC.COM

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

NCF-0932 / 09/30/2018
Dorchester / Ltd. Liability
255 MIDLAND PKWY
SUMMERVILLE, SC 29485-8104
PALMETTO HALLMARK OPERATING LLC

Total Number of Licensed Beds:88**HEALTH CARE CENTER OF WESLEY COMMONS**

1110 MARSHALL RD
GREENWOOD, SC 29646-4299 FACILITY #:864-227-7250
HOLMES MOODY KIMBERLY K PH#: 864-227-7250
Facility Email: KMOODY@WESLEYCOMMONS.ORG
Fac. Contact Email: KHOLMES@WESLEYCOMMONS.ORG

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

NCF-0304 / 03/31/2018
Greenwood / Non-Profit Corporation
1110 MARSHALL RD
GREENWOOD, SC 29646-4299
WESLEY COMMONS

Total Number of Licensed Beds:02**HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HANAHAN**

1800 EAGLE LANDING BLVD
HANAHAN, SC 29410-8517 FACILITY #:843-553-0656
CAIN SHELLY PH#: 843-553-0656
Facility Email: 4015ADMIN@HCR-MANORCARE.COM
Fac. Contact Email: No Facility Contact Email on Record

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

NCF-0526 / 12/31/2017
Berkeley / Limited Liability
333 N SUMMIT ST, LICENSURE SUPPORT
TOLEDO, OH 43604-1531
HEARTLAND-CHARLESTON OF HANAHAN SC LLC

Total Number of Licensed Beds:35**HEARTLAND HEALTH CARE CENTER-GREENVILLE EAST**

601 SULPHUR SPRINGS RD
GREENVILLE, SC 29617-1698 FACILITY #:864-246-2721
BARTHWELL NATASHA PH#: 864-246-2721
Facility Email: 4032ADMIN@HCR-MANORCARE.COM
Fac. Contact Email: No Facility Contact Email on Record

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

NCF-0952 / 12/31/2018
Greenville / Limited Liability
333 N SUMMIT ST, LICENSURE SUPPORT
TOLEDO, OH 43604-1531
OAKMONT EAST-GREENVILLE SC LLC

Total Number of Licensed Beds:32**HEARTLAND HEALTH CARE CENTER-GREENVILLE WEST**

600 SULPHUR SPRINGS RD
GREENVILLE, SC 29617-1985 FACILITY #:864-246-2721
LOYD DEREK PH#: 000-000-0000
Facility Email: 4033ADMIN@HCR-MANORCARE.COM
Fac. Contact Email: No Facility Contact Email on Record

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

NCF-0953 / 12/31/2018
Greenville / Limited Liability
333 N SUMMIT ST, LICENSURE SUPPORT
TOLEDO, OH 43604-1531
OAKMONT WEST-GREENVILLE SC LLC

Total Number of Licensed Beds:25

**SCDHEC
Nursing Homes**

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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
HEARTLAND HEALTH CARE CENTER-UNION 709 RICE AVE EXT UNION, SC 29379-9023 FACILITY #:864-427-0306 GALLMAN AMANDA PH#: 864-427-0306 Facility Email: 4031ADMIN@HCR-MANORCARE.COM Fac. Contact Email: 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:88
HEARTLAND OF COLUMBIA REHABILITATION AND NURSING CENTER 2601 FOREST DR COLUMBIA, SC 29204-2363 FACILITY #:803-256-4983 JENKINS HAZEL B PH#: 803-256-4983 Facility Email: 512ADMIN@HCR-MANORCARE.COM Fac. Contact Email: 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:32
HEARTLAND OF WEST ASHLEY REHABILITATION AND NURSING CENTER 1137 SAM RITTENBERG BLVD CHARLESTON, SC 29407-3370 FACILITY #:843-763-0233 SMELSER THERESA PH#: 843-763-0233 Facility Email: 531ADMIN@HCR-MANORCARE.COM Fac. Contact Email: 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:25
HERITAGE AT LOWMAN REHABILITATION AND HEALTHCARE 201 FORTRESS DR CHAPIN, SC 29036 FACILITY #:803-732-3000 YETTER MELISSA T PH#: 803-732-8800 Facility Email: MYETTER@LHOMES.ORG Fac. Contact Email: MYETTER@LHOMES.ORG	NCF-0688 / 05/31/2018 Lexington / Non-Profit Corporation PO BOX 444 WHITE ROCK, SC 29177-0444 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC)
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:76
HERITAGE HOME OF FLORENCE 515 WARLEY ST FLORENCE, SC 29501-5199 FACILITY #:843-662-4573 WELCH PAIGE S PH#: 843-662-4573 Facility Email: PWELCH@HERITAGEFLORENCE.COM Fac. Contact Email: PWELCH@HERITAGEFLORENCE.COM	NCF-0450 / 02/28/2018 Florence / Corporation 515 S WARLEY ST FLORENCE, SC 29501-5199 HERITAGE HOME OF FLORENCE INC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:32

Nursing Homes

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
HONORAGE NURSING CENTER 1207 N CASHUA RD FLORENCE, SC 29501-6969 FACILITY #:843-665-6172 TAYLOR PAMELA MPH#: 843-665-6172 Facility Email: PTAYLOR1549@AOL.COM Fac. Contact Email: 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
Alzheimer Care: Yes Max # Residents 88 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds 88
INMAN HEALTHCARE 51 N MAIN ST INMAN, SC 29349-1437 FACILITY #:864-472-9370 MORLEY MILLICENT PH#: 864-472-9370 Facility Email: ALPHILLIPS@SAVASC.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0864 / 12/31/2017 Spartanburg / Limited Liability 51 N MAIN ST INMAN, SC 29349-1437 INMAN HEALTH OPERATING COMPANY LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds 40
IVA REHABILITATION AND HEALTHCARE CENTER 406 W BROAD ST IVA, SC 29655-1119 FACILITY #:864-348-7433 FIELDS ANTHONY PH#: 864-224-3898 Facility Email: AFIELDS@ORIANNA.COM Fac. Contact Email: AFIELDS@ORIANNA.COM	NCF-0904 / 11/30/2017 Anderson / Limited Liability 406 W BROAD ST IVA, SC 29655-1119 IVA REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds 60
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

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Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

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

NCF-0911 / 11/30/2017
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 Beds60

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 Beds96

KINGSTON NURSING CENTER
2379 CYPRESS CIR
CONWAY, SC 29526-8921 FACILITY #:843-347-8179
FOWLER LAURA L PH#: 843-347-8179
Facility Email: LFOWLER@CMC-SC.COM
Fac. Contact Email: LFOWLER@CMC-SC.COM

NCF-0518 / 06/30/2018
Horry / Non-Profit Corporation
PO BOX 1496
CONWAY, SC 29528-1496
CONWAY HOSPITAL INC

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

Total Number of Licensed Beds88

KINGSTREE NURSING FACILITY
401 NELSON BLVD
KINGSTREE, SC 29556-4024 FACILITY #:843-355-6116
SLAVINSKI CANDICE J PH#: 843-355-6116
Facility Email: CSLAVINSKI@CMCSENIORCARE.COM
Fac. Contact Email: 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

Alzheimer Care: No Max # Residents:
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
LAKE CITY-SCRANTON HEALTHCARE CENTER 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88
LAKE EMORY POST ACUTE CARE 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88
LAKE MARION NURSING FACILITY 1527 URBANARD 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 / 01/31/2018 Clarendon / District PO BOX 1159 SUMMERTON, SC 29148-1159 CLARENDON HOSPITAL DISTRICT
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88
LAKE MOULTRIE NURSING HOME 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 / 12/31/2017 Berkeley / District PO BOX 1108 SAINT STEPHEN, SC 29479-1108 CLARENDON HOSPITAL DISTRICT
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88
LAKES AT LITCHFIELD SKILLED NURSING CENTER 80 TIMBERVIEW CT PAWLEYS ISLAND, SC 29585-5798 FACILITY #:843-235-2421 BARBER JEFF B PH#: 843-235-2421 Facility Email: JBARBER@LAKES-LITCHFIELD.COM Fac. Contact Email: JBARBER@LAKES-LITCHFIELD.COM	NCF-0843 / 12/31/2017 Georgetown / Ltd. Liability 120 LAKES AT LITCHFIELD DR PAWLEYS ISLAND, SC 29585-5515 LITCHFIELD RETIREMENT LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds24

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
LANCASTER CONVALESCENT CENTER 2044 PAGELAND HWY LANCASTER, SC 29720-7608 FACILITY #:803-285-7907 SKINNER JEFF PH#: 803-285-7907 Facility Email: JEFF.SKINNER@FUNDLTC.COM Fac. Contact Email: JEFF.SKINNER@FUNDLTC.COM	NCF-0551 / 02/28/2018 Lancaster / Corporation 2044 PAGELAND HWY LANCASTER, SC 29720-7608 LANCASTER HEALTH CARE LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 42
LAUREL BAYE HEALTHCARE OF BLACKVILLE LLC 1612 JONES BRIDGE RD BLACKVILLE, SC 29817-3066 FACILITY #:803-284-4313 MYERS MITZI PH#: 803-329-6565 Facility Email: MMYERS@LAURELBAYE.COM Fac. Contact Email: 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 85
LAUREL BAYE HEALTHCARE OF WILLISTON LLC 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 FACILITY #:803-266-3229 PORTER NANCY PH#: 803-266-3229 Facility Email: NPORTER@LAURELBAYE.COM Fac. Contact Email: NPORTER@LAURELBAYE.COM	NCF-0754 / 08/31/2018 Barnwell / Ltd. Liability 5721 SPRINGFIELD RD WILLISTON, SC 29853-1917 LAUREL BAYE HEALTHCARE OF WILLISTON LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 44
LAUREL CREST RETIREMENT CENTER 100 JOSEPH WALKER DR WEST COLUMBIA, SC 29169-6939 FACILITY #:803-796-0370 DEEL JAMES F PH#: 803-796-0370 Facility Email: J.DEEL@LAUREL-CREST.COM Fac. Contact Email: 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 12
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 / 12/31/2017 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

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0878 / 11/30/2018 Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CHARLESTON MEDICAL INVESTORS LLC 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 Alzheimer Care: No Max # Residents 80 Alzheimer Unit: No Max # Beds:	NCF-0634 / 06/30/2018 Richland / Corporation 2514 FARAWAY DR COLUMBIA, SC 29223-3969 RCM-COLUMBIA INC 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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0725 / 05/31/2018 Beaufort / Corporation 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 LIFE CARE CENTERS OF AMERICA INC Total Number of Licensed Beds88
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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0909 / 10/30/2018 Anderson / Limited Liability 208 JAMES ST ANDERSON, SC 29625-2942 LINLEY PARK REHABILITATION AND HEALTHCARE CENTER LLC Total Number of Licensed Beds88
LINVILLE COURTS AT THE CASCADES VERDAE 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 FACILITY #:864-528-5529 HILL JR JAMES A PH#: 864-528-5529 Facility Email: JHILL@CASCADES-VERDAE.COM Fac. Contact Email: JHILL@CASCADES-VERDAE.COM Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0956 / 04/30/2018 Greenville / Limited Liability 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 CASCADES NURSING LLC Total Number of Licensed Beds44

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Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

LODGE AT WELLMORE
111 WELLMORE DR
TEGA CAY, SC 29708-0039 FACILITY #:803-835-7000
DUNN DAVID MPH#: 803-835-7000
Facility Email: DAVID.DUNN@WELL-MORE.COM
Fac. Contact Email: 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

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

Total Number of Licensed Beds60

LORIS REHAB AND NURSING CENTER
3620 STEVENS ST
LORIS, SC 29569-2953 FACILITY #:843-716-7106
OATES MARGARET PH#: 843-716-7106
Facility Email: BOATES@WILSONSENIORCARE.COM
Fac. Contact Email: BOATES@WILSONSENIORCARE.COM

NCF-0207 / 08/31/2018
Horry / Limited Liability
PO BOX 510
DARLINGTON, SC 29540-0510
LORIS REHAB AND NURSING CENTER LLC

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

Total Number of Licensed Beds88

MAGNOLIA MANOR-GREENVILLE
411 ANSEL ST
GREENVILLE, SC 29601-3499 FACILITY #:864-232-5368
SELLARS RICHARD PH#: 864-232-5368
Facility Email: KIRK.BROOME@FUNDLTC.COM
Fac. Contact Email: 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

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

Total Number of Licensed Beds99

MAGNOLIA MANOR-GREENWOOD
1415 PKWY
GREENWOOD, SC 29646-4044 FACILITY #:864-227-9500
GOFORTH EDITH C PH#: 864-227-9500
Facility Email: EDITH.GOFORTH@FUNDLTC.COM
Fac. Contact Email: SEE DIRECTIONS

NCF-0866 / 08/31/2018
Greenwood / Ltd. Liability
1415 PKWY
GREENWOOD, SC 29646-4044
THI OF SOUTH CAROLINA AT GREENWOOD LLC

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

Total Number of Licensed Beds88

MAGNOLIA MANOR-INMAN
63 BLACKSTOCK RD
INMAN, SC 29349-1849 FACILITY #:864-472-9055
ROSS-MERKEL MELISSA PH#: 864-472-9055
Facility Email: No Facility Email on Record
Fac. Contact Email: No Facility Contact Email on Record

NCF-0863 / 08/31/2018
Spartanburg / Ltd. Liability
63 BLACKSTOCK RD
INMAN, SC 29349-1849
THI OF SOUTH CAROLINA AT MAGNOLIA MANOR-INMAN LLC

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

Total Number of Licensed Beds176

**SCDHEC
Nursing Homes**

November 7, 2017

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
MAGNOLIA MANOR-ROCK HILL 127 MURRAH DR ROCK HILL, SC 29732-2390 FACILITY #:803-328-6518 STEELE JENNIFER PH#: 803-328-6518 Facility Email: JENNIFER.STEELE@FUNDLTC.COM Fac. Contact Email: JENNIFER.STEELE@FUNDLTC.COM Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0859 / 08/31/2018 York / Ltd. Liability 127 MURRAH DR ROCK HILL, SC 29732-2390 THI OF SOUTH CAROLINA AT ROCK HILL LLC Total Number of Licensed Beds:06
MAGNOLIA MANOR-SPARTANBURG 375 SERPENTINE DR SPARTANBURG, SC 29303-3026 FACILITY #:864-585-0218 WINN ANNE O PH#: 864-585-0218 Facility Email: 0541-ADMIN-MNSPARTANBURG@FUNDLTC.COM Fac. Contact Email: ANN.WINN@FUNDLTC.COM Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0867 / 08/31/2018 Spartanburg / Ltd. Liability 375 SERPENTINE DR SPARTANBURG, SC 29303-3026 THI OF SOUTH CAROLINA AT SPARTANBURG LLC Total Number of Licensed Beds95
MAGNOLIA PLACE AT GREENVILLE 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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	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 Total Number of Licensed Beds120
MANNA REHABILITATION AND HEALTHCARE CENTER 716 E CEDAR ROCK ST PICKENS, SC 29671-2324 FACILITY #:864-878-4739 HARBINSON HEATHER MPH#: 864-878-4739 Facility Email: HHARBINSON@ORIANNA.COM Fac. Contact Email: HHARBINSON@ORIANNA.COM Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0910 / 12/31/2018 Pickens / Limited Liability 716 E CEDAR ROCK ST PICKENS, SC 29671-2324 MANNA REHABILITATION AND HEALTHCARE CENTER LLC Total Number of Licensed Beds130
MARTHA FRANKS BAPTIST RETIREMENT COMMUNITY 1 MARTHA FRANKS DR LAURENS, SC 29360-1799 FACILITY #:864-984-4541 FRANKS POLLYANNA PH#: 864-984-4541 Facility Email: PFRANKS@SCBMA.COM Fac. Contact Email: PFRANKS@SCBMA.COM Alzheimer Care: Yes Max # Residents 20 Alzheimer Unit: Yes Max # Beds: 20	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 Total Number of Licensed Beds88

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 / 11/30/2017 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
METHODIST OAKS 1000 METHODIST OAKS DR ORANGEBURG, SC 29115-1813 FACILITY #:803-535-1561 TILL ELAINE M PH#: 803-534-1212 Facility Email: ETILL@THEOAKSSC.COM Fac. Contact Email: ETILL@THEOAKSSC.COM	NCF-0735 / 11/30/2017 Orangeburg / Non-Profit Corporation PO BOX 327 ORANGEBURG, SC 29116-0327 METHODIST OAKS INC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 22

Nursing Homes

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

MIDLANDS HEALTH & REHABILITATION CENTER

1007 N KINGS ST
COLUMBIA, SC 29223-1916 FACILITY #:803-699-4111
GURNEY AARON J PH#: 803-699-4111

Facility Email: No Facility Email on Record

Fac. Contact Email: No Facility Contact Email on Record

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

NCF-0868 / 08/31/2018

Richland / Ltd. Liability

1007 N KINGS ST
COLUMBIA, SC 29223-1916

THI OF SOUTH CAROLINA AT COLUMBIA LLC

Total Number of Licensed Beds:88

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

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

NCF-0948 / 11/30/2018

Lexington / Corporation

27101 PUERTA REAL STE 450
MISSION VIEJO, CA 92691

STONE HILL HEALTHCARE INC

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

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

NCF-0881 / 08/31/2018

Darlington / Limited Liability

900 N MARQUIS HWY
HARTSVILLE, SC 29550-3526

MORRELL NURSING CENTER LLC

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

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

NCF-0896 / 05/31/2018

Charleston / Ltd. Liability

921 BOWMAN RD
MOUNT PLEASANT, SC 29464-3234

MOUNT PLEASANT MANOR LLC

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

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

NCF-0149 / 06/30/2018

Spartanburg / Corporation

340 CEDAR SPRINGS RD
SPARTANBURG, SC 29302-4697

COMMUNITY SERVICES FOR THE AGING INC

Total Number of Licensed Beds:32

**SCDHEC
Nursing Homes**

November 7, 2017

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
MULLINS NURSING CENTER 518 S MAIN ST MULLINS, SC 29574-3510 FACILITY #:843-464-8211 MARTIN TONYA G PH#: 843-464-8211 Facility Email: TONYA_MARTIN@CHS.NET Fac. Contact Email: TMARTIN@MCMED.ORG	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
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 / 01/31/2018 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 Beds60
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 Beds290
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: Alzheimer Unit: Yes Max # Beds: 40	Total Number of Licensed Beds120
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 Beds132

**SCDHEC
Nursing Homes**

November 7, 2017

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

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

NHC HEALTHCARE GARDEN CITY
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

NCF-0825 / 10/31/2018
Horry / Ltd. Liability
PO BOX 309
MURRELLS INLET, SC 29576-0309
NHC HEALTHCARE/GARDEN CITY LLC

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

Total Number of Licensed Beds:48

NHC HEALTHCARE GREENVILLE
1305 BOILING SPRINGS RD
GREER, SC 29650-4139 FACILITY #:864-458-7566
MOORHOUSE BRYAN MPH#: 864-458-7566
Facility Email: BMOORHOUSE@NHCGREENVILLE.COM
Fac. Contact Email: NATIONALHEALTHCARE@CHARTER.NET

NCF-0807 / 06/30/2018
Greenville / Ltd. Liability
1305 BOILING SPRINGS RD
GREER, SC 29650-4139
NHC HEALTHCARE/GREENVILLE LLC

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

Total Number of Licensed Beds:76

NHC HEALTHCARE GREENWOOD
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

NCF-0802 / 06/30/2018
Greenwood / Ltd. Liability
437 CAMBRIDGE AVE E
GREENWOOD, SC 29646-2244
NHC HEALTHCARE/GREENWOOD LLC

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

Total Number of Licensed Beds:52

NHC HEALTHCARE LAURENS
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

NCF-0326 / 06/30/2018
Laurens / Ltd. Liability
PO BOX 1259
LAURENS, SC 29360-1259
NHC HEALTHCARE/LAURENS LLC

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

Total Number of Licensed Beds:76

Nursing Homes

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

NHC HEALTHCARE LEXINGTON

2993 SUNSET BLVD
WEST COLUMBIA, SC 29169-3421 FACILITY #:803-939-0026
MANLEY MICHAEL W PH#: 803-939-0026
Facility Email: NHC@NHCLEXINGTON.COM
Fac. Contact Email: NHC@NHCLEXINGTON.COM

NCF-0798 / 06/30/2018
Lexington / Ltd. Liability
2993 SUNSET BLVD
WEST COLUMBIA, SC 29169-3421
NHC HEALTHCARE/LEXINGTON LLC

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

Total Number of Licensed Beds:70**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

Nursing Homes

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

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 Beds88**OAKHAVEN NURSING CENTER**

123 OAK ST
DARLINGTON, SC 29532-2628 FACILITY #:843-398-7041
PRUITT KELLEY PH#: 843-398-7041
Facility Email: KPRUITT@WILSONSENIORCARE.COM
Fac. Contact Email: 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

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

Total Number of Licensed Beds88**OPUS POST ACUTE REHABILITATION**

300 AGAPE DR
WEST COLUMBIA, SC 29169-3307 FACILITY #:803-739-5282
BEACH KENDA PH#: 803-739-5282
Facility Email: RENEWALS@ENSIGNSERVICES.NET
Fac. Contact Email: KENDABEACH@ENSIGNSERVICES.NET

NCF-0976 / 12/31/2017
Lexington / Corporation
27101 PUERTA REAL STE 450
MISSION VIEJO, CA 92691-8566
SOUTHERN CHARM HEALTHCARE INC

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

Total Number of Licensed Beds100**PALMETTO HEALTH REHABILITATION CENTER**

1330 TAYLOR ST
COLUMBIA, SC 29220 FACILITY #:803-296-5010
CHAVIS DIANA L PH#: 803-296-5010
Facility Email: DIANA.CHAVIS@PALMETTOHEALTH.ORG
Fac. Contact Email: DIANA.CHAVIS@PALMETTOHEALTH.ORG

NCF-0740 / 02/28/2018
Richland / Non-Profit Corporation
1330 TAYLOR ST
COLUMBIA, SC 29201-2943
PALMETTO HEALTH

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

Total Number of Licensed Beds22**PALMETTO HEALTH TUOMEY SUBACUTE SKILLED CARE PROGRAM**

129 N WASHINGTON ST
SUMTER, SC 29150-4983 FACILITY #:803-774-9000
PH#:
Facility Email: TERRIE.CARLTON@TUOMEY.COM
Fac. Contact Email: No Facility Contact Email on Record

NCF-0973 / 12/31/2017
Sumter /
129 N WASHINGTON ST
SUMTER, SC 29150-4983
PALMETTO HEALTH TUOMEY

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

Total Number of Licensed Beds18

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	NCF-0900 / 12/31/2018 Greenville / Limited Liability 2 GRIFFITH RD GREENVILLE, SC 29607-3504 PATEWOOD REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 20
PEACHTREE CENTRE 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FACILITY #:864-487-2717 BROWN SHANNON PH#: 864-487-2717 Facility Email: CINDY.M@PEACHTREECTR.COM Fac. Contact Email: ADMINISTRATOR@PEACHTREECTR.COM	NCF-0972 / 11/30/2017 Cherokee / Limited Liability 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 PEACHTREE OPERATING GROUP LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	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	NCF-0879 / 11/30/2017 Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC
Alzheimer Care: Yes Max # Residents 75 Alzheimer Unit: No Max # Beds:	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	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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	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	NCF-0903 / 11/30/2018 Greenville / Limited Liability 8 N TEXAS AVE GREENVILLE, SC 29611-5034 POINSETT REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	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

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-CLINTON

801 MUSGROVE ST
CLINTON, SC 29325-1796 FACILITY #:864-833-5190
PRIDMORE ROBERT P PH#: 864-833-5190

Facility Email: PAUL.PRIDMORE@PRESHOME.ORG

Fac. Contact Email: PAUL.PRIDMORE@PRESHOMESC.ORG

Alzheimer Care: No Max # Residents:

Alzheimer Unit: No Max # Beds:

NCF-0366 / 04/30/2018

Laurens / Non-Profit Corporation

801 MUSGROVE ST

CLINTON, SC 29325-1796

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA

Total Number of Licensed Beds66

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-COLUMBIA

700 DAVEGA DR
LEXINGTON, SC 29073-9698 FACILITY #:803-796-8700
BASILE JASON PH#: 803-796-8700

Facility Email: MANDY.STAMPER@PRESHOMESC.ORG

Fac. Contact Email: JASON.BASILE@PRESHOMESC.ORG

Alzheimer Care: Yes Max # Residents:19

Alzheimer Unit: Yes Max # Beds: 20

NCF-0545 / 12/31/2017

Lexington / Non-Profit Corporation

700 DAVEGA DR

LEXINGTON, SC 29073-9698

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA

Total Number of Licensed Beds44

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FLORENCE

2350 W LUCAS ST
FLORENCE, SC 29501-1201 FACILITY #:843-665-2222
LILLY LORETTA PH#: 864-665-2102

Facility Email: LORETTA.LILLY@PRESHOMESC.ORG

Fac. Contact Email: LORETTA.LILLY@PRESHOMESC.ORG

Alzheimer Care: No Max # Residents:

Alzheimer Unit: No Max # Beds:

NCF-0420 / 09/30/2018

Florence / Non-Profit Corporation

2350 W LUCAS ST

FLORENCE, SC 29501-1201

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA

Total Number of Licensed Beds44

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-FOOTHILLS

205 BUD NALLEY DR
EASLEY, SC 29642 FACILITY #:864-859-3367
NICHOLS KAREN H PH#: 864-859-3367

Facility Email: KAREN.NICHOLS@PRESHOMESC.ORG

Fac. Contact Email: KAREN.NICHOLS@PRESHOMESC.ORG

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

NCF-0809 / 10/31/2018

Pickens / Non-Profit Corporation

205 BUD NALLEY DR

EASLEY, SC 29642

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA

Total Number of Licensed Beds44

PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-SUMMERVILLE

201 W 9TH NORTH ST
SUMMERVILLE, SC 29483-6721 FACILITY #:843-873-2550
WHITE YOLANDA M PH#: 843-873-2550

Facility Email: YOLANDA.WHITE@PRESHOMESC.ORG

Fac. Contact Email: YOLANDA.WHITE@PRESHOMESC.ORG

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

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

Total Number of Licensed Beds87

**SCDHEC
Nursing Homes**

November 7, 2017

DHEC Regulation 61-17

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

Nursing Homes

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
KING JAMES PH#:

Facility Email: JHKING@PRUITTHEALTH.COM

Fac. Contact Email: No Facility Contact Email on Record

Alzheimer Care: No Max # Residents:

Alzheimer Unit: No Max # Beds:

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

Total Number of Licensed Beds:44

PRUITTHEALTH - WALTERBORO

401 WITSELL ST
WALTERBORO, SC 29488-3052 FACILITY #:843-549-5546
DRINKARD CHRISTY PH#: 843-549-5546

Facility Email: CDRINKARD@PRUITTHEALTH.COM

Fac. Contact Email: CDRINKARD@PRUITTHEALTH.COM

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

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

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

Fac. Contact Email: KATEJOHNSON@PRUITTHEALTH.COM

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

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

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

Fac. Contact Email: No Facility Contact Email on Record

Alzheimer Care: Yes Max # Residents 44

Alzheimer Unit: Yes Max # Beds: 44

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

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

Fac. Contact Email: No Facility Contact Email on Record

Alzheimer Care: No Max # Residents 0

Alzheimer Unit: No Max # Beds:

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

Total Number of Licensed Beds:44

**SCDHEC
Nursing Homes**

November 7, 2017

DHEC Regulation 61-17

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

Nursing Homes

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Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
PRUITTHEALTH-RIDGEWAY 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 FACILITY #:803-337-3211 GILLESPIE KATHERINE DENISE PH#: 803-337-3211 Facility Email: DBLACK-GRAHAM@PRUITTHEALTH.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0710 / 10/31/2018 Fairfield / Limited Liability 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 PRUITTHEALTH-RIDGEWAY LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 50
RETREAT AT WELLMORE OF LEXINGTON 200 WELLMORE DR BLDG #4 LEXINGTON, SC 29072 FACILITY #:803-520-1200 GOODWIN ANNETTE S PH#: 803-520-1200 Facility Email: LEXINGTON@WELL-MORE.COM Fac. Contact Email: LEXINGTON@WELL-MORE.COM	NCF-0966 / 07/31/2018 Lexington / 200 WELLMORE DR BLDG #4 LEXINGTON, SC 29072 WELLMORE OF LEXINGTON LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 60
RICE ESTATE REHABILITATION AND HEALTHCARE 100 FINLEY RD COLUMBIA, SC 29203-9264 FACILITY #:803-691-5720 HOLLOMAN LISA PH#: 803-691-5720 Facility Email: LHOLLOMAN@RICEESTATE.ORG Fac. Contact Email: LHOLLOMAN@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)
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 80
RICHARD M CAMPBELL VETERANS NURSING HOME 4605 BELTON HWY ANDERSON, SC 29621-5045 FACILITY #:864-261-6734 EVATT RUSSELL PH#: 864-261-6734 Facility Email: REVATT@HMRVSI.COM Fac. Contact Email: REVATT@HMRVSI.COM	NCF-0549 / 02/28/2018 Anderson / State 4605 BELTON HWY ANDERSON, SC 29621-5045 SC DEPARTMENT OF MENTAL HEALTH
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 20
RIDGE REHABILITATION AND HEALTHCARE CENTER 226 WA REEL DR EDGEFIELD, SC 29824-4534 FACILITY #:803-637-5312 OTHMAN MOHAMED M PH#: 803-637-5312 Facility Email: MOTHMAN@ORIANNA.COM Fac. Contact Email: MOTHMAN@ORIANNA.COM	NCF-0941 / 11/30/2017 Edgefield / Ltd. Liability 226 W A REEL DR EDGEFIELD, SC 29824-4534 RIDGE REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 20

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
RIDGELAND NURSING CENTER 1516 GRAYS HWY RIDGELAND, SC 29936-5440 FACILITY #:843-726-5581 BOYLES SHERI P PH#: 843-726-5581 Facility Email: SBOYLES@RIDGELANDNC.COM Fac. Contact Email: SBOYLES@RIDGELANDNC.COM	NCF-0553 / 08/31/2018 Jasper / Corporation PO BOX 1570 RIDGELAND, SC 29936-2627 RIDGELAND NURSING CENTER INC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88
RIVER FALLS REHABILITATION AND HEALTHCARE CENTER 2906 GEER HWY MARIETTA, SC 29661-9517 FACILITY #:864-836-6381 HAMMETT WARREN PH#: 864-836-6381 Facility Email: WHAMMETT@ORIANNA.COM Fac. Contact Email: WHAMMETT@ORIANNA.COM	NCF-0920 / 11/30/2017 Greenville / Limited Liability 2906 GEER HWY MARIETTA, SC 29661-9517 RIVER FALLS REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds44
RIVERSIDE HEALTH AND REHAB 2375 BAKER HOSPITAL BLVD NORTH CHARLESTON, SC 29405-8291 FACILITY #:843-744-2750 MONTGOMERY-SMALL JERROLYN PH#: 843-744-2750 Facility Email: RUSTY.FLATHMANN@FUNDLTC.COM Fac. Contact Email: 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds160
RIVERSIDE REHABILITATION AND HEALTHCARE CENTER 575 STONEWALL JACKSON BLVD ORANGEBURG, SC 29115-7250 FACILITY #:803-534-7771 GREEN DWIGHT A PH#: 803-534-7771 Facility Email: DGREEN1@ORIANNA.COM Fac. Contact Email: 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds13
ROCK HILL POST ACUTE CARE CENTER 159 SEDGEWOOD DR ROCK HILL, SC 29732-2315 FACILITY #:803-329-6565 ELLSWORTH ADAM PH#: 803-329-6565 Facility Email: JINZUNZA@ENSIGNGROUP.NET Fac. Contact Email: No Facility Contact Email on Record	NCF-0975 / 12/31/2017 York / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 ROCK HILL HEALTHCARE INCORPORATED
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds99

Nursing Homes

DHEC Regulation 61-17

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

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
SENECA HEALTH AND REHABILITATION CENTER 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
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:32
SIMPSONVILLE REHABILITATION AND HEALTHCARE CENTER 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:32
SKYLYN NURSING AND REHABILITATION CENTER 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
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds44
SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPE 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 / 12/31/2017 Lexington / Corporation PO BOX 2959 WEST COLUMBIA, SC 29171-2959 SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES INC
Alzheimer Care: Yes Max # Residents 4 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds62
SOUTHERN OAKS REHABILITATION AND HEALTHCARE CENTER 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88

Nursing Homes

DHEC Regulation 61-17

Name of Facility 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 Beds88
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 Beds25
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 Beds148
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
SUMMIT HILLS SKILLED NURSING FACILITY 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds33

**SCDHEC
Nursing Homes**

November 7, 2017

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
SUMTER EAST HEALTH AND REHABILITATION CENTER 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
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:76
SUNNY ACRES NURSING HOME 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 CARLYLE SENIOR CARE OF FORK LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:11
TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 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
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds14
VALLEY FALLS TERRACE 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
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88
VETERANS VICTORY HOUSE 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
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: Yes Max # Beds: 52	Total Number of Licensed Beds20

Nursing Homes

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

VIBRA HOSPITAL OF CHARLESTON-TCU

1200 HOSPITAL DR
MOUNT PLEASANT, SC 29464-3251 FACILITY #:843-375-4220
CARR JOSEPH PH#: 843-375-4000
Facility Email: JCARR@VHCHARLESTON.COM
Fac. Contact Email: JCARR@VHCHARLESTON.COM

NCF-0960 / 08/31/2018
Charleston / Limited Liability
1200 HOSPITAL DR
MOUNT PLEASANT, SC 29464-3251
VIBRA HOSPITAL OF CHARLESTON LLC

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

Total Number of Licensed Beds: 35**WESTMINSTER HEALTH AND REHABILITATION CENTER**

831 MCDOW DR
ROCK HILL, SC 29732-2415 FACILITY #:803-326-3100
COOKHORNE MICHELLE THERESA PH#: 803-362-3100
Facility Email: MCOOKHORNE@WESTMINISTERTOWERS.ORG
Fac. Contact Email: MCOOKHORNE@WESTMINISTERTOWERS.ORG

NCF-0819 / 08/31/2018
York / Non-Profit Corporation
831 MCDOW DR
ROCK HILL, SC 29732-2415
WESTMINSTER PRESBYTERIAN CENTER INC

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

Total Number of Licensed Beds: 66**WHITE OAK AT NORTH GROVE**

290 N GROVE MEDICAL PARK DR
SPARTANBURG, SC 29303-4222 FACILITY #:864-582-7503
NELSON ANDREW R PH#: 864-585-0241
Facility Email: ANELSON@WHITEOAKMANOR.COM
Fac. Contact Email: 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

Alzheimer Care: Yes Max # Residents: 22
Alzheimer Unit: Yes Max # Beds: 22

Total Number of Licensed Beds: 32**WHITE OAK ESTATES**

400 WEBBER RD
SPARTANBURG, SC 29307-2400 FACILITY #:864-579-7004
GIBBS TAMMY L PH#: 864-579-7004
Facility Email: TGIBBS@WHITEOAKMANOR.COM
Fac. Contact Email: TGIBBS@WHITEOAKMANOR.COM

NCF-0888 / 12/31/2017
Spartanburg / Corporation
400 WEBBER RD
SPARTANBURG, SC 29307-2400
WHITE OAK ESTATES INC

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

Total Number of Licensed Beds: 88**WHITE OAK MANOR CHARLESTON INC**

9285 MEDICAL PLAZA DR
N CHARLESTON, SC 29406-9126 FACILITY #:843-797-8282
WALKER RUTH P PH#: 843-797-8282
Facility Email: RWALKER@WHITEOAKMANOR.COM
Fac. Contact Email: RWALKER@WHITEOAKMANOR.COM

NCF-0892 / 12/31/2017
Charleston / Corporation
9285 MEDICAL PLAZA DR
N CHARLESTON, SC 29406-9126
WHITE OAK MANOR CHARLESTON INC

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

Total Number of Licensed Beds: 76

**SCDHEC
Nursing Homes**

November 7, 2017

DHEC Regulation 61-17

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

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

WHITE OAK MANOR COLUMBIA
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

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

Total Number of Licensed Beds: 20

WHITE OAK MANOR LANCASTER
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

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

Total Number of Licensed Beds: 32

WHITE OAK MANOR SPARTANBURG
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 / 12/31/2017
Spartanburg / Corporation
PO BOX 4887
SPARTANBURG, SC 29305-4887
WHITE OAK MANOR SPARTANBURG INC

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

Total Number of Licensed Beds: 60

WHITE OAK MANOR YORK
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

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

Total Number of Licensed Beds: 09

WHITE OAK MANOR-NEWBERRY
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

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

Total Number of Licensed Beds: 46

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
WHITE OAK OF ROCK HILL 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 / 12/31/2017 York / Corporation 1915 EBENEZER RD ROCK HILL, SC 29732-1097 WHITE OAK MANOR ROCK HILL INC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 41
WILDEWOOD DOWNS NURSING AND REHABILITATION CENTER 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 / 12/31/2017 Richland / Ltd. Liability 731 POLO RD COLUMBIA, SC 29223-4462 WILDEWOOD DOWNS RETIREMENT LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 80
WILLOW BROOK COURT AT PARK POINTE VILLAGE 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
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 40
WINDSOR MANOR NURSING HOME 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 / 01/31/2018 Clarendon / District PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 64
WOODRUFF MANOR 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
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 88
Total Number of Facilities: 195 Alzheimers Care : 28 Alzheimers Units : 11 Licensed Beds : 20,310	