

Nursing Homes

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

ABBEVILLE NURSING HOME

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

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

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

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

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

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

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

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

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

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

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

Total Number of Licensed Beds30**BAYVIEW MANOR**

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

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

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

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

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

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

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

Total Number of Licensed Beds88

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

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

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

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

NCF-0577 / 04/30/2019
Charleston / Non-Profit Corporation
3 BISHOP GADSDEN WAY
CHARLESTON, SC 29412-3500
BISHOP GADSDEN EPISCOPAL RETIREMENT COMMUNITY

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

Total Number of Licensed Beds50

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

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

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

Total Number of Licensed Beds32

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

NCF-0633 / 03/31/2019
Georgetown / Limited Liability
2715 S ISLAND RD
GEORGETOWN, SC 29440-4415
BLUE RIDGE IN GEORGETOWN LLC

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

Total Number of Licensed Beds84

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

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

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

Total Number of Licensed Beds12

BLUE RIDGE OF SUMTER
1761 PINWOOD RD
SUMTER, 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 / 03/31/2019
Sumter / Limited Liability
1761 PINWOOD RD
SUMTER, SC 29154-9056
BLUE RIDGE OF SUMTER LLC

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

Total Number of Licensed Beds96

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

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

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

BRIAN CENTER OF NURSING CARE-ST ANDREWS
3514 SIDNEY RD
COLUMBIA, SC 29210-4494 FACILITY #:803-798-9715
MORLEY MILLICENT 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 Beds: 08

BRIGHTWATER SKILLED NURSING CENTER
171 BRIGHTWATER DR
MYRTLE BEACH, SC 29579 FACILITY #:843-903-8300
GRANGER PAUL PH#: 843-903-8300
Facility Email: LICENSING@BRIGHTWATER-LIVING.COM
Fac. Contact Email: LICENSING@BRIGHTWATER-LIVING.COM

NCF-0955 / 04/30/2019
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 Beds: 67

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@VILIVING.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 Beds: 25

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 Beds: 44

BROOKDALE EASLEY
706 PELZER HWY
EASLEY, SC 29642-3800 FACILITY #:864-859-0167
THOMAS AMY PH#: 864-859-0167
Facility Email: ATHOMAS15@BROKDALE.COM
Fac. Contact Email: ATHOMAS15@BROOKDALE.COM

NCF-0701 / 02/28/2019
Pickens / Limited Liability
706 PELZER HWY
EASLEY, SC 29642-3800
EMERICARE COUNTRYSIDE VILLAGE LLC

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

Total Number of Licensed Beds: 60

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
BROOKDALE GREENVILLE 1306 PELHAM RD GREENVILLE, SC 29615-3600 FACILITY #:864-286-6600 HUNTER ANDREA MPH#: 864-286-6600 Facility Email: ANDREA.HUNTER@BROOKDALE.COM Fac. Contact Email: ANDERSONPLACE-ED@EMERITUS.COM	NCF-0785 / 10/31/2018 Greenville / Corporation 1306 PELHAM RD GREENVILLE, SC 29615-3600 EMERICARE INC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:45
BRUSHY CREEK REHABILITATION AND HEALTHCARE CENTER 101 COTTAGE CREEK CIR GREER, SC 29650-2438 FACILITY #:864-797-8990 COTTINGHAM LINDSAY PH#: 864-797-8990 Facility Email: LCOTTINGHA@ORIANNA.COM Fac. Contact Email: LCOTTINGHAM@GHS.ORG	NCF-0992 / 10/31/2018 Greenville / Limited Liability 101 COTTAGE CREEK CIR GREER, SC 29650-2438 BRUSHY CREEK REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:44
C M TUCKER JR NURSING CARE CENTER FEWELL AND STONE PAVILIONS 2200 HARDEN ST COLUMBIA, SC 29203-7199 FACILITY #:803-737-5399 MORGAN ROBERT PH#: 803-737-5399 Facility Email: ROBERT.MORGAN@SCDMH.ORG Fac. Contact Email: ROBERT.MORGAN@SCDMH.ORG	NCF-0334 / 12/31/2018 Richland / State 2200 HARDEN ST COLUMBIA, SC 29203-7199 SC DEPARTMENT OF MENTAL HEALTH
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:252
C M TUCKER JR NURSING CARE CENTER RODDEY PAVILION 2200 HARDEN ST COLUMBIA, SC 29203-7199 FACILITY #:803-737-5301 JONES TED P PH#: 803-737-5301 Facility Email: TED.JONES@SCDMH.ORG Fac. Contact Email: TED.JONES@SCDMH.ORG	NCF-0726 / 12/31/2018 Richland / State 2200 HARDEN ST COLUMBIA, SC 29203-7199 SC DEPARTMENT OF MENTAL HEALTH
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:308
CALHOUN CONVALESCENT CENTER 601 DANTZLER ST SAINT MATTHEWS, SC 29135-1522 FACILITY #:803-655-7101 KIZER MELISSA R PH#: 803-655-7101 Facility Email: MELISSA.KIZER@FUNDLTC.COM Fac. Contact Email: TRACYB@HEALTHCARECORP.NET	NCF-0505 / 02/28/2019 Calhoun / Corporation PO BOX 157 SAINT MATTHEWS, SC 29135-0157 SAINT MATTHEWS HEALTH CARE LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:120

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

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

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
CARLYLE SENIOR CARE OF KINGSTREE 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
CHERAW HEALTHCARE 400 MOFFAT RD CHERAW, SC 29520-3048 FACILITY #:843-320-7500 DYSON JOEL W PH#: 843-320-7500 Facility Email: INFO@CHERAWHC.COM Fac. Contact Email: JDYSON@CHERAWHC.COM	NCF-0951 / 04/30/2019 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 Beds120
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 Beds80
CHESTERFIELD CONVALESCENT CENTER 1150 STATE RD CHERAW, SC 29520-2048 FACILITY #:843-537-2060 RABY SHELIA PH#: 843-537-2060 Facility Email: DIANACHAVIS@FUNDLTC.CON Fac. Contact Email: No Facility Contact Email on Record	NCF-0552 / 02/28/2019 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 Beds104
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: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds68

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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 Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0233 / 07/31/2018 Florence / Corporation 4438 PAMPLICO HWY FLORENCE, SC 29505-8502 COMMANDER HEALTH CARE FACILITIES INC Total Number of Licensed Beds:63
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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0977 / 12/31/2018 Horry / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 CAROLINA HEALTHCARE INC Total Number of Licensed Beds95
CONWAY MANOR 3300 4TH AVE CONWAY, SC 29527-6002 FACILITY #:843-248-5728 SEFJACK CHRIS PH#: 843-248-5728 Facility Email: RTILLER@CONWAYMANOR.NET Fac. Contact Email: No Facility Contact Email on Record Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0899 / 05/31/2018 Horry / Ltd. Liability 3300 4TH AVE CONWAY, SC 29527-6002 CONWAY MANOR LLC 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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0946 / 11/30/2018 Richland / Ltd. Liability 1645 RIDGE RD HOPKINS, SC 29061-8432 COUNTRYWOOD NURSING CENTER LLC Total Number of Licensed Beds38
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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0632 / 05/31/2018 Sumter / Non-Profit Corporation 2825 CARTER RD OFC SUMTER, SC 29150-1736 COVENANT PLACE OF SUMTER INC Total Number of Licensed Beds44

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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 / 11/30/2018 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 KING JAMES PH#: 843-479-6251 Facility Email: ADMIN@DUNDEEMANOR.NET Fac. Contact Email: No Facility Contact Email on Record	NCF-0897 / 05/31/2018 Marlboro / Ltd. Liability PO BOX 858 BENNETTSVILLE, SC 29512-0858 DUNDEE MANOR LLC
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
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 / 03/31/2019 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 Beds1:81

Nursing Homes

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

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

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

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

Total Number of Licensed Beds: 04**FLEETWOOD REHABILITATION AND HEALTHCARE CENTER**

200 ANNE DR
EASLEY, SC 29640-2061 FACILITY #:864-859-9754
BOWERS EMMA PH#: 864-859-9754
Facility Email: APHILLIPS@ORIANNA.COM
Fac. Contact Email: No Facility Contact Email on Record

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

NCF-0913 / 11/30/2018
Pickens / Limited Liability
200 ANNE DR
EASLEY, SC 29640-2061
FLEETWOOD REHABILITATION AND HEALTHCARE CENTER LLC

Total Number of Licensed Beds: 03**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

Total Number of Licensed Beds: 44**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 Beds: 33**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 Beds: 15

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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	NCF-0991 / 10/31/2018 Laurens / Corporation 300 E MCBEE AVE STE 402 GREENVILLE, SC 29601-2890 UPSTATE AFFILIATE ORGANIZATION
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:14
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	NCF-0990 / 10/31/2018 Oconee / Corporation 101 LILA DOYLE DR SENECA, SC 29672-9495 UPSTATE AFFILIATE ORGANIZATION
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:20
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	NCF-0857 / 12/31/2018 Spartanburg / Limited Liability 82 N MAIN ST INMAN, SC 29349-1416 INMAN GOLDEN AGE OPERATING COMPANY LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:44
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	NCF-0993 / 09/30/2018 Horry / Limited Liability PO BOX 510 DARLINGTON, SC 29540-0510 GRAND STRAND REHAB AND NURSING CENTER LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:88
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	NCF-0805 / 07/31/2018 Greenville / Ltd. Liability 661 RUTHERFORD RD GREENVILLE, SC 29609-4696 GREENVILLE 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
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	NCF-0944 / 10/31/2018 Greenwood / Ltd. Liability 1530 PKWY GREENWOOD, SC 29646-4027 GREENWOOD REGIONAL REHABILITATION HOSPITAL LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:12
GREER REHABILITATION AND HEALTHCARE CENTER 401 CHANDLER RD GREER, SC 29651-1243 FACILITY #:864-879-1370 WOOD ZACHARY PH#: 864-879-1370 Facility Email: ZWOOD@ORIANNA.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0908 / 12/31/2018 Greenville / Limited Liability 401 CHANDLER RD GREER, SC 29651-1243 GREER REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:33
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	NCF-0932 / 09/30/2018 Dorchester / Ltd. Liability 255 MIDLAND PKWY SUMMERVILLE, SC 29485-8104 PALMETTO HALLMARK OPERATING LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:88
HEARTLAND HEALTH AND REHABILITATION CARE CENTER-HANAHAN 1800 EAGLE LANDING BLVD HANAHAN, SC 29410-8517 FACILITY #:843-553-0656 GREEN DWIGHT PH#: 843-553-0656 Facility Email: 4015ADMIN@HCR-MANORCARE.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0526 / 12/31/2018 Berkeley / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 HEARTLAND-CHARLESTON OF HANAHAN SC LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	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	NCF-0952 / 12/31/2018 Greenville / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 OAKMONT EAST-GREENVILLE SC LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:32

**SCDHEC
Nursing Homes**

May 1, 2018

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-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	NCF-0953 / 12/31/2018 Greenville / Limited Liability 333 N SUMMIT ST, LICENSURE SUPPORT TOLEDO, OH 43604-1531 OAKMONT WEST-GREENVILLE SC LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:25
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 Beds88
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 HYMAN ASHLEY PH#: 803-732-3000 Facility Email: AHYMAN@THEHERITAGEATLOWMAN.ORG Fac. Contact Email: AHYMAN@THEHERITAGEATLOWMAN.ORG	NCF-0688 / 05/31/2018 Lexington / Non-Profit Corporation PO BOX 444 WHITE ROCK, SC 29177-0444 LUTHERAN HOMES OF SOUTH CAROLINA INC
Alzheimer Care: No Max # Residents 0 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

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

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

NCF-0450 / 02/28/2019
Florence / Corporation
515 S WARLEY ST
FLORENCE, SC 29501-5199
HERITAGE HOME OF FLORENCE INC

Total Number of Licensed Beds:32**HONORAGE NURSING CENTER**

1207 N CASHUA RD
FLORENCE, SC 29501-6969 FACILITY #:843-665-6172
TAYLOR PAMELA M PH#: 843-665-6172
Facility Email: PTAYLOR1549@AOL.COM
Fac. Contact Email: PTAYLOR1549@AOL.COM

Alzheimer Care: Yes Max # Residents 88
Alzheimer Unit: No Max # Beds:

NCF-0329 / 12/31/2018
Florence / Corporation
1207 N CASHUA RD
FLORENCE, SC 29501-6969
HONORAGE NURSING HOME OF FLORENCE SC INC

Total Number of Licensed Beds88**INMAN HEALTHCARE**

51 N MAIN ST
INMAN, SC 29349-1437 FACILITY #:864-472-9370
MORLEY MILLICENT PH#: 864-472-9370
Facility Email: M.MORLEY@SAVASC.COM
Fac. Contact Email: No Facility Contact Email on Record

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

NCF-0864 / 12/31/2018
Spartanburg / Limited Liability
51 N MAIN ST
INMAN, SC 29349-1437
INMAN HEALTH OPERATING COMPANY LLC

Total Number of Licensed Beds40**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

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

NCF-0904 / 11/30/2018
Anderson / Limited Liability
406 W BROAD ST
IVA, SC 29655-1119
IVA REHABILITATION AND HEALTHCARE CENTER LLC

Total Number of Licensed Beds60**J F HAWKINS NURSING HOME**

1330 KINARD ST
NEWBERRY, SC 29108-3096 FACILITY #:803-276-2601
RANDELL TYL PH#: 803-276-2601
Facility Email: TRANSDHELL@NEWBERRYCCRC.COM
Fac. Contact Email: No Facility Contact Email on Record

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

NCF-0234 / 02/28/2019
Newberry / Limited Liability
1300 KINARD ST
NEWBERRY, SC 29108
NEWBERRY OPERATOR LLC

Total Number of Licensed Beds:18

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

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

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

JOHN EDWARD HARTER NURSING CENTER

185 REVOLUTIONARY TRL
FAIRFAX, SC 29827-7105 FACILITY #:803-632-3334
GOODING GENE L PH#: 803-632-3334
Facility Email: LARIG@ACHOSPITAL.ORG
Fac. Contact Email: LARIG@ACHOSPITAL.ORG

NCF-0259 / 04/30/2019
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 Beds44

JOHNS ISLAND REHABILITATION AND HEALTHCARE CENTER

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

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

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

Total Number of Licensed Beds132

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

1311 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
1311 ROBERTS ST
CAMDEN, SC 29020-3798
KERSHAW HOSPITAL LLC

Alzheimer Care: Yes 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 LAURAL 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

Nursing Homes

DHEC Regulation 61-17

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 / 01/31/2019 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 / 12/31/2018 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 / 12/31/2018 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

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

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 / 02/28/2019 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 WILSON TRACY PH#: 803-266-3229 Facility Email: TWILSON@LAURELBAYE.COM Fac. Contact Email: TWILSON@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 COMMUNITY 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-1001 / 01/31/2019 Lexington / Non-Profit Corporation 2817 ASHLAND RD COLUMBIA, SC 29210 LAUREL CREST RETIREMENT COMMUNITY
Alzheimer Care: No Max # Residents: 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 GILL KATHRYN PH#: 803-359-5181 Facility Email: WSTOWE@LEXHEALTH.ORG Fac. Contact Email: No Facility Contact Email on Record	NCF-0730 / 12/31/2018 Lexington / Corporation 815 OLD CHEROKEE RD LEXINGTON, SC 29072-8115 LEXMED INC
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: Yes Max # Beds: 80	Total Number of Licensed Beds: 88

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

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	NCF-0878 / 11/30/2018 Charleston / Ltd. Liability 2600 ELMS PLANTATION BLVD NORTH CHARLESTON, SC 29406-9180 CHARLESTON MEDICAL INVESTORS LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:48
LIFE CARE CENTER OF COLUMBIA 2514 FARAWAY DR COLUMBIA, SC 29223-3969 FACILITY #:803-865-1999 KNEELAND ROBERT E PH#: 803-865-1999 Facility Email: ROBERT_KNEELAND@LCCA.COM Fac. Contact Email: ROBERT_KNEELAND@LCCA.COM	NCF-0634 / 06/30/2018 Richland / Corporation 2514 FARAWAY DR COLUMBIA, SC 29223-3969 RCM-COLUMBIA INC
Alzheimer Care: No Max # Residents 80 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds:79
LIFE CARE CENTER OF HILTON HEAD 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 FACILITY #:843-681-6006 KILPATRICK LYNN D PH#: 843-681-6006 Facility Email: LYNN_KILPATRICK@LCCA.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0725 / 05/31/2018 Beaufort / Corporation 120 LAMOTTE DR HILTON HEAD ISLAND, SC 29926-2792 LIFE CARE CENTERS OF AMERICA INC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed 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	NCF-0909 / 11/30/2018 Anderson / Limited Liability 208 JAMES ST ANDERSON, SC 29625-2942 LINLEY PARK REHABILITATION AND HEALTHCARE CENTER LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed 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	NCF-0956 / 04/30/2019 Greenville / Limited Liability 30 SPRINGCREST CT GREENVILLE, SC 29607-4034 CASCADES NURSING LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds44

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

**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**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
<p>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:</p>	<p>NCF-0859 / 08/31/2018 York / Ltd. Liability 127 MURRAH DR ROCK HILL, SC 29732-2390 THI OF SOUTH CAROLINA AT ROCK HILL LLC Total Number of Licensed Beds:06</p>
<p>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:</p>	<p>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</p>
<p>MANNA REHABILITATION AND HEALTHCARE CENTER 716 E CEDAR ROCK ST PICKENS, SC 29671-2324 FACILITY #:864-878-4739 GRIGGS TODD PH#: 864-878-4739 Facility Email: TGRIGGS@ORIANNA.COM Fac. Contact Email: TGRIGGS@ORIANNA.COM Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:</p>	<p>NCF-0910 / 12/31/2018 Pickens / Limited Liability 716 E CEDAR ROCK ST PICKENS, SC 29671-2324 MANNA REHABILITATION AND HEALTHCARE CENTER LLC Total Number of Licensed Beds:30</p>
<p>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</p>	<p>NCF-0435 / 03/31/2019 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</p>
<p>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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:</p>	<p>NCF-0933 / 11/30/2018 McCormick / Limited Liability 204 HOLIDAY RD MC CORMICK, SC 29835-3429 MCCORMICK REHABILITATION AND HEALTHCARE CENTER LLC Total Number of Licensed Beds:20</p>

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

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 / 09/30/2018
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: ETIL@THEOAKSSC.COM
Fac. Contact Email: ETILL@THEOAKSSC.COM

NCF-0735 / 11/30/2018
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

MIDLANDS HEALTH & REHABILITATION CENTER

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

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

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

Total Number of Licensed Beds: 88

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

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

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

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

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

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

Total Number of Licensed Beds:32

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

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

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

Total Number of Licensed Beds:54

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

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

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

Total Number of Licensed Beds:32

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

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

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

Total Number of Licensed Beds:32

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

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

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

Total Number of Licensed Beds92

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
MYRTLE BEACH MANOR 9547 HWY 17 N MYRTLE BEACH, SC 29572-0000 FACILITY #:843-449-5283 BEARD MICHAEL PH#: 843-449-5283 Facility Email: MBEARD@5SSL.COM Fac. Contact Email: MBEARD@5SSL.COM	NCF-0829 / 01/31/2019 Horry / Corporation 400 CENTRE ST NEWTON, MA 02458-2094 FS TENANT POOL I TRUST
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 60
NHC HEALTHCARE ANDERSON 1501 E GBREENVILLE ST ANDERSON, SC 29621 FACILITY #:864-226-8356 MOORHOUSE BRADLEY W PH#: 864-226-8356 Facility Email: LPENA@NHCANDERSON.COM Fac. Contact Email: BRADMOORHOUSE@NHCANDERSON.COM	NCF-0801 / 06/30/2018 Anderson / Ltd. Liability PO BOX 1327 ANDERSON, SC 29622-1327 NHC HEALTHCARE/ANDERSON LLC
Alzheimer Care: Yes Max # Residents: 70 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 290
NHC HEALTHCARE BLUFFTON 3039 OKATIE HWY BLUFFTON, SC 29909-5101 FACILITY #:843-705-8220 YOKLEY STEVEN T PH#: 843-705-8220 Facility Email: SYOKLEY@NHCBLUFFTON.COM Fac. Contact Email: SYOKLEY@NHCBLUFFTON.COM	NCF-0958 / 01/31/2019 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 Beds: 120
NHC HEALTHCARE CHARLESTON 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 FACILITY #:843-766-5228 BARTLETT GREGORY PH#: 843-766-5228 Facility Email: TBARTLETT@NHCCHARLESTONHEALTHCARE.COM Fac. Contact Email: TBARTLETT@NHCCHARLESTONHEALTHCARE.COM	NCF-0871 / 09/30/2018 Charleston / Limited Liability 2230 ASHLEY CROSSING DR CHARLESTON, SC 29414-5700 NHC HEALTHCARE-CHARLESTON LLC
Alzheimer Care: No Max # Residents: 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 32
NHC HEALTHCARE CLINTON 304 JACOBS HWY CLINTON, SC 29325-7279 FACILITY #:864-833-2550 HOLDER CHARLES E PH#: 000-000-0000 Facility Email: CHOLDER@NHCCLINTON.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0804 / 06/30/2018 Laurens / Ltd. Liability PO BOX 727 CLINTON, SC 29325-0727 NHC HEALTHCARE/CLINTON LLC
Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 31

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 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 M PH#: 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
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@NHCCLEXINGTON.COM Fac. Contact Email: NHC@NHCCLEXINGTON.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

SCDHEC
Nursing Homes

May 1, 2018

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

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

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

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

Total Number of Licensed Beds: 80

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

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

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

Total Number of Licensed Beds: 92

NHC HEALTHCARE PARKLANE
7601 PARKLANE RD
COLUMBIA, SC 29223-6122 FACILITY #:803-741-9090
ARGO MELISSA B PH#: 803-741-7233
Facility Email: MARGO@NHC PARKLANE.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 / 01/31/2019
Sumter / Corporation
PO BOX 1524
SUMTER, SC 29151-1524
NATIONAL HEALTH CORPORATION

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

Total Number of Licensed Beds: 38

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

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

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

Total Number of Licensed Beds: 88

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0890 / 08/31/2018 Darlington / Limited Liability 123 OAK ST DARLINGTON, SC 29532-2628 OAKHAVEN NURSING CENTER LLC Total Number of Licensed Beds88
OPUS POST ACUTE REHABILITATION 300 AGAPE DR WEST COLUMBIA, SC 29169-3307 FACILITY #:803-739-5282 SHEETS STEVEN PH#: 803-739-5282 Facility Email: RENEWALS@ENSIGNSERVICES.NET Fac. Contact Email: No Facility Contact Email on Record Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0976 / 12/31/2018 Lexington / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 SOUTHERN CHARM HEALTHCARE INC 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: DIANACHAVIS@PALMETTOHEALTH.ORG Fac. Contact Email: DIANACHAVIS@PALMETTOHEALTH.ORG Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0740 / 02/28/2018 (Renewal Pending) Richland / Non-Profit Corporation 1330 TAYLOR ST COLUMBIA, SC 29201-2943 PALMETTO HEALTH 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@PALMENOHEALTH.ORG Fac. Contact Email: No Facility Contact Email on Record Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0973 / 12/31/2017 (Renewal Pending) Sumter / 129 N WASHINGTON ST SUMTER, SC 29150-4983 PALMETTO HEALTH TUOMEY Total Number of Licensed Beds18
PATEWOOD REHABILITATION AND HEALTHCARE CENTER 2 GRIFFITH RD GREENVILLE, SC 29607-3504 FACILITY #:864-990-1918 POLLARD TRACI PH#: 864-990-1918 Facility Email: TPOLLARD@ORIANNA.COM Fac. Contact Email: TPOLLARD@ORIANNA.COM Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0900 / 12/31/2018 Greenville / Limited Liability 2 GRIFFITH RD GREENVILLE, SC 29607-3504 PATEWOOD REHABILITATION AND HEALTHCARE CENTER LLC Total Number of Licensed Beds120

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
PEACHTREE CENTRE 1434 N LIMESTONE ST GAFFNEY, SC 29340-4798 FACILITY #:864-487-2717 BLACKWELDER SARAH CAMPBELL PH#: 864-487-2717 Facility Email: ADMI@PEACHTREE.COM Fac. Contact Email: ADMI@PEACHTREE.COM	NCF-0972 / 11/30/2018 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 / 11/30/2018 Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC
Alzheimer Care: Yes Max # Residents: 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
PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA-CLINTON 801 MUSGROVE ST CLINTON, SC 29325-1796 FACILITY #:864-833-5190 PRIDMORE ROBERT P PH#: 864-833-5190 Facility Email: PAUL.PRIDMORE@PRESCOMM.ORG Fac. Contact Email: PAUL.PRIDMORE@PRESCOMM.ORG	NCF-0366 / 04/30/2019 Laurens / Non-Profit Corporation 801 MUSGROVE ST CLINTON, SC 29325-1796 PRESBYTERIAN COMMUNITIES OF SOUTH CAROLINA
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds66

**SCDHEC
Nursing Homes**

May 1, 2018

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-COLUMBIA

700 DAVEGA DR
LEXINGTON, SC 29073-9698 FACILITY #:803-796-8700
BASILE JASON PH#: 803-796-8700
Facility Email: JASON.BASILE@PRESCOMM.ORG
Fac. Contact Email: JASON.BASILE@PRESHOMESC.ORG

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

NCF-0545 / 12/31/2018
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@PRESHOMESSC.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 (Renewal Pending)
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

PRESTON HEALTH CENTER

87 BIRDSONG WAY
HILTON HEAD ISLAND, SC 29926-1365 FACILITY #:843-689-7000
FUNK ADAM PH#: 843-689-7077
Facility Email: SBUKOSKEY@THECYPRESS.COM
Fac. Contact Email: No Facility Contact Email on Record

**Alzheimer Care: Yes Max # Residents:
Alzheimer Unit: Yes Max # Beds: 11**

NCF-0576 / 04/30/2018 (Renewal Pending)
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 Beds77

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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@PRINCEGEORGETC.COM	NCF-0930 / 09/30/2018 Georgetown / Ltd. Liability 901 MAPLE ST GEORGETOWN, SC 29440-4333 PALMETTO PRINCE GEORGE OPERATING LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 48
PRUITTHEALTH - BAMBERG 439 NORTH ST BAMBERG, SC 29003-1317 FACILITY #:803-245-7525 FELTHAM MARK A PH#: 803-245-7525 Facility Email: MFELTHAM@PRUITTHEALTH.COM Fac. Contact Email: MFELTHAM@PRUITTHEALTH.COM	NCF-0322 / 08/31/2018 Bamberg / Limited Liability 439 NORTH ST BAMBERG, SC 29003-1317 PRUITTHEALTH - BAMBERG LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	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	NCF-0835 / 11/30/2018 Dillon / Ltd. Liability 413 LAKESIDE CT DILLON, SC 29536-1999 PRUITTHEALTH - DILLON LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds 84
PRUITTHEALTH - ESTILL 252 LIBERTY AVE S ESTILL, SC 29918 FACILITY #:803-625-3852 YOUNG JACQUELINE PH#: 803-625-3852 Facility Email: JLOCKLAIR@PRUITTHEALTH.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0922 / 09/30/2018 Hampton / Ltd. Liability 252 LIBERTY AVE S ESTILL, SC 29918 PRUITTHEALTH - ESTILL LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds: 04
PRUITTHEALTH - PICKENS 163 LOVE AND CARE RD SIX MILE, SC 29682-9569 FACILITY #:864-868-2307 ROGERS EMILY PH#: 864-868-2307 Facility Email: LEGALSERVICES@PRUITTHEALTH.COM Fac. Contact Email: LEGALSERVICES@PRUITTHEALTH.COM	NCF-0580 / 04/30/2019 Pickens / Limited Liability 163 LOVE AND CARE RD SIX MILE, SC 29682-9569 PRUITTHEALTH - PICKENS LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds 44

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
PRUITTHEALTH - WALTERBORO 401 WITSELL ST WALTERBORO, SC 29488-3052 FACILITY #:843-549-5546 HOANG DUSTIN PH#: 843-549-5546 Facility Email: DHOANG@PRUITTHEALTH.COM Fac. Contact Email: No Facility Contact Email on Record Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0949 / 10/31/2018 Colleton / Ltd. Liability 401 WISTELL 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 / 01/31/2019 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 JARVIS MICHAEL PH#: 803-649-6264 Facility Email: MJARVIS@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 Beds44
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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0959 / 08/31/2018 Richland / Corporation 1075 HEATHER GREEN DR COLUMBIA, SC 29229-7831 OAKS OF BLYTHEWOOD INC Total Number of Licensed Beds:20

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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 / 01/31/2019 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 HOLLINGSWORTH ROXANNE 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 GUZMAN NICK PH#: 803-278-2170 Facility Email: NGUZMAN@PRUITTHEALTH.COM Fac. Contact Email: No Facility Contact Email on Record	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
PRUITTHEALTH-RIDGEWAY 213 TANGLEWOOD CT RIDGEWAY, SC 29130-7100 FACILITY #:803-337-3211 PHILLIPS KAREN 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

Nursing Homes

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
RETREAT AT WELLMORE OF DANIEL ISLAND 580 ROBERT DANIEL DR CHARLESTON, SC 29492 FACILITY #:843-566-1000 SEEDS ASHLEY PH#: 843-566-1000 Facility Email: BTHOMPSON@MAXWELL-GROUP.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0965 / 03/31/2019 Berkeley / Limited Liability 3530 TORINGDON WAY STE 204 CHARLOTTE, NC 28277-3431 WELLMORE OF DANIEL ISLAND LLC
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds60
RETREAT AT WELLMORE OF LEXINGTON 200 WELLMORE DR BLDG #4 LEXINGTON, SC 29072 FACILITY #:803-520-1200 TREMBLE WILLIAM M PH#: 803-520-1200 Facility Email: LEXINGTON@WELL-MORE.COM Fac. Contact Email: MTREMBLE@MAXWELL-GROUP.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 Beds60
RICE ESTATE REHABILITATION AND HEALTHCARE 100 FINLEY RD COLUMBIA, SC 29203-9264 FACILITY #:803-691-5720 HOLLOWAN LISA PH#: 803-691-5720 Facility Email: LHOLLOWAN@RICEESTATE.ORG Fac. Contact Email: LHOLLOWAN@LHOMES.ORG	NCF-0831 / 05/31/2018 Richland / Non-Profit Corporation 100 FINLEY RD COLUMBIA, SC 29203-9264 LUTHERAN HOMES OF SOUTH CAROLINA INC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds80
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 / 02/28/2019 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 Beds220
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 / 11/30/2018 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 Beds120

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 / 11/30/2018 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 MURRAY ANNE PH#: 803-534-7771 Facility Email: AMURRAY1@ORIANNA.COM Fac. Contact Email: AMURRAY1@ORIANNA.COM	NCF-0858 / 06/30/2019 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 Beds113
ROCK HILL POST ACUTE CARE CENTER 159 SEDGEWOOD DR ROCK HILL, SC 29732-2315 FACILITY #:803-329-6565 GLASSMAN CAMERON PH#: 803-329-6565 Facility Email: RENEWALS@ENSIGNSERVICES.NET Fac. Contact Email: No Facility Contact Email on Record	NCF-0975 / 12/31/2018 York / Corporation 27101 PUERTA REAL STE 450 MISSION VIEJO, CA 92691-8566 ROCK HILL HEALTHCARE INCORPORATED
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds99

**SCDHEC
Nursing Homes**

May 1, 2018

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
YETTER MELISSA PH#: 864-599-8600
Facility Email: MYETTER@LHOMES.ORG
Fac. Contact Email: MYETTER@LHOMES.ORG

NCF-0817 / 04/30/2019
Spartanburg / Non-Profit Corporation
200 FORTRESS DR
INMAN, SC 29349-9160
LUTHERAN HOMES OF SOUTH CAROLINA INC

Alzheimer Care: No 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
SOTO JOSEPH L 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

**SCDHEC
Nursing Homes**

May 1, 2018

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 #:864-582-2833
ELEAZER KARL A PH#: 864-582-2833
Facility Email: KELEAZER@MAXIMUSHG.COM
Fac. Contact Email: KELEAZER@MAXIMUSHG.COM

NCF-0995 / 03/31/2018 (Renewal Pending)
Spartanburg / Limited Liability
PO BOX 9268
HICKORY, NC 28603-9268
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 / 12/31/2018
Lexington / Corporation
PO BOX 2959
WEST COLUMBIA, SC 29171-2959
SOUTH CAROLINA EPISCOPAL HOME AT STILL HOPES INC

Alzheimer Care: Yes Max # Residents:
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
SOUTHPOINTE HEALTHCARE AND REHABILITATION 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 FACILITY #:864-288-1415 BROOME KIRK PH#: 864-288-1415 Facility Email: No Facility Email on Record Fac. Contact Email: No Facility Contact Email on Record	NCF-0869 / 08/31/2018 Greenville / Ltd. Liability 35 SOUTHPOINTE DR GREENVILLE, SC 29607-5956 THI OF SOUTH CAROLINA AT MAGNOLIA PLACE AT GREENVILLE LLC
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds120
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 / 02/28/2019 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
Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds88

**SCDHEC
Nursing Homes**

May 1, 2018

DHEC Regulation 61-17

Name of Facility Location Street Location City, State Administrator	License#/Expiration County/Ownership Type Mailing Address Licensee
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: JBECTON@SUMMIT-HILLS.COM Fac. Contact Email: JBECTON@SUMMIT-HILLS.COM Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0950 / 03/31/2019 Spartanburg / Ltd. Liability 100 SUMMIT HILLS DR SPARTANBURG, SC 29307-1532 SUMMIT HILLS LLC Total Number of Licensed Beds33
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 Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0919 / 09/30/2018 Sumter / Ltd. Liability 880 CAROLINA AVE SUMTER, SC 29150-2815 SSC SUMTER EAST OPERATING COMPANY LLC Total Number of Licensed Beds176
TRANSITIONAL CARE UNIT AT SPRINGS MEMORIAL HOSPITAL 800 W MEETING ST LANCASTER, SC 29720-2298 FACILITY #:803-286-1837 GOSNELL LISA R PH#: 803-286-1837 Facility Email: LISA_GOSNELL@CHS.NET Fac. Contact Email: LISA_GOSNELL@CHS.NET Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0723 / 04/30/2019 Lancaster / Corporation 800 W MEETING ST LANCASTER, SC 29720-2298 LANCASTER HOSPITAL CORPORATION 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 Alzheimer Care: No Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0495 / 02/28/2019 Spartanburg / Corporation 400 LOCUST GRV RD SPARTANBURG, SC 29303-4898 SPARTANBURG HEALTH CARE LLC 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 Alzheimer Care: Yes Max # Residents: Alzheimer Unit: Yes Max # Beds: 52	NCF-0921 / 10/31/2018 Colleton / State 2461 SIDNEYS RD WALTERBORO, SC 29488-6783 SC DEPARTMENT OF MENTAL HEALTH Total Number of Licensed Beds20

**SCDHEC
Nursing Homes**

May 1, 2018

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
WESLEY COMMONS HEALTH AND REHABILITATION CENTER 1075 BYPASS 25 SE GREENWOOD, SC 29646 FACILITY #:864-227-7250 HOLMES MOODY KIMBERLY K PH#: 864-227-7250 Facility Email: KMOODY@WESLEYCOMMONS.ORG Fac. Contact Email: KMOODY@WESLEYCOMMONS.ORG	NCF-0304 / 03/31/2019 Greenwood / Non-Profit Corporation 1110 MARSHALL RD GREENWOOD, SC 29646-4299 WESLEY COMMONS
Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	Total Number of Licensed Beds 80
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 CRISP SONIA A PH#: 864-579-7004 Facility Email: TGIBBS@WHITEOAKMANOR.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0888 / 12/31/2018 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

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 MANOR CHARLESTON INC 9285 MEDICAL PLAZA DR N CHARLESTON, SC 29406-9126 FACILITY #:843-797-8282 GIBBS TAMMY L PH#: 843-797-8282 Facility Email: RWALKER@WHITEOAKMANOR.COM Fac. Contact Email: No Facility Contact Email on Record	NCF-0892 / 12/31/2018 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
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 HEITKAMP RYAN M PH#: 803-286-1464 Facility Email: RHEITKAMP@WHITEOAKMANOR.COM Fac. Contact Email: RHEITKAMP@WHITEOAKMANOR.COM	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 / 12/31/2018 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

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 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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0884 / 12/31/2018 Newberry / Corporation 2555 KINARD ST NEWBERRY, SC 29108-2903 WHITE OAK MANOR - NEWBERRY INC Total Number of Licensed Beds:46
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 Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0885 / 12/31/2018 York / Corporation 1915 EBENEZER RD ROCK HILL, SC 29732-1097 WHITE OAK MANOR ROCK HILL INC Total Number of Licensed Beds:41
WILDEWOOD DOWNS NURSING AND REHABILITATION CENTER 731 POLO RD COLUMBIA, SC 29223-4462 FACILITY #:803-788-5115 CHAVIS DIANA L PH#: 803-788-5115 Facility Email: DCHAVIS@WILDEWOOD-DOWNS.COM Fac. Contact Email: DCHAVIS@WILDEWOOD-DOWNS.COM Alzheimer Care: No Max # Residents 0 Alzheimer Unit: No Max # Beds:	NCF-0914 / 12/31/2018 Richland / Ltd. Liability 731 POLO RD COLUMBIA, SC 29223-4462 WILDEWOOD DOWNS RETIREMENT LLC Total Number of Licensed Beds80
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 Alzheimer Care: Yes Max # Residents: Alzheimer Unit: No Max # Beds:	NCF-0916 / 07/31/2018 York / Non-Profit Corporation 2993 VAN VALIN DR ROCK HILL, SC 29732-8079 PARK POINTE VILLAGE INC Total Number of Licensed Beds40
WINDSOR MANOR NURSING HOME 5583 SUMMERTON HWY MANNING, SC 29102-5217 FACILITY #:803-478-2323 MATTHEWS ROBIN PH#: 803-478-2323 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-0737 / 01/31/2019 Clarendon / District PO BOX 1230 SUMMERTON, SC 29148-1230 CLARENDON HOSPITAL DISTRICT Total Number of Licensed Beds64

SCDHEC
Nursing Homes

May 1, 2018

DHEC Regulation 61-17

Name of Facility
Location Street
Location City, State
Administrator

License#/Expiration
County/Ownership Type
Mailing Address
Licensee

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

Alzheimer Care: No Max # Residents:

Alzheimer Unit: No Max # Beds:

NCF-1000 / 09/30/2018

Spartanburg / District

1114 E GEORGIA RD

WOODRUFF, SC 29388

SPARTANBURG REGIONAL HEALTH SERVICES DISTRICT INC

Total Number of Licensed Beds88

Total Number of Facilities: 196

Alzheimers Care : 27

Alzheimers Units : 11

Licensed Beds : 20,416