

County: Aiken

Facility Type: Adult Day Care

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AIKEN CENTER FOR ACTIVE SENIORS</b> 944 DOUGHERTY RD AIKEN, SC 29803-6515 FAC.#:803-226-0355 POTEAT KAREN PH#: 803-215-6767 Facility Email: KAREN@AIKENACTIVESENIORS.COM	Aiken / Limited Liability 690 MEDICAL PARK DR AIKEN, SC 29801-6348 MK CARES LLC <b>ADC-0298 / 01/31/2019</b>	20
<b>Number of Participants: 20</b>		
<b>GINGER'S ADULT DAY CARE</b> 401 W MARTINTOWN RD STE 201 NORTH AUGUSTA, SC 29841-6130 FAC.#:803-279-7822 SIMPKINS ALVERNEQ H PH#: 803-279-7822 Facility Email: HATTAE25@HOTMAIL.COM	Aiken / Ltd. Liability 401 W MARTINTOWN RD STE 201 NORTH AUGUSTA, SC 29841-6130 GINGER'S ADULT DAY CARE LLC <b>ADC-0273 / 06/30/2018</b>	60
<b>Number of Participants: 60</b>		
<b>MARGARET'S GARDEN ADULT DAYCARE</b> 119 BEATTY LN AIKEN, SC 29803-7600 FAC.#:803-226-0099 PRICE DOREAN PH#: 803-514-2260 Facility Email: DOREANPRICE@SUDDENLINK.NET	Aiken / Limited Liability Company (single member) AIKEN, SC 29803-7600 MARGARETS GARDEN ADULT DAYCARE CENTER LLC <b>ADC-0308 / 02/28/2019</b>	15
<b>Number of Participants: 15</b>		

<b>Totals For Facility/License Type: <u>Adult Day Care</u></b>	
<b>Number of Activities/Facilities licensed: _____ 3</b>	<b>Number Licensed Units: _____ 95</b>

County: Aiken

Facility Type: Ambulatory Surgery

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AMBULATORY SURGICAL CENTER OF AIKEN</b> 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 FAC.#:803-648-2840 FIELDS MICHAEL T PH#: 803-648-2840 Facility Email: TODD@SURGERYAIKEN.COM	Aiken / Limited Liability 4211 TROLLEY LINE RD AIKEN, SC 29801-2749 AMBULATORY SURGICAL CENTER OF AIKEN LLC <b>ASF-0096 / 11/30/2018</b>	6
Operating Rooms: 4 Procedure Rooms: 1 Endoscopy Rooms: 1		
<b>CAROLINA AMBULATORY SURGERY CENTER</b> 110 PEPPER HILL WAY AIKEN, SC 29801-2818 FAC.#:803-642-6060 HUTTO CHRISTY K PH#: 803-642-6060 Facility Email: CKHUTTORN@HOTMAIL.COM	Aiken / Corporation 110 PEPPER HILL WAY AIKEN, SC 29801-2818 CASC ACQUISITION INC <b>ASF-0101 / 05/31/2018</b>	2
Operating Rooms: 1 Procedure Rooms: 1 Endoscopy Rooms: 0		
<b>CENTER FOR COLON AND DIGESTIVE DISEASES</b> 103 GREGG AVE NW STE 100 AIKEN, SC 29801-2709 FAC.#:803-226-0434 LEE TERRY PH#: 803-226-0434 Facility Email: PGH12@ATT.NET	Aiken / Limited Liability 103 GREGG AVE NW STE 100 AIKEN, SC 29801-2709 CENTER FOR COLON AND DIGESTIVE DISEASES LLC <b>ASF-0119 / 01/31/2019</b>	2
Operating Rooms: 0 Procedure Rooms: 0 Endoscopy Rooms: 2		

<b>Totals For Facility/License Type: <u>Ambulatory Surgery</u></b>	
Number of Activities/Facilities licensed: <u>3</u>	Number Licensed Units: <u>10</u>

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BLACK'S DRIVE COMMUNITY RESIDENCE</b> 160 BLACKS DR WILLISTON, SC 29853-3558 FAC.#:803-266-3211 SISK DARRIN W PH#: 803-266-3211 Facility Email: BPARKER@BARNWELLSC.COM	Aiken / County PO BOX 556 #20 PARK ST BARNWELL, SC 29812 ALLENDALE/BARNWELL COUNTIES DISABILITIES AND SPECIAL NEEDS BOARD CRC-1524 / 08/31/2018	8
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>BROOKDALE NORTH AUGUSTA</b> 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 FAC.#:803-819-0034 MEEHAN TANYA JO PH#: 803-819-0034 Facility Email: TMEEHAN1@BROOKDALE.COM	Aiken / Limited Liability 105 N HILLS DR OFC NORTH AUGUSTA, SC 29841-0113 BROOKDALE SENIOR LIVING COMMUNITIES INC CRC-1298 / 02/28/2019	52
Alzheimer Care:Yes Max # Resident:52	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>GENERATIONS OF MONETTA</b> 77 CATO RD MONETTA, SC 29105-9319 FAC.#:803-685-7820 HANNIBAL VICTORIA C PH#: 803-736-8053 Facility Email: TODD@GENERATIONSOFCCHAPIN.COM	Aiken / Ltd. Liability 77 CATO RD MONETTA, SC 29105-9319 GENERATIONS OF MONETTA LLC CRC-0876 / 10/31/2018	22
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		
<b>GOD'S HAVEN OF REST</b> 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 FAC.#:803-279-1129 AYERS HAZEL L PH#: 803-279-1129 Facility Email: LEIGH.3@COMCAST.NET	Aiken / Sole Proprietorship 516 BELVEDERE CLEARWATER RD NORTH AUGUSTA, SC 29841-2583 HAZEL LEIGH AYERS CRC-1237 / 12/31/2018	9
Alzheimer Care:Yes Max # Resident:5	Alzheimer Unit: Yes Max # Beds: 5	
Certifications:None		
<b>GRACELYNN RESIDENTIAL CARE FACILITY</b> 203 JEWEL ST N NEW ELLENTON, SC 29809-2942 FAC.#:803-761-2045 BOOKER ROSABELL T PH#: 803-761-2045 Facility Email: ADULTANDSENIORSERVICES@GMAIL.COM	Aiken / Limited Liability Company (being renewed) NEW ELLENTON, SC 29809-2942 GRACELYNN RESIDENTIAL CARE FACILITY LLC CRC-1609 / 11/30/2018	6
Alzheimer Care:No Max # Resident:0	Alzheimer Unit: No Max # Beds: 0	
Certifications:None		

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>HAMMOND PLACE</b> 128 WALNUT LN NORTH AUGUSTA, SC 29860-9206 FAC.#:803-441-8441 RANDALL DORENE ANTINETTE PH#: 803-441-8441 Facility Email: ALCLICENSE@ENLIVANT.COM	Aiken / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 HAMMOND AID OPCO LLC CRC-1405 / 11/30/2018	44
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>HARBORCHASE OF AIKEN</b> 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 FAC.#:803-642-8444 GILLIAM KATHERINE N PH#: 803-642-8444 Facility Email: NGILLIAM@HRAONLINE.NET	Aiken / Corporation 1385 SILVER BLUFF RD AIKEN, SC 29803-8860 TWENTY TWO PACK MANAGEMENT CORPORATION CRC-1316 / 11/30/2018	110
Alzheimer Care:Yes      Max # Resident:29	Alzheimer Unit: Yes      Max # Beds: 29	
Certifications:None		
<b>HILLS OF CUMBERLAND VILLAGE</b> 3215 WISE CREEK LN AIKEN, SC 29801-2534 FAC.#:803-641-8444 CHEATHAM MELISSA PH#: 803-641-8444 Facility Email: MCHEATHAM@MARRINSON.COM	Aiken / Corporation 3215 WISE CREEK LN AIKEN, SC 29801-2534 MARRINSON GROUP INC CRC-1121 / 09/30/2018	34
Alzheimer Care:Yes      Max # Resident:4	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>HITCHCOCK PLACE</b> 102 CREPE MYRTLE DR OFC AIKEN, SC 29803-7552 FAC.#:803-649-6439 NEAL ELIZABETH H PH#: 803-649-6439 Facility Email: ALCLICENSE@ENLIVANT.COM	Aiken / 330 N WABASH AVE STE 3700 CHICAGO, IL 60611-7605 HITCHCOCK AID OPCO LLC CRC-1412 / 11/30/2018	44
Alzheimer Care:Yes      Max # Resident:4	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>PARKER'S RESIDENTIAL CARE HOME</b> 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 FAC.#:803-652-7290 PARKER DRUCILLA O PH#: 803-652-7290 Facility Email: VETLADY1210@YAHOO.COM	Aiken / Sole Proprietorship 935 PINEVIEW DR NEW ELLENTON, SC 29809-3302 DRUCILLA PARKER CRC-0311 / 01/31/2019	9
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>RUDNICK CRCF</b> 629 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1041 DUNBAR REPUNZEL PH#: 803-642-1041 Facility Email: RDUNBAR@AIKENTDC.ORG	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC CRC-1429 / 02/28/2019	8
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>SANDERS CRCF</b> 625 CHESTERFIELD ST AIKEN, SC 29801-4053 FAC.#:803-642-1044 DUNBAR REPUNZEL M PH#: 803-642-1044 Facility Email: RDUNBAR@AIKENTDC.ORG	Aiken / County PO BOX 698 AIKEN, SC 29802-0698 TRI-DEVELOPMENT CENTER OF AIKEN COUNTY INC CRC-1430 / 02/28/2019	8
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>SHADOW OAKS ASSISTED LIVING COMMUNITY</b> 108 GREGG AVE AIKEN, SC 29801-6816 FAC.#:803-643-0300 WILLIAMS SANDRA G PH#: 803-643-0300 Facility Email: SWILLIAMS@SHADOW-OAKS.COM	Aiken / Ltd. Liability 108 GREGG AVE AIKEN, SC 29801-6816 SHADOW OAKS ASSISTED LIVING COMMUNITY LLC CRC-1425 / 10/31/2018	56
Alzheimer Care:Yes      Max # Resident:10	Alzheimer Unit: Yes      Max # Beds: 12	
Certifications:None		
<b>TRINITY ON LAURENS</b> 213 LAURENS ST NW AIKEN, SC 29801-3911 FAC.#:803-643-4203 HENRICH CONSTANCE M PH#: 803-643-4203 Facility Email: CHENRICH@TRINITYONLAURENS.ORG	Aiken / Non-Profit Corporation 213 LAURENS ST NW AIKEN, SC 29801-3911 LUTHERAN HOMES OF SOUTH CAROLINA INC (NPC) CRC-0935 / 06/30/2018	55
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		
<b>VILLAGE INN COMMUNITY CARE HOME</b> 112 POWELL ST GRANITEVILLE, SC 29829-2906 FAC.#:803-663-9495 AYERS HAZEL L PH#: 803-663-9495 Facility Email: VILLAGEINNCCCH@BELLSOUTH.NET	Aiken / Sole Proprietorship 112 POWELL ST GRANITEVILLE, SC 29829-2906 MICHELE A HERRON CRC-0396 / 04/30/2018	10
Alzheimer Care:No      Max # Resident:0	Alzheimer Unit: No      Max # Beds: 0	
Certifications:None		

County: Aiken

Facility Type: Community Residential Care Facility

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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<b>WE CARE RESIDENTIAL</b> 2370 WILLISTON RD AIKEN, SC 29803-9100 FAC.#:803-652-3652 BUSH ETHEL E PH#: 803-652-3652 Facility Email: BUSHHS@ATLANTICBB.NET	Aiken / Corporation 2394 WILLISTON RD AIKEN, SC 29803-9100 WE CARE RESIDENTIAL INC CRC-1034 / 08/31/2018	55
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Alzheimer Care:No      Max # Resident:0      Alzheimer Unit: No      Max # Beds: 0

Certifications:None

Totals For Facility/License Type: <u>Community Residential Care Facility</u>	
Number of Activities/Facilities licensed: <u>16</u>	Number Licensed Units: <u>530</u>

County: Aiken

Facility Type: Habilitation R15

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>DUPONT I HABILITATION CENTER</b> 127 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 <b>Facility Email:</b> RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0141 / 07/31/2018</b>	8
<b>DUPONT II HABILITATION CENTER</b> 129 DUPONT DR AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 <b>Facility Email:</b> RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0142 / 07/31/2018</b>	8
<b>LAURENS STREET ICF/MR</b> 728 LAURENS ST NW AIKEN, SC 29801 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 <b>Facility Email:</b> RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0207 / 06/30/2018</b>	8
<b>LINDEN STREET ICF/MR</b> 136 LINDEN ST AIKEN, SC 29801-3759 FAC.#:803-642-8800 HALL MICHAEL B PH#: 803-642-8800 <b>Facility Email:</b> RCOURTNEY@AIKENTDC.ORG	Aiken / State PO BOX 4706, DDSN C/O DAVID GOODELL COLUMBIA, SC 29240-4706 SC DEPARTMENT OF DISABILITIES AND SPECIAL NEEDS <b>MR15-0209 / 06/30/2018</b>	8

<b>Totals For Facility/License Type: <u>Habilitation R15</u></b>	
<b>Number of Activities/Facilities licensed:</b> _____ <b>4</b>	<b>Number Licensed Units:</b> _____ <b>32</b>

County: Aiken

Facility Type: Home Health

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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<b>ENCOMPASS HOME HEALTH OF SOUTH CAROLINA</b> 37 VARDEN DR STE A AIKEN, SC 29803 FAC.#:803-335-0977 JONES SYLVIA PH#: 803-335-0977 <b>Facility Email:</b> LICENSING@EHHI.COM Counties Served: Aiken License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other:	Aiken / Limited Liability 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX 75206 CARESOUTH HHA HOLDINGS OF SOUTH CAROLINA LLC <b>HHA-0218 / 10/31/2018</b>	1
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<b>NHC HOMECARE-AIKEN</b> 690 MEDICAL PARK DR STE 200 AIKEN, SC 29801-6348 FAC.#:803-643-1701 GRIFFIS SARAH PH#: 803-643-1701 <b>Facility Email:</b> NHC@NHCHOMECAREAIKEN.COM Counties Served: Aiken, Allendale, Barnwell, Edgefield, Orangeburg License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other: DIETARY CONSULTATION	Aiken / Limited Liability Limited <del>For Board Use</del> AIKEN, SC 29802-3636 NHC/OP LP <b>HHA-0181 / 06/30/2018</b>	5
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<b>TRINITY HOME HEALTH OF AIKEN</b> 690 MEDICAL PARK DR 400 AIKEN, SC 29801 FAC.#:803-641-8220 KEATING RN JULIE PH#: 803-641-8220 <b>Facility Email:</b> JULIEKEATING@HOMECARETRINITY.COM Counties Served: Aiken, Barnwell, Edgefield License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other: SKILLED NURSING	Aiken / Limited Liability 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 AUGUSTA HOME CARE SERVICES LLC <b>HHA-0316 / 11/30/2018</b>	3
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<b>UNIVERSITY HOME HEALTH NORTH AUGUSTA</b> 106 E MARTINTOWN RD UNIT B NORTH AUGUSTA, SC 29841-3425 FAC.#:803-278-0770 HARDEN RN MARY J PH#: 803-278-0770 <b>Facility Email:</b> MHARDEN@UH.ORG Counties Served: Aiken, Edgefield License Restrictions: Physical Therapy: Y Speech Therapy: Y Occupational Therapy: Y Med. Social Services: Y Home Health Aid: Y Medical Supplies/Appliances/Durable Medical Equipment: N Other:	Aiken / Corporation 106 E MARTINTOWN RD UNIT B NORTH AUGUSTA, SC 29841-3425 UNIVERSITY HEALTH SERVICES INC <b>HHA-0137 / 10/31/2018</b>	2
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County: Aiken

Facility Type: Home Health

Facility Name	County/Ownership Type	Licensed
Location Street	Mailing/Billing Address	Units
Location City, State	Licensee	
Administrator/Phone	License Nbr/Expiration Date	

Totals For Facility/License Type: Home Health

Number of Activities/Facilities licensed: 4      Number Licensed Units: 11

County: Aiken

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>ALLIANCE HOSPICE</b> 1147 GEORGIA AVE NORTH AUGUSTA, SC 29841 FAC.#:803-441-0174 POWELL MIMI PH#: 803-441-0174 <b>Facility Email:</b> SDUGAN@ALLIANCEHOSPICE.COM	Aiken / Ltd. Liability 1147 GEORGIA AVE NORTH AUGUSTA, SC 29841 ALLIANCE HOSPICE LLC <b>HPC-0109 / 05/31/2018</b>	4
<b>Counties Served: Aiken, Barnwell, Edgefield, McCormick</b>		
<b>ENCOMPASS HOSPICE OF SOUTH CAROLINA</b> 37 VARDEN DR STE B AIKEN, SC 29803 FAC.#:803-335-0974 JONES SYLVIA PH#: 803-335-0977 <b>Facility Email:</b> LICENSING@EHHI.COM	Aiken / Limited Liability 6688 N CENTRAL EXPRESSWAY STE 1300 DALLAS, TX 75206 CARESOUTH HOSPICE LLC <b>HPC-0174 / 09/30/2018</b>	7
<b>Counties Served: Aiken, Allendale, Barnwell, Edgefield, Lexington, McCormick, Saluda</b>		
<b>HALCYON HOSPICE OF AIKEN</b> 225 BARNWELL AVE NW AIKEN, SC 29801-3903 FAC.#:803-226-0387 LOMASTRO BRIAN PH#: 803-226-0387 <b>Facility Email:</b> LRA@LHCGROUP.COM	Aiken / Limited Liability PO BOX 51266 LAFAYETTE, LA 70505-1266 HALCYON HOSPICE OF AIKEN LLC <b>HPC-0148 / 10/31/2018</b>	46
<b>Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York</b>		
<b>HOMESTEAD HOSPICE OF AUGUSTA</b> 505 W MARTINTOWN RD NORTH AUGUSTA, SC 29841-3108 FAC.#:803-426-2500 FERNANDEZ LINDA PH#: 803-426-2500 <b>Facility Email:</b> MWAFFORD@HOMESTEADHOSPICE.NET	Aiken / Limited Liability 10888 CRABAPPLE RD ROSWELL, GA 30075-5850 CREATIVE HOSPICE HOLDING LLC <b>HPC-0171 / 06/30/2018</b>	46
<b>Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York</b>		

County: Aiken

Facility Type: Hospice Program

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>REGENCY SOUTHERNCARE</b> 105 SUMMERWOOD WAY STE D AIKEN, SC 29803-7775 FAC.#:803-648-2117 JENNINGS FAYE PH#: 803-648-2117 Facility Email: GMCGEE@CUROHS.COM	Aiken / Ltd. Liability PO BOX 4060 MOORESVILLE, NC 28117 REGENCY HOSPICE OF GEORGIA LLC HPC-0085 / 02/28/2019	46
<b>Counties Served: Abbeville, Aiken, Allendale, Anderson, Bamberg, Barnwell, Beaufort, Berkeley, Calhoun, Charleston, Cherokee, Chester, Chesterfield, Clarendon, Colleton, Darlington, Dillon, Dorchester, Edgefield, Fairfield, Florence, Georgetown, Greenville, Greenwood, Hampton, Horry, Jasper, Kershaw, Lancaster, Laurens, Lee, Lexington, Marion, Marlboro, McCormick, Newberry, Oconee, Orangeburg, Pickens, Richland, Saluda, Spartanburg, Sumter, Union, Williamsburg, York</b>		
<b>ST JOSEPH HOSPICE</b> 1708 BUNTING DR STE A NORTH AUGUSTA, SC 29841-6124 FAC.#:803-349-8070 KEY KAREN H PH#: 803-349-8070 Facility Email: KKEY@STJOECARE.COM	Aiken / Limited Liability 1708 BUNTING DR STE A NORTH AUGUSTA, SC 29841-6124 ST JOSEPH HOSPICE LLC HPC-0163 / 01/31/2019	6
<b>Counties Served: Aiken, Barnwell, Edgefield, Lexington, McCormick, Saluda</b>		
<b>TRINITY HOSPICE OF AIKEN</b> 690 MEDICAL PARK DR STE 400 AIKEN, SC 29801-6348 FAC.#:803-641-8220 CRUZ JUAN J PH#: 803-641-8220 Facility Email: JUANCRUZ@TRINITYHOSPICESC.COM	Aiken / Limited Liability AUGUSTA HOME CARE SERVICES LLC HPC-0116 / 10/31/2018	3
<b>Counties Served: Aiken, Barnwell, Edgefield</b>		

<b>Totals For Facility/License Type: <u>Hospice Program</u></b>	
<b>Number of Activities/Facilities licensed: _____ 7</b>	<b>Number Licensed Units: _____ 158</b>

County: Aiken

Facility Type: Hospital or Institutional General Infirmary

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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AIKEN REGIONAL MEDICAL CENTERS 302 UNIVERSITY PKWY AIKEN, SC 29801-6302 FAC.#:803-641-5600 REYNOLDS VANCE PH#: 803-641-5600 Facility Email: VANCE.REYNOLDS@UHSINC.COM	Aiken / Corporation 302 UNIVERSITY PKWY AIKEN, SC 29801-2792 AIKEN REGIONAL MEDICAL CENTERS LLC HTL-0152 / 11/30/2018	259
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Licensed Beds: General: 183    Psychiatric: 44    Rehab: 14    Substance Abuse: 18  
Other Beds :        NICU: 0    Neonatal Special Care: 8

Certifications: Perinatal Level II, JCAHO Accredited

Totals For Facility/License Type: <u>Hospital or Institutional General Infirmary</u>	
Number of Activities/Facilities licensed: <u>1</u>	Number Licensed Units: <u>259</u>

County: Aiken

Facility Type: Inhome Care Provider

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>BELIEVE HOME CARE SERVICES LLC</b> 1469 AUGUSTA RD WARRENVILLE, SC 29851 FAC.#:803-392-7018 PH#: Facility Email: CKEY5277@MSN.COM	Aiken / Limited Liability  BELIEVE HOME HEALTH CARE LLC <b>IHCP-0340 / 08/31/2018</b>	- 1
<b>BEYOND HOMECARE SERVICES</b> 528 EDGEFIELD RD STE B2 BELVEDERE, SC 29841 FAC.#:803-510-4946 HILL BRANDICE PH#: 803-221-7556 Facility Email: BEYONDHOMECAREB2@GMAIL.COM	Aiken / Sole Proprietorship  BEYOND HOMECARE SERVICES <b>IHCP-0614 / 09/30/2018</b>	- 1
<b>COMFORT KEEPERS #429 OF NORTH AUGUSTA</b> 511 WEST AVE NORTH AUGUSTA, SC 29841-3708 FAC.#:803-279-7100 PH#: Facility Email: JANETLHB@COMCAST.NET	Aiken / Corporation 511 WEST AVE NORTH AUGUSTA, SC 29841-3708 TIGA INC <b>IHCP-0080 / 03/31/2019</b>	- 1
<b>COMPASSIONATE CARING SERVICES INC</b> 22 HAYES DR N AUGUSTA, SC 29860 FAC.#:706-244-3999 CARR ANGEL I PH#: 706-244-3999 Facility Email: ANGELCARR385@GMAIL.COM	Aiken / Corporation  COMPASSIONATE CARING SERVICES INC <b>IHCP-0624 / 09/30/2018</b>	- 1
<b>CORPORATE CARE LLC-AIKEN</b> 655 SILVER BLUFF RD STE B AIKEN, SC 29803 FAC.#:864-335-3266 PH#: Facility Email: CCOOLEY1@CORPORATE-SERVICESSC.COM	Aiken / Limited Liability PO BOX 16148 GREENVILLE, SC 29606-7148 CORPORATE CARE LLC <b>IHCP-0317 / 08/31/2018</b>	- 1
<b>CRITICAL NURSE STAFFING</b> 237 BARNWELL NW AIKEN, SC 29801 FAC.#:803-716-8100 BOWERS PAULA PH#: 706-496-6670 Facility Email: JAMIE.SHARPE@CNSCARES.COM	Aiken / Limited Liability  CRITICAL NURSE STAFFING LLC <b>IHCP-0820 / 10/31/2018</b>	- 1
<b>DAYBREAK ADULT CARE SERVICES (AIKEN)</b> 1028 HAYNE AVE SW AIKEN, SC 29801-3730 FAC.#:803-226-0288 MATTHEWS CHRISTINE M PH#: 803-226-0288 Facility Email: CHRISSA@DAYBREAKCARE.COM	Aiken / Limited Liability Company 1028 HAYNE AVE SW AIKEN, SC 29801-3730 CCHM LLC <b>IHCP-0253 / 07/31/2018</b>	- 1
<b>GOLDEN FRIENDS</b> 3894 DYCHES RD AIKEN, SC 29801 FAC.#:803-439-8688 PH#: Facility Email: BEVERLYGOMEZ75@GMAIL.COM	Aiken / Sole Proprietorship 3894 DYCHES RD AIKEN, SC 29801 GOMEZ BEVERLY <b>IHCP-0749 / 08/31/2018</b>	- 1

County: Aiken

Facility Type: Inhome Care Provider

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>HELP AT HOME LLC (AIKEN)</b> 942 MILLBROOK AVE STE 1 AIKEN, SC 29803-0609 FAC.#:803-649-0922 ADAMS VANESSA PH#: 803-649-0922 <b>Facility Email:</b> AIKEN@HELPPATHOME.COM	Aiken / Limited Liability  HELP AT HOME LLC <b>IHCP-0588 / 06/30/2018</b>	- 1
<b>PIXLEY S HOME CARE</b> 422 SEMINOLE ST AIKEN, SC 29801 FAC.#:803-480-0998 PH#: <b>Facility Email:</b> PIXLEY.K.200@GMAIL.COM	Aiken / Limited Liability PO BOX 3365 AIKEN, SC 29802 PIXLEY S HOME HEALTHCARE LLC <b>IHCP-0690 / 04/30/2018</b>	- 1
<b>RESCARE HOMECARE AIKEN</b> 104 FLORENCE ST SW STE A AIKEN, SC 29801 FAC.#:803-641-6953 YOUNG SHIRLEY PH#: 803-641-6953 <b>Facility Email:</b> SHIRLEY.YOUNG@RESCARE.COM	Aiken / Corporation 104 FLORENCE ST SW STE A AIKEN, SC 29801 SOUTHERN HOME CARE SERVICES INC DBA RESCARE HOMECARE <b>IHCP-0011 / 05/31/2018</b>	- 1
<b>RIGHT AT HOME</b> 802 E MARTINTOWN RD #22 NORTH AUGUSTA, SC 29841 FAC.#:803-278-0250 PH#: <b>Facility Email:</b> STEPHANSWAFFORD@GMAIL.COM	Aiken / Charitable 802 E MARTINTOWN RD STE 22 NORTH AUGUSTA, SC 29841 CSRA CARE GROUP INC <b>IHCP-0702 / 04/30/2018</b>	- 1
<b>TREASURED HEARTS HOME CARE SERVICES</b> 310 EDGEFIELD RD NORTH AUGUSTA, SC 29841 FAC.#:803-215-9462 PH#: <b>Facility Email:</b> TREASUREDHEARTS13@YAHOO.COM	Aiken / Limited Liability 310 EDGEFIELD RD NORTH AUGUSTA, SC 29841 TREASURED HEARTS HOME CARE SERVICES LLC <b>IHCP-0710 / 04/30/2018</b>	- 1

<b>Totals For Facility/License Type: <u>Inhome Care Provider</u></b>	
<b>Number of Activities/Facilities licensed:</b> <u>13</u>	<b>Number Licensed Units:</b> <u>- 13</u>

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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<b>ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN</b> 550 EASTGATE DR AIKEN, SC 29803-7688 FAC.#:803-643-3694 FOWLER WANDA M PH#: 803-643-3694 Facility Email: WFOWLER@ORIANNA.COM	Aiken / Limited Liability 550 EASTGATE DR AIKEN, SC 29803-7688 ANCHOR REHABILITATION AND HEALTHCARE CENTER OF AIKEN LLC NCF-0902 / 12/31/2018	120
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Licensed Beds: Nursing Home: 120 Institutional Nursing Home: 0

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

Certifications:None

<b>CARLYLE SENIOR CARE OF AIKEN</b> 123 DUPONT DR NW AIKEN, SC 29801-4089 FAC.#:803-648-0434 ARMSTRONG TIM E PH#: 803-648-0434 Facility Email: TARMSTRONG@CARLYLESENIORCARE.COM	Aiken / Limited Liability PO BOX 2829 AIKEN, SC 29802 CARLYLE SENIORCARE OF AIKEN LLC NCF-0982 / 07/31/2018	86
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Licensed Beds: Nursing Home: 86 Institutional Nursing Home: 0

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

Certifications:None

<b>NHC HEALTHCARE NORTH AUGUSTA</b> 350 AUSTIN GRAYBILL RD NORTH AUGUSTA, SC 29860-9251 FAC.#:803-278-4272 HILL HEATH E PH#: 803-278-4272 Facility Email: HHILL@NHCNORTHUGUSTA.COM	Aiken / Ltd. Liability PO BOX 7979 NORTH AUGUSTA, SC 29861-7979 NHC HEALTHCARE/NORTH AUGUSTA LLC NCF-0799 / 06/30/2018	192
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Licensed Beds: Nursing Home: 192 Institutional Nursing Home: 0

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

Certifications:None

<b>PEPPER HILL NURSING &amp; REHAB CENTER</b> 3525 AUGUSTUS RD AIKEN, SC 29801-2701 FAC.#:803-642-8376 JONES PRESTON S PH#: 803-642-8376 Facility Email: SCOTTJONES@PEPPERHILL.COM	Aiken / Limited Liability PO BOX 3188 AIKEN, SC 29802-3188 PEPPER HILL NURSING & REHAB CENTER LLC NCF-0879 / 11/30/2018	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: No Max # Beds: 0

Certifications:None

County: Aiken

Facility Type: Nursing Home

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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<b>PRUITTHEALTH-AIKEN</b> 830 LAURENS ST AIKEN, SC 29801-0475 FAC.#:803-649-6264 JARVIS MICHAEL PH#: 803-649-6264 Facility Email: NGUZMAN@PRUITTHEALTH.COM	Aiken / Limited Liability 830 LAURENS ST AIKEN, SC 29801-0475 PRUITTHEALTH-AIKEN LLC NCF-0942 / 06/30/2018	176
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Licensed Beds: Nursing Home: 176 Institutional Nursing Home: 0

Alzheimer Care:Yes Max # Resident:0 Alzheimer Unit: Yes Max # Beds: 0

Certifications:None

<b>PRUITTHEALTH-NORTH AUGUSTA</b> 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 FAC.#:803-278-2170 GUZMAN NICK PH#: 803-278-2170 Facility Email: KAGILL@PRUITTHEALTH.COM	Aiken / Limited Liability 1200 TALISMAN DR NORTH AUGUSTA, SC 29841-4098 PRUITTHEALTH-NORTH AUGUSTA LLC NCF-0721 / 10/31/2018	132
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Licensed Beds: Nursing Home: 132 Institutional Nursing Home: 0

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

Certifications:None

<b>Totals For Facility/License Type: <u>Nursing Home</u></b>	
Number of Activities/Facilities licensed: <u>6</u>	Number Licensed Units: <u>838</u>



County: Aiken

Facility Type: PSAD Outpatient

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
<b>AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE</b> 1105 GREGG HWY AIKEN, SC 29801-6341 FAC.#:803-649-1900 MATTOCKS H HERBERT PH#: 803-649-1900 <b>Facility Email:</b> INFO@AIKENCENTER.ORG	Aiken / County 1105 GREGG HWY AIKEN, SC 29801-6341 AIKEN COUNTY COMMISSION ON ALCOHOL AND DRUG ABUSE (BOARD) <b>OTP-0006 / 06/30/2018</b>	1

Certifications:None

<b>BHG AIKEN TREATMENT CENTER</b> 410 UNIVERSITY PKWY STE 1560 AIKEN, SC 29801-6834 FAC.#:803-641-6911 SMITH HAYLEY PH#: 803-641-6911 <b>Facility Email:</b> DEREK.WALSH@BHGRECOVERY.COM	Aiken / Corporation 8300 DOUGLAS AVE STE 750 DALLAS, TX 75225-5856 BHG XXXIX LLC <b>OTPN-0170 / 01/31/2019</b>	1
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Certifications:Narcotics Treatment Program, Methodone Treatment Program

<b>Totals For Facility/License Type: <u>PSAD Outpatient</u></b>	
<b>Number of Activities/Facilities licensed: _____ 2</b>	<b>Number Licensed Units: _____ 2</b>

County: Aiken

Facility Type: Renal Dialysis

Facility Name Location Street Location City, State Administrator/Phone	County/Ownership Type Mailing/Billing Address Licensee License Nbr/Expiration Date	Licensed Units
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<b>AIKEN DIALYSIS</b> 775 MEDICAL PARK DR AIKEN, SC 29801-6306 FAC.#:803-641-4222 LOGGINS MICHELLE PH#: 803-641-4222 Facility Email: STEPHANIE.KING1@DAVITA.COM	Aiken / Corporation 5200 VIRGINIA WAY STE 400, LICENSING AND CERTIFICATION BRENTWOOD, TN 37027-7569 DVA HEALTHCARE RENAL CARE INC <b>ERD-0034 / 03/31/2018 (Renewal Pending)</b>	21
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Licensed Stations: Hemodialysis: 20 Peritoneal: 1

<b>FRESENIUS MEDICAL CARE AIKEN</b> 690 MEDICAL PARK DR STE 150 AIKEN, SC 29801-5385 FAC.#:803-502-4337 SWANSON RANDI PH#: 803-502-4333 Facility Email: LISA.BRYGGER@FMC-NA.COM	Aiken / Limited Liability 690 MEDICAL PARK DR STE 150 AIKEN, SC 29801-5385 FRESENIUS MEDICAL CARE CNA KIDNEY CENTERS LLC <b>ERD-0222 / 07/31/2018</b>	13
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Licensed Stations: Hemodialysis: 11 Peritoneal: 2

<b>FRESENIUS MEDICAL CARE ATOMIC ROAD</b> 10263 ATOMIC RD NORTH AUGUSTA, SC 29841 FAC.#:803-279-3722 COLLINS GINNY PH#: 803-279-3722 Facility Email: GINNY.COLLINS@FMC-NA.COM	Aiken / Limited Liability 10263 ATOMIC RD NORTH AUGUSTA, SC 29841 NRA-NORTH AUGUSTA SOUTH CAROLINA LLC <b>ERD-0173 / 09/30/2018</b>	22
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Licensed Stations: Hemodialysis: 21 Peritoneal: 1

<b>US RENAL CARE NORTH AIKEN DIALYSIS</b> 208 UNIVERSITY PKWY STE 208 AIKEN, SC 29801 FAC.#:803-642-2670 REEDY BONNIE PH#: 803-642-2670 Facility Email: LEGAL@USRENALCARE.COM	Aiken / Ltd. Liability PO BOX 251549 PLANO, TX 75093-1500 USRC NORTH AIKEN LLC <b>ERD-0208 / 12/31/2018</b>	11
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Licensed Stations: Hemodialysis: 11 Peritoneal: 2

<b>US RENAL CARE SOUTH AIKEN DIALYSIS</b> 169 CREPE MYRTLE CT AIKEN, SC 29803-7543 FAC.#:803-544-8484 HARTLEY JOSEPH PH#: 803-544-8484 Facility Email: LEGAL@USRENALCARE.COM	Aiken / Limited Liability PO BOX 251549 PLANO, TX 75025-1500 USRC SOUTH AIKEN LLC <b>ERD-0251 / 09/30/2018</b>	18
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Licensed Stations: Hemodialysis: 18 Peritoneal: 2

<b>Totals For Facility/License Type: <u>Renal Dialysis</u></b>	
Number of Activities/Facilities licensed: <u>5</u>	Number Licensed Units: <u>85</u>

Number of Activities/Facilities licensed in county of : <u>Aiken</u>	# Lics: <u>64</u>
	Number Licensed Units : <u>2,007</u>

Report Totals

Total Number of Activities/Facilities licensed: 64      Total Number Licensed Units: 2,007